



Mental Health  
Council of Australia

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# WEEKLY BULLETIN

No. 26 2012

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# BULLETIN NO. 26, 2012

Hi all,

## **National LGBTI Health Alliance's MINDOUT! LGBTI Mental Health and Suicide Prevention Project – One Day Symposium (NSW)**

Standing Strong, Living Long:  
The opportunities and challenges for suicide prevention  
in LGBTI populations  
Wednesday 10 October 2012  
Cost \$40.00 (GST incl.)

Presentations will cover:

- Safe and Effective LGBTI Suicide Prevention
- Mental health promotion in LGBTI populations
- Mental Health and Suicide in Older Persons
- Mental Health and Suicide in Intersex People
- Mental Health and Suicide in Transgender People

For further information: [www.lgbtihealth.org.au/mindoutsymposium](http://www.lgbtihealth.org.au/mindoutsymposium)

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

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## 1. Reform pace irks experts

**Publication: The Australian**

**Author: Sue Dunlevy**

11 August 2012

Fifteen months after promising a \$2.2 billion mental health revolution, the Gillard government is freezing services by mental healthcare nurses - and facing harsh criticism from key players that change is happening too slowly.

The National Mental Health Commission's new chairman Allan Fels set the tone in a recent speech, warning of a clash between mental health reform and more general health reforms that could see patients pushed back into hospitals.

And Ian Hickie from the University of Sydney's Brain and Mind Research Institute says "nothing has changed since 2003" despite the rhetoric .

John Mendoza, who resigned as chairman of the government's National Advisory Council on Mental Health in 2010

Meanwhile, Patrick McGorry - former Australian of the Year and face of the GetUp campaign that put mental health on the agenda during the 2010 election - is still waiting for the 16 new early psychosis prevention and intervention centres, funded to the tune of \$222 million in the 2010 and 2011 budgets.

He says not a sod has so far been turned on the EPPI centres, which treat 15 to 24-year-olds. "It's so easy for momentum to be lost, we have to regain it," McGorry tells Weekend Health.

He believes the minister is acting in good faith and hopes for an announcement soon. He suggests the rollout has been stymied by states that claim to find their share of the funding unaffordable.

Weekend Health understands an announcement is imminent, with Western Australia set to win two sites, NSW four and the Northern Territory two.

Headspace Centres which help people aged 12-25 with bullying, depression, and sexual and relationship problems are one successful facet of the reform process.



The package allocated \$197m for building up to 90 new centres by 2015. Thirty already existed, 10 additional centres are up and running and another 15 will open within months; they have already helped over 78,000 young people.

Headspace chief Chris Tanti says his service is a success because it is fully funded by the commonwealth.

This week Mental Health Minister Mark Butler announced funding guidelines for the \$549.8m Partners in Recovery program, which is intended to assist people with severe and ongoing mental illness.

He says, meanwhile, that the reform rollout is on schedule. Medicare Locals have funding for allied psychological services; the personal helpers and mentors program helping people with mental illness overcome isolation is operating; suicide counselling is being offered; and the states have received a \$200m funding boost.

Some new programs need guidelines to be drafted and service providers found, and this takes time, Butler says.

"I'm very confident the implementation of the mental health reform package is on schedule and already delivering vastly expanded services to the community," he says.

Fels, however, warns that the recently negotiated state-federal health funding system could encourage states to shift mental health care out of the community and back to hospital, now that the commonwealth pays 50 per cent for hospital services. He also fears it may encourage early discharge.

Fels, whose daughter Isabella suffers from schizophrenia, wants improvements in housing for those with a mental illness. That would help them engage in satisfying activities, participate in work if appropriate, develop relationships and achieve a good proportion of their potential. For Fels, the prime test of the reforms will be whether they lift employment rates for the mentally ill.

While high-profile critics such as Fels, Hickie, Mendoza and McGorry condemn the government's foot-dragging and potentially counterproductive policy measures, the latest outrage is its decision, reflected in the May budget, to freeze funding for the mental health



nurse incentive program - despite a study showing it cuts hospitalisation rates by 90 per cent.

The Rudd government stripped funding from the program in 2008, when it was slow to take off, and in May Butler froze it entirely.

Last year the program provided 40,000 services at a cost of \$35m and must stay within those boundaries this financial year.

Canberra mental health nurse Lisa Hawke says nurses visit patients at home. For instance, if a patient with bipolar disorder is depressed and not eating, Hawke takes them to a cafe to ensure they eat and spends time with them until the depression passes, preventing hospitalisation that costs \$800-\$1000 a day.

Hickie says the nurses work with the homeless, the socially isolated and those rejected by emergency departments. They organise medicines and help with diabetes and other issues.

The funding freeze means some of the sessions Hawke used to provide have been cut back, and that doctors cannot refer new patients to her. Meanwhile, another nurse who used to work with her has returned to the public service for job security.

Australian College of Mental Health Nurses chief Kim Ryan says despite Butler's promise that service levels would be maintained, letters sent out explaining the new arrangements in recent weeks have shown a 20 per cent reduction in the services funded.

"The decision to cap the program is dumber than dumb," says Mendoza, adding that the government is picking on the nation's 400 mental health nurses because they don't have political clout.

<http://www.theaustralian.com.au/news/health-science/reform-pace-irks-experts/story-e6frg8y6-1226447012705>



## 2. Housing top worry for disadvantaged, agencies' poll shows

**Publication: The Sydney Morning Herald**

**Author: Adele Horin**

13 August 2012

The lack of secure and affordable housing is the biggest problem disadvantaged people face, a survey of 665 welfare agencies has found.

About 80 per cent of agencies that specialise in helping the homeless said they could not meet the demand for services, and that waiting times for their clients had increased.

The annual survey by the Australian Council of Social Service covers community agencies that work in domestic violence, mental health, youth welfare, emergency relief, legal aid and other areas. It provides a snapshot of clients' most pressing needs, and the ability of agencies to meet the demands.

The Australian Community Sector Survey 2012 shows that housing was nominated by 59 per cent of all welfare agencies as their clients' most pressing need. Mental health services were the second highest need that was not being met.

However, the survey reveals the beneficial effect of the federal government's three-year, \$5.2 billion funding package for social housing that began in 2008-9.

More than half the properties built under the initiative were allocated to people who were homeless or experiencing domestic violence. As a result, crisis accommodation services were able to move more people into more permanent accommodation. The turn-away rate for services fell from 13 per cent in 2009-10 to 8 per cent in 2010-11.

ACOSS's chief executive, Cassandra Goldie, said the improved turn-away rate was evidence that investment in social housing made a positive impact, "but there are far too many people being turned away; a total of 20,496 over the year, or 56 people each day."

State and federal funding agreements to reduce homelessness and increase affordable housing, due to expire next year, should be extended with bipartisan support, Dr Goldie said.



The survey also reveals that community legal services are in strife, with 73 per cent unable to meet clients' demands. Services responded to requests by rationing help, requiring staff and volunteers to work longer hours, and increasing waiting times. Legal services had the highest turn-away rate of any service type, reflecting a real cut of 22 per cent in federal funding since 1997.

Dr Goldie said the findings vindicated calls by Community Law Australia for an urgent injection of federal funds "to ensure all Australians can access a basic level of legal assistance".

Community organisations said funding that was too little and uncertain was the main problem. As well, 37 per cent of organisations said the recent equal pay decision for community workers by Fair Work Australia would mean cuts to services and jobs. Almost half the organisations were not confident the federal government would meet the cost. About 150,000 workers will get rises of between 19 per cent and 41 per cent over eight years.

<http://www.smh.com.au/national/housing-top-worry-for-disadvantaged-agencies-poll-shows-20120812-242wm.html>

### **3. Depression in rural adolescents: relationships with gender and availability of mental health services**

**Submitted:** 14 February 2012

**Revised:** 14 May 2012

**Published:** 12 August 2012

**Introduction:** There is growing evidence in the literature which indicates that the prevalence of depression is similar in both non-metropolitan and metropolitan areas. However, it is generally perceived that factors associated with compromised mental health in rural residents include deprivation and lack of access to healthcare services. This study examines the relationship between depression and possible determinants of mental health among rural adolescents. The determinants identified were degree of remoteness, gender, socioeconomic status and the perception of rural community characteristics. Rural community characteristics examined were long waiting lists and lack of mental health professionals.



**Method:** Respondents were 531 South Australian adolescents (55.7% female) aged 13 to 18 years, living outside the Adelaide (state capital) metropolitan area. Respondents completed a questionnaire including: demographic questions; the Kutcher Adolescent Depression Scale (KADS); and questions regarding individual perceptions of community characteristics. The data were obtained by self-report, degree of remoteness was measured using the Accessibility and Remoteness Index of Australia Plus, and socio-economic status was determined from the Australian Bureau of Statistics (ABS) Socio-Economic Index of Relative Socio-Economic Advantage and Disadvantage (SEIFA).

**Results:** The rate of depression obtained from this sample of rural adolescents is concerning; 18% screened positive for depression on the KADS, 41% reported low mood much of the time or more often, and 20% experienced occasional or more frequent self-harm or suicidal thoughts, plans or actions. Depression was related to gender, with more females (23%) screening positive for depression than males (11.8%). Prevalence of depression was unrelated to degree of remoteness or the socioeconomic status of the participants. This finding is not consistent with other research that identifies socioeconomic status as a psychosocial determinant of mental health. It is noteworthy that the perception of long waiting lists and a lack of mental health professionals were related to depression but that this relationship was only significant for females. This may be because those who experience symptoms of depression are more likely to be aware of service availability due to help-seeking behaviour. That this finding is significant for females is consistent with research that identifies females as being better able to identify symptoms of depression and more willing to seek help.

**Conclusion:** Efforts to enhance the mental health of rural Australian adolescents should focus on improving the availability of mental health services, improving mental health literacy and promoting help-seeking behaviour for mental health difficulties. Consideration should be given to the gender differences identified when developing future mental health initiatives.

<http://www.rrh.org.au/articles/showarticlenew.asp?ArticleID=2092>

For full article go to: <http://www.rrh.org.au/articles/subviewnew.asp?ArticleID=2092>



#### 4. Lost on the runway: how demons felled Hooker's leap of faith and quest for gold – LONDON 2012 -

**Publication: The Australian**

**Author: Nicole Jeffrey**

13 August 2012

He had it all and then suddenly his world came crashing down. It all began to unravel for Steve Hooker in the most unlikely of places.

When Hooker arrived in the English city of Newcastle in August, 2010 for the Great North City Games, a street event featuring a match between the Australian and English athletics teams in the lead-up to the Delhi Commonwealth Games, he was the master of all he surveyed in the pole vault world.

He owned every major international title available -- Olympic, world, world indoor and Commonwealth. He had won the Olympic gold medal in Beijing with the highest jump in Games history, 5.96m, and gone on to become the No 2 vaulter in history by clearing 6.06m, second only to the great Sergey Bubka.

But on Newcastle that day, Hooker crashed to earth and he has never really flown again.

At a glorified exhibition event, something went badly wrong with his last jump. As he reached the top of his arc, almost 6m in the air, the pole flung him sideways. With his legs windmilling desperately he tried to control his flight. He narrowly missed smashing into the upright then fell, catching the edge of the mat before he landed on the ground beside it, shaken and hurt. Officials helped him up and found he had no major injuries but had damaged the knee on his take-off leg.

He battled through the rest of the season and successfully defended his Commonwealth title before assessing his knee injury in the off-season. He received treatment at home in Perth for four months but it failed to improve and stymied his return to training.

In March last year, with his world title defence just five months away in Daegu, South Korea, he sent an SOS to Athletics Australia for medical help. National team physiotherapist Matt Lancaster travelled from Hobart to Perth to work one-on-one with Australia's most valuable athletic asset to rehabilitate an inflamed patella tendon.



But it was not until June that Hooker was ready to return to his full run-up in training, and he continued to race against time to be fit to compete in Daegu.

He and coach Alex Parnov's normally methodical and meticulous program of preparation was crunched from six months into two. In contrast to previous years, when Hooker had 60 jumps in training off a full approach before he ventured into competition, that year he had eight.

He arrived in Daegu with more hope than belief that he would be able to pull off an improbable win, as he had in 2009 when he won the competition on one leg with two jumps, while nursing an injury. But when the pressure was applied in Daegu, Hooker's lack of training foundation emerged and he crumbled. In the qualifying round, he could not launch himself at the bar. He ran through to the mat on each of his three attempts, leaving the competition without a jump.

Afterwards, he admitted he felt lost on the runway. "I can always find something normally. Today there was nothing to find," he said.

It was not the first time that Hooker had developed an aversion to taking the leap of faith required of all elite pole vaulters. It takes tremendous courage to launch yourself 6m, catapulted by a bendy pole, and trust that you will not suffer a major injury.

Ten years ago, after a few training mishaps early in his career, Hooker found he could no longer summon the ability to leap into the unknown in training.

"I would run through a lot and not take off," he recalled for *Olympic Gold*, a book recounting the stories of Australia's Olympic gold medallists. "It was so mentally draining I would go to training not sure if I'd be able to jump at all. I was throwing poles, becoming irritable and generally not enjoying it because my brain wouldn't click into gear."

Then it was a sports psychologist who saved him, using hypnotism to help him rewire his brain. But when he returned from Daegu his new mental block came with him and by the end of the year it had crippled him.

When he returned to training he found he had lost his nerve on the run, was consumed by anxiety on the runway and could not launch himself at the bar.



By January this year, just six months before the Olympics, the problem was so severe that he announced publicly he was withdrawing from the domestic season, and revealed that he had the yips, a condition that usually describes golfers paralysed by panic on the putting green.

It is a condition some never overcome, including British Open winner Ian Baker-Finch, who battled the yips for years before admitting defeat and retiring.

Hooker's solution was to work with Parnov to rebuild his technique and confidence and they seemed to have succeeded when Hooker cleared the Olympic qualifying height of 5.72m at his purpose-built training facility in May. He returned to international competition in June but still looked shaky. He could not clear a height in three of his seven pre-Olympic competitions, but finished his lead-up with an encouraging 5.72m clearance in Poland.

He qualified confidently for the Olympic final, clearing 5.50m, but under the blowtorch conditions of the final, he could not find the confidence to compete freely.

His first attempt left him stranded at the top of the pole, he ran through the mats on his second and came down on the bar on his third, to exit without clearing a height.

He described the moment as: "Bittersweet, but more on the bitter side. To be in an Olympic final is a huge thing and I gave it as good a crack as I could today. It just didn't quite happen."

"It's been very very hard over the last year and a half at times. The physical side of things, the mental side of things, I've had every issue that you can imagine to overcome and I feel like my old self on the runway and that's pretty gratifying."

He will continue to compete in Europe after the Games in the hope of finding the competition form that he feels is almost within reach, but failed to arrive in time for the Olympics.

<http://www.theaustralian.com.au/sport/london-games/lost-on-the-runway-how-demonstrated-steve-hookers-leap-of-faith-and-quest-for-gold/story-fne39yqs-1226448736436>



## 5. Mayo Clinic says Illinois Congressman Jesse Jackson Jr. being treated for bipolar disorder

**Source: The Washington Post**

**By: Associated Press**

14 August 2012

CHICAGO — U.S. Rep. Jesse Jackson Jr., a Chicago Democrat who took a hushed medical leave two months ago, is being treated for bipolar disorder, the Mayo Clinic announced Monday.

The Rochester, Minn.-based clinic specified his condition as Bipolar II, which is defined as periodic episodes of depression and hypomania, a less serious form of mania.

“Congressman Jackson is responding well to the treatment and regaining his strength,” the clinic said in a statement.

Bipolar II is a treatable condition that affects parts of the brain controlling emotion, thought and drive and is likely caused “by a complex set of genetic and environmental factors,” the clinic said. The statement also mentioned that Jackson underwent weight loss surgery in 2004 and said such a surgery can change how the body absorbs foods and medications, among other things.

The statement Monday was the most detailed to date about the congressman’s mysterious medical leave, which began June 10. But it raised new questions about when the congressman can return to work.

A Jackson aide said last week that the congressman was expected back in the district within a matter of weeks, but Jackson’s spokesmen declined to comment Monday.

His father, the Rev. Jesse Jackson, wouldn’t say much about the diagnosis.

“I’m glad he’s getting the treatment he needs and is responding well,” the elder Jackson said, adding that “there’s no timetable” for his recovery.

Experts and mental health advocates say many people are able to work and function in their daily lives while managing treatment.



Treatment includes medication and psychotherapy, according to the National Institute of Mental Health. The institute estimates about 5.7 million American adults suffer from the disorder, which can be a lifelong disease.

At least one other member of Congress has suffered from it while in office.

Former U.S. Rep. Patrick Kennedy of Rhode Island has talked openly about his lifelong struggles with bipolar disorder and addiction. He's was a leading voice in Congress for removing stigma linked with mental illness. The son of the late Massachusetts Sen. Edward Kennedy was a congressman for 16 years and retired last year.

The younger Kennedy was arrested in 2006 after an early morning car crash near the U.S. Capitol that he said he could not remember. After spending a month at Mayo for treatment of addiction and depression, Kennedy pleaded guilty to driving under the influence of prescription drugs.

"I had two of the biggest successes in politics after I went to treatment," Kennedy said, referring to getting nearly 70 percent of the re-election vote in 2006 and his legislative victory of getting a bill requiring mental health parity passed in 2008.

"It was because I ran toward the problem and not away from it. When I returned to my district, I spoke openly about it," he said.

Kennedy said he planned to visit Jackson on Thursday. He said he and Jackson had a lot in common: Both served on the House Appropriations Committee together and had famous fathers.

[http://www.washingtonpost.com/national/health-science/mayo-clinic-says-illinois-congressman-jesse-jackson-jr-being-treated-for-bipolar-disorder/2012/08/13/62389118-e5a7-11e1-9739-eef99c5fb285\\_story.html](http://www.washingtonpost.com/national/health-science/mayo-clinic-says-illinois-congressman-jesse-jackson-jr-being-treated-for-bipolar-disorder/2012/08/13/62389118-e5a7-11e1-9739-eef99c5fb285_story.html)



## 6. Mental health and well-being strategy for Scotland launched

Source: BBC News

11 August 2012

A strategy which aims to improve the mental health and well-being of people in Scotland has begun.

The Scottish Government said the issue was one of the top public health challenges in Europe.

In the new review the government has underlined 36 commitments, including providing faster access to mental health services for young people.

Mental disorders are estimated to affect more than one-third of the population every year, the review said.

The most common of these being depression and anxiety, according to the [Mental Health Strategy for Scotland: 2012-2015](#).

Public Health Minister Michael Matheson said: "In Scotland we are proud of what we have already achieved in promoting rights and recovery for people who use services and their carers."

"We must now increase the pace of change and focus on delivering improvements which we believe will have the maximum possible impact across the whole population."

### Positive change

There was a strong focus on actions that people can take for themselves and with their communities to maintain and improve their own health, the government said.

Joyce Mouriki, chair of Vox, a national mental health service-user organisation, said: "We are delighted that the new mental health strategy includes a number of commitments that our members identified.

"These include faster access to psychological therapies, crises response, peer support, social prescribing, and employment.



"We hope very much that the strategy will improve the lives of those who experience mental health problems, and look forward to our continued involvement in the process of making positive change."

<http://www.bbc.co.uk/news/uk-scotland-19223218>

## 7. As economy tanks, mental health issues rise

**Source: Examiner.com**

**By: Christine Colburn**

9 August 2012

How do we know that the economic downturn is affecting the mental health of people in our communities? There is no formal data on the number of Americans who are now seeking mental health assistance during this recession.

What we do know is there is a significant rise in unprecedented numbers of referrals that are being reported by psychologists.

Mental health professionals call it "collateral damage stemming from the present economic situation." Clinical psychologists are reporting that more than 75 percent of their patients want to discuss their dismal circumstances and bad feelings due to the economy.

In talking with families, friends and in reading the newspapers, we are aware of the full impact of lost jobs, loss of wages, loss of insurance, the inability to support the basic necessities of a household, divorce due to lack of finances, food bank shortages, people living in tent cities and overloads in medical, psychological and social systems.

Stress is imploding in communities everywhere. It is important that people know how to handle these stressful problems impacting on them, their children and their communities.

Awareness of stress-related symptoms and how to deal with first signs of depression are necessary for facilitating quick recovery. How to encourage others to seek immediate assistance is vital and a primary interest of the Mental Health Association of the Capital Region, Inc.

The Mental Health Association serves Cumberland, Dauphin and Perry counties. Everyone should become familiar with the county and state mental health system that treats and



provides services to those with serious mental health illnesses who are on medical assistance.

For many years MHACR has advocated for people with mental health issues at the same level other organizations do for other medical problems. Is brain disease a less serious illness than cancer, diabetes or multiple sclerosis?

The Federal Government recently passed Mental Insurance Parity. This law will open the doors for providing insurance to those suffering from mental diseases. Through the perseverance of MHACR and many other organizations and individuals nationwide, the insurance equity fight has been won.

On a more local level, Mental Health First Aid Training will begin this summer. It is a two track training program. One program trains facilitators of support groups. The other track trains the public and businesses on how to administer mental health first aid. The MHACR has two certified Mental Health First Aid trainers.

<http://www.examiner.com/article/as-economy-tanks-mental-health-issues-rise>

## **8. Malaysians lack understanding of mental health issues**

**Source: mysinchew.com**

**9 August 2012**

The recent death of a mentally challenged man outside the Prime Minister's department complex in Putrajaya has refocused attention on the lack of seriousness with which mental health disorders are treated in the country.

On July 9, security personnel tried to stop Khalil Afandi Abdul Hamid, 37, and a female accomplice who were armed with samurai swords and a knife and were displaying aggressive behaviour at the entrance of the department complex.

Their menacing behaviour elicited a strong reaction from security personnel, which resulted in Khalil Afandi's death.

Though it was initially reported that the duo belonged to a deviant sect, further investigations have pointed towards their unstable mental health.



Tragedies involving people with mental health issues are not new to Malaysia, but society has remained apathetic towards the problem.

A general perception exists that a person with mental health problems is dangerous and cannot recover in any way. The stigma and discouraging response attached to such a condition forces persons with such problems to isolate themselves from the society and shy away from seeking treatment.

### Early treatment helps

This also results in delayed diagnosis of such conditions and in cases like that of Khalil Afandi, a diagnosis is never made.

"Those diagnosed early with mental health problems do not endanger others.

Problems occur when they are diagnosed and treated late," Dr Muhammad Muhsin Ahmad Zahari, a psychiatric consultant with the University Malaya Medical Centre told Bernama.

Patients suffering from hallucinations caused by schizophrenia and depression fail to seek treatment as they fear the backlash of societal prejudices against their mental ailment, Dr Muhammad Muhsin said.

Their condition deteriorates with the passage of time, which also increases their chances of endangering the public," he said, adding that a mental health patient is unable to differentiate between right and wrong as their thinking process is impaired.

Moreover, they react aggressively once they start hallucinating, which puts them in danger.

Patients suffering from schizophrenia commit the most heinous crimes as they are disconnected from reality and there is nothing to stop them.

"However, the truth is, they can turn out to be less dangerous if they are treated early," Dr Muhammad Muhsin said.

### Worrying public apathy

Records with the National Mental Health Registry (NMHR) have shown that public awareness about mental health issues is far from satisfactory.



They also point out that on average it takes up to 28 months for an individual with mental health problems to seek treatment, and by then it is possibly already too late because the individual's thinking or decision making capacities might have been impaired beyond the scope of treatment.

A recent statement from the Health Ministry also commented on the decline in the levels of awareness regarding mental health issues.

In the last three years, only 1.2 to 1.5 per cent of individuals with mental health issues sought treatment at the public hospitals, which is a cause for concern given the probability that one out of every five Malaysians suffers some form of mental illness.

In addition to the lack of awareness on mental health issues, public prejudice also forces many persons to shy away from undergoing proper treatment or getting their illness diagnosed.

Many people are still unable to understand the difference between an all encompassing mental health term and a more specific mental problem term.

Persons with mental health issues also hesitate to seek psychiatric help out of a fear that they might be labelled as a "mental patient."

This deep rooted misconception has led to a rise in social prejudice against people suffering from mental ailments.

Anyone facing the stress and pressures related to everyday living can have mental health issues. What matters is how they manage their emotional stress -- by choosing good mental health or continuing with their mental problems without seeking help.

### [Families have a role to play](#)

Apart from society, a person's immediate family also plays an important role in helping them maintain good mental health by getting their mental problems treated.

The most common sign of a mental health problem is a sudden change in the behaviour of a person -- a jovial person might turn into an introvert, become short-tempered, start keeping



or speaking to oneself, have a disrupted sleep pattern, lose their appetite, is unable to carry out daily activities or starts displaying suicidal tendencies.

"Those with mental health issues are probably slow in becoming aware of their condition due to the subtle nature of the problem and that is why their families should monitor them closely," Dr Muhammad Muhsin said.

However, a proper diagnosis by an expert and the right therapy are a must. Parents whose children start displaying symptoms of a mental health problem, often go into a self denial mode fearing the social stigma associated with mental illness.

As a result, children suffer in silence and are ignored by their family and the society they live in.

A mentally ill person's family plays a crucial role in their treatment process as they are the ones who will ensure that the person undergoing treatment completes their course of the prescribed medication.

It is also common that halfway through the treatment families start taking for granted that the patient has recovered without realising that the patient can relapse under duress.

Therefore, those with mental health issues should make it a point to consult a psychiatrist. Today's stressful life calls for greater resilience and proper mental health management, and those who have a family history of mental illness should exercise greater care.

Persons displaying symptoms of a mental health problem should be encouraged to see a psychiatrist in order to prevent the problem from deteriorating further.

"The view that there is no need to consult a psychiatrist for addressing problems related to the mind is a fallacy. The notion that people can treat themselves or just seek a friend's help for resolving their problem is also wrong," Dr Muhammad Muhsin said.

In a nutshell, greater awareness about mental health and early treatment can help save many people with mental problems. Getting rid of the stigma and discrimination associated with mental health issues is the first step towards keeping mental health illnesses in check and helping those suffering from mental problems.



## 9. Survey to focus on elderly and their carers

**Source: The Malta Independent**

**By John Cordina**

10 August 2012

A survey which is focusing on elderly needs and care – as well as on informal carers – is currently being carried out by the Directorate of Health Information, Parliamentary Secretary for the Elderly Mario Galea announced yesterday

According to Mr Galea, the study aims to evaluate the daily needs of the elderly as well as the challenges they face. The issues being tackled include solitude, the risk of abuse and mental health matters. On mental health, he stressed that the perception that it was normal for the elderly to be depressed was wrong, and added that the issue deserved further attention.

Directorate head Neville Calleja explained that the study is similar to one carried out in the US, and is likewise made up of three distinct phases.

The research, Mr Galea explained, would ultimately help the government evaluate existing services and develop new ones. Without this research, he said, such services would be developed on the basis of perceptions which may be wrong.

The first phase involves telephone questionnaires, and the sample being used is quite substantial: 9,400 people aged 75 and over.

These questionnaires are being carried out by a group of university students, who are helping out at the directorate during their student work phase.

The students are collecting around 400 questionnaires a day, and were trained to answer any queries which respondents may make when contacted, including queries on government services.

As is to be expected in any study of this scale, some respondents have refused to participate, although the rate of refusal has been, according to Dr Calleja, surprisingly low so



far. The students contacting respondents typically offer to send the questionnaire by mail if trust issues surface, and this option has been proven to help.

Both Dr Calleja and Mr Galea expressed their hopes that media coverage would help bring this rate down even further, as it would help raise awareness of the study and help allay respondents' concerns about the questionnaire.

Respondents who are found to face substantial issues, as far as their needs and care, will be interviewed in depth during the second phase of the study. A sample size of around 3,000 is expected in all, although some, inevitably, will refuse to take part.

People who live in homes for the elderly are also included in the sample. To minimise inconvenience in such cases, the first phase and the second phase will be carried out simultaneously. The study will also seek to find out why respondents ended up living in a home for the elderly in the first place, Mr Galea said.

While some data on the elderly themselves already exists – even though the study is set to provide a clearer picture – the third phase will focus on an area which is yet to be studied properly: Informal carers.

Informal carers – those who take care of elderly relatives or friends – will be contacted to determine their specific needs and the challenges they face along the way.

Dr Calleja said that he was particularly proud about this part of the study, adding that informal carers were a Maltese “treasure” and pointing out that they were not as common in many other countries. He also noted that at times, informal carers could be as old as the people they were caring for.

Fieldwork started a couple of weeks ago, and is expected to be concluded next month. The aim is to have a report ready by October or November, Dr Calleja said.

Mr Galea also stressed that Malta's population is ageing. According to the last census, 16% of the population is aged 65 and up, and the number of people aged 60 and over is expected to rise to 104,000 in 2015 and to 151,000 in 2050, while the fertility rate was dropping.



He noted that men had the second highest life expectancy in Europe, while women had the third highest life expectancy, adding that this indicated a good level of health services and a good quality of life.

Nevertheless, he stressed that the ultimate aim was to increase people's healthy life expectancy, arguing that such studies would help achieve it.

<http://www.independent.com.mt/news.asp?newsitemid=148970>

## **10. Carers handed hospital haven?**

**Publication: The Bolton News**

8 August 2012

Families have designed a special room to help them cope with having a sick loved one in hospital.

The room, which has been created by Greater Manchester West Mental Health NHS Foundation Trust near the inpatient wards at the Royal Bolton Hospital, will provide a place for carers to relax, watch TV, listen to music, have a cup of tea, meet other families and receive information and advice from a Carer Support Officer based at the hospital.

Carer support group meetings will be held in the Carers Room as well as training for staff and Carers.

Trixie Halls from Bolton, who cares for her husband, said: "The new Carers Room is a peaceful little haven.

"It feels so welcoming and you have everything that you need here.

"I can come and use the room to put my feet up, watch TV and, more importantly, the room provides the opportunity to meet and chat with people going through the same thing as me." Chris Parker, the Trust's assistant director of Bolton Community Mental Health Services, said: "It is hoped that the new Carers Room in Bolton will help those carers who look after someone with a mental health problem by providing them with a space to go for peace, rest and support from other carers and staff.



“That will help them look after their physical and emotional wellbeing.”

The room has been created to help recognised the important role unpaid carers have.

Gill Green, the Trust’s director of nursing and operations, said: “When our carers steering committee identified that a room specifically for carers would help them we worked with carers to design and develop a room that our staff could use to monitor carers health and signpost them to advice, information and support.

“We wanted to ensure carers can use the room whenever they need a break from the hospital wards when they are visiting a loved one or friend.”

[http://www.theboltonnews.co.uk/news/9861280.Carers\\_handed\\_hospital\\_haven/](http://www.theboltonnews.co.uk/news/9861280.Carers_handed_hospital_haven/)

## 11. Man cradles arthritic dog in water for relief

**Source: ninemsn.com**

11 August 2012

A US man photographed soothing his arthritic rescue dog by letting it sleep on his shoulder while floating in the water has revealed his pet saved him from committing suicide after a failed relationship.

John Unger, 49, adopted his pet dog Schoep with his ex-fiancé 19 years ago.

But when the relationship ended, Mr Unger said his companionship with Schoep gave him the courage to keep going, the Duluth News Tribune reports.

"I don't think I'd be here if I didn't have Schoep with me," he said.

"He just snapped me out of it... I just want to do whatever I can for this dog."

Mr Unger began carrying Schoep into Lake Superior at night after he noticed it seemed to soothe his arthritis and that his pet would often fall asleep with relief during the swim.

Mr Unger's friend Hannah Stonehouse Hudson, who is a professional photographer, managed to capture the tender moment between the pair in Wisconsin last week.



“What was going through my mind when Hannah was taking those pictures was that this may be the last time I’m going to be swimming with him,” he said.

When Schoep began limping last week, his owner took him to the vet to get some pain-relief medication.

But Mr Unger said if his dog wasn't able to get up without pain, it would be time to put him down.

The photo of Mr Unger and Schoep has drawn the attention of thousands of people since being posted on Facebook last week.

And thanks to the generosity of strangers who have heard their story, thousands of dollars have since been donated to help with Schoep's medical care.

<http://news.ninemsn.com.au/world/8514637/man-cradles-arthritic-dog-in-water-for-relief>

