Mental Health Council of Australia

WEEKLY BULLETIN

No. 21 2012

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BULLETIN NO. 21, 2012

Hi all,

National Mental Health Recovery Forum

The Mental Health Standing Committee (MHSC) hosted a very successful National Mental Health Recovery Forum on 21-22 June 2012 in Melbourne. The forum provided an opportunity to hear from international experts from the UK, USA and NZ on how recovery oriented service and culture has been implemented and the challenges involved.

Presentations from national keynote speakers from a range of diverse backgrounds and service settings, those who have lived experience, carers, educators and regulators can also be viewed via the webcast.

If you have a broadband connection you can view the webcast at http://webtronwebcast.com/mentalhealth/2012/

More information about the forum can also be accessed from the MHSC website at

http://www.health.gov.au/internet/mhsc/publishing.nsf/Content/National-Mental-Health-Recovery-Forum

I would like to thank Peter for preparing the Bulletin whilst I was away. Please provide any feedback/comments on the Bulletin to me at kim.harris@mhca.org.au

Kind regards
Kim

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1. E-Mental Health Portal Launched

Media Release
THE HON MARK BUTLER MP
Minister for Mental Health and Ageing
Minister for Social Inclusion
Minister Assisting the Prime Minister on Mental Health Reform
5 July 2012

Australia's first national e-mental health online portal has been launched today by Minister for Mental Health Mark Butler.

The new portal, mindhealthconnect, is designed to provide a trustworthy source of information, support and a gateway to therapy for people seeking help for mental health disorders.

Minister for Mental Health Mark Butler said the launch of the site delivered one of the key objectives of the Government's e-mental health strategy, which was also released today and is now available for download at mindhealthconnect.org.au.

We know that one in five Australians will experience a mental illness every year. We also know less than half of these people will seek treatment.

"This portal will allow people to access information and treatment as an alternative to traditional face-to face services, in their own time, in an environment they're comfortable in," Mr Butler said.

"mindhealthconnect" provides Australians with a pathway to trusted online therapy services and crisis support services as well as information on high prevalence conditions such as depression and anxiety.

"Evidence backs the use of online and telephone services to assist those suffering mild to moderate mental disorders and distress, and it can also help combat barriers to conventional therapy."

Mr Butler said further services and information to be implemented later in the year include an online virtual clinic, information for Aboriginal and Torres Strait Islander people, and information on alcohol, and other drugs, eating disorders and severe mental illnesses.

"The Labor Government's e-Mental Health Strategy details an accessible, high-quality and integrated system to further embed online care as a regular feature of the health care system.

"The delivery of e-mental health services will be further improved as the National Broadband Network rolls out to every home and business in the country," he said.

Visit mindhealthconnect.org.au for more information.

Media contact: Brooke Wylie 0408 833 967

2. Greens launch rural mental health services online consultation

Media Release
Christine Milne & Penny Wright
Australian Greens
5 July 2012

Australian Greens spokesperson for Mental Health, Penny Wright, and Greens Leader Christine Milne today launched the Greens' Rural Mental Health Services Online Consultation website in Port Augusta to give Australians living in rural areas a chance to have their say on mental health services in their regions.

Senator Wright, who is currently touring rural, regional and remote Australia to talk to organisations and individuals about mental health services in their regions, said it was important that the people at the forefront of rural mental health services had a chance to have their voices heard.

"There is an alarming lack of mental health services in rural areas and as a result, people are missing out on crucial treatment," Senator Wright said.

"Over 30 per cent of Australians live in rural areas. Yet less than 10 per cent of psychiatrists practise there.

"It is unacceptable that these Australians experience poorer health outcomes and limited access to essential health services compared to their urban counterparts. The Greens believe that this inequity must be addressed.

"People in rural areas have a right to their fair share of health resources, including mental health resources. They also have a right to have a say in matters that directly affect them."

"It is for this reason that the Greens are asking people living in rural areas to have their say about the quality of mental health services available in their local community, and to tell us what works well, what doesn't and where the gaps are."

Australian Greens Leader Christine Milne said When we think about the kind of country we want Australia to be, a happier, healthier, smarter country, taking care of our mental health has to become a high priority.

"People across regional Australia face extraordinary challenges and pressures, and are often reluctant to seek help. We must ensure that mental health services are adequate so that they don't get left behind."

The online consultation page can be found at http://greensmps.org.au/content/rural-mental-health-services-online-consultation.

Senator Wright will be touring regional towns in South Australia as part of her rural mental health services consultation tour from July 24 – 27.

Media contact: Jennifer Maisel 0417 173 508

3. Australia's health 2012

Source: Australian Government: Australian Institute of Health and Welfare
21 June 2012

'Australia's health 2012' is the thirteenth biennial health report of the Australian Institute of Health and Welfare. It is the most comprehensive and authoritative source of national information on health in Australia. It provides answers to questions such as: - How healthy are Australians? - What major milestones affect health over the life course? - How can we protect and promote good health? - What are the major causes of illness? - How do we treat people who are sick? - Where do our health dollars come from and where do they go? - Who works in health? - What is being done to find out more about our health?

Mental illness

- There is a high prevalence of mental disorders in the Australian population—45% of Australians aged 16–85 have experienced a mental disorder sometime in their lifetime (page 273).
- There is a high rate of comorbidity between different mental disorders and between mental and physical conditions—about 1 in 9 Australians aged 16–85 have a mental disorder and a physical condition concurrently (page 273).

http://www.aihw.gov.au/publication-detail/?id=10737422172&tab=2

4. One-third enter jail with mental illness: study

Source: ABC News
Author: Rebecca Brice
5 July 2012

The Australian Institute of Health and Welfare says almost one-third of prisoners entering jail are already mentally ill.

Jail authorities say that is consistent with what they are seeing in custody, and some are calling for greater interaction with family members to help with the problem.

The institute collated statistics from its National Prisoner Health Census in 2010.

It finds about one in every three prisoners reported, when entering prison, that they had been told by a doctor, a nurse, psychiatrist or psychologist that they had a mental health disorder.

The report's author Tim Beard says that is two-and-a-half times the rate of the general population.

"I think the overall mental health of prisoners is fairly poor, particularly when they first come into custody, because they've either been experiencing untreated mental illness in the community or experiencing drug and alcohol problems," he said.

"And so when they first arrive, there's a lot of depression, a lot of anxiety and also untreated psychotic illnesses."

The report also found other issues.

"The medication rate was quite high compared to the population. So we found that 16 per cent of this population were actually on medication for a mental health disorder," Mr Beard said.

"We also found that on a scale of levels of distress, the very highest levels of distress were reported by 14 per cent of prison entrants."

"And that's very much related to mental health issues as well."

Forensic psychiatrist Craig Raeside works in the South Australian prison system.

"One of the concerns I have is that there tends to be a medicalising of their problems," he said.

"That is that they see the doctor, they're referred to the psychiatrist and they're basically treated with medication and other forms of treatment such as counselling and psychological therapies not usually available in many of the prison settings."

South Australia's corrections chief executive, Peter Severin, says the report confirms what he is seeing in that state.

"We do have a quite large number of offenders coming into the system with mental health problems," he said.

"They're not necessarily psychotic or require the accommodation in a forensic mental health facility but nevertheless in particular through drug-induced psychosis we do have a growing number of people who do have mental health issues."

'Sense of normality'

He says it is difficult to judge whether people are being locked up because they are mentally ill.

"Obviously people are not locked up at the whim of anybody, they're locked up as a result of the courts finding that they obviously need to on remand or indeed once they're convicted for an offence they're sentenced to a term of imprisonment," he said.

"But of course we certainly find that people are often on remand because it is difficult for them to meet the conditions for bail."

The report does not include figures from Victoria or New South Wales.

But Brett Collins, a former prisoner and a member of Justice Action in NSW, says it s consistent with what is being seen in NSW.

"I went to jail as a student and I was just amazed, I looked around me and I discovered all these, I thought, normal people and I thought why are they in jail; what's happening here?" he said.

"But what in fact I found was that these people, they had their problems outside, they didn't have a chance to properly deal with them, and so inside jail they actually got a sense of normality."

He believes families are underutilised in helping prisoners with mental health problems and rehabilitation.

Mr Severin says he has proactively supported family involvement in the South Australian system.

http://www.abc.net.au/news/2012-07-05/one-third-enter-jail-with-mental-illness-study/4112962

5. Smoke ban 'cruel' for mental health patients

Publication: The Canberra Times
Author: Noel Towell
5 July 2012

ACT health authorities will impose ''cruel and unusual'' punishment on its mental health patients when smoking is banned next year in treatment centres, according to advocates in the sector.

Community sector mental health organisations say the plan allege the Health Directorate had gone to extraordinary lengths to overcome resistance.

The Canberra Times revealed last month health authorities were pushing ahead with their plan to enforce a total smoking ban at all ACT Health campuses, including mental health treatment centres, despite concerns from the Official Visitor and the Health Services Commissioner.

Mental Health Consumers Network executive officer Dalane Drexler described the policy yesterday as ''dangerous and scary'' and said it amounted to ''cruel and unusual punishment'' for people facing long-term confinement for mental health treatment

''We absolutely support consumers who want to quit smoking, we absolutely support the directorate for putting in programs to support consumers to quit by choice when they are well but we are opposed to an outright ban that will hurt people when they are at their most vulnerable when they enter treatment,'' Ms Drexler said.

The mental health advocate said she believed health staff were also concerned about the consequences of an outright ban.

''The staff have come forward and they have concerns that people will get quite upset when they can't have a cigarette,'' she said.

Ms Drexler said she and other community groups were unhappy with the outcome of working groups to discuss the issue in the lead-up to the opening to the new Adult Mental Health unit at the Canberra Hospital, which was initially scheduled as a non-smoking facility.

''They were trying to get consensus around the table for making the AMH unit a smoke-free unit but they couldn't get consensus either from us or from two other community organisations either,'' she said.

Ms Drexler said the ACT Health employees outnumbered sector representatives by three-to-one and used their numbers to overcome dissent.

Health Minister Katy Gallagher was taking a more conciliatory approach yesterday, saying there remained much work to be done on smoking in mental hospitals.

''In the move toward the new mental health unit, it was decided that we would set a date to go to a non-smoking environment and work with all the stakeholders and then work to see how that could be done in practice,'' she said.

''There's an issue that we've been dealing with in all tobacco control measures which is how to protect people who don't want to smoke while allowing people to smoke and we have banned it all in other workplaces except other settings where people are held against their will. But the fact is, these are workplaces.''

Ms Gallagher, who believes that health-care staff are supportive of a ban, said she had ordered more research on the problem but that she was ''not walking away'' from the January 1 implementation date.

''It's complicated, I've got to look after the needs of staff but I'm mindful of the people who are in there and their need to smoke, particularly when you have high levels of smoking,'' the Chief Minister said.

http://www.canberratimes.com.au/act-news/smoke-ban-cruel-for-mental-patients-20120704-21htu.html

6. Mental health needs high for Indigenous

Publication: The Australian
Author: Michelle Henderson, AAP National Medical Writer
2 July 2012

Mental health services for Aboriginal people in custody need to be developed urgently, according to a study that found most Queensland indigenous inmates suffered from a mental illness.

THE Queensland Forensic Mental Health Services study of 419 indigenous men and women from six high-security prisons found that about 73 per cent of men and 86 per cent of women had a mental health disorder.

Women were more likely than men to report suffering from an anxiety, depressive or psychotic disorder, the study found.

Half the women suffered anxiety, about a third suffered depressive disorders and 23 per cent had a psychotic disorder.

This compared with 20 per cent of men with anxiety, 11 per cent with depression and eight per cent with a psychotic disorder.

The most common anxiety disorder among men and women was post-traumatic stress and the most prevalent depression disorder was major depression

Most men and women - 66 per cent and 69 per cent respectively - had a substance misuse disorder, usually alcohol or cannabis dependence.

"These findings highlight a critical mental health need for these individuals, both in custody and during the transition back to their communities," the report in the Medical Journal of Australia said.

"There remains an urgent need to develop and resource culturally capable mental health services for indigenous Australians in custody."

Royal Australian and New Zealand College of Psychiatrists president Maria Tomasic said there was a shortage of culturally appropriate mental health services for indigenous people in rural and remote regions and in prisons.

Dr Tomasic said indigenous people experienced significantly higher rates of health problems and mental illness than other Australians.

"With such high rates of indigenous representation in prisons, indigenous mental health is a priority," she said.

Aboriginal and Torres Strait Islander people are 14 times more likely to be jailed than non-indigenous Australians, the report said.

Meanwhile, in a letter published in the MJA, Heart Foundation clinical issues director Robert Grenfell said hospitals needed to improve care of indigenous people experiencing symptoms of heart attack.

He said Aboriginal and Torres Strait Islander people were less likely to receive the diagnostic tests and treatments they need and were therefore more likely to die of heart attack in hospital.

http://www.theaustralian.com.au/news/breaking-news/mental-health-needs-high-for-indigenous/story-fn3dxiwe-1226413950836

7. Childhood smacking and later mental illness examined

Publication: Nursing Times

Afifi TO, Mota NP, Dasiewicz P, et al. Physical Punishment and Mental Disorders: Results From a Nationally Representative US Sample. Pediatrics. Published online July 2 2012
10 July 2012

"Adults smacked as children have higher risk of mental illness later on," the Daily Mail boldly reports.

The news is based on a study that investigated whether there was a link between children who were physically punished (for example, spanked) but not abused, and the development of a mental disorder such as depression or alcohol and drug abuse as an adult. This study was based on the results of a nationally representative US survey of 34,653 adults. It found that harsh physical punishment (which stopped short of child abuse) was associated with mood and anxiety disorders, substance abuse and personality disorders.

Although this is an interesting study, it provides no evidence of a causal link between physical punishment and development of a mental disorder later in life. This study also relies upon self-reported information, with adults asked to recall being punished as a child. Both of these facts limit our ability to conclude that smacking causes mental illness. As such, the headline in the Mail is misleading because it does not take into account the limitations of this study.

Where did the story come from?

The study was carried out by researchers from the University of Manitoba and McMaster University, Canada. It was funded by awards from the Canadian Manitoba Medical Services Foundation, the Winnipeg Foundation and the Manitoba Health Research Council among other institutions. The study was published in the US peer-reviewed journal Pediatrics. The story was picked up by the Mail, which had a misleading headline and incorrectly reported that the study was of just 653 US adults. It actually included 34,653 adults.

What kind of research was this?

This was a retrospective study based on the results of a survey of 34,653 US adults investigating the possible link between harsh physical punishment and development of mental disorders. Data for the study came from part of a larger nationally representative US

survey – the National Epidemiologic Survey on Alcohol and Related Conditions, which collected information on over 20s between 2004 and 2005.

According to the researchers, 32 nations around the world have banned corporal punishment of kids, however the US and Canada are not among them. In the UK, parents are allowed to smack their children without causing "reddening of the skin".

The researchers say that while other studies have examined the link between physical punishment and a broad range of mental health disorders, none have done so in a nationally representative sample that controlled for several types of child maltreatment.

What did the research involve?

All 34,653 adults were interviewed face-to-face by a trained interviewer. Most of the questions asked were based on a five-point scale (never, almost never, sometimes, fairly often and very often). Childhood physical punishment included events occurring before the age of 18.

To assess physical punishment, the participants were asked: "As a child how often were you ever pushed, grabbed, shoved, slapped or hit by your parents or any adult living in your house?". Those who answered "sometimes", "fairly often" or "very often" were considered to have experienced "harsh physical punishment" and were included in the analysis. Harsh physical punishment included acts of physical force beyond slapping, such as spanking.

The researchers wanted to ensure that physical punishment was investigated in the absence of more severe child maltreatment. To do this they excluded from their analysis participants who reported:

- severe physical abuse (being hit so hard it left marks, bruises or caused an injury)
- sexual abuse
- emotional abuse
- physical neglect
- emotional neglect
- exposure to intimate partner violence (having an abused mother)

Mental disorders over the course of the participant's lifetime were assessed using valid methods and classified as 'axis I' or 'axis II' disorders. Axis I clinical disorders included:

- major depression
- dysthymia (subthreshold depression)
- mania
- hypomania
- any mood disorder
- panic disorder with or without agoraphobia
- social phobia
- post-traumatic stress disorder
- any anxiety disorder
- any alcohol or drug abuse or dependence

Axis II personality disorders were examined individually and classified in three groups:

- paranoid, schizoid, schizotypal
- antisocial, histrionic, borderline, narcissistic
- avoidant, dependent, obsessive-compulsive

The results were analysed using statistical methods, adjusting for sociodemographic variables and family history.

What were the basic results?

Overall, 1,258 (5.9%) of the participants reported harsh physical punishment, without experiencing more severe child maltreatment. The main findings were:

- After adjusting for sociodemographic variables and family history of dysfunction, participants who reported harsh physical punishment were associated with an increased likelihood of some axis I mental disorders (adjusted odds ratio range from 1.31 to 1.93).
- The relationships between harsh physical punishment and axis II personality disorders were found to be significant after adjusting for sociodemographic variables and family history of dysfunction.
- The researchers estimated that approximately 2-5% of axis I clinical disorders and 4-7% of axis II personality disorders could be attributed to harsh physical punishment. They say this means that if no one experienced any harsh physical punishment, the prevalence of axis 1 disorders in the population would be expected to be reduced by 2-5%, and axis II disorders would be expected to be reduced by 4-7%.

How did the researchers interpret the results?

The researchers conclude that harsh physical punishment (in the absence of child maltreatment) is associated with mood disorders, anxiety disorders, substance abuse or dependence and personality disorders in the general population. They go on to say that their findings "inform the ongoing debate around the use of physical punishment" and that the findings provide evidence that harsh physical punishment is "related to mental disorders". While the researchers suggest that policymakers might consider making a statement that physical punishment "should not be used in children of any age", they do not call for a definitive "smacking ban".

Conclusion

This study provides some evidence of a link between harsh physical punishment and lifetime adult mental disorders. It does not provide any evidence that one causes the other. Importantly, there may be many other medical, personal, social or lifestyle factors that contribute to adults developing a mental disorder. There are other limitations to this study, which the authors freely admit:

- Although the researchers attempted to use validated questions to assess harsh physical punishment and child maltreatment, this was determined by self-reporting, which makes the results less reliable. It is possible that adults did not correctly report whether they were punished or not.
- Participants were asked to recall events that took place in their childhood. This also may affect the results as it relies purely on the memory of the adult.
- The participants were also asked to recall whether their parents or adult carers had problems with alcohol or drugs. Ideally, this would have been confirmed through clinical records or by collecting this information from the parents themselves. However, the researchers did not do this.

As a result, the headline that "adults smacked as children have higher risk of mental illness later on" is misleading because it does not take into account the limitations of this study.

http://www.nursingtimes.net/nursing-practice/clinical-specialisms/childrens-nursing/childhood-smacking-and-later-mental-illness-examined/5046842.article?blocktitle=Behind-the-Headlines&contentID=4530

8. Teenage angst or mental illness? Harvard study finds one in 12 adolescents suffer from 'anger disorder'

Source: Mail Online
6 July 2012

One in 12 American adolescents is on such a short fuse that they could be suffering from IED - intermittent explosive disorder, psychologists have said.

The condition, which shares the same initials as 'improvised explosive device', is characterised by persistent and uncontrollable anger attacks.

A new study, based on a household survey of 10,148 young teenagers in the U.S., found that nearly two thirds had a history of anger attacks involving real or threatened violence.

It also found that one in 12 met strict criteria for a diagnosis of IED. Across the country, that would equate to almost six million individuals.

IED, recognised as an impulse control disorder, usually begins in late childhood and persists through the middle years of life.

To be diagnosed with IED, a person must at any time in life have had three episodes of 'grossly out of proportion' impulsive aggressiveness.

For the new study, published in the journal Archives of General Psychiatry, a more stringent definition of IED was used which ruled out other mental disorders contributing to angry outbursts.

The research also indicated that IED was not being properly treated.

Although 37.8 per cent of teenagers with the disorder obtained treatment for emotional problems, only 6.5 per cent were specifically given help with anger management.

Lead researcher Professor Ronald Kessler, from Harvard Medical School, said: 'If we can detect IED early and intervene with effective treatment right away, we can prevent a substantial amount of future violence perpetration and associated psychopathology.'

http://www.dailymail.co.uk/news/article-2169625/Harvard-study-finds-1-12-adolescents-suffer-anger-disorder.html

9. Physical health problems bring mental health problems, demand for services

Source: Medical Xpress
Author: Stephanie Stephens
9 July 2012

People who experience a serious physical health event are three times as likely to subsequently see a health care provider for mental health services and medication, according to a new study in Health Services Research. In addition, people who view a health event as severe have greater use of mental health services

"Health care reform, by design, is supposed to improve coordination between different care providers such as the surgeon and psychiatrist," said lead author Jangho Yoon, Ph.D., MSPH, assistant professor of health policy at Oregon State University. "I view our results as baseline data to determine how to transition to a system that provides coordinated physical and mental care."

The authors utilized data from the 2004 and 2005 Medical Expenditure Panel Surveys to identify adults without mental or physical illness in the 2004 survey who went on to experience a negative physical health event in 2005. Compared to those without a physical health problem, people with physical health problems had a threefold increase in the likelihood of obtaining mental health care. This was true even in the absence of what could be considered a catastrophic illness such as cancer or a stroke.

"[The authors] convincingly show the strong relation between experiencing an adverse physical health event and subsequently seeking mental health treatment," said Tim-Allen Bruckner, Ph.D., assistant professor of public health planning, policy and design at the University of California, Irvine. "Their findings hold important clinical and policy implications, especially in light of the PPACA Health Care Reform Act," Bruckner said.

"Many clinical settings, including those that serve Medicaid and Medicare patients, lack coordination of care across the physical and mental health domains. This paper indicates that failure to coordinate care may lead to missed opportunities to identify disorders that, if left untreated, worsen other health problems and increase health care costs."

The authors note that addressing mental health needs associated with physical health events may prevent or reduce health complications. They encourage more research to assess positive financial and health implications of physical and mental health care delivered in tandem.

http://medicalxpress.com/news/2012-07-physical-health-problems-mental-demand.html

10. ACA spotlights National Minority Mental Health Awareness month

Source: Counselling Today
Author: Heather Rudow
9 July 2012

July is National Minority Mental Health Awareness Month, and the American Counseling Association is urging its members to use this time to think about the racial and cultural disparities that are still evident in the mental health treatment system in our nation.

The U.S. House of Representatives proclaimed July to be Minority Mental Health Awareness Month in 2008 after prompting from the National Alliance on Mental Illness (NAMI). The goal throughout this month is to improve access to mental health treatment and services through increased public awareness

"[National Minority Mental Health Awareness Month] is an important move in the right direction to highlight the mental health concerns among culturally and socially marginalized individuals in the U.S.," says Cirecie West-Olatunji, an associate professor of counselor education at the University of Florida and president-elect of ACA. "Despite continual emphasis on the need to increase cultural competence among clinicians and increased awareness of the importance of prevention and early detection of mental health concerns, culturally diverse adults continue to experience disproportionate rates of depression, anxiety, substance abuse and traumatic stress. And children and adolescents are disproportionately identified as having behavior and emotional disorders."

According to the Commonwealth Fund 2001 Health Care Quality Survey, one in three Hispanics and one in four Asian Americans reported having problems communicating with their doctors. Additionally, 15 percent of African Americans, 13 percent of Hispanics and 11

percent of Asian Americans said there had been a time in their lives when they felt they would have received better care if they had been of a different race or ethnicity.

Mental health-focused organizations such as ACA can play a greater role in reducing disproportionality among marginalized groups of individuals, says West-Olatunji, who is also the Association for Multicultural Counseling and Development's representative to the ACA Governing Council.

She believes that mental health care for minorities has improved in certain respects, but not all. "Some areas of mental health concerns have gotten better, while others have become more of a concern," West-Olatunji says. "For instance, it has been reported that teen pregnancy and teen smoking rates [among minorities]have decreased, while male suicides, chronic stress due to systemic oppression and acculturation issues, and HIV/AIDS cases in some sectors [of the minority community] have increased."

However, West-Olatunji says, the counseling profession is helping to make a lot of positive strides . "Scholars in the discipline of counseling are increasing their investigation and dissemination of their findings in these areas," West-Olatunji says. "Thus, we are contributing to solutions in these areas."

West-Olatunji says there are measures that ACA members can take to be proactive in their communities all year long and improve the mental health of America's minority communities.

"The most important step that ACA members can take to aid in improving the mental health of culturally diverse individuals, families and communities is to become more knowledgeable about the eco-systemic issues that marginalized individuals face that impact their psychological and emotional wellbeing," West-Olatunji says. "For many of us, that means going beyond the required multicultural counseling course that is typically offered within our counseling curricula. We need to engage in outreach projects, take advanced coursework or extended professional development opportunities, and participate in immersion programs led by culturally competent clinical supervisors. ACA members can also become more active in those divisions and interest networks that focus on the concerns of

culturally and socially marginalized individuals. Finally, we can all increase our knowledge by accessing resources in print, online and in communities."

For more information about Minority Mental Health Awareness Month, visit NAMI's website.

http://ct.counseling.org/2012/07/aca-spotlights-national-minority-mental-health-awareness-month/

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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