

WEEKLY BULLETIN No. 13 2012

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BULLETIN NO. 13, 2012

Hi all,

My apologies for a shorter bulletin this week, however with Anzac Day and other work commitments it has not been possible to produce a longer Bulletin. Next week's will be a blockbuster.

PS. Please note that the Bulletin is actually emailed out by Simon Tatz, but the best way to contact me about the Bulletin is by email: <u>kim.harris@mhca.org.au</u>

Thanks,

Kim

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1. National Disability Insurance Scheme to launch in 2013

Media Release

National Disability Insurance Scheme to launch in 2013 30 April 2012

Media Release - **The Hon Jenny Macklin MP**, Minister for Families, Housing, Community Services and Indigenous Affairs and Minister for Disability Reform

A National Disability Insurance Scheme will start in Australia from July 2013 in up to four locations across the country.

From mid 2013, about 10,000 people with significant and permanent disabilities will start to receive support.

By July 2014, that figure will rise to 20,000 people.

The timeframe announced today means the first stage of an NDIS will be delivered a full year ahead of the timetable set out by the Productivity Commission.

For the first time in Australia's history people with significant and permanent disability will receive lifetime care and support, regardless of how they acquired their disability.

The Gillard Government will fund our share of the cost of the initial stage of the NDIS in the May Budget.

A new National Disability Transition Agency, funded by the Australian Government, will be established to run the delivery of care and support to people with disability, their families and carers in the select locations.

We want Australians with disability to start benefiting from this fundamental reform as quickly as possible.

The initial launch locations will be determined in consultation with the states and territories - who have all agreed their shared responsibility for the fundamental reform of disability care and support.

The work done at these launch locations will give the Government vital information on how best to progress the national roll-out.

An NDIS will give all Australians with a significant disability the peace of mind to know that their care and support needs will be addressed, no matter where they live or how they acquired their disability.

http://www.janmclucas.fahcsia.gov.au/mediareleases/2012/Pages/NDIS launch in 2013 3 00412.aspx



2. Miners battling depression and anxiety

AAP

30 April 2012

Thousands of Australian miners suffer from mental health problems and a "macho mining culture" stops them from getting help, a new study has found.

Up to 10,000 mining company employees each year have mental health problems such as anxiety, depression or substance abuse, the study commissioned by the NSW Minerals Council says.

The cost to the industry may be as high as \$450 million a year, it says.

Staff across all levels, from managers to those at the coal face, are being affected.

NSW Minerals Council CEO Stephen Galilee said on Monday the resources industry must do more to tackle the issue.

"We have the policies in place, but we need to consider ways to link them into a wider strategy," he said in a statement.

The report, prepared by the University of Newcastle and the Hunter Institute of Mental Health, found some resource-sector employees were reluctant to seek help until their issue gets really bad.

"Cultural impediments like the old macho mining culture, the 'we're tough, this doesn't happen to us' mentality, needs to be swept away if employees are to confidently seek advice," Mr Galilee said.

"We want to break the attitude that a doctor is like a plumber - you only need one when something is broken."

The mental health report was launched at a NSW Minerals Council conference on occupational health in the Hunter Valley on Monday.

Former Newcastle league player Andrew Johns and senior federal Liberal MP Andrew Robb, who has struggled with depression, were speakers at the event.

http://au.news.yahoo.com/thewest/a/-/national/13556992/miners-battling-depressionand-anxiety/



3. Recovery Hub website – Wodonga Adult Mental Health Services

Press Release

17 April 2012

The Recovery Hub $_{\odot}$ website is an innovative resource developed by the Wodonga Adult Mental Health Service to assist people in their journey of recovery and towards living a satisfying life. It is a health promotion tool and a place to promote recovery information. The Recovery Hub evolved from Wodonga Mental Health Service's move towards recoveryoriented practice and is one way in which the clinical service is branching away from an illness to wellness focus and towards promoting hope and wellbeing.

The purpose of the site is to provide practical strategies and tools to resource people to enable them to manage their health, wellbeing and day to day lives. This includes pages for: self help tools, e-therapy links and information, mindfulness and relaxation, managing intense emotions, friendships, health, stories of hope, videos promoting positive mental health and recovery resources.

The website is not designed to replace face to face support, but to provide another option for people to source information to make informed decisions on their health, wellbeing and journey of recovery. Information on our local services has been included on the site, and we understand the need to promote positive wellbeing and mental health as a priority.

We promote the website as being for anyone who has experienced difficulties, mental health issues, emotional distress, or traumatic life events, or who simply wants to improve their life. It provides information to show that recovery is achievable in many different circumstances.

Another feature of note is that it includes a catalogue of resources used in our development of recovery-oriented practice. Where possible direct links to Australian and international policy, reports, recovery guidelines and recovery articles and research have been provided. It is a resource centre for mental health recovery information and a place for anyone wanting to improve their knowledge of recovery or how to incorporate recovery into their service or organisation.

The Website launch was held on Tuesday 17th April with extremely positive feedback from those in attendance. People reported that it was exciting to have a resource which focused on strengths and provides real resources for people to try and home and see what works for them.

The Website address is <u>www.recovery.awh.org.au</u>



4. Ilness and money woes: The grim lot of Northern Ireland's older carers Belfast Times (Northern Ireland) Author: Lisa Smyth 24 April 2012

Older carers in Northern Ireland battle their own deteriorating health, financial stresses and worries about what will happen to the person they care for in the future, according to new research.

The report by Carers Trust found that nearly 75% of over-60s looking after an ill or disabled family member or friend said being a carer had damaged their health.

For a third (33%) of the older carers polled, money and the cost of caring is a constant worry, while 78% are very concerned about the future for the person they care for if they are no longer able to continue in their caring role.

The findings of the study Mind the Gap; reveal the strain of caring for a loved one and the toll it takes on thousands of carers across Northern Ireland every year.

Carers aged between 60 to 85 were surveyed — two-thirds of whom said they had health problems or a disability themselves and over half of respondents have not had training in handling medication, first aid or dealing with difficult behaviour.

There was also a toll on mental health with 73% saying that being a carer had a negative impact on their psychological well-being and seven in 10 saying they have become more isolated because of their caring duties.

Anne Roberts, chief executive at Carers Trust, said: "The survey paints a grim picture of life for older carers in Northern Ireland with most saying they are overwhelmingly exhausted and worried about their situation and the person they care for.

"There is a need for greater cohesion between the statutory and community sectors to ensure that support for older carers is maintained and to guarantee that any gaps in provision are identified and addressed.

"Carers Trust is calling on all the relevant bodies in Northern Ireland to Mind the Gap to make sure we protect one of the most vulnerable groups in our society."

The research was launched at Newry Carers Centre, where Health Minister Edwin Poots said it is imperative carers get the support they need.



"It is incumbent on society to support people who want to continue as a carer for as long as possible," he said.

"This can be done through assessing and monitoring their needs, as well as those of the person being cared for and ensuring that practical help, including respite and short break care, is provided.

"Carers need to be confident that the support services will step up to provide additional support when they are no longer able to."

Background

One in every eight adults in Northern Ireland is a carer and there are approximately 207,000 carers here. Carers save the Northern Ireland economy over £4.4bn a year — more than the annual NHS spend in Northern Ireland.

The main carers' benefit is worth just ± 55.55 for a minimum of 35 hours — ± 7.94 per day. A quarter of all carers provide over 50 hours of care per week. People providing high levels of care are twice as likely to be permanently sick or disabled as the average person.

Approximately 30,000 people in Northern Ireland care for more than one person.

http://www.belfasttelegraph.co.uk/news/local-national/northern-ireland/illness-andmoney-woes-the-grim-lot-of-northern-irelands-older-carers-16148761.html#ixzz1svCRa3To

5. Report: Department of Veteran Affairs overstates how fast it provides mental health care to veterans

Author: Steve Vogel Washington Post (USA) 24 April 2012

The Department of Veterans Affairs has greatly overstated how quickly it provides mentalhealth care for veterans, according to an inspector general's report released Monday.

Contrary to VA claims that 95 percent of first-time patients seeking mental-health care in 2011 received an evaluation within the department's goal of 14 days, just under half were seen in that time frame, the report found. A majority waited about 50 days on average for a full evaluation.

A similar claim that 95 percent of new patients in 2011 got appointments to begin treatment within 14 days of their desired date was also far off the mark; the report from the VA Office of Inspector General estimated that 64 percent of patients did; the rest waited on average 40 days.



The inflated claims, made in the VA's fiscal 2011 performance and accountability report, come with the department facing growing demand for mental-health services, as thousands of veterans return from Iraq and Afghanistan.

Sen. Patty Murray, (D-Wash.), who is chairman of the Senate's Committee on Veterans Affairs and requested the investigation, said the report is "deeply disturbing and demands action from VA. This report shows the huge gulf between the time the VA says it takes to get veterans mental-health care and the reality of how long it actually takes veterans to get seen at facilities across the country."

Delays in treatment for veterans seeking help for post-traumatic stress can be devastating, Murray said.

"Getting our veterans timely mental-health care can quite frankly often be the difference between life and death," she said.

On Thursday, Veterans Affairs Secretary Eric K. Shinseki said that the department will hire 1,900 mental-health workers, an increase of more than 9 percent, an action taken based on a review of mental-health operations that began in 2011. "We have made strong progress, but we need to do more," the VA said in a statement released Monday.

The inspector general's report concluded that the Veterans Health Administration (VHA), which runs VA medical care, lacks any accurate method of measuring how long veterans wait for mental-health care.

The data on whether new patients were seen within the desired time were often based on available appointments, rather than the patient's clinical needs. If the patient was given an appointment two months later because of a lack of openings, the veteran would still be recorded as having been seen within two weeks of the desired date.

The report recommends that the VA revise its measurements to reflect the time veterans actually wait for mental-health care and that the VA study whether mental-health staff vacancies represent a systemic problem.

Robert Petzel, the department's undersecretary for health, concurred with the findings and said that the VHA is already making changes. The VA is developing better metrics and reporting tools to track waiting times, the department said.

Fears that the VA might face budget cuts as it deals with increasing demand for services were relieved by a White House statement Monday that the department is exempt from the threat of automatic cuts to federal spending scheduled next year.

The statement was made in a letter from the Office of Management and Budget in response to a request in March from the Government Accountability Office seeking the White House view.

The letter, from OMB deputy general counsel Steven D. Aitken, says "all programs administered by the VA, including Veterans' Medical Care, are exempt from sequestration."

Veterans groups had feared that programs for veterans could be cut because last year's failure to reach a deal on reducing the federal deficit is supposed to trigger automatic cuts under a sequestration mechanism.

"Disabled veterans can breathe a sigh of relief today," said Richard L. DeNoyer, national commander of the Veterans of Foreign Wars.

The uncertainty had sparked criticism on Capitol Hill, where the chairman of the House Veterans' Affairs Committee, Rep. Jeff Miller (R-Fla.), accused the White House of leaving veterans "twisting in the wind."

Miller called Monday's statement "long overdue."

http://www.washingtonpost.com/politics/report-va-overstates-how-fast-it-provides-mental-healthcare-to-veterans/2012/04/23/gIQAL9D2cT_story.html

6. Scientists shocked to find antibiotics alleviate symptoms of schizophrenia

The Independent (UK)

2 March 2012

A cheap antibiotic normally prescribed to teenagers for acne is to be tested as a treatment to alleviate the symptoms of psychosis in patients with schizophrenia, in a trial that could advance scientific understanding of the causes of mental illness.

The National Institute for Health Research is funding a £1.9m trial of minocycline, which will begin recruiting patients in the UK next month. The research follows case reports from Japan in which the drug was prescribed to patients with schizophrenia who had infections and led to dramatic improvements in their psychotic symptoms.

The chance observation caused researchers to test the drug in patients with schizophrenia around the world. Trials in Israel, Pakistan and Brazil have shown significant improvement in patients treated with the drug.

Scientists believe that schizophrenia and other mental illnesses including depression and Alzheimer's disease may result from inflammatory processes in the brain. Minocycline has anti-inflammatory and neuroprotective effects which they believe could account for the positive findings.

Details of the trial were presented to the independent Schizophrenia Commission by Bill Deakin, professor of psychiatry at the University of Manchester, who is the lead investigator. The 12-member commission, set up by the mental health charity Rethink, is looking into the treatment and care of people with schizophrenia, and is due to report in the summer.



The first account of minocycline's effects appeared in 2007 when a 23-year-old Japanese man was admitted to hospital suffering from persecutory delusions and paranoid ideas. He had no previous psychiatric history but became agitated and suffered auditory hallucinations, anxiety and insomnia.

Blood tests and brain scans showed no abnormality and he was started on the powerful anti-psychotic drug halperidol. The treatment had no effect and he was still suffering from psychotic symptoms a week later when he developed severe pneumonia.

He was prescribed minocycline to treat the pneumonia and within two weeks the infection was cleared and the psychosis resolved. Minocycline was stopped and his psychiatric symptoms worsened. Treatment with the drug was resumed and within three days he was better again. Halperidol was reduced but he remained on minocycline. Two years after his psychotic episode, he was still well.

The UK trial aims to recruit 175 patients recently diagnosed with schizophrenia, half of whom will be randomly allocated to take minocycline with their standard anti-psychotic treatment while the remainder take a placebo.

Brain scans will be carried out at the start and end of the 12 month trial to compare loss of grey matter – an effect of schizophrenia – in the two groups. Tests will also measure inflammatory markers in the blood.

Professor Sir Robin Murray, chair of the Schizophrenia Commission said: "Infection or inflammation might be involved in a minority of people with acute psychosis and minocycline might counter this. In depression inflammatory markers go up and in Alzheimer's too."

http://www.independent.co.uk/news/science/scientists-shocked-to-find-antibioticsalleviate-symptoms-of-schizophrenia-7469121.html



Ongoing - Mental Health Carers Forum

If you are a carer and would like to talk with other mental health carers about issues of concern to you please complete the form at:

http://www.mhca.org.au/carerform/index.php

The email is sent every week and contains items which may interest mental health consumers, carers and service providers and which otherwise they may not be able to access. Thank you for subscribing to this MH email if you wish to unsubscribe please contact <u>kim.harris@mhca.org.au</u> Kim Harris, Carer and Consumer Project Officer, Mental Health Council of Australia. Tel (02) 6285 3100

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