Mental Health Council of Australia

WEEKLY BULLETIN

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BULLETIN NO. 14, 2012

Hi all,

It has been a busy week with the National Register/NMHCCF annual workshop held in Sydney on 3-4 May 2012 and the Budget announcements. Simon sent a special budget edition of updates for anyone interested in budget outcomes, so I have not included any budget articles in this edition of the Bulletin.

I have included one article regarding Canada's first-ever mental health strategy but I would be happy to include more next week if there is interest.

The last article is a bit lighter and it resonated with me after discussion at last week's workshop about outcomes we can achieve with little or no cost. We all lead such busy lives we sometimes don't take time to do the small things that connect/reconnect us with family, friends and the community. There is a suggested activity each month from May to October 2012 to reconnect with people. The activity for month of May is Feeding Kindness Challenge.

Please provide any feedback/comments on the Bulletin to me directly at kim.harris@mhca.org.au.

Thanks,

Kim

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1. Thoughts invited on mental health

Source: PS news (Australia)
8 May 2012

A new, online survey has been launched to allow the public to have their say on the nation's first ***Report Card on Mental Health and Suicide Prevention***.

Minister for Mental Health and Ageing, Mark Butler said the Report Card marked a new chapter for mental health in Australia.

"The Report Card is an initiative of this Government to improve transparency and performance, over the long term, in mental health services in Australia," Mr Butler said. "It will be published annually and will be focused squarely on the perspective of people living with mental illness, their families and their carers"

He said the consultation process would help to create the best possible product that could effectively deliver the information that Australians needed and wanted about their mental health system.

Chair of the National Mental Health Commission, Professor Allan Fels said the Commission was committed to consulting and working with the community to make sure the Report Card was a useful and constructive document.

"We are producing this Report Card for all Australians," Professor Fels said. "That's why we are consulting people with lived experience of mental health issues, their carers, families, and those who work and provide services in the sector. "They will all bring their experiences to the development process and play a significant role in designing and informing the final product."

The survey is open until 31 May 2012 and more information can be accessed at http://www.mentalhealthcommission.gov.au/report_card/

http://www.psnews.com.au/Page_psn31210.html

2. ADF study raises red flags on stress and drinking

Author: SEAN PARNELL, FOI EDITOR
Publication: The Australian
1 May 2012

ALMOST 10 per cent of new military officers are already stressed out, female personnel drink more excessively than their male counterparts, and barely half of all recruits believe they can control their level of arousal if required.

The first baseline study of resilience in the Australian Defence Force provides an insight into the challenge of preparing personnel for service and their susceptibility to mental health problems.

Like many modern militaries, the ADF conducts resilience training, under its BattleSMART program, to better prepare its members for conflict, and recently extended a modified version of the program to families to cope with the separation anxiety.

The baseline study was the subject of a report to the Joint Health Command in February and has been obtained by The Australian under Freedom of Information laws.

In examining the mental strength of 1767 new ADF members, researchers found a ``high level of functioning that would allow detection of any losses in resilience or mental health as the respondents progress through training and the early stages of their military careers''.

``As might be expected in a well-selected group of new ADF members anticipating their initial training, the respondents reported that their mental health, coping skills and self-confidence were very high,'' the report states. ``They also felt supported by their family, partner and, to a lesser extent, their friends.''

Within those findings, however, the study raised several red flags. For example, in measuring psychological distress, the researchers found 2.7 per cent of enlistees and 7.1 per cent of officer appointees had been ``unable to fully perform their duties on one or more days in the previous month''.

``Additionally, while only a very small proportion of enlistees reported symptoms of post-traumatic stress on a screen, almost 10 per cent of officer appointees scored at a level that would warrant further investigation in future,'' the report says.

Members generally had little problem sleeping but 40.1 per cent of women and 20.1 per cent of men drank to excess, although the researchers found ``relationships of reported alcohol consumption levels to social anxiety and risk-taking behaviours were very weak''.

Members reported low levels of anger and generally an ability to cope, but were ``less certain about control of arousal''. The researchers found 41 per cent of members did not know whether they could control their arousal, and 7 per cent did not believe they could.

``At this stage in the project, learning to control arousal and to self-monitor alcohol consumption present themselves as areas in which new members of the ADF could use some assistance,'' the report says.

http://www.theaustralian.com.au/news/foi/adf-study-raises-red-flags-on-stress-and-drinking/story-fn8r0e18-1226343133005

3. Pediatricians Encouraged To Screen For Mental Illness

Source: RedOrbit Staff & Wire Reports (USA)
30 April 2012

Speaking at a pediatric medicine conference on Sunday, a mental health expert encouraged doctors to explore possible links between bad behavior and mental disorders, while emphasizing the importance of early detection.

During his presentation at the American Academy of Pediatrics' (AAP) Presidential Plenary during the Pediatric Academic Societies (PAS) annual meeting in Boston, featured speaker Dr. Thomas R. Insel, Director of the National Institute of Mental Health (NIMH), discussed the signs of mental illness in young children and how critical it is for them to diagnose and begin treating these conditions, the AAP said in a press release.

“As the first line of defense, pediatricians can detect mental disorders early and ensure children get treatment as soon as possible,” the doctor said, according to the AAP. Those illnesses, the organization noted that, according to World Health Organization (WHO) statistics, mental illnesses are the top cause of medical disability in teenagers over the age of 15.

“While questionnaires currently are the best way for doctors to screen for mental illness, better tools are on the horizon, such as cognitive and genetic tests,” the AAP’s media statement also said, adding that Dr. Insel emphasized that it is important for pediatricians “to understand that mental illnesses are a developmental brain disorder even though they can look like behavior problems.”

“One reason we haven’t made greater progress helping people recover from mental disorders is that we get on the scene too late,” Dr. Insel said in a statement. “The future of mental illness has to be at the point where we aren’t treating behavior separately from the rest of the person. There needs to be full integration of behavior and medical concerns to ensure that we are able to care for the whole person and not just one system.”

Dr. Insel’s presentation, “What Every Pediatrician Needs to Know about Mental Disorders,” was held Sunday from 1:35 to 2:10 p.m. ET at the Hynes Convention Center in Boston. He is currently the chairman of the Interagency Autism Coordinating Committee (IACC) for the U.S. Department of Health and Human Services, and previously served as the director of the Center for Autism Research (CAR). Dr. Insel was also the founding director of the Center for Behavioral Neuroscience (CBN).

http://www.redorbit.com/news/health/1112524182/pediatricians-encouraged-to-screen-for-mental-illness/

4. Smoking ban sparks alarm

Publication: The Mercury (Tasmania)
Author: Matt Smith
7 May 2012

Health professionals fear a smoking ban at the Wilfred Lopes Centre for mentally ill prisoners may encourage violent incidents putting the safety of staff at risk.

A blanket ban comes into effect today at the centre, which has accommodated many violent patients, including Port Arthur mass killer Martin Bryant, since it opened in 1996.

The centre holds patients with acute mental illnesses, mentally ill people on remand and those found not guilty by reason of insanity or found unfit to plead.

The smoking ban is part of the State Government's continued push for some of the strongest anti-smoking practices in Australia.

But there are fears the ban could lead to violent episodes from patients who smoke. Health and Community Services Union Assistant Secretary Tim Jacobson said workers had not been consulted well enough before the ban.

He said staff feared for their own safety and the welfare of the patients at the centre. "There are concerns severely affected psychotic patients have had one of their crutches removed," Mr Jacobson said.

Prison Action Reform spokesman Greg Barns said the ban would have a serious effect on patients and staff at the centre. He said forcing patients to stop smoking could exacerbate their mental illness symptoms. "It could create real safety issues."

Forensic health services manager Ann Marie Mallett said plans to make the centre smoke-free had been in place since March last year.

"Going smoke-free is the culmination of work that started in March 2011 and is an important step in promoting the health of Wilfred Lopes Centre patients," Ms Mallett said. "In the lead-up to going smoke-free, significant consultation has taken place with patients and their families, staff and other key stakeholders."

Staff say it is the third time the department has set a date for a ban before aborting plans at the last minute.

http://www.themercury.com.au/article/2012/05/07/325911_tasmania-news.html

5. Job Search Depressing You? Try a Little Harder

Publication:
30 April 2012

A new study by Connie Wanberg, Associate Dean at the University of Minnesota's Carlson School of Management and three other academics, takes a look at what happens to people's mental health when they lose their jobs, and how their mental states fare in the 20 weeks that follow. From a low right after getting laid off, most people experience a steady improvement in their sense of well-being. Then, if they haven't found a job 10-12 weeks into their search, the trend reverses and they start feeling rejected and depressed.

Wanberg tracked 177 unemployed people over the course of 20 weeks by sending them weekly online surveys. Those who engaged in more intense job searches exhibited better mental health than those who were more relaxed about looking for work. The researchers measured mental health by asking respondents to rate themselves on a six-point scale in response to questions like, "have you felt downhearted and blue?"

The study, which is published in the current issue of *The Academy of Management Journal,* underlines what is most difficult about looking for a job. It is a lonely, unpredictable process with no rules, no guarantees, no supervision and a huge amount at stake. As Professor Wanberg writes in the paper, "Looking for a job is an unfolding task that is highly autonomous, self-organized, loosely structured, and ill-defined. Individuals must decide on

their own how and how often to search, and they rarely receive feedback about the effectiveness of the job-search activities and the strategies they are using." In other words, both motivation and reward must come from within. When rejections start to pile up, it can be incredibly difficult to keep slugging.

One intriguing statistic from the study: Though career professionals say that job seekers should treat their search like a full-time job, participants in the study spent only 17 hours a week on their search at the outset. That declined to 14 hours a week at week 15, and then ticked up slightly after that. The lesson here, say the researchers: Track the amount of time you spend on your search and bump up your effort if you find it lagging.

A piece of good news: even in this depressed job climate, 128 or 72% of the study participants found a job within the 20-week study period.

The biggest lessons from the study: Not only is finding a job in your own hands but so is your mental health, which is directly linked to your ability to push ahead with your job search. Though looking for a job can be one of the toughest tasks in life, especially when you're feeling down, it's incredibly important to soldier on. Remaining jobless and not trying to find work takes a toll on self-esteem and overall mental health. Networking and going on informational interviews is horribly tough when you're feeling low, but it pays off in self-esteem and ultimately, in your ability to land a job.

As I've written many times, job seekers should limit their time online and make an effort to get out and meet people face to face. Most people still find work through people they know.

http://www.forbes.com/sites/susanadams/2012/04/30/losing-your-job-how-it-affects-your-mental-health/

6. Report says more kids have mental-health disorders

Author: Rita Price

The Columbus Dispatch (USA)

1 May 2012

The most prevalent childhood disabilities have shifted away from the physical to mental-health disorders, researchers say.

A report released today by Princeton University and the Brookings Institution notes that the top five limiting conditions of children are now behavioral or developmental.

In 2009, more than one in five parents reporting a child with a disability cited ADHD — attention-deficit hyperactivity disorder — as an underlying condition, according to the report in The Future of Children.

Another 19 percent cited other mental, emotional or behavioral problems. Today, ADHD is nearly three times more likely than asthma to contribute to childhood disability, the report said.

Autism affects about 6 percent of all special-education students, up from 2 percent over the past decade.

But understanding the spiking rates is problematic because "disability" is not standardized, and criteria for diagnoses and services seem to vary widely, editors of the report said.

They said it is "difficult to resolve the controversy over how much of the increase in disability reflects changes in incidence or changes in definition and diagnosis."

According to the National Health Interview Surveys, the prevalence of disability for children younger than 18 more than doubled from 1981 to 2009, to 8 percent. But the National Survey of Child Health classifies just 4.3 percent of children as disabled.

The nation badly needs workable definitions that can be implemented in national surveys, the report said.

http://www.dispatch.com/content/stories/local/2012/05/01/more-children-have-mental-health-disorders.html

7. New study links Tasers to lethal cardiac arrests

Author: Erica Goode
Sydney Morning Herald
2 May 2012

NEW YORK: The electrical shock delivered to the chest by a Taser can lead to cardiac arrest and sudden death, according to a new study, although it is unknown how frequently such deaths occur.

The study, which analysed detailed records from the cases of eight people in the US who went into cardiac arrest after receiving shocks from a Taser X26 fired at a distance, is likely to add to the debate about the safety of the weapons. Seven of the people in the study died; one survived.

Advocacy groups such as Amnesty International have argued that Tasers, the most widely used of a class of weapons known as electrical control devices, are potentially lethal and that stricter rules should govern their use.

But proponents maintain that the devices - which are used by more than 16,700 law enforcement agencies in 107 countries, including Australia - pose less risk to civilians than firearms and are safer for police officers, according to Steve Tuttle, a spokesman for Taser. The results of studies of the devices' safety in humans have been mixed.

The Taser X26 is used by the NSW Police Force.

Medical experts said the new report, published online on Monday in the journal *Circulation*, makes clear that electrical shocks from Tasers, which shoot barbs into the clothes and skin, can in some cases set off irregular heart rhythms, leading to cardiac arrest.

''This is no longer arguable,'' said Byron Lee, a cardiologist and director of the electrophysiology laboratory at the University of California, San Francisco. ''This is a scientific fact. The debate should now centre on whether the risk of sudden death with Tasers is low enough to warrant widespread use by law enforcement.''

The author of the study, Douglas Zipes, a cardiologist and professor emeritus at Indiana University, has served as a witness for plaintiffs in lawsuits against Taser - a fact that Mr Tuttle said tainted the findings.

''Clearly, Dr Zipes has a strong financial bias based on his career as an expert witness,'' Mr Tuttle said, adding that a 2011 US National Institute of Justice report concluded there was no evidence that Tasers posed a significant risk of cardiac arrest ''when deployed reasonably''.

However, Robert Myerburg, a professor of medicine in cardiology at the University Of Miami Miller School Of Medicine, said Mr Zipes's role in litigation also gave him extensive access to data from medical records, police records and autopsy reports.

http://www.smh.com.au/world/new-study-links-tasers-to-lethal-cardiac-arrests-20120501-1xx8x.html#ixzz1tg7MjPUh

8. Updates to psychiatric guide spur controversy

N.C. Aizenman
The Washington Post (USA)
6 May 2012

A panel of psychiatrists charged with updating the reference manual used to diagnose mental illness in the United States has abandoned controversial plans to add new diagnoses for people with mild psychosis and those who are simultaneously anxious and sad — even as the committee has left in place a host of other proposals that have ignited fierce criticism from professionals in the field.

The American Psychiatric Association revealed last week that it will scrap plans to add two new conditions to the fifth edition of its Diagnostic and Statistical Manual of Mental Disorders, or DSM-5 — the massive tome considered the bible of modern psychiatry.

The first condition, “attenuated psychosis risk,” was meant to identify young people in danger of developing a full-blown psychotic disorder as they get older. But many

psychiatrists complained that scant evidence exists that the symptoms — for instance, occasional mild hallucinations or delusional thinking — reliably predict later psychosis. And they warned that a diagnosis could prompt doctors to needlessly treat many youngsters with powerful antipsychotic drugs that have harmful side effects.

More research needed

Also gone is a proposed category for "mixed anxiety depressive disorder" that critics charged could label the challenges of everyday life a mental condition. Both categories will instead be put in a section of the DSM-5 for conditions requiring further research.

The modifications were among a series unveiled Wednesday that will be open to a third and final round of public comment lasting six weeks, through June 15. The 162-member group charged with revising the DSM-5 could make further changes in the next several months since the final draft is not due to the printer until the end of the year, with publication scheduled for May of next year.

David Kupfer, a professor of psychiatry at the University of Pittsburgh School of Medicine and chairman of the current task force, said the latest tweaks showed the committee was responding to outside opinion and comment.

"We have not made decisions ahead of time," he said. "I am spending 24-7 with 160 colleagues trying to do the best we can to listen to everybody."

But the years-long drafting process has been dogged by delays and allegations of disorganization and secrecy. That process looms large over the psychiatric association as it opened its annual conference in Philadelphia on Saturday.

The stakes are heightened by the outsize role the DSM plays in American society. Used by medical professionals to assign patients diagnostic codes based on their symptoms, the DSM's wording can affect what treatments a person is prescribed, whether their health insurance pays for it, what school and social services they are entitled to, and how long they can be committed by a court.

Allen J. Frances, chairman of the committee that updated the current, fourth edition of the DSM in the 1990s, and among the most prominent critics of the latest effort, also pointed to aggressive tactics adopted by pharmaceutical companies in recent years. Eager to identify new customers, he said, they were quick to capitalize on seemingly minor expansions made to categories in the current DSM by directly marketing to the public or to primary care doctors and OB-GYNs — who, while less trained in the nuances of mental illness, prescribe the largest share of many psychiatric medications, including antidepressants.

Echoing other critics, he complained of a raft of proposals still on the table that could unduly pathologize and stigmatize everyone from baby boomers experiencing "senior moments" — who could be classified as having a new "minor neurocognitive disorder" — to fraternity boys engaged in a series of weekend benders — who could fall under an expanded category of "addiction."

"The implications are way beyond anything you can imagine. . . . Add a new symptom and suddenly tens of millions of people who don't currently qualify for a diagnosis will wake up with it and will see an ad on television or in a magazine encouraging them to get medicine," said Frances. Instead of trying to contain this issue, the DSM-5 will open the floodgates even wider.

Rationale questioned

Kupfer countered that the task force is being "very careful of this issue of unintended consequences" and plans to set up the DSM-5 as a "living document" that will be continuously modified as needed in the coming years.

He pointed to a compromise also proposed Wednesday to address another tempest that has been brewing over the task force's original plan to eliminate "bereavement exclusion" for depression in the current DSM.

The exclusion holds that people mourning a death cannot be diagnosed as suffering a major depressive episode if they have been grieving for less than two months or if their symptoms

are limited — for example, they experience guilt over the death but not a general sense of worthlessness.

Members of the task force had said they worried the exclusion could prevent individuals who do suffer genuine, severe depression shortly after a loss or death from getting timely treatment. But researchers such as Jerome Wakefield, a professor at New York University who specializes in depressive disorders, have published findings concluding there was insufficient evidence to warrant removing the exclusion.

Rather than jettisoning it altogether, the task force now proposes to include a version of it in a footnote that would explain that the normal response to significant loss, including not just bereavement but financial ruin and natural disaster, can resemble depression. The footnote then lists specific symptoms that would suggest genuine depression.

Wakefield partly praised the idea, stating that "in a sense the footnote is actually more valid than the bereavement exclusion because it recognizes that people can have these symptoms under a variety of conditions. And that could be a tremendous advantage in terms of eliminating a lot of false diagnoses."

But he also worried that "putting it in a footnote has the danger that it will be ignored. . . . I still don't understand the rationale."

http://www.washingtonpost.com/national/health-science/updates-to-psychiatric-guide-spur-controversy/2012/05/05/gIQATSbJ4T_story_1.html

9. Canada's first-ever mental health strategy will pressure Harper to act

Publication: The Canadian Press
Author: Heather Scoffield
6 May 2012

OTTAWA - Canada is about to get its first-ever national mental health strategy — a massive report that may well persuade Prime Minister Stephen Harper that his government must return Ottawa to a lead role on health care.

On Tuesday, after five years of research, consultations with thousands of people, modelling, forecasting and much agonizing, the Mental Health Commission of Canada will finally deliver the blueprint the Harper government requested.

The Canadian Press has learned that the strategy will launch a call to action targeted not just at the federal government, but also at provincial governments, health-care professionals, businesses and volunteers.

With more than 100 recommendations, the strategy will demand that they, and Canadians in general, set aside their preconceived notions of mental illness and face the fact that almost every family will be touched by mental health problems at some point.

It will call for a reconfiguration of health care services so that patients have better access to mental health professionals, community support, better funding, and appropriate medication.

It will emphasize recovery from mental illness, and urge far more prevention, especially when dealing with young people.

It will also stress the high cost of inaction. Mental health problems cost the Canadian economy at least $50 billion a year. The report likely stops short of putting a dollar figure on what the federal and provincial governments should spend.

Still, the recommendations have caught the eye of the Conservative government, numerous insiders say. And there is an acceptance at the federal level that Ottawa should be central in pushing the strategy forward.

Whether the federal government will follow through with substantial financial support and national leadership, however, is another question.

“We have to have buy-in. There’s nothing that easy in health care,” said Linda Silas, president of the Canadian Federation of Nurses Unions, echoing a sentiment expressed by several stakeholder groups. “We need to see federal leadership on this.”

Gillian Mulvale is betting that the strategy will actually make a difference. Mulvale is an Ottawa-based health policy analyst who plunged into post-partum depression two decades ago, and struggled for years to find the proper care, support and medication. At first, she couldn’t even bring herself to call her doctor and admit something was wrong. Even after she did ask for help, she didn’t get it. Then she miscarried, and found herself spiralling.

“I finally hit a point where I thought that everyone would be better off without me, if I were to leave,” she said in an interview at her office, where the walls are decorated with diplomas and motivational proverbs. “And I planned, in my distorted thinking, that I would just get in the car and drive somewhere, and my husband would raise my children, and they would be much better off.”

Her husband urged her to get attention, but that only started a rocky journey of dealing with stigma, about 20 different kinds of drugs over the years, and multiple hospital stays in an effort to get access to psychiatric services.

“I would crash repeatedly. And when I crashed, it was very strong suicidal ideation.”

Mulvale persevered and has now fully recovered. She keeps herself well through yoga, inspirational reading, tai chi and hard work. But she is still wrestling with the stigma of having had a mental illness, cringing several times in the interview and wondering aloud if she was doing the right thing.

She agreed to come forward about her perilous trip in the hopes that by speaking, she will help overcome some of the stigma and bring attention to the many, many pitfalls in Canada’s mental health system.

“Stigma permeates everywhere,” she says haltingly. “It doesn’t matter what your profession is.”

Indeed, the strategy on Tuesday will speak to many of her concerns. It is expected to tackle the lack of access to psychiatric services at the doctor’s office. It is expected to encourage peer support, community-based care and a patient-rights approach to care that balances medication and psychotherapy.

And it will urge authorities to start systematically counting and documenting how pervasive mental health issues really are, so that policy makers will eventually have to respond.

But will they respond?

Health Minister Leona Aglukkaq is expected to be present at the launch on Tuesday in Ottawa — a sign of her support. Harper has spoken out about the need to overcome stigma and improve mental health. And federal officials are already contemplating ways to take action on — and put funding towards — suicide prevention.

They are also toying with the idea of working with provincial governments to earmark part of the federal transfer payments for health specifically for mental health services.

Provincial health authorities are constantly struggling to cover health care costs, and mental health is often at the bottom of the list — the “poor cousin” of the health care system, says Mulvale.

But even though she is worried that governments will look at their tight budgets and not give the strategy much attention, she says government funding and policy is only a part of the answer.

“I think it’s far more complex than what government can do alone. I think there is much that government can do; there is much that the health care system can do; but there is

much that every single one of us can as Canadians (can do), and that's changing attitudes and being open," she says.

"I think that people with mental health problems and illnesses, as much as I recognize how difficult it is to do, we need to talk about it."
http://www.winnipegfreepress.com/canada/canadas-first-ever-mental-health-strategy-will-pressure-harper-to-act-150347085.html

10. The DBSA "positive six campaign"

Depression and Bipolar Support Alliance (USA)

Six months of positive actions to connect to your health and community.

Each month—May through October, 2012—we'll feature a new +6 challenge aimed at strengthening connections to your health, relationships, and community. Whether it's incorporating a new habit, reconnecting with old friends, sharing kindness, or simply making someone smile, little things can make a big difference!

A strong support network, good physical health, and giving to others are all contributors towards good mental health for anyone, but especially for the over 21 million people who live with mood disorders. DBSA +6 was designed to help anyone, with or without mental health issues, to live a happier life. Come on, do something good for yourself and others—take the challenge and have fun along the way!

MAY

Feeding Kindness Challenge
Reach out to one (+1) person this month to share a meal (brown bag lunch, dinner at your home, donate canned goods to your local food pantry). You may make a new friend, and you will certainly brighten someone's day!

http://www.positive6.org/

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 kim.harris@mhca.org.au Kim Harris, Carer and Consumer Project Officer, Mental Health Council of Australia. Tel (02) 6285 3100

www.mhca.org.au