



Mental Health
Council of Australia

WEEKLY BULLETIN

No. 11 2012

BULLETIN NO. 11, 2012

Hi everyone,

This is my first Bulletin and I am very pleased to have been appointed as the new Carer and Consumer Project Officer to work on the Carer Engagement Project and other MHCA projects.

I have worked at the Mental Health Council for three years as the Admin/Project Officer for the National Mental Health Consumer and Carer Forum (NMHCCF) and the National Register. I was also Acting Executive Officer for seven months in 2011 for both of these groups.

I am currently undertaking my diploma in Mental Health and Alcohol and Other Drugs and hope to continue working in the mental health sector for many years!

Please feel free to provide me with any feedback, comments or even good articles that others may be interested in for the Bulletin.

PS. Please note that the Bulletin is actually emailed out by Simon Tatz, but the best way to contact me about the Bulletin is by email: kim.harris@mhca.org.

Kind regards,

Kim

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1. Drugs not best option for people at risk of psychosis, study warns

Press Association

The Guardian

Friday 6 April 2012

Anti-psychotic medicine should not be the first option offered to people at risk of developing schizophrenia, researchers said on Friday.

Clinicians should be "extremely careful" about prescribing anti-psychotics to young people, because only a tenth will go on to develop more serious conditions, a study suggests.

The study by five universities found that "benign" psychological treatments, including Cognitive Therapy (CT), were effective in reducing the severity of psychotic experiences that can lead to conditions such as schizophrenia.

Published on the British Medical Journal website www.bmj.com, the study found the frequency, seriousness, and intensity of psychotic symptoms that may lead to more serious conditions was reduced by counseling and CT.

The landmark research could pave the way for coherent treatment for young people at risk of developing psychotic illnesses.

Teams from the universities of Glasgow, Birmingham, Cambridge and East Anglia, led by the University of Manchester, gave participants, aged between 14 and 35, weekly CT sessions for a maximum of six months, over a four year period.

They then monitored participants after treatment to track their symptoms.

Before the trial, international evidence estimated that 40-50% of people at risk of developing psychosis at a young age would progress to a psychotic illness. Only 8% of patients in the study were shown to have made the transition.

Researchers said the results have led to suggestions that anti-psychotic medicine should not be the first option for young patients.

Professor Andrew Gumley, who led the research team at the University of Glasgow, said: "This study has very important implications for ensuring that young people who are at risk of developing psychosis are offered psychological therapy.

"Our findings that there is a much lower transition rate than previously found means that clinicians have to be extremely careful about prescribing anti-psychotics in this group since only one in 10 will actually develop psychosis."

<http://gu.com/p/36yf2>

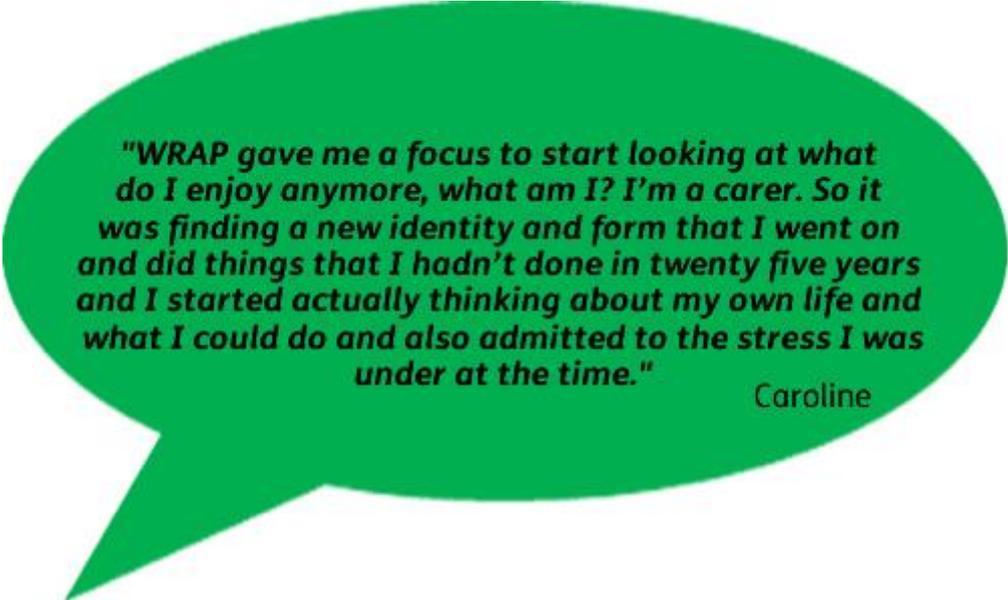


2. Carers need recovery too - meeting WRAP

John Moody

14 March 2012

SRN Network Officer, John Moody, takes a look at the findings of a research project into carers' use of Wellness Recovery Action Planning (WRAP).



"WRAP gave me a focus to start looking at what do I enjoy anymore, what am I? I'm a carer. So it was finding a new identity and form that I went on and did things that I hadn't done in twenty five years and I started actually thinking about my own life and what I could do and also admitted to the stress I was under at the time."

Caroline

People in close caring relationships with loved ones who have significant mental health problems benefit as much from planning for their own wellness as the people they care for.

This is one of the important findings of a recently published study of a group of Edinburgh carers - **'Carers Needs Recovery Too'**. The research, published late last year, was carried out by Dr Sue Kelly on behalf of Edinburgh Carers Council, who had run a WRAP training course for carers that was featured in a 2010 SRN article.

The study examined the carers' use of Wellness Recovery Action Planning (WRAP), a wellness programme devised in America, and which has been available in Scotland since 2008.

The purpose of the study

Dr Kelly's study set out to document the extent to which WRAP improved the lives of carers involved with the Carers' Council. Her work explores the process, identifies the key elements involved in any improvements and determines lessons about the potential of WRAP for Carers.





"From first hearing about Recovery, I thought carers need this too, the success of WRAP for carers has been the on-going WRAP Groups where carers can continue to meet regularly in a safe and contained space so that they can process what is going on for them and think in terms of WRAP what they need to do to take care of their own mental health and well-being. It's about the whole family and creating interdependent relationships between the carer and the person they care for. It is my hope that other organisations will use this evaluation and adopt how we have delivered the training with the on-going Group process as the benefits for carers are evident to see and very rewarding to be a part of."

Linda MacLeod, Edinburgh Carers' Council

From SRN's point of view, these are important objectives. Mary Ellen Copeland, the main catalyst for the Development of WRAP, has always maintained that WRAP is for everyone and identifies it on her website as being "adaptable to any situation"[1], not just for people with severe mental health issues.[2] This makes it a potential tool for pursuing an agenda of wellness, whatever an individual's personal problems in a much wider social context. This study also represents an important strand in the ongoing process of unravelling the mystery of how WRAP works. Building credible research that clearly demonstrates WRAP's effectiveness and which helps us replicate that effectiveness is an important objective. Collecting the evidence for how and why WRAP works is a key part of SRN's strategy in developing a Quality Assurance process and scheme for WRAP in Scotland.

The Benefits of Carers' WRAP

Edinburgh Carers' Council's small evaluative study, which was funded by NHS Lothian, looked at both initial WRAP training delivered by qualified WRAP Facilitators and on-going support for Carers who were using WRAP in the form of monthly WRAP group meetings. Significantly, the focus in the Edinburgh programme has been entirely on how WRAP works with carers, not with the motivation of carers learning WRAP to help the people they support. However, Dr Kelly concludes that a complete separation of needs was not possible.

Among the most interesting finding was a reported significant improvement in the mental well-being of carers. Also fascinating is that, despite some initial suspicion about 'Recovery' as a term belonging to mental health service users, carers who developed their own WRAP found their own accommodation with recovery: defining it in terms of a need for recuperation, revival and renewal.



Dr Kelly, a carer herself, identified a range of benefits for carers who attended WRAP groups. Indeed, people have always met together in groups to help them deal with the vagaries of life; people do not flourish in complete isolation. Our mental well-being depends on forging links with other people. When individuals meet together in more than two or three, the power of the group becomes apparent. Not surprisingly, group relationships have always been an important part of recovery from mental health challenges.

Decreased isolation, ability to cope, and the creation of a safe environment result from meeting together to improve our mental well-being. This is a significant benefit of WRAP delivered in a group setting to share well-being and recovery strategies. Dr Kelly identifies all of the benefits mentioned above as accruing to carers that developed their own WRAP.

Of particular interest to Facilitators responsible for delivering the workshop is the emphasis the carers in the study gave to particular aspects of WRAP. The wellness toolbox and Daily Maintenance Plan were more popular than the action plans, which cover Triggers, Early Warning Signs and When Things are Breaking Down. Crisis planning in particular seemed to be particularly 'awkward' for carers; almost as if there was an unwillingness to validate their own experience of mental distress and ill health. Though Dr Kelly did point out that because of the WRAP workshop "...some of the carers were now better able to recognise when things were not right or breaking down for them."

However, the report did not suggest ditching the crisis-planning element. It allowed carers to explore what a crisis might mean for them within the context of providing the right support to the person they are caring for. Indeed, it was suggested that a carer's deepening understanding of their own crisis could help to develop agreements between them and the service user on how they might manage future crises and their aftermaths; very much within the ethos of the Post Crisis Planning Element of WRAP.

Dr Kelly's evaluation study represents a very uplifting affirmation of WRAP's universal appeal. In the words of one of the Facilitators who worked with the Edinburgh Carers' Council:



"If I had a magic wand, I would love to see WRAP being accessible to all groups of people...and it was more readily available. But not just more readily available but more readily available and understood."

WRAP Facilitator



3. The Deck of Dreams project

Wednesday, May 16, 2012 from 10:30 AM - 12:30 PM

The Deck of Dreams Project is about gathering a collection of hopes and dreams from people who have been impacted by mental health issues. The hopes and dreams will be expressed creatively and transformed into a deck of 52 cards. It will be like a portable gallery of goodness with positive, inspiration, quirky and real messages of hope around mental health.

Jennifer Lee, Day 2 Day worker with The Wayside Chapel starting working on this creative idea in 2010. In 2011 Jennifer submitted a poster to the Inner City Mental Health Recovery Working event titled Looking Forward Looking Back 3 and won 1st prize for her entry. See a copy of the poster here <http://www.coatconsulting.com.au/index.php/icmhrwg/List-of-LFLB3-Posters.html>

A small working group from The Wayside Chapel and St Vincents has been set up to help Jennifer further develop this project. More information about the project can be found at Jennifer's web site <https://mindgarden.me>

Let's see what we can create together!

4. Plans for treating mental illness should encourage family involvement

Christeine Terry and Jerome Yoman

10 April 2012

Health care reform is coming, and how it is delivered to Oregonians with the Oregon Health Plan will change. The recent agreement between the U.S. Department of Justice and state of Oregon will improve our community mental health system; however, we believe it is also time we address an often underemphasized area of health care: the role of families.

Specifically, we need more services for families who have loved ones with persistent mental illness. In this time of economic hardship, some may question the value of spending money on additional services. We disagree. Numerous scientific studies demonstrate how money spent on helping family members of people with serious mental illness actually saves money in the long run.

There are effective treatments for people with serious mental illness and their family members that improve the lives of everyone involved. The impact of these treatments with schizophrenia, for example, is second only to medication. Teaching family members how to better communicate, for instance, has been shown to substantially improve the functioning of people with schizophrenia. Similarly, teaching family members how to non-confrontationally coax their loved ones into addictions treatment has been shown to work in approximately 70 percent of these situations.



How does this affect society as a whole? Treating mental illness costs billions of dollars every year. In 2006, these costs were second only to the cost of treating cancer. We can assume the costs of mental illness will continue to rise. Because family therapies can help decrease symptoms and prevent relapses, they will reduce the economic burden of mental illness. For example, the use of family therapies can decrease the use of more costly treatments such as inpatient hospitalization, which can cost thousands of dollars each day.

As a society, we encourage preventive care through vaccines and regular checkups for illnesses that can be very costly if left untreated. Therapies that teach family members skills to aid their loved one's recovery are powerful forms of preventive care that can actually decrease expenditures down the road.

There are support groups, such as the National Alliance on Mental Illness' Family-to-Family Program, that offer resources and support to family members, but often this is not enough. Family members deserve choices in specialized services to address their needs and help them learn to more effectively support their loved ones and themselves.

These treatments exist, but they remain underused, in part because reimbursement from insurance companies can be difficult. If you have a loved one with a serious mental illness, you know how devastating the effects of untreated problems can be. Even if you do not have a loved one with mental illness, the societal burden for untreated mental illness can be enormous.

More services for families will ultimately decrease costs associated with mental illness. More important, the quality of life for all people touched by mental illness can be improved with the provision of effective family treatments.

Christeine Terry and Jerome Yoman are licensed psychologists who practice in the Portland area.

5. Adults experiencing mental illness have higher rates of certain chronic physical illness

Substance Abuse and Mental Health Administration (SAMHSA)

10 April 2012

Adults with mental illness are also more likely to be treated in emergency rooms and to be hospitalized

A new report shows that adults (aged 18 and older) who had a mental illness in the past year have higher rates of certain physical illnesses than those not experiencing mental illness. According to a report by the Substance Abuse and Mental Health Services Administration (SAMHSA), adults aged 18 and older who had any mental illness, serious mental illness, or major depressive episodes in the past year had increased rates of high blood pressure, asthma, diabetes, heart disease, and stroke.



For example, 21.9 percent of adults experiencing any mental illness (based on the diagnostic criteria specified in the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)) in the past year had high blood pressure. In contrast, 18.3 percent of those without experiencing any mental illness had high blood pressure. Similarly, 15.7 percent of adults who had any mental illness in the past year also had asthma, while only 10.6 percent of those without mental illness had this condition.

Adults who had a serious mental illness (i.e., a mental illness causing serious functional impairment substantially interfering with one or more major life activities) in the past year also evidenced higher rates of high blood pressure, asthma, diabetes, heart disease, and stroke than people who did not experience serious mental illnesses.

Adults experiencing major depressive episodes (periods of depression lasting two weeks or more in which there were significant problems with everyday aspect of life such as sleep, eating, feelings of self-worth, etc.) had higher rates of the following physical illnesses than those without past-year major depressive episodes: high blood pressure (24.1 percent vs. 19.8 percent), asthma (17.0 percent vs. 11.4 percent), diabetes (8.9 percent vs. 7.1 percent), heart disease (6.5 percent vs. 4.6 percent), and stroke (2.5 percent vs. 1.1 percent).

The report also shows significant differences in emergency department use and hospitalization rates in the past year between adults with past-year mental illness and those without. For example, 47.6 percent of adults with serious mental illness in the past year used emergency departments as opposed to only 30.5 percent of those without past-year serious mental illness. Adults with past-year serious mental illness were more likely to have been hospitalized than those without past-year serious mental illness (20.4 percent versus 11.6 percent respectively).

“Behavioral health is essential to health. This is a key SAMHSA message and is underscored by this data,” said SAMHSA Administrator Pamela S. Hyde. “Promoting health and wellness for individuals, families and communities means treating behavioral health needs with the same commitment and vigor as any other physical health condition. Communities, families, and individuals cannot achieve health without addressing behavioral health.”

To that end, since 2009 SAMHSA has funded the Primary and Behavioral Health Care Integration (PBHCI) program, which works to improve the physical health status of people with serious mental illness and those with co-occurring substance use disorders by supporting community efforts to coordinate and integrate primary care services into publicly funded community-based behavioral health settings. Currently 64 community behavioral health providers receive the PBHCI grant, with the expected outcome of entering into partnerships to develop or expand their offering of primary healthcare services, resulting in improved health status for their clients. As of March 2012, over 17,500 adults with serious mental illness and/or co-occurring substance use disorders

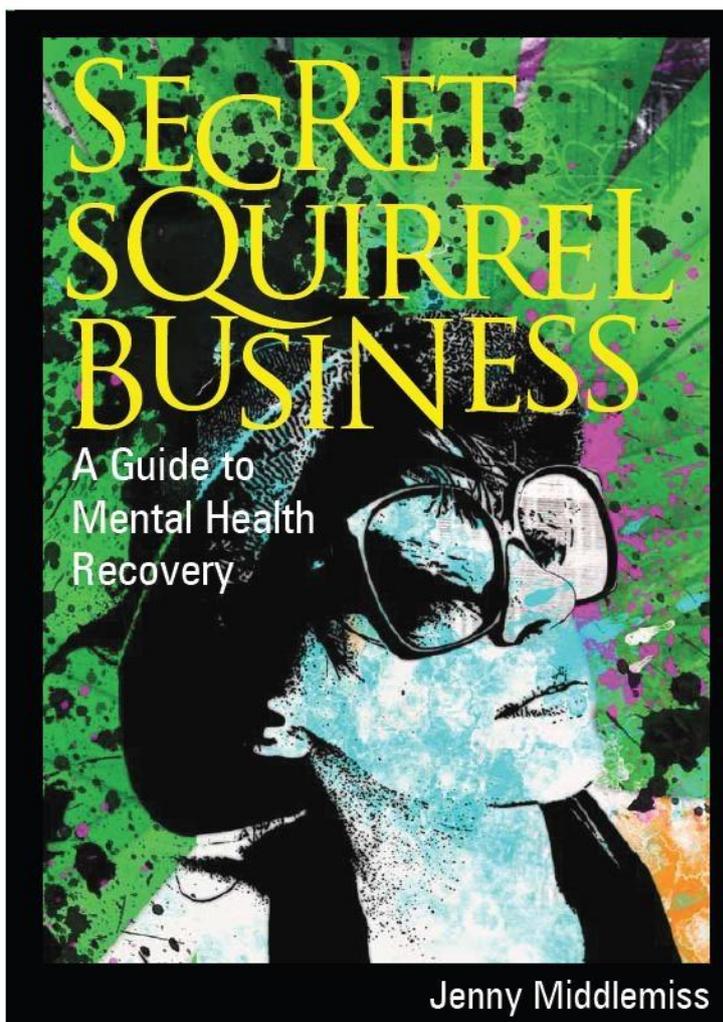


have been served via the PBHCI program. More information about the PBHCI program is available at <http://www.integration.samhsa.gov/about-us/pbhci>.

Another SAMHSA effort – its Wellness Initiative – builds on the HHS Million Hearts campaign and promotes wellness for people with mental and substance use disorders by motivating individuals, organizations, and communities to take action and work toward improved quality of life, cardiovascular health, and decreased early mortality rates. To learn more, please visit <http://www.samhsa.gov/wellness> and <http://millionhearts.hhs.gov/index.html>.

The report entitled, Physical Health Conditions among Adults with Mental Illnesses is based on SAMHSA’s 2008-2009 National Survey on Drug Use and Health (NSDUH) data. NSDUH is an annual nationally representative survey of the U.S. civilian, non-institutionalized population aged 12 or older. The report is available at: <http://www.samhsa.gov/data/2k12/NSDUH103/SR103AdultsAMI2012.htm> or <http://www.samhsa.gov/data/2k12/NSDUH103/SR103AdultsAMI2012.pdf>.

6. Secret Squirrel Business



FRANCIS LYNCH
CHIEF EXECUTIVE OFFICER
RUAH COMMUNITY SERVICES

INVITES YOU AND YOUR COMPANIONS

TO THE LAUNCH OF
"SECRET SQUIRREL BUSINESS"

"SECRET SQUIRREL BUSINESS"
INCLUDES A BOOK, 11 SHORT FILMS AND
A WEBSITE ABOUT LIVING AND RECOVERING
FROM ENDURING MENTAL ILLNESS.

DATE: THURSDAY 26 APRIL
TIME: 3PM - 4PM (VIP LAUNCH)
& 6PM- 8.00PM (SCREENING OF FILMS
AND PUBLIC DISCUSSION OF ISSUES
RAISED IN THE WORK)

YOU ARE MORE THAN WELCOME
TO ATTEND BOTH EVENTS.

LOCATION: NORTHBRIDGE PIAZZA
JAMES STREET NORTHBRIDGE

IN THE EVENT OF WET WEATHER,
WE WILL MEET (AT THE SAME TIMES)
DOWN THE ROAD FROM THE PIAZZA
AT THE STATE LIBRARY THEATRE

REFRESHMENTS WILL BE SERVED



Government of Western Australia
Mental Health Commission



PROUDLY SUPPORTED BY THE
AUSTRALIAN GOVERNMENT DEPARTMENT OF FAMILIES, HOUSING,
COMMUNITY SERVICES AND INDIGENOUS AFFAIRS



7. Family carers key to tackling dementia crisis

Stephen O'Grady

11 April 2012

Researchers at the Griffith Health Institute believe an extensive investigation into the physical and mental health of people caring for family members with dementia may be an important first step to address the emerging dementia crisis.

Two key reports published this week have highlighted the growing epidemic of dementia in Australia and worldwide.

Professor Wendy Moyle and Dr Siobhan O'Dwyer from Griffith University's Research Centre for Clinical and Community Practice Innovation are looking for 1500 family and spousal carers across the country to take part in an in-depth survey of their experience.

"More than 35 million people worldwide have dementia, more than a quarter of a million of these in Australia," Dr O'Dwyer (pictured) said.

A report published by Alzheimer's Disease International estimated that dementia is currently costing more than \$600 billion worldwide. A report by Alzheimer's Australia highlighted the importance of supporting family and friends who care for people with dementia at home.

"Caring for a person with dementia is more challenging than caring for a person with a physical disability, as a result of the additional cognitive and behavioural problems," Dr O'Dwyer said.

"Many carers are putting their own physical and mental health at risk in order to support the person with dementia.

"Without adequate support – both practical and financial – many family carers may not be able to continue providing vital care and support for people with dementia. Without them, the demand for aged care and the cost of dementia on the health system could skyrocket.

"Research on carer wellbeing is one step towards better understanding and supporting the needs of carers."

Dr O'Dwyer and Professor Moyle will focus on the physical and emotional wellbeing of carers. They are presently recruiting around the country for the survey.

"We want to better understand the factors that contribute to poor health in carers, as well as those factors which lead to resilience and enable carers to 'bounce back' despite serious challenges.

"If we can understand what it is that separates carers who are coping well from those who are really struggling, we might be able to provide more targeted information and support services."



More than 70 percent of community-dwelling people with dementia are cared for by a family member or spouse. They typically provide round-the-clock care, many for years on end. They are often tired, stressed, and struggling with their own physical health problems.

"We hope this research will promote community awareness of dementia and the amazing work done by carers," Professor Moyle said.

"We also expect that it will inform the development of better programs and policies to support vulnerable carers."

Dr O'Dwyer is funded by the Dementia Collaborative Research Centre (Carers and Consumers).

Carers who would like to participate in the research can contact Dr O'Dwyer on (07) 3735 6619 or s.odwyer@griffith.edu.au

8. Hat Day 2012 – support mental health research

Do you want to do something to show your support for mental health research? If so, you have come to the right place!

Hat Day is [Australian Rotary Health's](#) newest fundraising event and first community action and awareness day.

The official date for Hat Day 2012 is Friday 18 May. However, Hat Day will be running through the entire month of May so feel free to hold your Hat Day event any day you like!

By [taking part](#) in Hat Day 2012 you will be helping the four million Australians who are affected by a mental health issue. With your help we can raise funds to support vital research that directly helps improve the mental health of all Australians.

9. National Mental Health Recovery Framework Consultations

The promotion and adoption of a recovery oriented culture within Australian mental health services, is one of the key actions identified in the *Fourth National Mental Health Plan (Action 4)*. This Action Area is being progressed by the Safety and Quality Partnership Subcommittee (SQPS) of the National Mental Health Standing Committee, Chaired by Dr Ruth Vine.

Overseeing this project with Ruth is Michael Burge, Judy Bentley, Dr Rowan Davidson, Jenna Bateman and Robyn Millthorpe. Sarah Daffey, the Subcommittee's Project Officer, is based with the Chair in Melbourne.



The central task of this project is to develop a national framework for recovery oriented mental health service provision that spans all levels of service delivery to meet the needs of consumers, carers and the community.

The framework is to be suitable for guiding national mental health system change.

Craze Lateral Solutions has been engaged to conduct this project. Many throughout the mental health sector are familiar with our company led by Leanne Craze and Ross Craze who for twenty years were based in Bungendore near Canberra. Since March 2010, we have been based near Campbelltown in Sydney's southwest.

Most recently, we conducted the Scoping Project to establish a new national mental health consumer organisation.

How to be involved

During the project, individuals and organisations will be able to provide input via Online Surveys, through written submissions and by attending consultation forae (details to be released).

Information about the project, the Discussion Paper and consecutive drafts of the Recovery Framework will be placed on our website and will be emailed to those registering with us. Where necessary, information can also be forwarded by mail.

Key dates and actions

2nd Week of March - Discussion Paper and Online Survey released & strategic discussions commence

30 April - 1st Consultation Draft of the Recovery Framework released

May Consultations - Venues and times to appear soon...

Fri 18 May – Adelaide

Mon 21 May – Perth

Wed 23 May – Darwin

Fri 25 May – Brisbane

Mon 28 May – Sydney

Tue 29 May – Canberra

Wed 30 May – Melbourne

Thur 31 May – Hobart



22 June - 2nd Consultation Draft launched at the Inaugural National Recovery Forum

June-July – Consultations

30 August - National Mental Health Recovery Framework finalised

To contact us

We look forward to hearing from you and warmly welcome and invite your input.

Office Telephone: 02 4625 7777

Leanne.Craze@bigpond.com & 0408 869 051

Ross.Craze@bigpond.com & 0428 242 879

For more information about the national consultations go to

www.CrazeLateralSolutions.com

10.Boost to mental health help over the phone or online

BOOST TO MENTAL HEALTH HELP OVER THE PHONE OR ONLINE

THE HON MARK BUTLER MP

Minister for Mental Health and Ageing

Minister for Social Inclusion

Minister Assisting the Prime Minister on Mental Health Reform

MEDIA RELEASE

11 April 2012

More Australians living with anxiety or depression will soon be able to access the help and support that they need over the phone, or online, with \$15.4 million made available today for telephone and web-based counselling programs.

As part of the Gillard Government's commitment to better mental health services, the Department of Health and Ageing today issued an open and competitive Invitation to Apply for Funding (ITA) to suitably qualified organisations to deliver telephone counselling, self-help and web-based programs.

Services that might be funded include psycho-social help lines, online counselling, web-based self-help, peer support resources, self-directed online treatment programs and therapist- assisted treatment services.

The ITA will close on 15 May 2012.



Minister for Mental Health and Ageing, Mark Butler, said the investment in telephone and web-based counselling demonstrated the Government's commitment to providing innovative and accessible mental services to Australians no matter where they live.

"The nature of these services means therapy can be undertaken at a time that is convenient to the user and much of it can be done anonymously, which respects people's privacy and helps reduce the stigma attached to seeking help," Mr Butler said.

"They can also be accessed from home, removing the need for travel, and are therefore of particular benefit to people living in rural and remote areas, or who are unable to travel to obtain face-to-face services."

Many of the telephone and web-based counselling services funded under this round and the new virtual clinic will be accessible through the Government's mental health portal. The portal will provide consumers with a single site to access evidence-based online mental health and crisis support services—which is due to be up and running in mid 2012.

One-in-five Australians (3.2 million) aged between 16 and 85 years experience mental illness in any given year. Only one-third of them seek help. Evidence suggests that for those with mild to moderate disorders, online psychological services are effective.

For all media enquiries, please contact the Minister's office on (02) 6277 7280

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

www.mhca.org.au

