



Mental Health  
Council of Australia

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# WEEKLY BULLETIN

No. 9 2012

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# BULLETIN NO. 9, 2012

Hi everyone,

My apologies for missing the Bulletin last week, I have been on leave and the rest of the staff at the MHCA are incredibly busy at the moment. As usual, I have included a mix of articles, research and events. I am aware that the Bulletin initially started as a resource for carers, but it has now grown into something that carers, consumers, government workers and service providers now use as a resource to keep abreast of issues in mental health, both nationally and internationally. Unfortunately, if it was kept strictly as a carer resource, I don't think I would be able to send out much information on a weekly basis – although I do include anything I think might be of interest to carers. I also try to include a spread of material, including relevant stories or events that are sent to me by one of you. If you think there is an article, research or anything else that would be of benefit to the majority of the readership, please feel free to send these to me via email.

Kind regards,

Rachelle

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## **1. Caregiver stress fact sheet**

**womenshealth.gov – empowering women to live healthier lives**

**US Department of Health and Human Services Office on Women’s Health**

This information has been taken from a United States based website, although after reading the content information, it is evident that there the content might be of interest and benefit to mental health carers and service providers in Australia. I have included a sample of the information contained on the website.

### **What is caregiver stress?**

Caregiver stress is the emotional and physical strain of caregiving. It can take many forms. For instance, you may feel:

- Frustrated and angry taking care of someone with dementia who often wanders away or becomes easily upset
- Guilty because you think that you should be able to provide better care, despite all the other things that you have to do
- Lonely because all the time you spend caregiving has hurt your social life
- Exhausted when you go to bed at night

Caregiver stress appears to affect women more than men. About 75 percent of caregivers who report feeling very strained emotionally, physically, or financially are women.

Although caregiving can be challenging, it is important to note that it can also have its rewards. It can give you a feeling of giving back to a loved one. It can also make you feel needed and can lead to a stronger relationship with the person receiving care. About half of caregivers report that:

- They appreciate life more as a result of their caregiving experience
- Caregiving has made them feel good about themselves

### **Can caregiver stress affect my health?**

Although most caregivers are in good health, it is not uncommon for caregivers to have serious health problems. Research shows that caregivers:

- Are more likely to be have symptoms of depression or anxiety
- Are more likely to have a long-term medical problem, such as heart disease, cancer, diabetes, or arthritis
- Have higher levels of stress hormones



- Spend more days sick with an infectious disease
- Have a weaker immune response to the influenza, or flu, vaccine
- Have slower wound healing
- Have higher levels of obesity
- May be at higher risk for mental decline, including problems with memory and paying attention

One research study found that elderly people who felt stressed while taking care of their disabled spouses were 63 percent more likely to die within four years than caregivers who were not feeling stressed.

Part of the reason that caregivers often have health problems is that they are less likely to take good care of themselves. For instance, women caregivers, compared with women who are not caregivers, are less likely to:

- Get needed medical care
- Fill a prescription because of the cost
- Get a mammogram

Also caregivers report that, compared with the time before they became caregivers, they are less likely to:

- Get enough sleep
- Cook healthy meals
- Get enough physical activity

### **How can I tell if caregiving is putting too much stress on me?**

Caregiving may be putting too much stress on you if you have any of the following symptoms:

- Feeling overwhelmed
- Sleeping too much or too little
- Gaining or losing a lot of weight
- Feeling tired most of the time
- Loss of interest in activities you used to enjoy



- Becoming easily irritated or angered
- Feeling constantly worried
- Often feeling sad
- Frequent headaches, bodily pain, or other physical problems
- Abuse of alcohol or drugs, including prescription drugs

Talk to a counselor, psychologist, or other mental health professional right away if your stress leads you to physically or emotionally harm the person you are caring for.

<http://www.womenshealth.gov/publications/our-publications/fact-sheet/caregiver-stress.cfm#c>

## **2 People with Schizophrenia helped by smartphones**

**Medical News Today – United States**

18 March 2012

Psychiatry is employing smartphone technology as an innovative tool in the assessment and treatment of schizophrenia and other serious mental illness. Prominent in this endeavor is Dror Ben-Zeev, an assistant professor of psychiatry at Dartmouth Medical School and director of the Thresholds-Dartmouth Research Center in Chicago.

"We are using the technology that is already in your pocket to create a completely new medium for psychotherapeutic intervention," says Ben-Zeev. "You can have therapy with you and accessible to you whenever and wherever you have the need, potentially anywhere in the world."

As guest editor for a special issue of the Schizophrenia Bulletin, Ben-Zeev presents a set of four papers coauthored by a series of international colleagues. The papers are geared toward the increasing numbers of researchers who are leveraging smartphones and cellphones to provide mental health services. The articles are now available online with print publication set for spring 2012.

Ben-Zeev acknowledges that some mental-health practitioners may doubt the ability of the mentally ill to make productive use of this technology. To counter this perception, Ben-Zeev and his associates recently conducted a survey of 1,600 Chicago individuals under treatment for serious mental illnesses, such as schizophrenia, schizoaffective disorder, and bipolar disorder.

"We showed that 70 percent of the people had cellphones and used them for calling, texting, and for accessing the Internet," he remarks. "It's not quite up to the 94 percent of people in the U.S. overall but I think that these results are going to be very surprising to many who expect much less from people with serious mental illness."





The goal of the special issue papers, according to Ben-Zeev, is to stimulate discussion of potential opportunities where mobile technologies can enhance the study of psychotic illnesses and to encourage researchers and clinicians to be creative in employing these technologies.

The first of the four papers is a general review by international experts that includes concrete guidelines and practical suggestions for future studies. Editor Ben-Zeev also alludes to "expert insights and shared collective experiences [that] will undoubtedly be useful to investigators who are unfamiliar with mobile technology study design, hardware and software requirements, and statistical approaches necessary to successfully analyze the rich data that are characteristic of these paradigms."

The remaining three papers in the series are empirical studies that demonstrate the utility of technology in psychiatry, each highlighting the use of three successive generations of technology. The first study report begins with preprogrammed wristwatches that signal people to respond to paper questionnaires. The second had people using personal digital assistants (PDAs) to complete on-screen questionnaires periodically when prompted, and the last employed cellphones that delivered text messages requiring self-monitoring responses.

In addition to the call to action implicit in the special issue papers, Ben-Zeev and his Chicago coworkers are putting "boots on the ground," as he says. He is partnering with community agencies and working with psychiatric rehabilitation centers and people in treatment. As a result, his research is simultaneously providing a clinical service.

"This is not your typical model," states Ben-Zeev. "Usually the research is conducted in an academic medical center, and then there is a transition back to real settings which may take a really long time. We are bypassing that by developing the paradigm here to begin with, getting feedback from both providers and consumers. I think that's the strength of what we are doing."

<http://www.medicalnewstoday.com/releases/242994.php>

### **3 Report on mental health care identifies need for research on immigrants, not just ethnic minority populations**

**Medical News Today – United States**

9 March 2012

The methods psychologists and other health-care providers are using to treat immigrants to the United States need to be better tailored to deal with their specific cultures and needs, according to a task force report released by the American Psychological Association.

The report of APA's Presidential Task Force Report on Immigration presents a detailed look at America's immigrant population and outlines how psychologists can address the needs of immigrants across domains of practice, research, education and policy.



"We have identified an urgent need in scientific research and clinical settings to consider the unique aspects of immigrant populations, particularly with regard to culture and language," said task force Chair Carola Suárez-Orozco, PhD.

Immigrants face psychological implications of racism, discrimination and racial profiling, while their expressions of distress vary across cultures, the report points out.

Most evidence-based psychological treatments currently used with immigrants are based on research performed with samples consisting of ethnic minorities rather than immigrants, according to the report. Current psychological assessment tools, such as tests and batteries, often are not adapted to account for culture and language, it notes.

"Rather than approaching culture through a preset middle-class American framework, the research should use methodologies to understand the worldview of the immigrant population," the report states.

A surprising finding from the review of current data is that first-generation immigrant populations fare better than subsequent generations in physical and behavioral health, as well as some educational outcomes, even though they frequently face multiple stressors, such as poverty, difficult work environments, social isolation and less education.

"The implications are that programs to assist immigrants with adapting to life in their new country must value both the need to learn the ways of the new culture and the need to maintain a connection with the old," said Suárez-Orozco.

Among the report's other recommendations:

Federal policy initiatives that support education and training in psychology to work with immigrants.

Continuing education programs for practicing psychologists and other mental health professionals to address the needs and strengths of immigrants and their families.

Training that includes prejudice reduction for teachers and other service providers who work with immigrants.

Public awareness of the mental health impacts of detention and deportation on adults and their children, and policy initiatives for humane detention requirements and family reunification.

Full equality of lesbian, gay, bisexual and transgender immigrants and their families in federal immigration laws and policies, including the recognition of "permanent partner" status eligibility for same-sex couples.

"Our hope is that increased understanding of the psychological factors related to the immigrant experience will improve decision-making," said Melba J.T. Vasquez, PhD, who convened the task force as APA's 2011 president. "Effective integration of immigrants in educational, work and communities is essential for this country's future."



<http://www.medicalnewstoday.com/releases/242656.php>

#### **4 How repeated stress impairs memory**

**Eunice Y. Yuen, Jing Wei, Wenhua Liu, Ping Zhong, Xiangning Li, Zhen Yan**

**Science Daily**

7 March 2012

Anyone who has ever been subject to chronic stress knows that it can take a toll on emotions and the ability to think clearly. Now, new research uncovers a neural mechanism that directly links repeated stress with impaired memory. The study, published by Cell Press in the March 8 issue of the journal *Neuron*, also provides critical insight into why stress responses can act as a trigger for many mental illnesses.

Stress hormones are known to influence the prefrontal cortex (PFC), a brain region that controls high level "executive" functions such as working memory and decision making. "Previous work has shown that chronic stress impairs PFC-mediated behaviors, like mental flexibility and attention. However, little is known about the physiological consequences and molecular targets of long-term stress in PFC, especially during the adolescent period when the brain is more sensitive to stressors," explains the author of this study, Dr. Zhen Yan, from the State University of New York at Buffalo.

Dr. Yan and colleagues examined whether repeated stress had a negative influence on glutamate receptors in juvenile rats. Glutamate signaling plays a critical role in PFC function. They found that in response to repeated stress, there was a significant loss of glutamate receptors, which resulted in a deficit of PFC-mediated cognitive processes. The researchers went on to identify the molecular mechanisms that linked stress with the decrease in glutamate receptors and demonstrated that if they blocked these mechanisms, the stress-induced decrease in both glutamate receptors and recognition memory could be prevented.

Taken together, the findings identify a loss of glutamate receptors as an important target of repeated stress and link chronic stress with abnormal PFC function. "Since PFC dysfunction has been implicated in various stress-related mental disorders, delineating molecular mechanisms by which stress affects the PFC should be critical for understanding the role of stress in influencing the disease process," concludes Dr. Yan.

<http://www.sciencedaily.com/releases/2012/03/120307132202.htm>

#### **5. New report cuts review wait time for mentally ill**

**Sydney Morning Herald**

15 March 2012





Controversial changes that allowed seriously ill psychiatric patients to be held without review for three weeks to a month will be overturned, after an independent report found patient rights were not being protected.

The state government will almost double the funding for the reviews to speed them up, as the report found the previous government had paid \$400,000 for them without identifying how much they would cost.

Psychiatrists and lawyers who fought against the 2010 changes, which moved the reviews from within one week of detention to at least three weeks, see the move as a significant victory but say more work is needed to safeguard patient rights.

Patients will still have to wait about two weeks after their detention before their case is reviewed by the Mental Health Review Tribunal.

The independent report, by consultancy Communio, said the tribunal was working well but it was critical of some hospital staff who were unaware of their legal requirements towards patients.

It also said the tribunal had decided to change the timeliness of the reviews in part based on presumptions that could not be substantiated, and that a member had said there was an "absurd focus on human rights".

However, it backed the tribunal claim that the majority of patient reviews being adjourned under the old system was inefficient.

A psychiatrist and academic at the University of NSW, Matthew Large, said the change meant most people who were involuntarily detained in NSW would now have their detention reviewed.

Another psychiatrist and an honorary associate at the University of Sydney, Christopher Ryan, said the shift to reviews being conducted within an average of two weeks was a significant improvement.

"Patients will feel that their rights are being better protected, and they are," he said.

Sascha Callaghan, a lawyer and researcher at the centre for values ethics and the law in medicine at the University of Sydney, said a draft Tasmanian law, which said patients should be reviewed within four days, would provide the best protection.

"That's the best way to make sure ... that people who are going about their life aren't unreasonably detained, which is a right you and I have," she said.

But the government response was a step in the right direction.

The Minister for Mental Health, Kevin Humphries, said the government had passed legislation on Tuesday to establish a mental health commission, and part of its function would be to ensure the smooth operation of the tribunal.



"The NSW government will continue to put improving mental healthcare front and centre, demonstrating our commitment to serious and meaningful reform, and to improving the lives of people touched by mental illness," he said.

The president of the tribunal, Greg James, said he was delighted with the extra resources. He said the tribunal ensured patients were treated fairly and discharged as soon as possible.

"We don't want laws saying once all the boxes are ticked and the paperwork is filled out everything is fine," he said.

He said he did not endorse, and was terribly upset by, the tribunal member's comment about human rights. "It's remarkably inappropriate," he said.

He said there was an appeals process for anyone unhappy with their detention.

<http://www.smh.com.au/national/health/new-report-cuts-review-wait-time-for-mentally-ill-20120314-1v3mk.html#ixzz1pnR8Dxvc>

## **6. Mental health goes virtual**

### **Government News**

**Paul Hemsley**

16 March 2012

Online counseling therapy will be available to Australians through federal health services following an open tender for qualified organisations to deliver the Virtual Clinic service.

The Department of Health and Ageing will be searching for qualified organizations to develop and deliver the program, which will provide online counseling with the assistance of a therapist, for those with low to moderate levels of mental disorders.

An investment of \$20 million over three years will be provided for the Virtual clinic, which will be accessible through the government's mental health portal, due to go live in July.

According to the department, it would complement existing face-to-face mental health therapies.

Minister for Mental Health and Ageing, Mark Butler said the Virtual Clinic is expected to assist up to 30000 people over three years, particularly those living in rural and remote areas.

"Therapists will use cognitive behavioural therapy techniques to deliver online counseling and will also be able to refer to clients to self-guided online therapies, or other services, according to the client's needs," Mr Butler said.

The Virtual Clinic services will complement face-to-face mental health support and the existing automated online 'teleweb' programs which will be available through the e-mental health portal.



A Department of Health and Ageing spokeswoman said the focus is on telephone and online services, however video services may be considered in the future if security of information and privacy is assured.

“It is expected that anyone with internet access will be able to use the virtual clinic to obtain assistance, including counselors and patients,” the spokeswoman said.

“The therapists delivering the online counseling will be trained in online service delivery as part of the requirements of the funding process.”

According to the spokeswoman, there has been no discussion or liaison with local government regarding the Virtual Clinic.

“This project will deliver online mental health services to all Australians including those in rural and remote regions,” the spokeswoman said.

She said links with primary health care services and the establishment of referral pathways to traditional services will be an important feature of the service.

“Barriers to treatment have been reported as financial costs; shortage of skilled workers, especially in rural and remote communities; long waiting lists; stigma; reluctance to attend treatment; and the difficulty of accessing services out of work hours,” she said.

<http://www.governmentnews.com.au/2012/03/16/article/Mental-health-goes-virtual/GZNSLYFDVW>

## **7. Children at risk for schizophrenia show disordered brain networks in childhood, adolescence, researchers say**

**Science Daily – United States**

13 March 2012

A team of neuroscientists led by a Wayne State University School of Medicine professor has discovered stark developmental differences in brain network function in children of parents with schizophrenia when compared to those with no family history of mental illness.

The study, led by Vaibhav Diwadkar, Ph.D., assistant professor of psychiatry and behavioral neurosciences and co-director of the Division of Brain Research and Imaging Neuroscience, was published in the March 2012 issue of the American Medical Association journal *Archives of General Psychiatry* and is titled, "Disordered Corticolimbic Interactions During Affective Processing in Children and Adolescents at Risk for Schizophrenia Revealed by Functional Magnetic Resonance Imaging and Dynamic Causal Modeling."

The results provide significant insight into plausible origins of schizophrenia in terms of dysfunctional brain networks in adolescence, demonstrate sophisticated analyses of functional magnetic resonance imaging (fMRI) data and clarify the understanding of



developmental mechanisms in normal versus vulnerable brains. The resulting information can provide unique information to psychiatrists.

The study took place over three years, using MRI equipment at Harper University Hospital in Detroit. Using fMRI the researchers studied brain function in young individuals (8 to 20 years of age) as they observed pictures of human faces depicting positive, negative and neutral emotional expressions. Participants were recruited from the metropolitan Detroit area. Because children of patients are at highly increased risk for psychiatric illnesses such as schizophrenia, the team was interested in studying brain network function associated with emotional processing and the relevance of impaired network function as a potential predictor for schizophrenia.

To investigate brain networks, the researchers applied advanced analyses techniques to the fMRI data to investigate how brain regions dynamically communicate with each other. The study demonstrated that children at risk for the illness are characterized by reduced network communication and disordered network responses to emotional faces. This suggests that brain developmental processes are going awry in children whose parents have schizophrenia, suggesting this is a subgroup of interest to watch in future longitudinal studies.

"Brain network dysfunction associated with emotional processing is a potential predictor for the onset of emotional problems that may occur later in life and that are in turn associated with illnesses like schizophrenia," Diwadkar said. "If you clearly demonstrate there is something amiss in how the brain functions in children, there is something you can do about it. And that's what we're interested in."

The results don't show whether schizophrenia will eventually develop in the subjects. "It doesn't mean that they have it, or that they will have it," he said.

"The kids we studied were perfectly normal if you looked at them," he said. "By using functional brain imaging we are trying to get underneath behavior."

"We are able to do this because we can investigate dynamic changes in brain network function by assessing changes in the fMRI signal. This allowed us to capture dramatic differences in how regions in the brain network are interacting with each other," he said.

According to the National Alliance on Mental Illness, schizophrenia affects men and women with equal frequency, but generally manifests in men in their late teens or early 20s, and in women in their late 20s or early 30s.

Diwadkar worked with Wayne State medical student Sunali Wadehra, M.A., and colleagues at Harvard Medical School and the University of Pittsburgh School of Medicine. Global collaborator Simon Eickhoff, Dr.Med., of Research Center Jülich and the Institute of Clinical Neuroscience and Medical Psychology at Heinrich-Heine University Düsseldorf, in Germany, also provided significant insight.

This study was supported by the National Institute of Mental Health of the National Institutes of Health along with the Children's Research Center of Michigan; the National



Alliance for Research on Schizophrenia and Depression (Diwadkar); the Joe Young Sr.; the Office of the Vice President, Wayne State University; and the German Research Foundation.

<http://www.sciencedaily.com/releases/2012/03/120313145015.htm>

## **8. Children at risk for schizophrenia show disordered brain networks in childhood, adolescence, researchers say**

**Diwadkar et al**

**Archives of General Psychiatry**

**Volume 69 Number 3**

13 March 2012

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The above story is reprinted from materials provided by Wayne State University - Office of the Vice President for Research.

<http://www.sciencedaily.com/releases/2012/03/120313145015.htm>

## **9. Research on family carers of people with dementia**

**Griffith University**

**Siobhan O'Dwyer**

Griffith University is conducting research on the health and wellbeing of the families, friends and spouses who care for people with dementia.

If you are currently the main provider of care or support for a family member, friend or spouse with dementia, they would like to hear about your experiences. If you previously provided care or support for a person with dementia who is now in aged care or has recently passed away, they would also like to hear from you.



You can get involved by completing an anonymous survey on the type of care or support you provide, your health and your emotional wellbeing.

Your participation will help to increase community awareness of dementia and the wonderful work done by carers. The survey findings will be used to support carers who find the experience physically or emotionally overwhelming.

To be sent a hard copy of the survey, please contact Dr Siobhan O'Dwyer on [s.odwyer@griffith.edu.au](mailto:s.odwyer@griffith.edu.au) or (07) 3735 6619.

To complete the survey online, please click on this link <https://prodsurvey.rcs.griffith.edu.au/dementiacaresurvey>

If you have any questions or concerns, please contact Dr Siobhan O'Dwyer on the details provided above.

## **10. Rural teachers will benefit from social and emotional wellbeing training Northern Territory Youth Affairs Network**

13 March 2012

A unique program that equips teachers to better understand and help young people with mental health issues will be rolled out to secondary schools across Australia, thanks to a new partnership between the Black Dog Institute and nib foundation.

A \$500,000 grant from nib foundation will enable the Black Dog Institute to train 1,500 high school teachers in the innovative HeadStrong program over the next three years, helping to reach 90,000 students, with a particular focus on rural and remote locations.

HeadStrong is a ground-breaking teaching resource that uses a series of engaging, humorous cartoon images to convey complicated subjects to students and is supported by classroom activities and teacher development notes.

Executive Director of the Black Dog Institute, Professor Helen Christensen, said the program was an important social initiative that provided a creative way of thinking, talking and teaching about mood disorders.

'One in five Australians will experience a mood disorder in their lifetime and up to 75 per cent of mental health issues emerge during the turbulent adolescent years,' Professor Christensen said.



'This resource is designed to target the needs of young people, with the visual format of the materials making it accessible to students of all intellectual abilities, as well as those from a low literacy or non-English speaking background,' she added.

[http://www.ntyan.com.au/index.php/news/entry/mental\\_health\\_program\\_for\\_teenagers/](http://www.ntyan.com.au/index.php/news/entry/mental_health_program_for_teenagers/)

## 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 [rachelle.irving@mhca.org.au](mailto:rachelle.irving@mhca.org.au) Rachelle Irving, Director, Projects & Research, Mental Health Council of Australia.*

Tel (02) 6285 3100

[www.mhca.org.au](http://www.mhca.org.au)



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