



Mental Health  
Council of Australia

---

# WEEKLY BULLETIN

No. 25 2012

---

# BULLETIN NO. 25, 2012

Hi all,

## **Suicide Prevention Conference**

This conference will be held 11-12 October 2012, in the beautiful city of Sydney at the coast side Crowne Plaza Coojee Beach.

The conference themes will include (but not be limited to):

- Workplace Suicide Prevention
- Public Health
- Community Awareness and Education
- Sector Coordination
- Technology / Youth and Innovation
- Indigenous Suicide Prevention
- GLBTI Suicide Prevention
- Postvention
- Lived experience of suicide

For full keynote speakers list and other information please visit [suicidepreventionaust.org/conferences/](http://suicidepreventionaust.org/conferences/)

Please provide any feedback/comments on the Bulletin to me at [kim.harris@mhca.org.au](mailto:kim.harris@mhca.org.au)

Kind regards

Kim

## **National Articles**

1. **Partners in Recovery Program Moves Closer (National)**
2. **Overqualified migrants suffer depression**
3. **Preventing Suicide and Saving Lives (National)**
4. **Mentally ill asylum seeker denied care (NSW)**
5. **ACT carers ask for more respite, better services (ACT)**
6. **Building up the war on suicide (SA)**

## **International Articles**

7. **New study on women's mental health in Ghana highlights need to explore mental health policy alongside chronic disease (UK)**
8. **Study finds that avoiding lies can improve your health (US)**
9. **Bring mental ill-health out into the open**
10. **Dogs: A medicine for mental health problems? (US)**



## 1. Partners in Recovery Program Moves Closer

Media Release - THE HON MARK BUTLER MP

7 August 2012

Minister for Mental Health, Mark Butler, today released funding guidelines for the Federal Government's \$549.8 million mental health program Partners in Recovery.

The announcement was made at the 13th Australia and New Zealand Mental Health Conference held at the Outrigger in Surfers Paradise.

The guidelines reveal how the new program will operate, how funding will be allocated, who can apply and how applications will be assessed.

Mr Butler said the program would provide coordinated support and flexible funding for people with severe and ongoing mental illness with complex support needs.

"The last thing people with severe mental illness, their families and carers need is to battle with multiple service systems," Mr Butler said.

"Partners in Recovery is designed to pull together services like income support, housing, employment, medical care and education which can often lack coordination."

Mr Butler said the Partners in Recovery funding would be available in each of the 61 Medicare Local geographic regions around Australia.

"The guidelines are being released to give stakeholders early information and time to prepare proposals."

"Organisations will be invited to apply for funding in the coming weeks."

"Once selected, organisations will be funded to help connect people with the full range of services."

"Once selected, organisations will be funded to help connect people with the full range of services."

Partners in Recovery organisations will be established from late 2012.

To supplement the guidelines, information sessions will be held in each capital city.



## 2. Overqualified migrants suffer depression

**Author: Michelle Henderson**

7 August 2012

Skilled migrants who move to Australia but are unable to secure jobs in line with their qualifications after three years are more likely to be depressed, a study shows.

Between 36 per cent and almost 50 per cent of 11,450 new migrants surveyed said they did not use their skills or qualifications in their job more than three years after arriving in Australia.

Those who were overqualified for their jobs were more likely to suffer from mental health problems, the Western Australian Institute for Medical Research (WAIMR) study found.

Associate Professor Alison Reid said migrants often took any job when they first arrived to cover the cost of migration.

These jobs included cleaning, labouring, factory work, driving taxis or waiting in restaurants, even if individuals were overqualified.

"It takes a while to get skills recognised, but if people are still in those jobs after a period of time, that's when mental health problems such as anxiety disorders can affect them," Prof Reid said.

Researchers questioned the migrants about their mental health after six months, 18 months and three and a half years living in Australia.

There were no major differences in the first two periods, but if people had not secured a job using their qualifications by three and a half years, their wellbeing declined.

"Skilled migrants are selected for immigration based on criteria such as age, language ability, qualifications and work experience because they are expected to fill gaps in the labour force," Prof Reid said.



"However, this study has shown that there is a large under-utilisation of skills among migrant workers to Australia up to three and a half years post migration."

Prof Reid said programs offering employment, training and mentoring support were needed if migrants had not found jobs in their field after one year.

Skilled migrants were more likely than Australian-born workers to work in jobs for which they were overqualified.

The research was published in Australian New Zealand Journal of Public Health.

<http://news.ninemsn.com.au/health/8512357/overqualified-migrants-suffer-depression>

### **3. Preventing Suicide and Saving Lives**

#### **Media Release – Black Dog Institute**

3 August 2012

Every day, at least six Australians die from suicide and a further thirty people will attempt to take their own life.

Suicide is the most common cause of death amongst Australians aged 15-44. Australians are more likely to die by suicide than skin cancer, yet we know comparatively little about the processes that lead to suicide and how and when to effectively intervene.

Researchers at the Black Dog Institute at the University of NSW, in partnership with the Brain and Mind Institute, Sydney University, the Queensland Institute for Medical Research, The Australian National University, and The University of Melbourne have been awarded a prestigious NHMRC Centre for Research Excellence award to determine how best to save people from suicide. Researchers from Otago and Auckland Universities are also involved.

The five year, \$2.5million grant will enable desperately needed research into the best way to deliver interventions to those at risk, developing a better understanding of the complex pathways that lead to suicide and encouraging help seeking in groups known to be high risk such as adolescents, people living with mental illness and construction workers.



Chief Investigator and Executive Director of the Black Dog Institute, Professor Helen Christensen, says research is urgently needed if we are to improve rates of suicide in Australia.

"Suicide devastates families, friends, schools and communities. We are taking an innovative approach by identifying the way in which access to e health services may lead to decreased suicide risk within different local areas and amongst different age groups."

"This includes much needed investigations into cyberbullying in young people and indigenous mental health." There are new theories about what risks lead to suicide, and we hope to re-use data from a multitude of studies to test these theories."

"Ultimately, we aim to develop and recommend evidence-based programs of intervention that will be accessible and effective to anyone that needs help."

"People at risk of suicide are highly vulnerable and often don't get the help they need at the point they need it," says Australian Minister for Mental Health, Mark Butler MP.

"This research will help identify strategies which encourage people to seek help, and give us better evidence about the appropriate mix of services and support."

Work has already begun on e-health initiatives aiming to build resilience in young people and educate people about living with suicidal thoughts. These are expected to be launched in 2013.

Media contact - Gayle McNaught, (M) 0401 625 905 or (E) [g.mcnaught@blackdog.org.au](mailto:g.mcnaught@blackdog.org.au)

<http://www.blackdoginstitute.org.au/newsmedia/newsdesk/index.cfm>

#### **4. Mentally ill asylum seeker denied care**

**Publication: Sydney Morning Herald**

**Author: Amy Corderoy**

6 August 2012

A mentally ill asylum seeker was denied admission to hospital and left in Villawood Immigration Detention Centre without court-ordered follow-up care, advocates say.



Prominent Sydney lawyer and refugee advocate, George Newhouse, from Shine Lawyers, said the asylum seeker, dubbed Mr P to protect his identity, had been abandoned by the NSW Ministry of Health.

“He needed assertive treatment in the immediate and long-term,” Mr Newhouse said. “He most definitely didn't get assertive treatment and he most certainly didn't get the psycho-social rehabilitation he needed.”

Mr Newhouse will take the case to the Supreme Court of NSW today, arguing that the body charged with protecting the rights of mentally ill people in NSW, the Mental Health Review Tribunal, should not have agreed to his involuntary treatment in Villawood.

Mr P is a Sri Lankan refugee who has a brain injury and schizophrenia, and has been experiencing delusions and disordered thoughts. His condition has recently worsened and he has been violent, defecated and urinated in his house.

Despite this, doctors with the NSW Ministry of Health in February applied for Mr P to be discharged from hospital and stated that he would not be admitted again in future.

They applied to the Tribunal for Mr P to be involuntarily treated using a community treatment order, which would be delivered at Villawood.

A psychiatrist hired by Shine Lawyers for Mr P had testified that his mental health would deteriorate if he was held in detention.

The Mental Health Review Tribunal decided that despite the circumstances being “certainly not ideal” for Mr P's health, he should be treated involuntarily at Villawood.

In a judgment delivered by the then-president of the tribunal, Greg James, NSW Ministry of Health doctors were also ordered to continue to be involved in Mr P's care.

Yet documents seen by the Herald indicate NSW Health had little role in his care. It claimed Mr P's health was not deteriorating despite the Commonwealth government confirming his behaviour was escalating and he had been moved into solitary confinement. His NSW Health doctor had only seen him once since the orders were made.



Greens NSW MP John Kaye said the case set an appalling precedent for how asylum seekers would be cared for.

“NSW Health dumped this man back into immigration detention, despite knowing that his condition would most likely deteriorate,” Dr Kaye said. “The state’s public mental health system has failed to fulfil its legal and moral obligations to a very sick and highly vulnerable individual.”

A spokesman from South Western Sydney local health district said patient confidentiality and the court hearing meant it would be inappropriate to comment.

<http://www.smh.com.au/national/mentally-ill-asylum-seeker-denied-care-20120806-23q27.html>

## **5. ACT carers ask for more respite, better services**

**Publication: The Canberra Times**

**Author: Lisa Cox**

2 August 2012

Carers have told the ACT’s leaders they need more respite and better access to supported accommodation and activities for their children.

At a forum for the ACT’s 43,000 carers today, the Territory’s major parties were told that carers have had enough of “buzz words” and want to see genuine change and improvement to services around the city for themselves and for those they care for.

Chief Minister Katy Gallagher said that if re-elected, ACT Labor would provide additional funding of \$5000 per person, for an extra half day of support each week for young people with a disability who have graduated from school.

Ms Gallagher also said that last week’s agreement between the Commonwealth Government and the ACT go for the NDIS would be a “game changer” for carers in the Territory.

Meanwhile the ACT Greens told the forum that they would commit \$250,000 for Carers ACT to conduct an analysis of supported accommodation in Canberra, for people with a disability or mental illness.



The Canberra Liberals also addressed the gathering and said they wanted to "empower" the ACT's carers, but made no policy announcements.

Liberal leader Zed Seselja said the party would announce its commitment for carers in the course of the election campaign.

<http://www.canberratimes.com.au/act-news/act-carers-ask-for-more-respite-better-services-20120802-23h3l.html#ixzz22QqdfUKc>

## 6. Building up the war on suicide

**Publication:** The Advertiser

**Author:** Jordanna Scheriever

3 August 2012

Construction workers are six times more likely to die from taking their own lives than in a work accident. The alarming figure has prompted the rollout of a new prevention initiative in SA.

Federal Mental Health Minister Mark Butler will today announce a new \$1.2 million suicide prevention initiative to be rolled out on construction sites across the state.

The program, to be run by Queensland-based group Mates in Construction, would build better connections between construction workers, mental health professionals and other organisations to offer support for people in these industries who are at risk of suicide.

"Construction workers are up to six times more likely to die from suicide than accidents at work so clearly this is an area that needs our attention," Mr Butler said.

"Mates in Construction is about giving people the tools they need to recognise when a mate is in trouble and needs help."

Mates in Construction was launched in 2008 after a report found construction workers were twice as likely to die from taking their own life compared to those outside the industry.

Chief executive Jorgen Gullestrup said there were numerous demographic factors involved in the construction workforce - it was 98 per cent men, and workers tended to drink more,



take more drugs and had low job security. "All of these things together are all risk factors," he said.

"They work very long hours, often also on Saturdays, which means it can be difficult to connect to people around them."

He said figures showed accidents at work caused 6.1 in 100,000 deaths, while suicides caused 40 in 100,000.

For those aged 15-24 the figure was 58 in 100,000.

Since the program began in Queensland almost four years ago, Mr Gullestrup said the number of workers accessing counselling services had doubled. Construction workers Peter Macadam and David Mummery experienced the loss of a workmate last year. "If this sort of program was in place it would have helped the group on site to identify the warning signs," Mr Mummery said.

For information about suicide prevention contact Lifeline on 13 11 14, the SANE Helpline on 1800 18 SANE (7263) or Beyond Blue 1300 22 4636.

## **7. New study on women's mental health in Ghana highlights need to explore mental health policy alongside chronic disease**

**Source: London School of Economics and Political Science**

**By Victoria de Menil**

6 August 2012

Hailed by President Obama as a "model for Africa" with a peaceful democracy and national health insurance, Ghana has recently added a progressive new mental health law to its list of achievements. The new law will update its 1972 predecessor by including key players in the mental health system, such as private providers and faith healers, who were excluded in the past. But the main thrust of the new legislation is to integrate mental health across all levels of the country's health system, rather than relegating it to specialists in the wards of wards of psychiatric hospitals.



In order to implement Ghana's new mental health law, the relationship between mental and physical health and the social factors underlying them must be well understood by policy makers and clinicians locally.

[A new publication](#) in *Ghana Medical Journal*, jointly written by researchers from LSE Health, the Chief Psychiatrist of the Ghana Health Service, the director of a mental health NGO in Ghana, BasicNeeds, and researchers from the [Harvard School of Public Health](#) and the University of Ghana, sheds light on the relationship between mental distress and physical ill health in urban women.

The study, conducted in the capital city Accra among over 2,800 women, found that mental distress correlated with headaches and sleep disturbances, both common complaints that often go misdiagnosed by GPs. Chronic disease (as indicated by taking medications) also correlated strongly with symptoms of common mental disorders. Education and employment were found to be strong protective factors.

Whereas over half of women (59%) attended a health centre in the previous year, only 0.4% had attended a specialist mental health provider, which represents merely 1% of those needing treatment. The shortage of specialized providers – Ghana Health Services employs 4 psychiatrists and only 500 psychiatric nurses for a population of 22 million – contributes to the treatment gap.

People with a common mental health problem may also be avoiding specialised care because of a reluctance to go to a psychiatric hospital, which was the staple treatment under the old law. Centring care in psychiatric hospitals has tended to stigmatize the treatment of mental disorders, by conflating all mental ill health with psychosis, and by providing care in often insalubrious conditions – both problems that should be improved under the new law.

One of the troubles with not treating mental health problems, from the angle of policy, is that it increases health costs. As noted by [Michael Parsonage](#) in a discussion on this blog, there is an average increase of 60% in long-term health costs for people in the UK with co-occurring mental health problems. The implication for policy makers is that more health



providers of all types need mental health training, so as to start filling the vast treatment gap. One strategic way to make this happen would be to integrate mental health into national policy on [chronic disease](#), which the WHO expects to surpass infectious disease and maternal mortality as the most common cause of death in Africa by 2030.

The implication of this study for Ghanaian healthcare providers is that physical and mental health are closely related. Simple screening questions around mental health (e.g. "In the last month, how often have you been feeling nervous or depressed?") could be a useful addition to a general health consultation, particularly with women complaining of headaches or sleep problems.

From the perspective of research, this study marks a first: the two questionnaires used to measure mental health (K6 and SF36) have never before been tested in a Ghanaian population. Both tools appear valid, though the cut-off for determining pathology (illness as opposed to distress) needs to be determined.

<http://blogs.lse.ac.uk/healthandsocialcare/2012/08/06/new-study-on-womens-mental-health-in-ghana-highlights-need-to-explore-mental-health-policy-alongside-chronic-disease/>

## 8. Study finds that avoiding lies can improve your health

**Source: USA Today**

**By Sharon Jayson**

5 August 2012

Honesty may actually help your health, suggests a study presented Saturday to psychology professionals that found telling fewer lies benefits you physically and mentally.

For this "honesty experiment," 110 individuals, ages 18-71, participated over a 10-week period. Each week, they came to a laboratory to complete health and relationship measures and to take a polygraph test assessing the number of major lies and white lies they had told that week.

"When they went up in their lies, their health went down," says lead author Anita Kelly, a psychology professor at the University of Notre Dame in Indiana. "When their lies went down, their health improved."



Researchers instructed half the participants to stop telling lies for the 10 weeks. The instructions said "refrain from telling any lies for any reason to anyone. You may omit truths, refuse to answer questions, and keep secrets, but you cannot say anything that you know to be false."

The other half of the participants — which served as a control group — received no such instructions.

Over the study period, the link between less lying and improved health was significantly stronger for participants in the no-lie group, the study found. As an example, when participants in the no-lie group told three fewer white lies than they did in other weeks, they experienced, on average, approximately four fewer mental-health complaints and about three fewer physical complaints.

For the control group, when they told three fewer white lies, they experienced two fewer mental-health complaints and about one fewer physical complaint. The pattern was similar for major lies, Kelly said.

Evidence indicates that Americans average about 11 lies a week. Kelly says the no-lie group participants were down to one lie, on average, per week.

"A reduction in the lies of our participants across the 10 weeks of their participation was associated with better physical and mental health in those same weeks when those individuals had engaged in less lying," she says. Also, actually inducing people to lie less caused them to see themselves as more honest as compared to the people who were not induced to stop lying. And, getting people to stop lying also strengthens the link between fewer lies and better health to be stronger."

Overall, Kelly says participants in the more truthful group told significantly fewer lies across the 10-week study. By the fifth week, they saw themselves as more honest, she says. For both groups, when participants lied less in a given week, they reported their physical health and mental health to be significantly better that week.



And for those in the more truthful group, telling fewer lies led them to report improvement in their close personal relationships. Overall, they reported that their social interactions had gone more smoothly that week, the study found.

Among those asked not to lie, the participants explained how they did it. Their responses included realizing they could: simply tell the truth rather than exaggerate; stop making false excuses for why they were late or had failed to complete tasks; answer a troubling question with another question; changed the topic or be vague; and laugh as if the questions were ridiculous.

"People got really good and very proficient at thinking in advance of what they might say if presented with a direct, troubling question," Kelly says. "They would think how they could circumvent or leave something out and still be honest without saying something hurtful."

The study presented at the American Psychological Association meeting has yet to be peer-reviewed, Kelly says.

<http://www.usatoday.com/news/health/story/2012-08-04/honesty-beneficial-to-health/56782648/1>

## 9. Bring mental ill-health out into the open

**Source: Management Issues**

**Author: Gavin Bates**

2 August 2012

In the summer of 2010, having been with my current company for nearly a year, I was asked a question by a colleague during a business development trip to the beautiful region of Tuscany in Italy.

"Were you attacked by a lion or a bear or something?"

It is a question I have been asked many times, and also one that I can see many people want to ask but aren't sure if they should. I suppose I should no longer be surprised that this is the first thing people genuinely think (never has anyone asked me it in jest) when they see my arms, but I still find it odd as the reality surely is more plausible.



Just look at the statistics. According to estimates by the World Health Organisation, approximately 450 million people worldwide have a mental health problem, and according to research on depression published last year in BioMed Central's open access journal, BMC Medicine, 15% of the population from high-income countries (compared to 11% for low / middle-income countries) were likely to get depression over their lifetime.

So I suppose it's not really surprising that I've never come across a lion or bear in the wild, but the odds are stacked more in favour of me having committed the mutilation myself, which is what I did some years ago.

I suffered from depression from my mid-teens, and self-harm was one of my responses to this. Over the years I stopped really noticing the marks, so for me they are no longer really an issue – but I forget that it doesn't necessarily mean it won't be an issue for people I encounter.

I think the reason that the bear / lion question is always the natural choice is because most people don't want to think about the alternative. Someone being attacked is somehow preferable to someone attacking themselves.

In much the same way that (most) people don't know what to say to a colleague who has had a recent bereavement in their family, people also don't know how to broach the topic of mental health. Both are massive taboos in our society which, although it may be simple for me to say, really shouldn't be, and would make the world go round a whole lot easier if they weren't.

However, the reality is that, despite much more publicity and many more campaigns in recent years, mental illnesses are still an unknown quantity, and many still fear the unknown.

For me personally, I have overcome my demons and was never uncomfortable about dealing with my issues in the workplace. I have certainly never faced any discrimination.

Unfortunately, however, I do not think this is the norm. I know of people who have lost their jobs and been stigmatised because employers and colleagues simply do not understand. I do, however, have a strong feeling that there is a growing determination to expand



knowledge of these issues and I truly believe that once there is widespread understanding then the actual incidences of mental health issues will start to dramatically decrease.

When I started talking and stopped closing myself off is when the possibility of overcoming my issues arose. I'm not encouraging anyone to be insensitive, or for anyone to try and think they can 'fix' people, but there really is no reason to be scared of talking about these kinds of things. In fact, to ignore them, shy away, pretend that they don't exist, just serves to validate them. It serves to prove that there is something wrong with people with these conditions and further alienates them. After all, when has ignoring something ever made it go away?

In some ways, although the bear / lion question is wide of the mark, it at least starts the discussion and it is normally one that, once it has begun, people do not shy away from. That includes me, as bringing this out into the open does take both sides.

According to guidance published in the UK by ACAS – [Mental health: we need to talk](#) – how comfortable employees are about disclosing the nature of their mental health condition, says a great deal about how seriously their employer takes mental health.

The reason, it adds, that many employees and line managers are uncomfortable talking about mental health is because misconceptions about mental illnesses persist – as it's often viewed as something disturbing or dangerous that lurks hidden beneath the surface of someone's personality.

It advises that there is much you can do to help maintain the mental health of employees and help those with mental health problems remain in work and be productive.

So whether or not a line manager spots the signs of mental illness (for instance, a member of staff who is taking increased sick leave or who is uncharacteristically uncommunicative), as long as an organisation promotes an awareness and understanding of mental health issues – staff who are struggling can feel confident they can open up and seek help.

Bringing mental ill health out into the open will help overcome its stigma and help ensure that those suffering from the condition get the help they need to continue making a positive contribution in the workplace.



## **10. Dogs: A medicine for mental health problems?**

**Publication: Peninsula Press**

**By Elizabeth Landau**

1 August 2012

His name is Valor. He's half Labrador retriever, half Great Dane, and goes everywhere with Sgt. Charles Hernandez. But Valor is more than a pet -- Hernandez considers the dog a personal physician.

When Hernandez was having seizures, Valor would nibble on the side of Hernandez's leg before the veteran realized anything was wrong. And the dog pulls him away from conflicts and jumps on him during anxiety attacks to calm him down. In combination with medications, Hernandez says the dog has helped his symptoms of post-traumatic stress disorder.

"I'm alive again," says Hernandez, 49, of the Bronx, New York, now retired from the U.S. National Guard. "What keeps me going is my dog."

A growing number of Americans are getting dogs for mental health needs, experts say. In the case of psychiatric service animals, such as Valor, they are trained specifically to help people with mental illnesses, in much the way seeing-eye dogs are taught to help to blind people.

PTSD in returning veterans is a major reason for the increasing demand for these dogs, said John Ensminger, a New York attorney and author of "Service and Therapy Dogs in American Society."

### **Why people get psychiatric service dogs**

There's pretty good evidence that in some people, interacting with pets produces biochemical changes in the brain, says Hal Herzog, professor of psychology at Western Carolina University.



"In a way, we could all use a psychiatric service or therapy dog because of the incredible amount of stress that we're all under," says psychiatrist Dr. Carole Lieberman, author of "Coping With Terrorism: Dreams Interrupted."

Caring for a pet helps people become less frightened, more self-sufficient and secure. It takes the attention off their own fears, she said. Through owning a pet, you can "prove to yourself that you can take care of another living creature," she said. It "reassures you that you can take care of yourself."

Several categories of dogs that provide care to people with mental health issues have arisen, as the organization [Healing Allies](#) describes:

The first is psychiatric service dogs, which is where Valor falls. These are individually, intensely trained dogs for people with mental disabilities. The [Psychiatric Service Dog Society](#) has extensive information about these dogs and how to get a dog trained. Healing Allies calls them "mental health service dogs" because of the stigma associated with the term "psychiatric."

Then there are emotional support dogs, which provide comfort and motivation to people with disabilities. They may be taken on planes and live in housing situations where animals are not usually allowed, with proper documentation.

Finally, there are therapy dogs, which help a large group of people. For instance, Ensminger's dog Chloe is a therapy dog, and he voluntarily takes her to hospitals to comfort patients.

One of Lieberman's recent patients, for whom the psychiatrist wrote a letter to help a dog get certified, was a woman whose husband has a serious, progressive medical disorder, and she felt stretched to the limit taking care of him.

Her standard poodle "provided the emotional support when she was out of the house without her husband, that her husband used to provide," Lieberman said.

Another patient, also female, is undergoing stress because her home was put in foreclosure. She's also involved in a lawsuit and a countersuit regarding the potential loss of her multimillion-dollar property, Lieberman said.



The woman has to travel a lot because her children live across the country, and her mental state is such that sometimes she can't get out of bed. In this case, Lieberman compares the therapy dog to a baby blanket: evoking feelings of warmth and being taken care of. "It reminds her of when things were less traumatic," she said. "It's a tie to the past."

Hernandez joined the National Guard in 1996 and was one of the first responders at ground zero on September 11, 2001. He was deployed to Iraq from 2004 to 2006.

While in Iraq, Hernandez suffered a spinal cord injury that limited his ability to walk and a traumatic brain injury. Inside, he had changed, too. He became violent and agitated. And he had nightmares, uncomfortable thoughts and dreams.

"Not all wounds are visible," he said. "That's how I explain it to people."

Hernandez received a service dog in 2010 through Project HEAL, part of [ECAD](#), an organization that trains and breeds assistance dogs. Project HEAL sets up veterans with PTSD with service dogs. Hernandez still volunteers with Project HEAL.

"He knows if something is wrong, and I can't figure it out," Hernandez said of Valor. "The dog has the extra Spider-Man sense." Hernandez still takes medication for PTSD.

Paul Aragon, a 29-year-old retired veteran, also has PTSD, but his only treatment is his service dog. Aragon got his service dog, Zoey, in October after his medication stopped working. Zoey "keeps me calm," he says.

Aragon, who studies motorcycle mechanics at Universal Technical Institute in Orlando, takes Zoey everywhere: dinner, movies, plane trips, even sometimes to school.

But not everyone recognizes the dogs as legitimate. Hernandez and Aragon have had incidents where people have questioned their bringing a dog into a public place. Hernandez even filed a lawsuit last year, alleging that he was kicked out of a fast-food restaurant because of his dog. It was later settled out of court.

### **The legal side**

Part of the reason that psychiatric service dogs present a tricky situation is that different federal agencies implement different regulations with respect to them.



The Department of Justice, in its [guidelines for implementing the Americans with Disabilities Act](#), defines "service animals" as "dogs that are individually trained to do work or perform tasks for people with disabilities." This can include "alerting and protecting a person who is having a seizure, reminding a person with mental illness to take prescribed medications, calming a person with Post Traumatic Stress Disorder (PTSD) during an anxiety attack, or performing other duties."

The guidelines state that dogs whose "sole function is to provide comfort or emotional support does not qualify as service animals under the ADA."

But service animals are required to be allowed in establishments that sell or prepare food, for example. And "allergies and fear of dogs are not valid reasons for denying access or refusing service to people using service animals," according to the guidelines.

In a situation such as a school classroom or a homeless shelter, the allergic person and the person with the service dog should be assigned to different locations if possible, the guidelines say.

The Department of Transportation, on the other hand, makes reference to animals that "assist persons with disabilities by providing emotional support." [Its guidelines](#) allow airlines to require documentation of a person's disability and say that the medical necessity of having the animal while traveling is understood.

The Department of Housing and Urban Development talks about [assistance animals](#), which can include "providing emotional support to persons who have a disability related need for such support."

There's room for fraud and shady maneuvering here, Ensminger said. There have been cases where patients have written their own letters that psychiatrists have signed to recommend certifying a psychiatric dog. That's not how prescribing a treatment is supposed to work. There are also fake certification websites, Herzog said.

And it's not just a letter that turns a dog into a psychiatric service dog. There's a rigorous training procedure, and the whole process can cost as much as \$38,000, Ensminger estimates.



Although some people try to train dogs themselves, this approach often fails because it takes a lot of expertise to choose the right dog, train it, and develop a relationship between a person and a service dog, said Darcie Boltz, executive director of Heeling Allies.

It takes a dog with a unique temperament to be properly suited for this work, and there can be animal welfare issues when improperly selected or trained dogs become mental health service dogs, Boltz said.

Although the system for psychiatric service dogs and emotional support animals can be abused, Lieberman says it's rare.

"If it isn't really important to you psychologically, there's so much hassle that you have to go through, you wouldn't necessarily ask for it," she said. "The solace of having your dog there to comfort you needs to be more important than the hassle you have to go through."

Lieberman recommends to her patients that dogs for mental health needs have some sort of identifying jacket so that there's less stigma and confusion around taking it to a place where animals usually aren't permitted.

### **The flip side**

A bill passed by the Senate this month may restrict service dog access in the Veterans Affairs Department for people whose dogs did not come from accredited trainers, [the Army Times reported](#).

Mental health support dogs also might lead to situations where people with the animals are on the same plane flight as people with severe pet allergies.

This is a problem for Sloane Miller, allergy advocate and life coach with severe asthma. She recalls that three years ago, she couldn't board her scheduled plane, or any other with the same airline to Florida that day, because emotional support animals were flying, too.

Miller supports service animals, but "it should be fair for everyone who has a need and a disability," she said. "There needs to be some kind of protection for my rights as well, to be able to travel in a safe environment."



And don't forget the animal's well-being, says Lori Marino, senior lecturer in psychology at Emory University. While it's a healthy path for some, there is concern that the animals themselves may be emotionally harmed. When dogs are paired with depressed and anxious people, the animals might become depressed and anxious, too.

Marino has worked with a homeless pet rescue, evaluating whether prospective pet owners are good matches for prospective dogs. Once in a while, a prospective owner will say, "I want this dog because I am depressed and need a pick-me-up," Marino said.

"I always decline that person. It's not fair to the dog to go to a home that's not emotionally healthy," she said. A dog "shouldn't be used as medicine."

But for people such as Hernandez and Aragon, dogs are medicine, a medicine that is keeping their PTSD in check. Hernandez has become a strong advocate for service dogs.

"The dog has taught me how to be humble, how to have stability, have to have patience," says Hernandez.

<http://edition.cnn.com/2012/08/01/health/mental-health-service-dogs/index.html>

