



Mental Health
Council of Australia

WEEKLY BULLETIN

No. 15 2012

BULLETIN NO. 15, 2012

Hi all,

It is a bumper edition this week. There has been many articles regarding the Diagnostic and Statistical Manual of Mental Disorders (DSM), I have included two articles at the end of Bulletin if you are interested. I have also included some links to further articles related to the DSM at the end of Bulletin.

Please provide any feedback/comments on the Bulletin to me directly at kim.harris@mhca.org.au.

Thanks,

Kim

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1. Mental health: national study reveals that family carers carry long-term cost

Publication: Wesley Mission

15 May 2012

Wesley Mission today released an eight-point plan to help support people caring for relatives with mental health issues after its study of more than 1000 Australians revealed that caring comes at a profound personal cost.

The Wesley Report, Keeping minds well: Caring till it hurts shows that almost 90 per cent of people who have cared for a spouse or relative with mental health issue reported a harmful impact on their own physical and mental health.

Three in four caregivers said their role had adversely affected their relationships with family and friends and 57 per cent said their employment and financial situation had deteriorated.

The CEO of Wesley Mission, the Rev Dr Keith Garner, said the Wesley Report revealed that caregivers too often carried the cost of caring and were the unsung heroes of the community.

“They more often than not sacrifice their time, money and even their careers to ensure that those they support can manage and fulfil their often challenging lives,” Dr Garner said.

“Yet their caring comes at a cost, with an overwhelming number declaring that their caring experience as a child has provided a lasting negative into adult life. The challenge for us as a community is to provide better support these people and to reduce the stigma associated with caring.”

The Wesley Report found that the majority (64 per cent) of carers had been in their caregiving role for more than six years and almost half (43 per cent) indicated they had been caregiving for more than 10 years.



The impact felt by those who started caregiving when they were under 16 is considerably higher than those who were exposed when they were older.

“The role affects their financial status, and mental and physical health,” Dr Garner said.

“They are also more likely to have experienced stigma because of their association with a relative with a mental health issue.”

For many caregivers, stigma remains an enduring concern. Those who had been involved in a caregiving role for longer were more likely to report that stigma had affected their family, them personally and the wellbeing of their relative.

The Wesley Report found that people who were exposed to the caregiving role at an early age were most likely to be afraid to ask for help, despite having positive attitudes toward health services.

“This is a challenge for all mental health providers,” Dr Garner said. “There are significant numbers of young Australians who are caring for a mother, father or sibling but are reluctant to seek help. These young people try to cope on their own. We need to end the stigma around mental health and make it easier for young people to access support services. The long-term cost of not doing so is enormous.”

Most respondents (84 per cent) indicated that their relative’s illness had been formally diagnosed by a health professional such as a GP, psychologist or other mental health professional.

Caregivers use a range of coping mechanisms, preferring things like taking a break, finding comfort in their faith and looking on the positive side to seeking professional help or taking up exercise. They are less likely to use avoidance strategies such as pretending to others that everything is satisfactory or avoiding discussion.

Age appears to be related to the use of avoidance coping strategies, with younger caregivers being more likely to report using all avoidance strategies than older respondents.



Among the recommendations are a more cohesive, proactive approach among health services, GPs and schools to identifying young carers and ensuring that their needs are met through referrals to relevant services, support and advice.

Wesley Mission also suggests that it be mandatory for teachers to be provided with an understanding of warning signs for children or young people who may be in distress from caregiving.

It also recommends that professionals are not only informed about the experiences of the patient but also about the experiences of the family in the caring role. This could be implemented in the workplace and during the tertiary training of health, teaching and allied professionals, by ensuring a working understanding of appropriate responses.

Frontline service providers should be aware of family and carer needs as they treat a person with a mental health issue and facilitate appropriate support and responses.

“Wesley Mission asks both state and federal governments to ensure the capacity of intervention and respite services so that all carers have access to visible and culturally appropriate support when it is needed,” Dr Garner said. “We also recommend greater cross-centre information sharing to provide more effective care for both caregivers and those in their care.”

For more information, visit: www.thewesleyreport.org.au

2. Government Delivers Slap in Face To Nurses on International Nursing Week

Media Release: Australian College of Mental Health Nursing
12 May 2012

In International Nurses Week, the Gillard Government has delivered a slap in the face for nurses with Budget freeze on funding for the Mental Health Nurse Incentive Program (MHNIP).



Nurses play an important role in the delivery of primary health care. Both the International Council of Nurses and the World Health Organisation have emphasised the importance of primary care, and the need to strengthen the nursing workforce in primary health care.

International Nurses week celebrates the contribution nurses make to health care across the world.

In Tuesday's Budget, the Minister for Mental Health, Mark Butler announced a freeze on an innovative and effective program delivering nursing services in primary care; the Mental Health Nurse Incentive Program.

At the same time the Minister for Health, Tanya Plibersek has been promoting the Government's commitment to better integration in primary health care through support for nurses in general practice.

Adjunct Associate Professor Kim Ryan, CEO of the Australian College of Mental Health Nurses said "the Australian Government has seen the wisdom in supporting nursing in general practice to the tune of \$390 million over four years, yet fails to see the benefit of mental health nurses in the same setting."

Health Workforce Australia has forecast Australia will need an extra 109,490 nurses in 2025. In the area of mental health nurses, there will be a shortfall of over 25 percent. Better retention of nurses is through more flexible work arrangements, alternative career pathways and roles that use nurses full professional skills are integral to addressing the shortfall.

"The Mental Health Nurse Incentive Program ticks all the boxes to attract and retain nurses in the area of mental health. But the Gillard Government's decision to freeze the program undermines the confidence of the nurses to leave the security of the public sector and be part of the growing workforce in primary health care."



International Nurses Day is celebrated on 12 May each year the anniversary of Florence Nightingale's birth. This year's theme, Closing the Gap: from evidence to action, explores the idea of using evidence to inform actions and decisions, and improve the performance of the health system through this evidence.

"We call on the Government to show their support for the vital work done by nurses across Australia by allocating an appropriate level of funding to the MHNIP. This is a slap in the face for nurses, but it is a shocking blow to the lives of people living with severe and complex mental illnesses", said Adjunct Associate Professor Ryan.

<http://www.acmhn.org/news-a-events/in-the-media/acmhn-media-releases.html>

3. Mental health misses out

Media Release: Senator Penny Wright

11 May 2012

The Government should be building on its commitment to mental health as there remains significant unmet need for essential services, especially in rural areas, Australian Greens spokesperson for Mental Health, Senator Penny Wright, said today.

"On Budget night on Tuesday, mental health looked like poor Cinderella not invited to the ball," Senator Wright said.

"While we acknowledge that the Government made an important funding commitment to mental health in last year's budget, it has not taken the opportunity to build on this to move to transforming a long-neglected poor relation into an equal member of the health family this year.

"It was especially disappointing to see that the Mental Health Nurses Incentive Program has been capped at \$17.6 million over two years, which the Australian College of Mental Health Nurses has predicted will not be sufficient to maintain the operation of this vital service beyond December this year.



“This program makes an important contribution to the mental health workforce, especially in rural areas, where the gaps in service delivery for people experiencing mental illness are most pronounced.

“In her budget reply speech last night, Senator Milne highlighted these service gaps.

“The Australian Greens encourage the Government to build on its investment in mental health as there remains much unmet need in mental health services.”

<http://greens.org.au/content/mental-health-misses-out>

4. Alcohol a big factor in child harm, says study

Source: Gloucester Advocate (Australia)

Author: Melissa Davey

14 May 2012

CHILDREN are the victims of alcohol-related harm in more than a fifth of Australian households, a study has found, adding weight to calls for the price of alcohol sold in bottle shops to be increased to discourage high quantities being consumed in homes.

Most of the children were harmed by immediate family members or by other relatives and the rest by the drinking of family friends, neighbours, coaches, religious leaders or others, according to the study, which is published in the latest edition of the international journal *Addiction*.

The lead author of the study, Anne-Marie Laslett, said children were commonly exposed to the heavy drinking of their parents and others at social occasions and that younger parents in families with young children tended to drink more heavily more often than those who became parents later in life.

"The realities of parenting are that people make a lot of changes to their lives to accommodate having children and do their best, but I don't think we really know as much as we could about how much drinking in private homes and spaces actually affects our children," said Professor Laslett, who is a research fellow at the Turning Point Alcohol and Drug Centre at Monash University in Melbourne.



While a study co-authored by Professor Laslett last year, *The Range and Magnitude of Alcohol's Harm to Others*, found alcohol was a risk factor in about 20,000 cases of child abuse in Australia, she said more studies were needed on drinking and child abuse in the wider population.

"We tend to mainly look at information about kids in the child protection system who are victims of alcohol abuse and we stigmatise those groups and say 'They've got problems, look at them' - but when we look at our own lives, we might find our drinking habits are not necessarily healthy to us or the children around us either," she said.

Researchers interviewed 1142 parents throughout Australia and found the most common form of harm that occurred to children through others' drinking was verbal abuse, including yelling and criticism. In the interviews, 3 per cent of respondents said their children had witnessed domestic violence, while 1 per cent reported that their children had suffered physical harm.

"I think we now need more research to find out how the kids are affected, if they suffer long term and if that could inform policies such as increasing alcohol price, as evidence shows increasing price decreases the amount people drink," Professor Laslett said.

The director of the National Drug and Alcohol Research Centre at the University of NSW, Michael Farrell, said children could be badly affected by others' drinking, even in situations that might not be serious enough for child protection agencies to get involved.

While alcohol could exacerbate aggression in those people with a history of violent behaviour, he said, "anyone who drinks too much can find themselves acting in an aggressive and difficult manner".

<http://www.gloucesteradvocate.com.au/news/national/national/general/alcohol-a-big-factor-in-child-harm-says-study/2554341.aspx>



5. New Clues to Schizophrenia

Researchers Identify Genes Linked With the Mental Illness, Create Risk Test

Author: Kathleen Doheny

Publication: WebMD Health News

15 May 2012

Scientists have developed a test that may be able to predict who is at risk for schizophrenia, a complex mental illness that is thought to run in families. To develop the test, scientists used a new approach to identify a comprehensive group of genes most likely linked with the disease.

"We have really broken the code," says researcher Alexander B. Niculescu III, MD, PHD, associate professor of psychiatry and medical neuroscience at the Indiana University School of Medicine, Indianapolis . "We have identified the most comprehensive and best list of genes so far."

The new model depicts schizophrenia as a disease that occurs from a mix of genetic variations affecting the brain's development and connections, along with stress and other environmental factors.

The study is published in *Molecular Psychiatry*.

About Schizophrenia

Schizophrenia affects about 1% of Americans, according to the National Institute of Mental Health. The chronic, disabling disorder is marked by symptoms such as hallucinations, paranoid thoughts, and disorganized thinking. Although treatable, many patients refuse medications because of the side effects.

For years, scientists have known that genes and environment both play a role in schizophrenia.

"It was suspected that there were likely many genes involved, but the evidence from genetic studies was variable and inconclusive for many of them," Niculescu tells WebMD.



Genetics of Schizophrenia

The researchers drew information from genome-wide association studies, independent studies, and other sources to develop the list of genes.

When they had the list, they tested it in four different groups of people. They found it could identify those with schizophrenia and those without. The test was accurate in 2 out of 3 people, Niculescu says.

Predicting Schizophrenia

The genetic risk test is at very early stages. If all goes well, a commercial company could develop it within in three to five years, Niculescu estimates.

The test would be useful for children in high-risk families in which a relative has the disorder, he says.

"In this way, if the score is higher, those children could be followed more closely," he says. Treatment could be started earlier for better results, he says.

It is a prediction only. "In the end, your genes are not your destiny." "A higher score on the test we developed just means your brain connectivity may be be different," he says.

That could lead to creativity or illness, depending on other genes and environmental factors. The researchers also found much genetic "overlap" between schizophrenia and other disorders, including bipolar and anxiety disorders.

That may help put the focus on treating symptoms, Niculescu says. That, in turn, may reduce the "labeling" of mental illness and its stigma, he says.

Niculescu is a founder of Mindscape Diagnostics. A co-author is a founder of Cypher Genomics.

The researchers have simplified what is a "very confusing area," says Stephen R. Marder, MD, professor of psychiatry at the Semel Institute of the University of California Los Angeles David Geffen School of Medicine. He reviewed the findings for WebMD.



"They have integrated information from very large genetic studies on schizophrenia and other kinds of studies and come up with patterns that may help us understand the genetics of schizophrenia," he says.

The new model, he says, suggests that risk is affected by how the brain develops and forms connections, and how factors in the environment may affect genes.

"This new research points to looking not so much at specific abnormal genes, but looking at actually what the genes do in the brain to make people vulnerable to schizophrenia," he says.

Marder reports consultant work for Amgen, Abbott, Pfizer, Lundbeck, Roche, and Otsuka Pharmaceutical Company. He is also director of the Mental Illness Research, Education, and Clinical Center at the VA of Greater Los Angeles.

<http://www.webmd.com/schizophrenia/news/20120515/new-clues-to-schizophrenia>

6. Mental health and armed forces charities call for more research into the impact of mental ill health on Armed Forces families

Publication: Centre for Mental Health (UK)

Author: Matt Fossey

10 May 2012

Armed Forces families must be better supported to deal with the emotional and psychological impact of deployment, according to a report released by Centre for Mental Health. The report, *Unsung Heroes*, also calls for urgent research into alcohol misuse, domestic violence and the impact of mental health problems on the partners and children of Service personnel and veterans.

The report, which is supported by The Royal British Legion and the veteran's mental health charity Combat Stress, argues that while progress is being made to address the psychological needs of Service personnel and veterans themselves, the practical and emotional impact on their partners and children must also be taken into consideration.



Unsung Heroes examines the services already in place for families and identifies areas where more evidence, about both the need for services to support families and the effectiveness of these services is needed.

Sean Duggan, chief executive at Centre for Mental Health said today: “Our most pressing concern is the paucity of UK research into the emotional needs of armed forces families on the ‘home front’; which may mean that the needs of many families are going unmet.

“There is a very substantial body of research that highlights concern about the levels of alcohol use within the UK Armed Forces, yet little evidence about the impact of alcohol misuse on their families. It’s vital that this kind of research is undertaken as soon as possible and that we evaluate the existing support to ensure that Service families get the help they need.”

Read more here:

http://www.centreformentalhealth.org.uk/news/2012_unsung_heroes.aspx

7. Mental Health Matters: Developing a healthy family, not a perfect family

Publication: Morning Sun (USA)

Author: Tracy Crawford

15 May 2012

Nobody’s family can hang out the sign, “Nothing the matter here.” -- Chinese proverb

This month we conclude the examination of qualities of healthy families as researched by author Dolores Curran in her book *Traits of a Healthy Family*, published in 1983. The author surveyed 551 professionals working with families to identify the qualities found in healthy families. These professionals came from education, health, family counseling, churches, and voluntary organizations.

Fifteen traits, out of a possible 56, were identified most frequently by the professionals surveyed.



Although this research is nearly 30 years old, it remains relevant today. The traits that were reflective of healthy families in the eighties may still contribute to healthy family life in the 21st century.

Respecting the privacy of one another was ranked eleventh on the list of 56 possible characteristics of a healthy family. Privacy is more than not getting into one another's stuff and business; it is also about nurturing the individuality and uniqueness of each family member.

The hallmarks of the family that respects each other's privacy include:

The adolescent and "going away" years are looked forward to and enjoyed as much as any other stage of development. Adolescence is not all negative, although our society tends to paint it that way. There are joys and challenges with any, and every, age.

Movement from parental rules to mutually negotiated rules is a process throughout the family's life as the children grow and mature.

Family members respect each other, regardless of age, sex, or any other criterion.

"The family respects fads, friends, confidences, room privacy, and time to be alone"

"The family lets go." When it is time for family member to leave home, the rest of the family is supportive and encouraging.

Service to others is important in the healthy family, according to Curran. Family members are encouraged to look outward and give of their time, talents, and energy, without expectation of any compensation. This type of service might help to alleviate the self-focus so prevalent in our society today.

Hallmarks of a family that values service to others include:

The family is empathetic and altruistic. Family members truly care about others, without judgment.



Service to others is provided in concrete ways that require an investment of self, not just writing a check.

The family adopts a simpler lifestyle with less focus on possessions and more focus on people.

The family is hospitable to others.

The family keeps life in balance and avoids over-commitment, even in positive activities, including volunteer work.

The final trait identified by professionals is: “The healthy family admits to and seeks help with problems.” Individuals within the family no longer receive the sole blame for problems, as used to be the case, but the family system is examined for its contribution to problems.

Curran identified two hallmarks found in families that deal with problems in healthy ways:

Problems are expected and considered a normal part of life. There is no perfect parent or family anywhere. In fact, a friend once reminded me that only God could be considered a perfect parent -- and look how His kids turned out!

Problem-solving techniques are developed. The first step is to stop thinking that something is terribly wrong if there are problems. Problems are part of life! Negotiation and compromise are practiced. Problems are tackled early, not avoided. Problems are put into perspective - will this matter a hundred years from now? Several options are considered and action is taken. When the problem cannot be solved within the family, family members turn to support groups and/or professionals.

Developing a healthy family is a process that will never reach perfection. Don't even try for that! Take it one small step at a time. Discuss what you have read and learned. Determine your family's areas of strength. Be grateful for anything and everything that



is good. Decide where you want to start. Jump in -- and be persistent. Enjoy each precious day with your family -- it is a gift that can never be relived.

Tracy Crawford is a Licensed Professional Counselor, a Trauma & Loss Clinical Specialist, a former elementary school teacher, and the only Registered Play Therapist in central Michigan. She can be reached at tracycrawf@hotmail.com .

http://www.themorningsun.com/article/20120515/LIFE02/120519715/mental-health-matters-developing-a-healthy-family-not-a-perfect-family&pager=full_story

8. Winter Birthday Study Links Season Of Birth, Mental Health

Publication: Huffington Post

Author: Charles Choi

11 May 2012

The season in which a baby is born apparently influences the risk of developing mental disorders later in life, suggests a large new study.

The season of birth may affect everything from eyesight and eating habits to birth defects and personality later in life. Past research has also hinted the season one is born in might affect mental health, with scientists suggesting a number of reasons for this apparent effect.

"For example, maternal infections — a mother may be more likely to have the flu over the winter. Does this increase risk?" said researcher Sreeram Ramagopalan, an epidemiologist at Queen Mary University of London. "Or diet. Depending on the season, certain foods — fruits, vegetables — are more or less available, and this may impact on the developing baby."

"Or another key candidate is vitamin D, which is related to sunshine exposure," Ramagopalan added. "During the winter, with a lack of sunshine, mums tend to be very deficient in vitamin D."



However, this effect appears very small, and since past studies only looked at several thousand people at a time, there was a chance the link between birth month and later mental health might only be a statistical illusion. Also, prior research often pooled data from different nations, complicating analysis, since population trends can vary substantially between countries.

To pin down whether or not there was a link between seasons and the mind, Ramagopalan and his colleagues analyzed a very large number of births, all from the same country.

The scientists investigated whether the risk of schizophrenia, bipolar disorder and recurrent depression was influenced by month of birth in England. This included nearly 58,000 patients with the disorders and more than 29 million people from the country's general population.

The researchers found that all the mental disorders they looked at showed seasonal distributions. Schizophrenia and bipolar disorder had statistically significant peaks in January and significant lows in July, August and September. Depression saw an almost significant May peak and a significant November deficit.

"This result is further confirmation of seasonal variations in births of those later diagnosed with mental diseases," said William Grant at the Sunlight, Nutrition and Health Research Center at San Francisco, who did not take part in this research. "This implicates conditions during pregnancy. The two most likely factors are vitamin D status and temperature." The differences in risk between the disorders could be a result of different factors, or the same factor being important at different periods of pregnancy, Ramagopalan speculated. For example, the same risk factor — say, vitamin D levels — could be important in the third trimester for schizophrenia and bipolar disorder and the second trimester for depression.

"The major implication is that once we understand the cause of these effects, then we can intervene in terms of disease prevention," Ramagopalan told LiveScience.



Factors other than prenatal ones might be involved as well. For instance, children born late in the year may be relatively immature compared with older classmates, and thus do less well academically and socially, which might cause mental stress. "Further, we did not have details on socio-economic status or ethnicity, which may confound our results," Ramagopalan said.

Future research to understand the causes of these effects "would require large birth cohort studies to follow individuals over time," Ramagopalan said.

Ramagopalan and his colleagues detailed their findings online April 4 in the journal PLoS ONE.

http://www.huffingtonpost.com/2012/05/12/winter-birthday-mental-health_n_1511388.html

9. Working in Mental Health: Practice and policy in a changing environment

Edited by Peter Phillips, Tom Sandford, Claire Johnston

Published 23rd March 2012 by Routledge – 196 pages

A paradigm shift in the ways in which mental health services are delivered is happening – both for service users, and for professional mental healthcare workers. A more influential service user movement, a range of new community-based mental healthcare programmes delivered by an increasing plurality of providers and new mental health policy and legislation are all changing the landscape.

Written by a team of experienced authors, and drawing on their expertise in policy, clinical leadership as well as user perspectives, this textbook explains how mental health services and their staff can operate and contribute in this new environment. Divided into three parts, the first focuses on the socio-political environment, incorporating service user perspectives. Part two goes on to look at current themes and ways of working in mental health – including chapters on recovery, the IAPT programme and mental healthcare for specific vulnerable populations. The final part explores new and future challenges, such as



changing professional roles and commissioning services. The book focuses throughout on the importance of public health approaches to mental healthcare.

This important text will be of interest to all those studying and working in mental healthcare, whether from a nursing, medical, social work or allied health background.

<http://www.routledge.com/books/details/9780415691109/>

10. New mental health website busts myths, offers resources

Publication: Columbia Daily Spectator

Author: Stephen Snowden

12 May 2012

The Columbia Neuroscience Society has launched a new website called ***“Healthy Columbia Brains.”*** Its aim is “to gather information on mental health, demystify mental illness, and increase everyone’s ability to access resources, find help and stay healthy.”

The front page of the site contains mental health facts as well as motivational images and quotes, while other pages advertise on-campus resources for help on issues from academics to relationships to nutrition. There’s also a full page of off-campus resources, for those who prefer not to go through Columbia.

In the event that any of your questions or concerns are not answered, there’s a feedback box where you can ask anything you want to know. Check it out!

<http://thecns.tumblr.com/>

11. Diagnosing the D.S.M.

Publication: New York Times – Opinion Pages (USA)

Author: Allen Frances

11 May 2012

At its annual meeting this week, the American Psychiatric Association did two wonderful things: it rejected one reckless proposal that would have exposed non psychotic children to



unnecessary and dangerous antipsychotic medication and another that would have turned the existential worries and sadness of everyday life into an alleged mental disorder.

But the association is still proceeding with other suggestions that could potentially expand the boundaries of psychiatry to define as mentally ill tens of millions of people now considered normal. The proposals are part of a major undertaking: revisions to what is often called the “bible of psychiatry” — the Diagnostic and Statistical Manual of Mental Disorders, or D.S.M. The fifth edition of the manual is scheduled for publication next May.

I was heavily involved in the third and fourth editions of the manual but have reluctantly concluded that the association should lose its nearly century-old monopoly on defining mental illness. Times have changed, the role of psychiatric diagnosis has changed, and the association has changed. It is no longer capable of being sole fiduciary of a task that has become so consequential to public health and public policy.

Psychiatric diagnosis was a professional embarrassment and cultural backwater until D.S.M.-3 was published in 1980. Before that, it was heavily influenced by psychoanalysis, psychiatrists could rarely agree on diagnoses and nobody much cared anyway.

D.S.M.-3 stirred great professional and public excitement by providing specific criteria for each disorder. Having everyone work from the same playbook facilitated treatment planning and revolutionized research in psychiatry and neuroscience.

Surprisingly, D.S.M.-3 also caught on with the general public and became a runaway best seller, with more than a million copies sold, many more than were needed for professional use. Psychiatric diagnosis crossed over from the consulting room to the cocktail party. People who previously chatted about the meaning of their latest dreams began to ponder where they best fit among D.S.M.’s intriguing categories.

The fourth edition of the manual, released in 1994, tried to contain the diagnostic inflation that followed earlier editions. It succeeded on the adult side, but failed to anticipate or



control the faddish over-diagnosis of autism, attention deficit disorders and bipolar disorder in children that has since occurred.

Indeed, the D.S.M. is the victim of its own success and is accorded the authority of a bible in areas well beyond its competence. It has become the arbiter of who is ill and who is not — and often the primary determinant of treatment decisions, insurance eligibility, disability payments and who gets special school services. D.S.M. drives the direction of research and the approval of new drugs. It is widely used (and misused) in the courts.

Until now, the American Psychiatric Association seemed the entity best equipped to monitor the diagnostic system. Unfortunately, this is no longer true. D.S.M.-5 promises to be a disaster — even after the changes approved this week, it will introduce many new and unproven diagnoses that will medicalize normality and result in a glut of unnecessary and harmful drug prescription. The association has been largely deaf to the widespread criticism of D.S.M.-5, stubbornly refusing to subject the proposals to independent scientific review.

Many critics assume unfairly that D.S.M.-5 is shilling for drug companies. This is not true. The mistakes are rather the result of an intellectual conflict of interest; experts always overvalue their pet area and want to expand its purview, until the point that everyday problems come to be mislabeled as mental disorders. Arrogance, secretiveness, passive governance and administrative disorganization have also played a role.

New diagnoses in psychiatry can be far more dangerous than new drugs. We need some equivalent of the Food and Drug Administration to mind the store and control diagnostic exuberance. No existing organization is ready to replace the American Psychiatric Association. The most obvious candidate, the National Institute of Mental Health, is too research-oriented and insensitive to the vicissitudes of clinical practice. A new structure will be needed, probably best placed under the auspices of the Department of Health and Human Services, the Institute of Medicine or the World Health Organization.

All mental-health disciplines need representation — not just psychiatrists but also psychologists, counselors, social workers and nurses. The broader consequences of changes



should be vetted by epidemiologists, health economists and public-policy and forensic experts. Primary care doctors prescribe the majority of psychotropic medication, often carelessly, and need to contribute to the diagnostic system if they are to use it correctly.

Consumers should play an important role in the review process, and field testing should occur in real life settings, not just academic centers.

Psychiatric diagnosis is simply too important to be left exclusively in the hands of psychiatrists. They will always be an essential part of the mix but should no longer be permitted to call all the shots.

Allen Frances, a former chairman of the psychiatry department at Duke University School of Medicine, led the task force that produced D.S.M.-4.

<http://www.nytimes.com/2012/05/12/opinion/break-up-the-psychiatric-monopoly.html? r=1>

12. Addiction Diagnoses May Rise Under Guideline Changes

Publication: New York Times (USA)

Author: Ian Urbina

11 May 2012

In what could prove to be one of their most far-reaching decisions, psychiatrists and other specialists who are rewriting the manual that serves as the nation's arbiter of mental illness have agreed to revise the definition of addiction, which could result in millions more people being diagnosed as addicts and pose huge consequences for health insurers and taxpayers.

The revision to the manual, known as the Diagnostic and Statistical Manual of Mental Disorders, or D.S.M., would expand the list of recognized symptoms for drug and alcohol addiction, while also reducing the number of symptoms required for a diagnosis, according to proposed changes posted on the Web site of the American Psychiatric Association, which produces the book.



In addition, the manual for the first time would include gambling as an addiction, and it might introduce a catchall category — “behavioral addiction — not otherwise specified” — that some public health experts warn would be too readily used by doctors, despite a dearth of research, to diagnose addictions to shopping, sex, using the Internet or playing video games.

Part medical guidebook, part legal reference, the manual has long been embraced by government and industry. It dictates whether insurers, including Medicare and Medicaid, will pay for treatment, and whether schools will expand financing for certain special-education services. Courts use it to assess whether a criminal defendant is mentally impaired, and pharmaceutical companies rely on it to guide their research.

The broader language involving addiction, which was debated this week at the association’s annual conference, is intended to promote more accurate diagnoses, earlier intervention and better outcomes, the association said. “The biggest problem in all of psychiatry is untreated illness, and that has huge social costs,” said Dr. James H. Scully Jr., chief executive of the group.

But the addiction revisions in the manual, scheduled for release in May 2013, have already provoked controversy similar to concerns previously raised about proposals on autism, depression and other conditions. Critics worry that changes to the definitions of these conditions would also sharply alter the number of people with diagnoses.

While the association says that the addiction definition changes would lead to health care savings in the long run, some economists say that 20 million substance abusers could be newly categorized as addicts, costing hundreds of millions of dollars in additional expenses. “The chances of getting a diagnosis are going to be much greater, and this will artificially inflate the statistics considerably,” said Thomas F. Babor, a psychiatric epidemiologist at the University of Connecticut who is an editor of the international journal *Addiction*. Many of those who get addiction diagnoses under the new guidelines would have only a mild problem, he said, and scarce resources for drug treatment in schools, prisons and health care settings would be misdirected.



“These sorts of diagnoses could be a real embarrassment,” Dr. Babor added.

The scientific review panel of the psychiatric association has demanded more evidence to support the revisions on addiction, but several researchers involved with the manual have said that the panel is not likely to change its proposal significantly.

The controversies about the revisions have highlighted the outsize influence of the manual, which brings in more than \$5 million annually to the association and is written by a group of 162 specialists in relative secrecy . Besieged from all sides, the association has received about 25,000 comments on the proposed changes from treatment centers, hospital representatives, government agencies, advocates for patient groups and researchers. The organization has declined to make these comments public.

While other medical specialties rely on similar diagnostic manuals, none have such influence. “The D.S.M. is distinct from all other diagnostic manuals because it has an enormous, perhaps too large, impact on society and millions of people’s lives,” said Dr. Allen J. Frances, a professor of psychiatry and behavioral sciences at Duke, who oversaw the writing of the current version of the manual and worked on previous editions. “Unlike many other fields, psychiatric illnesses have no clear biological gold standard for diagnosing them. They present in different ways, and illnesses often overlap with each other.”

Dr. Frances has been one of the most outspoken critics of the new draft version, saying that overly broad and vaguely worded definitions will create more “false epidemics” and “medicalization of everyday behavior.” Like some others, he has also questioned whether a private association, whose members stand to gain from treating more patients, should be writing the manual, rather than an independent group or a federal agency.

http://www.nytimes.com/2012/05/12/us/dsm-revisions-may-sharply-increase-addiction-diagnoses.html?_r=1



Links to other articles related to the DSM:

Is grief a disease? Washington Post, 14 May 2012

http://www.washingtonpost.com/blogs/ezra-klein/post/is-grief-a-disease/2012/05/14/gIQAnoFwOU_blog.html

Psychiatrists say diagnosis manual needs overhaul, 10 May 2012

<http://www.reuters.com/article/2012/05/10/us-psychiatry-dsm-idUSBRE8490WQ20120510>

Newsflash from APA Meeting: DSM-5 Has Flunked Its Reliability Tests, 8 May 2012

http://www.huffingtonpost.com/allen-frances/dsm-5-reliability-tests_b_1490857.html

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