



Mental Health
Council of Australia

WEEKLY BULLETIN

No. 18 2012

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Hi all,

I am attending the summer conference on The UN Convention on the Rights of Persons with Disabilities – How to Use it to be held on 18th – 23rd June 2012 at Centre for Disability Law & Policy, National University of Ireland, Galway, Republic of Ireland.

I will be away from 12 June to 9 July and during this time Peter Perfrement will be managing the Bulletin. Please provide any feedback/comments on the Bulletin to Peter directly during this period at policy@mhca.org.au.

Thanks,
Kim

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1. Empowering Indigenous Communities to Tackle Suicide

Publication: aap PR Releases

Department of Health and Ageing

1 June 2012

The Menzies School of Health Research has been appointed to help the Gillard Government develop the nation's first Indigenous Suicide Prevention Strategy.

The Menzies School will work with the Aboriginal and Torres Strait Islander Suicide Prevention Advisory Group and the National Aboriginal Community Controlled Health Organisation (NACCHO) to ensure the Strategy is coherent and comprehensive, and backed by a strong evidence base.

"Any person taking their own life is a tragedy that deeply affects their family and community. We are determined to tackle the high rate of indigenous suicide in Australia and this announcement is a further tangible step we are taking to do just that," Minister for Mental Health and Ageing, Mark Butler, said.

The Advisory Group, chaired by Tom Calma, has also provided guidance on how the Government can most effectively invest the \$6 million in funding over four years committed to reduce Indigenous suicide under the Taking Action to Tackle Suicide package.

Mr Butler also today announced the first tranche of projects which will share in around \$2.4 million funding.

"This funding is for five local projects which have their roots in the local community. They are being delivered by organisations focused on prevention and with experience and knowledge of the unique issues faced by Indigenous communities."

The Minister for Indigenous Affairs Jenny Macklin said the community-based projects would help Indigenous communities to deal with the issue of suicide on a local level.



"We know communities need support and this Government is determined to work with Indigenous people to help prevent suicides."

Minister for Indigenous Health, Warren Snowdon, said taking care of mental health is critically important, health care for Aboriginal and Torres Strait Islander people must go beyond healthy bodies.

"The Australian Government is committed to ensuring the health issues for Aboriginal and Torres Strait Islander people are addressed, tackling suicide and self-harm goes hand in hand with our ongoing investment in health care," Mr Snowdon said.

The Government is providing funding for the following projects:

-\$1 million will be provided to the University of Western Australia to expand Empowerment. This suicide prevention pilot was delivered in the Kimberley region last year to address high rates of suicide. Empowerment will be rolled out to eight Indigenous urban, regional and remote localities around Australia.

-\$1.05 million will be provided to Vibe Australia to help them deliver suicide prevention messages to young Indigenous people through dance, music and sport. Vibe is a dynamic Aboriginal media, communication and arts organisation and will roll out a program to restore pride in culture and build self esteem, and link young Indigenous people to local Aboriginal-led community organisations and services (see vibe.com.au)

-\$240,000 will be provided to remote communities to run Deadly Thinking workshops developed by the Australasian Centre for Rural and Remote Mental Health. These workshops will train members of those communities to work as 'natural helpers' to help prevent suicide and raise local awareness of mental health issues.

-\$91,500 will be provided to the United Synergies group for the 'Who You, Which Way' project, enabling them to train people in Indigenous communities to deliver culturally appropriate community approaches to trauma and suicide bereavement support



-\$67,320 will be provided to the Queensland Remote Aboriginal Media to deliver 'Yarnin' about Mental Health' radio broadcasts for Cape York communities, which will build community awareness of mental health and suicide prevention issues and services.

The Government is continuing to deliver on its promise to make mental health a priority for this term of Government and will invite applications for further rounds of available funding in the coming months.

For more information contact the minister's office on 02 6277 7280

<http://www.health.gov.au/internet/ministers/publishing.nsf/Content/mr-yr12-mb-mb043.htm>

2. Government can't provide reason for freezing funding to vital mental health nursing program

Media Release

Australian College of Mental Health Nurses

31 May 2012

A Senate Estimates hearing has revealed that the Government has effectively frozen funding for a vital mental health service without any evidence or evaluation to justify their decision.

The Community Services Senate Estimates Committee was told that the Mental Health Nurse Incentive Program (MHNIP) has been frozen, although the Department of Health and Ageing was unable to provide relevant information to explain why this one program was singled out to be sacrificed for the Government's Budget savings.

The MHNIP is a gap-filler. It helps people with complex mental health problems and stops them falling through the cracks and chasms that is Australia's patchwork mental health system. The MHNIP provides one-on-one clinical nursing support and case management to people who have been put in the too hard basket by the system. The program helps people who have regularly been admitted to hospital, people who are suicidal, homeless people, and young people who have withdrawn from school and families. There is no other program that delivers for these vulnerable and marginalised people.



The Department of Health and Ageing refused to be drawn on what would happen to those with severe and complex mental illnesses who couldn't access the MHNIP. The Department found it "a bit hard to speculate" on whether there would be waiting lists for those with mental illnesses, or indeed how the level of services are to be measured or capped.

Greens spokesperson for Mental Health, Senator Penny Wright and Shadow Minister for Mental Health, Senator Concetta Fierravanti-Wells, asked numerous questions regarding costing, reasoning and evidence for the decision to freeze the MHNIP funding. Their questions were met with bureaucratic jargon, confusion and statements about "constrained financial circumstances".

Adjunct Associate Professor Kim Ryan, CEO of the Australian College of Mental Health Nurses, believes the Government's inability to answer questions highlights how ill-conceived this freeze on mental health services is.

"The decision to freeze funding for the MHNIP at the 2011-12 levels has been made and organisations have been advised, yet the Government can't tell us how this funding freeze will be implemented.

"This is a demand driven program and the evidence shows there is a desperate demand for it. I repeat my call for the Government to rethink this funding freeze and live up to their promise to make mental health their second term priority," said Ms Ryan.

Media contact: Kim Ryan, Chief Executive Officer, Australian College of Mental Health Nurses, 0417 289 189

<http://www.acmhn.org/news-a-events/in-the-media.html>



3. Different tack for Aboriginals

Publication: The West Australian (WA)

Authors: Cathy Saunders

31 May 2012

Cultural considerations need to be taken into account when assessing the mental health of indigenous people, according to the head of a centre for indigenous education.

Caroline Hughes, director of the Canberra Institute of Technology's Yurauna Centre, said it had always been the norm for Aboriginal people to hear voices or see spirits of loved ones who were deceased, or to have premonitions, similar to clairvoyants

When someone talks about spirits or hearing voices of loved ones or even messages and dreams, it is important we don't automatically mislabel somebody as having a mental health illness," she said. "Within our Aboriginal community, it is the norm to grow up hearing about this.

"In the psychic world, you wouldn't lock up somebody who was clairvoyant."

Ms Hughes said family was such an important part of the Aboriginal culture, which was collective and not individualistic, that family members should be included in any treatment for Aboriginal mental health patients.

Mental health first-aid guidelines developed specifically for Aboriginal and Torres Strait Islander people include cultural considerations, depression, psychosis, suicide, trauma and loss, problem drinking, and problem drug use. The guidelines are on the Mental Health First Aid website, www.mhfa.com.au.

In WA, the School of Psychiatry and Clinical Neurosciences at the University of WA is developing a new screening tool to assess the current mental and physical health of Aboriginal patients with mental illness.



A prototype of the Here and Now Aboriginal Assessment (HANAA), a 10-item questionnaire, is being tested at several hospitals in the Perth metropolitan area.

It is hoped the tool will be suitable for use in remote areas by a variety of workers, including police and clinic nurses.

The questions give the patient an opportunity to talk about their overall health and wellbeing, various physical health problems, mood, suicide and self-harm risk, substance use, memory, unusual (psychotic) symptoms, functioning, contributing factors such as family or housing issues, and resilience.

Each domain is rated jointly by the patient and assessor during a semi-structured interview as being not a problem, a small problem, or a big problem.

<http://au.news.yahoo.com/thewest/lifestyle/a/-/health/13826076/different-tack-for-aboriginals/>

4. Hidden tragedy of rail suicides

Publication: The Age

Author: Mex Cooper

4 June 2012

DARK SIDE OF THE TRACKS

A LIFE ends violently on Victoria's railway tracks almost every week. And with each bloody fatality, the high cost falls upon grieving families, traumatised train drivers and the wider community.

It is a confronting and rarely told story beyond cold, rail-hard statistics, because of the nature of most of the deaths.

Figures obtained exclusively by The Age show 46 people died on the state's rail network between July 1, 2010, and the end of June last year.



Most cases were suicides, according to Transport Safety Victoria statistics, with an average of 34 people a year using Victoria's rail network to take their own lives since 2006.

Victoria's railway suicide toll is the highest in the country, leading to calls from state government departments for train fatality blackspots to be made "suicide proof".

Officials point to the 90 per cent of Victoria's railway lines that are unfenced. Yet, according to state government figures from 2007-08, the entire metropolitan network could be fenced for about \$82 million, \$130 million less than the cost of the Baillieu government's promise to deploy 940 armed protective service officers at train stations.

Five years ago, researchers from Melbourne University's Australian Centre for Posttraumatic Mental Health described rail suicides as an "emerging public health problem" to be treated as a high priority.

But despite widespread concerns, the issue has been hidden from the public because of a taboo on the recording and media reporting of suicides. Little, if any, action has been taken.

Now, mental health experts recommend a new approach to suicide reporting by the media that neither hides nor softens a major public health, workplace safety and community issue.

Nevertheless, the Australian Transport Safety Bureau does not count suicides in the official figures of rail fatalities.

These deaths can cause havoc with the rail system.

Melbourne's former rail operator, Connex, estimated that in less than three years suicides had caused immediate travel delays that represented 23 years of lost productivity.

During the same period, the trauma to employees led to the loss of more than 2000 working days and a counselling bill of nearly \$50,000.



Metro and V/Line refused to comment on what support they gave drivers involved in fatalities or, indeed, on anything regarding suicides or deaths on the network.

A Metro spokesman told The Age the issue was too sensitive for staff. "This is a complex area that we don't feel needs any public discussion," he said.

Yet Metro is a partner in a new national public awareness campaign, TrackSAFE, launched last month, which aims to cut rail deaths, including suicides.

Train drivers, some of whom have witnessed several deaths, have told The Age they are haunted by the last moments of people they have watched die.

One driver was involved in an accident that killed a three-year-old boy in Wallace, near Ballarat, last year and another has been diagnosed with a serious mental disorder as a result of at least five deaths under his trains in a 30-year career.

Another driver described feeling like a Vietnam War veteran because of a lack of acknowledgement of the trauma he had experienced.

Andrea Phelps, the Australian Centre for Post-traumatic Mental Health's acting director of policy and service development, said it was important for drivers' mental health that their experiences be validated by the general community.

Drivers' trauma was often heightened by being powerless to prevent an imminent death, she said.

Mental health expert and former Australian of the year Patrick McGorry said the mental health of train drivers was at risk daily. But he said those who took their own lives were desperate and it was important not to forget their grieving families and loved ones.



"I feel really sorry for the drivers and also all the families traumatised when people die. Trauma is very damaging for [the drivers'] mental health," Professor McGorry said. "It's a massive occupational health and safety hazard for these people."

He welcomes recently updated media guidelines on suicide reporting that no longer recommend a blanket ban on the subject. They are part of the government-backed Mindframe mental health initiative.

Professor McGorry said a taboo on discussing suicide meant many Australians were unaware more people died as a result of suicide than in road accidents.

<http://www.theage.com.au/victoria/hidden-tragedy-of-rail-suicides-20120603-1zq87.html>

5. De-Escalation and Restraint Training for Clinicians: A literature review

Author: Te Pou

21 May 2012

Various forms of restraint and de-escalation training for staff in acute mental health settings are provided by District Health Boards (DHBs). However, with government directives for DHBs to reduce the use of seclusion and restraint, expectations of training are shifting.

Recovery oriented, trauma informed and values based practice is influencing how de-escalation and restraint training is viewed and delivered. There is also increased pressure to ensure training is consistent, of good quality, and based on robust evidence and evaluation.

In response to these concerns, Te Pou reviewed the provision and evaluation of de-escalation and restraint training in the UK, US, Australia and New Zealand. The findings of this literature review discuss training content and evaluation, national consistency and quality, and collaborating with service users to improve both their outcomes and those for staff.

Link to literature review <http://www.tepou.co.nz/download/asset/494>.



6. Premature babies have higher mental illness risk

Source: Reuters

Author: Kate Kelland

1 June 2012

Babies born prematurely have a much higher risk of developing severe mental disorders including psychosis, bipolar disorder and depression, according to a study to be published on Monday.

Scientists in Britain and Sweden found that people born very prematurely - at less than 32 weeks' gestation - were three times more likely than those born at term to be hospitalized with a psychiatric illness at aged 16 and older.

The researchers think the increased risk may be down to small but important differences in brain development in babies born before the full 40 week gestation period.

The risk varied depending on the condition - psychosis was 2.5 times more likely for premature babies, severe depression 3 times more likely, and bipolar disorder 7.4 times more likely for those born before 32 weeks.

The study, to be published in the Archives of General Psychiatry journal, also found smaller but significant increased psychiatric risks for babies born only moderately early, at between 32 and 36 weeks.

Chiara Nosarti from the Institute of Psychiatry at King's College London, who led the research, said it showed "a very strong link" between premature birth and psychiatric disorders.

"Since we considered only the most severe cases that resulted in hospitalization, it may be that in real terms this link is even stronger," Nosarti told reporters at a briefing.



She stressed, however, that: "The majority of individuals who are born prematurely have no psychiatric or cognitive problems and are absolutely healthy and well functioning."

The disorders affect between 1 and 6 percent of the population as a whole, she said. Nosarti worked with researchers at the Karolinska Institute in Sweden and analyzed data from 1.3 million medical records in Sweden between 1973 and 1985 to find all those admitted to hospital with their first episode of a psychiatric disorder by 2002.

They then looked back to find which of these people had been born either very or moderately prematurely.

"The strongest association we found was to mental health disorders known to have a strong biological basis, such as bipolar disorder," Nosarti said.

She said that suggested that subtle alterations in the brain development of those born early may play an important role in mental health later in life.

Previous studies have found that premature babies have higher risks of various health and developmental problems but this was the first to look in detail at links between severe psychiatric disorders and pre-term births.

A United Nations-backed report in May said 15 million babies were born prematurely in 2010, and rates of the phenomenon are soaring around the world partly because of advances in medicine which allow even extremely premature babies to survive.

Asked whether this increase could account in part for similar rises in mental illnesses and neurodevelopmental disorders such as autism, Nosarti said a small fraction of that may be explained by pre-term births.

The study found around 6 percent people with severe depression and 6 percent of those with psychosis were born pre-term, as were around 11 percent of people with bipolar disorder.



http://www.msnbc.msn.com/id/47649136/ns/health-childrens_health/

7. Screening pregnant women for mental health disorders

Source: CBS24.com

5 June 2012

One in five pregnant women in developing countries, experience a severe mental disorder.

This is due to more exposure to risk factors such as poor socioeconomic status, and unplanned pregnancy. Routine treatment of maternal disorders in these countries is rare, but a new screening method might help lower the risk.

The research conducted by Simone Honikman from the University of Cape Town represents one of the first attempts to develop and implement a mental health program for pregnant women in the developing world, where there is an extremely high (and often unrecognized) prevalence of maternal mental disorders.

"The Perinatal Mental Health Project developed an intervention to deliver mental health care to pregnant women in a collaborative, step-wise manner making use of existing resources in primary care," Simone Honikman was quoted as saying.

This new program includes training for health care workers, routine screening for maternal mental stress, and providing on-site counselors. Over three years, the project achieved high levels of uptake and acceptability. From July 2008 to the end of June 2011, 90% of 6,347 women who attended the facility for primary level care were offered mental health screening and of the 5,407 screened, 32% qualified for referral to a counselor, and 62% (1,079 women) agreed to be referred. Importantly, most women (88% of those sampled) reported that they were more able to cope with their presenting problem as a result of the counseling.



Honikman was quoted as saying, "Through routine screening and referral, the [Perinatal Mental Health Project] model demonstrates the feasibility and acceptability of a stepped care approach to provision of mental health care at the primary health care level.

<http://www.cbs42.com/content/health/story/Screening-pregnant-women-for-mental-health/6I4oeRdHCkCnbyHoxdIGdw.csp>

8. Greeks count mental health cost of a country in crisis

Publication: ekathimerini.com

Author: Kate Kelland

1 June 2012

Behind every suicide in crisis-stricken countries such as Greece there are up to 20 more people desperate enough to have tried to end their own lives.

And behind those attempted suicides, experts say there are thousands of hidden cases of mental illness, like depression, alcohol abuse and anxiety disorder, that never make the news, but have large and potentially long-lasting human costs.

The risk, according to some public health experts, is that if and when Greece's economic woes are over, a legacy of mental illness could remain in a generation of young people damaged by too many years of life without hope.

"Austerity can turn a crisis into an epidemic," said David Stuckler, a sociologist at Britain's Cambridge University who has been studying the health impacts of biting budget cuts in Europe as the euro crisis lurches on.

"Job loss can lead to an accumulation of risks that can tip people into depression and severe mental illness which can be difficult to reverse - especially if people are not getting appropriate care" Stuckler said.

"Untreated mental illness, just like other forms of illness, can escalate and develop into a problem that is much more difficult to treat later on."



Accumulation of risks

Youth unemployment in Greece is more than 50 percent and evidence of peoples' disaffection is becoming more visible.

The sight of groups of youths hanging around the streets getting high on illicit drugs is not uncommon in Athens, while a Greek pensioner who hanged himself in the capital on Wednesday was found with a note saying he had always worked hard but had got himself into debt.

Greece is in its fifth year of recession and the prospects for many are bleak. Economists reckon the austerity measures Greece is battling with -- cuts the health minister characterized as being made with a butcher's knife rather than a scalpel -- offer it slim hope of recovery any time soon.

Those who have jobs are being hit with wage cuts or pay freezes, and live in constant fear of being the next employee to face the chop. Research has found this feeling of profound insecurity can do more psychological damage than anything else.

Peter Kinderman, a professor of clinical psychology at Britain's University of Liverpool, says the mental health impact of all this turmoil will be rapid and dramatic.

"Instead of seeing a slow increase in the epidemiology of mental illness, what we're seeing is what we predicted - that these economic impacts have rapid significance for our way of thinking about the world," he told Reuters.

And while economic crises may have mental health effects, mental illness in turn has increasingly significant economic effects - raising the prospect of a vicious cycle.

According to a paper prepared for the World Health Organisation (WHO) in 2011, the economic consequences of mental health problems - mainly in the form of lost productivity - are estimated to average between 3 and 4 percent of gross national product in European Union countries.



And because mental disorders often start in young adulthood, the loss of productivity can be long-lasting, experts say.

Critical window

Stuckler says there is a «critical window» for connecting people in need of psychiatric help to the services that could benefit them, and talks of a «high risk phase» when vulnerable young people haven't been able to realize what they hoped to do, and then feel like they're being left behind in a recovery.

You don't want them to sink into being chronically unemployed, he said. Because that ends up increasing the costs and pressure on the welfare system further down the line.

In Greece, suicide rates are already rising rapidly, albeit from a low starting point. Suicides rose by 17 percent between 2007 and 2009, and by 40 percent in the first half of 2011 compared with the same period in 2010, according to a report in the Lancet medical journal last year.

And judging from the experience of financial crises elsewhere, unemployment, poverty and insecurity will also lead to upward trends in demand for mental health services just as they are being cut back.

"Some people can be very profoundly affected ... and end up unhappy and depressed for very long periods for time," said Kinderman. "And I suspect some of the casualties in an economic downturn may undergo such fundamental changes in the way they understand themselves and the world, that that way of thinking will last."

Peter Lloyd Sherlock, professor of social policy at Britain's University of East Anglia, suggests looking to history for lessons. He points out that in Argentina, which experienced a dire financial downturn from 1999 to 2002, there was a 40 percent increase in consultations in mental health facilities in 2002, according to government data, and there was also a sharp increase in prescriptions of antidepressants.



Previous research has found that people who fall into unemployment and poverty have a significantly greater risk of mental health problems -- and men are at especially increased risk of mental illness, suicide or alcohol abuse during hard times.

Evidence cited in the WHO report suggests the more debt people have, the more likely they are to have mental disorders.

"If the Greek economic woes were to continue for 10 years or more, probably the most important overall effect on mental and physical health will actually be a big increase in inequality," Lloyd Sherlock said.

Do depressions always breed depression?

But does economic depression always mean more psychological depression? Not necessarily.

Public health experts point to some countries, such as Sweden and Finland, which in times of crisis managed to avoid increases in mental illness and suicide rates by investing in employment initiatives to help get people back on their feet.

In the early 1990s, Sweden underwent a severe bank crisis which sparked a rapid rise in unemployment, but suicide rates were broadly unaffected. In contrast, Spain, which had multiple banking crises in the 1970s and 1980s, saw suicide rates rise as unemployment rates did.

Some experts say a key differentiating factor was the extent to which resources were budgeted for social protection, such as family support, unemployment benefit and healthcare services.

Looking ahead to what he hopes may be less fragile financial times for Greece, Kinderman sounds an optimistic note. While there's a risk of long-term psychological problems for some, he says, evidence also suggests the majority of people can bounce back if and when economic prospects brighten.



"If you have economic recovery, many people could spark back up into a more optimistic and more self-assured frame of mind relatively quickly" he said. "The message for politicians is get the bloody economy right and we'll start functioning again."

http://www.ekathimerini.com/4dcgi/_w_articles_wsite1_1_31/05/2012_444780

9. Youth mental health experts publish new guidelines to treat childhood aggression

Source: Medical Xpress

30 May 2012

Mayo Clinic researchers, in collaboration with other research institutions and youth mental health experts, are publishing new guidelines for primary care providers and mental health specialists to manage the common but often complex problem of childhood aggression. The goals include improving diagnosis and care and avoiding inappropriate use of medication.

The guidelines, titled "Treatment of Maladaptive [Aggression](#) in Youth," are published online this week in the journal *Pediatrics*. The guidelines -- intended for primary care and [mental health](#) specialists — are free and publicly available via a downloadable, user-friendly toolkit.

Treating and managing aggression is generally difficult, says Peter Jensen, M.D., a Mayo Clinic psychiatrist who led the development of the new guidelines. More troubling, he says, are that antipsychotics and mood-stabilizing drugs are increasingly prescribed to children on an outpatient basis to treat overt aggression, a symptom that may have multiple causes, Dr. Jensen says.

"These large-scale shifts in treatment practices have occurred despite potentially troubling side effects and a lack of supportive empirical evidence," Dr. Jensen says. "With the increase in the prescription of psychotropic agents outside of FDA-approved indications, concerns have been raised over treatment decision-making, appropriate use of alternative therapies, long-term management, safety of multiple drug regimens and successful parental engagement and education."



To better address this clinical need and improve outcomes for children and adolescents with maladaptive aggression, a group — including Mayo Clinic, The REACH Institute, the Center for Education and Research on Mental Health Therapeutics at Rutgers University, and 60 national experts in the fields of policy, research, advocacy and child and adolescent psychiatry — joined to achieve consensus on improving the [diagnosis](#) and treatment of aggressive children and adolescents.

"The guidelines were developed to help mental health specialists and [primary care](#) clinicians work closely together in the optimal management of the all-too-common, but very difficult problem of aggression in children and youth," Dr. Jensen says.

Recommendations include carefully engaging and forming a strong treatment alliance with the patient and family; conducting a rigorous, thorough diagnostic workup; carefully measuring treatment response and outcomes using reliable assessment tools; providing education and support for families; helping families obtain community and educational resources; using proven psychological therapies before starting any antipsychotic or mood stabilizer medications; and carefully tracking (and preventing, whenever possible) side effects.

<http://medicalxpress.com/news/2012-05-youth-mental-health-experts-publish.html>

10. Patient mental health overlooked by physician when a family member is present

Source: Medical Xpress

30 May 2012

Existing research shows that it is beneficial to have a loved one present when visiting the doctor, but a new study led by researchers at the Johns Hopkins Bloomberg School of Public Health suggests the opposite may be true for older adults suffering from poor mental health. They examined whether companion presence in routine primary care visits helps or hinders physician visit processes and found that older adults with poor mental health function may experience more communication challenges in the form of shorter visits and



less patient-centered communication. The results are featured in the June 2012 issue of Journal of General Internal Medicine.

"Despite a growing body of research that a family companion has favorable implications for patient-centered processes and communication during medical visits, what remains unclear is the effect on medical visits that involve discussion of a potentially stigmatizing condition such as [mental health](#)," said Jennifer Wolff, PhD, lead author of the study and an associate professor with the Bloomberg School's Department of [Health Policy](#) and Management. "Our study found that when patients with [poor mental health](#) were accompanied by a family companion, patients engaged in less psychosocial information-giving; physicians engaged in less question-asking and partnership-building and both patients and physicians contributed more task-oriented and biomedical dialogue which is indicative of less patient-centered communication."

Using an observational study, researchers examined primary care visits of accompanied and unaccompanied patients ages 65 and older. Medical-visit communications were audio recorded and coded using the Roter Interactional Analysis System. The authors evaluated visit duration, patient-companion verbal activity, and patient-centered communication, and adjusted for differences in accompanied and unaccompanied patients' age, gender, race and physical function. The researchers examined study participants' self reported mental health and determined communication challenges were amplified in the lowest functioning mental health subgroup. In addition, medical visits were 2.3 minutes longer when patients with good mental health were accompanied.

"Patient-centered care remains the ideal patient provider paradigm," said Debra Roter, DrPH, MPH, co-author of the study and a professor with the Bloomberg School's Department of Health, Behavior and Society. "Our findings speak to the need for greater attention to primary care infrastructure to support delivery of mental health care, as well as research to identify best practice strategies for integration of family in routine medical practice. New models of inter-professionalism which acknowledge family in the decision-making environment, explicit recognition of family in national health care quality



deliberation and growing evidence that family companions are commonly present and directly involved in medical-visit dialogue make this a topic ripe for further inquiry."

<http://medicalxpress.com/news/2012-05-patient-mental-health-overlooked-physician.html>

11. Poor Physical And Mental Health Among Trafficked Women

Source: Medical News Today

Author: Grace Rattue

29 May 2012

Around the world, millions of men, women and children are affected by the illegal trade of human trafficking. Although evidence shows that women who have been trafficked for sexual exploitation experience violence and poor physical and mental health, there is insufficient evidence regarding the health consequences trafficked children, men or individuals trafficked for other forms of exploitation experience, say researchers in the UK.

Furthermore, the public health implications and health consequences of human trafficking, which involve recruiting, transporting, and transferring human beings by force for the purpose of exploiting them, have received little attention worldwide. The study is published in PLoS Medicine.

In this study, researchers led by Siân Oram from King's College London's Institute of Psychiatry, London, UK, in collaboration with the London School of Hygiene and Tropical Medicine, examined studies on human trafficking in order to collect evidence and information on the prevalence of all forms of violence relating to individuals who have been trafficked, as well as the prevalence of mental, physical, and sexual health problems.

The team found that women and girls who had been trafficked for sexual exploitation were frequently physically and sexually assaulted. Furthermore, they experienced high levels of physical, mental and sexual health problems, including:

- stomach pain
- headache



- memory problems
- back pain
- depression
- anxiety
- post-traumatic stress disorder

According to the researchers, higher levels of mental distress may be associated to a longer duration of exploitation.

They explained: "Findings from studies to date indicate that trafficking is associated with serious health problems and suggest that trafficked people are likely to require a coordinated response by health care providers and other support services."

However, the researchers found a huge gap in research and evidence on the health of trafficked men, children, and those who have been trafficked for forced labor.

The researchers conclude:

"Further research is needed on the health of trafficked men, individuals trafficked for other forms of exploitation, and effective health intervention approaches.

As there is no sign that human trafficking is abating, we need more and better information on trafficked people's health needs and experiences, including evidence on interventions to mitigate the physical and psychological damage associated with this global crime."

<http://www.medicalnewstoday.com/articles/245956.php>

12. President Obama's Stance on Same-Sex Marriage Boosts Mental Health

Publication: Huffington Post (USA)

Author: Mary Barber

30 May 2012



President Obama made history May 9 with statements in support of lesbian and gay couples being able to legally marry. It didn't take long for media and policy experts to weigh in with all kinds of political intrigue. Would this help or hurt the president's reelection campaign? Was this a calculated announcement or simply a reaction to Vice President Biden's unrehearsed words of support just a few days earlier? How would the Republicans respond?

I am a psychiatrist, not a policy person. I really have no idea how to answer any of the above questions. However, I do know that by publicly declaring his support for marriage equality, President Obama has given a tremendous boost to the mental health of families and young people all across the United States.

Research showing that marriage has mental health benefits prompted the American Psychiatric Association to issue its [2005 statement supporting civil marriage for same-sex couples](#). The other side of this coin is also true: A lack of legal and social recognition for gay and lesbian couples and their families [has costs](#). These costs can sometimes be severe or even devastating, as in cases of families being torn apart when the legal parent dies, or when one partner develops a serious illness but does not have health insurance.

Less visible but still wearisome to same-sex couples and their families are the everyday insults, like repeatedly having to cross off the "mother" or "father" blanks on school forms. Or the special occasions marred, such as the couple returning from their 20th-anniversary trip to Paris and being told to fill out two forms for reentry to the U.S., "one per family." Or when the children of gay couples hear "that's so gay" used as an insult in the school hallways. These small digs can leave gay and lesbian couples and their children feeling less valued, less accepted, simply "less than" their heterosexual peers.

In making his bold statement, President Obama has provided an antidote to all this hurtful rejection and invisibility by saying he supports same-sex couples and their families as equal citizens. He has said to the many children in this country with two moms or two dads: You are valued members of our nation and deserve the same legal protections now given to children with one dad and one mom. Given that the last U.S. Census reported that of the



[646,464 cohabiting same-sex couples](#) in the U.S., [one quarter are raising children](#), the president's statement will touch a lot of children.

As for young people who are beginning to realize that they are gay or lesbian, the president's statement carries a hopeful message for the future: You can expect to be able to share a life with someone, to marry and raise a family, if you so choose. Our country will stand with you in supporting your life's goals.

Researcher Caitlyn Ryan has demonstrated the power of such support through the Family Acceptance Project. This research [showed](#) that lesbian, gay, and bisexual adolescents growing up in families that did not accept them as gay were 8.4 times more likely to report having attempted suicide, 5.9 times more likely to report high levels of depression, and 3.4 times more likely to use illegal drugs than kids whose families were more accepting. These findings are not surprising, given what we all know from hearing the horrible tragedies of the past two years, in which young people have chosen suicide over the pain of being rejected by peers or family.

What was surprising and powerful in Ryan's data was that families did not have to completely embrace their gay child in order for the child to have better mental health outcomes. Simply taking a small step toward accepting their gay son or daughter had a big positive effect on their mental health. In other words, parents "evolving" toward a more tolerant position could be really helpful for a young person, even if it was just a little bit.

As our country's father-in-chief, President Obama's words will have profound effects on the mental health of gay and lesbian Americans everywhere.

http://www.huffingtonpost.com/mary-barber-md/gay-marriage-mental-health_b_1556443.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 kim.harris@mhca.org.au Kim Harris, Carer and Consumer Project Officer, Mental Health Council of Australia. Tel (02) 6285 3100

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