



Mental Health
Council of Australia

WEEKLY BULLETIN

No. 16 2012

BULLETIN NO. 16, 2012

Hi all,

MHCA seeking input into new national Recovery Framework

The first draft of the National Recovery-Oriented Mental Health Practice Framework has now been released and a series of consultations are being held across Australia in May. MHCA will be preparing a formal submission and attending the public consultation in Canberra on 29 May. This is a major initiative at the national level (overseen by the Mental Health Standing Committee of the Australian Health Ministers' Advisory Council) to progress the adoption of recovery approaches across mental health services. You can input directly into the process through an on-line survey (which closes 11 June) at www.crazelateralsolutions.com. We also encourage you to forward ideas, issues and comments on the draft Framework or recovery models more broadly to policy@mhca.org.au or by calling Peter Perfrement on 02 6285 3100. Copies of the Framework and associated materials are available at the Craze Lateral Solutions website above.

Extra Article - There was an interesting article yesterday in the Sydney Morning Herald, 'The trouble with cannabis' by Amy Corderoy. It is very long but if you are interested the link is <http://www.smh.com.au/national/the-trouble-with-cannabis-20120523-1z5e3.html#ixzz1vpomJ6Yt>

Thanks,
Kim

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1. 24-hour mental health help line launched

Publication: Herald Sun, AAP (NSW)

23 May 2012

The line will operate seven days a week and provide a telephone triage assessment and referral service staffed by mental health clinicians.

It will also offer local treatment options for general practitioners, police and ambulance officers.

Health Minister Kevin Humphries described the help line as a ground breaking service for people in distress, their families and carers.

"No matter where people live in NSW they will no longer have to search through complicated directories to get help," he said.

People seeking assistance for mental health issues can call the line on **1800 011 511**.

Mr Humphries said the Mental Health Line does not replace emergency services, and that people in life-threatening situations must still call 000 to receive immediate help.

<http://www.heraldsun.com.au/news/breaking-news/hour-mental-health-help-line-launched/story-e6frf7jx-1226364400974>

2. Courts under fire in mental health row

Publication: The Age

Author: Cameron Houston and Jill Stark

20 May 2012

MENTAL illnesses are being exploited by some defence lawyers to reduce sentences for people found guilty of serious offences, despite a lack of evidence linking the ailments to criminal behaviour, mental health experts say.



Groups including the Mental Health Council of Australia and beyondblue have urged more rigorous psychological examinations of people charged with crimes when mental illness is claimed in mitigation. They say those with mental health problems are more likely to be victims of crime than perpetrators.

Several prosecutors from the Office of Public Prosecutions also told *The Sunday Age* they were frustrated that depression had become a "pro forma defence tactic" used to seek leniency.

One senior prosecutor said defence lawyers were exploiting a Victorian Court of Appeal decision in 2007 that reduced the moral culpability, but not legal responsibility, of those diagnosed with mental disorders.

Mental Health Council of Australia chief executive Frank Quinlan said there were doubts about the diagnosis of some mental illnesses. Distinctions between normal sadness and clinical depression were still widely debated in the mental health profession, he said.

"It seems to me, that on the back of the very poor evidence we have, there is no prima facie case of a link between crime and mental illness."

Mr Quinlan was critical of a recent attempt by a defence lawyer to seek leniency for a client with depression, after the man was found guilty of downloading child pornography.

"Some people who suffer severe psychotic conditions may have an argument about not being able to form intent, but those suffering high-prevalence mood disorders such as acute anxiety and depression have an inability to find motivation and plan, which would obviously impact their ability to commit a crime," he said.

His claims are at odds with a Corrections Victoria report that found almost half of adults in custody had a history of mental illness and 34 per cent of children in detention centres had psychological disorders. Beyondblue estimates major mental illnesses are up to five times more prevalent among prisoners than in the general community.



Law Institute of Victoria president Michael Holcroft said there was a correlation between mental disorders and a range of criminal behaviour. It was "totally appropriate" for a lawyer to raise mental health when entering a pre-sentencing plea, Mr Holcroft said.

"People under the influence of drugs and alcohol or suffering from mental health episodes are far more likely to get themselves into trouble than the standard person in the street. And to avoid re-offending, the courts need to address the underlying source of the problem."

He said lawyers relied on expert medical opinion and had a responsibility not to mislead the courts.

"To say there is no link between crime and mental health is extraordinary. People come before the courts with myriad issues," Mr Holcroft said.

In 2010, the Magistrates Court set up a specialist court and program to provide extra support for the rising number of accused people claiming to have depression and other mental disorders. At the time, magistrate John Lesser said more than a third of those who appeared before Victorian courts had some form of mental illness.

But Superintendent Spiros Kalliakmanis, of the police prosecutions division, raised concerns about the growing number of cases diverted to the specialist court. "It is a matter for the court to determine the legitimacy of a plea. However, any abuse of these jurisdictions and services has an impact on the ability to offer quality services to members of the community who are in real need," he said.

Beyondblue chief Kate Carnell said depression had no bearing on a person's propensity to commit a crime.

"The reality of mental health issues is people don't do things that they wouldn't otherwise do or behave dramatically out of character. Magistrates should listen to the mental health experts and make sure that the information that is being presented in court is evidence based," she said.



Kristen Hilton, director of civil justice at Victoria Legal Aid, said about 20 per cent of its clients had mental health problems. "The research and our practical experience shows that someone with a mental health issue is far more likely to come into contact with the criminal justice system.

"I would hope there's a general community consensus that someone's mental condition should be taken into account during sentencing," she said.

A spokesman for Attorney-General Robert Clark said genuine mental illness was relevant in sentencing. "But claims of mental illness should not be used as an excuse to avoid responsibility for culpable conduct."

<http://www.theage.com.au/victoria/courts-under-fire-in-mental-health-row-20120519-1yy0b.html#ixzz1vS4nOk9d>

3. Law Society backs court for mentally ill offenders

Source: ABC News

21 May 2012

The Law Society of Western Australia says a proposed court for mentally ill criminal offenders highlights the profound shift in the way West Australians think about mental health.

Under the \$5 million pilot program, mentally ill criminal offenders will be diverted to a special court and will receive community-based treatment before they are sentenced. Other states have already implemented similar plans.

The society's Christopher Kendall says mental health courts allow offenders to be monitored in therapeutic environments while still addressing the public's safety concerns.

"I think there has been, as I've said, a profound shift in the way in which people think about mental health," Mr Kendall said.



"That's a positive and I think ultimately the law had to catch up and ultimately had to understand that this is something too lawyers had to take seriously."

Mr Kendall says it is a huge step forward for mentally ill offenders to be monitored in therapeutic environments.

"I think the fact that we are starting to look at programs that allow us to keep people out of prison, but also assist them and ensure public safety, are really a positive step forward and I think they are probably where we are going to end up long-term," Mr Kendall said.

The two year pilot program begins next year.

<http://www.abc.net.au/news/2012-05-20/law-society-welcomes-new-court-for-mentally-ill-offenders/4022228>

4. Psychologists warn on term 'mentally ill'

Publication: The Age

Author: Jill Stark

20 May 2012

People with depression and anxiety should not be described as "mentally ill" because it labels them as potentially "dangerous, crazy and violent", a group of psychologists has claimed.

The Australian College of Specialist Psychologists believes the term "mental illness" can put people off seeking treatment and it should only be used for psychiatric conditions such as schizophrenia and bipolar disorder.

In a discussion paper sent to Mental Health Minister Mark Butler this month, college president Jillian Horton said depression and anxiety should be described as "psychological disorders" to avoid patients being pushed into a medical model of treatment and given drugs they may not need.



Dr Horton also took aim at beyondblue, telling The Sunday Age the national depression agency should not call depression a mental illness in its awareness campaigns.

"Mental illness is a term that in many people's minds is linked to the old asylum days and people being crazy and unpredictable and violent. If someone's depressed or anxious and they're being labelled mentally ill, it is stigmatising and it puts a lot of people off getting help," Dr Horton said. "Beyondblue has done a lot of good with regard to reducing stigmatisation but I think it's been a mistake that they've used that term 'mental illness' in relation to depression. There's a huge difference in level of function, in terms of disability between someone who has schizophrenia and someone who's depressed or anxious."

However, David Castle, head of psychiatry at Melbourne's St Vincent's hospital, said it was flawed thinking. "There are plenty of people with schizophrenia who function extremely effectively and have full-time jobs and there are plenty of people with severe depression and severe anxiety disorders who are totally incapable of doing anything. You're trying to destigmatise one group by over-stigmatising another group and that's just totally unfair," Professor Castle said.

Beyondblue chief executive Kate Carnell said the organisation would continue to refer to depression and anxiety as mental disorders because this is how they are listed in both the International Classification of Diseases and the Diagnostic and Statistical Manual of Mental Disorders - documents used worldwide by physicians to diagnose health problems.

"Our whole argument has been that people should see mental illness the same way as they see physical illness - it's something you need to seek help for, get treatment and you'll get better," Ms Carnell said. "I can't help but read their recommendations and think that there might be a bit of self-interest from private practice psychologists here."

In last year's budget, the federal government cut the number of Medicare-funded psychological therapy sessions a patient can access per year from 18 to 10. In the college's discussion paper, they said the move was a mistake and called for 20 to 25 sessions a year.



They also called for the establishment of "psychological care centres" to treat people suffering high prevalence conditions, such as depression, anxiety and eating disorders. Dr Horton said using the term "mental illness" meant people were more likely to be offered medication than psychotherapy.

However, Darren Stones, from Glenroy, who was diagnosed with anxiety and depression in 2009, said he had no problem with the term "mental illness". "The term 'psychological disorder', when used in reference to mental ill health, indicates that a person may be deranged and possibly beyond overcoming depression. The word 'disorder' is very severe when used in describing people with mental ill health, and quite frankly, I think it is inappropriate language."

<http://www.theage.com.au/victoria/psychologists-warn-on-term-mentally-ill-20120519-1yxts.html>

5. Psychiatrists identify 'asylum seeker syndrome'

Source: ABC News

Author: Linda Hunt

22 May 2012

A group of Australian psychiatrists has identified a new mental illness syndrome unique to asylum seekers.

The group is presenting its evidence on Prolonged Asylum Seeker Syndrome at an international psychiatry conference in Hobart today.

It was identified after a studying the mental health of asylum seekers and refugees living in Melbourne.

Major depression was diagnosed in more than 60 per cent of asylum seekers and about 30 per cent of refugees.



Associate Professor Suresh Sundram, from the University of Melbourne, says asylum seekers who had had their applications rejected repeatedly showed clinical symptoms not seen before.

"It's people who are being subjected to protracted periods of refugee determination, so ones who are not getting quick responses."

"But maybe even more importantly, it's people who are being repeatedly rejected and have continued to press claims for protection.

"They seem to be especially vulnerable," he said.

"We have talked about this syndrome before but it is becoming increasingly clear that it appears to be a distinct form anything else that we have been seeing."

Psychiatrists say the latest evidence shows asylum seekers should be allowed to live in the community to improve their wellbeing.

"The refugee determination process in Australia seems to contribute to the prevalence of post traumatic stress disorders in asylum seekers insofar as asylum seekers who have had four or more rejections for protection visas, the level of PTSD correlates with the number of rejections that they have had," Assoc. Prof. Sundram said.

"Those asylum seekers who seem to have a protracted process of refugee determination, they seem to demonstrate clinical features that we haven't seen before and certainly seem to characterise a unique or distinct syndrome from other people who have been through similar types of traumas."

"We've coined the term to best describe this sub-group of asylum seekers who've had this protracted and difficult refugee determination process," he said.



He says Australia does not have adequate services to deal with the problem because it is not well understood or recognised within the public mental health system.

<http://www.abc.net.au/news/2012-05-22/rsearch-reveals-mental-health-toll-on-asylum-seekers/4025480>

6. Angel of The Gap, Ron Ritchie dies

Publication: Sydney Morning Herald

Author: Miles Godfrey

14 May 2012

The "Angel of The Gap", Sydney's Don Ritchie, has died aged 86.

Mr Ritchie spent 50 years coaxing desperate people back from The Gap, the notorious cliff at Watsons Bay where hundreds have died or thought about taking their lives. He helped save 500 despairing souls - usually with little more than compassion, a warm smile and a hot cuppa.

"Those who knew him knew he was a very strong person and a very capable person," Mr Ritchie's daughter Sue told AAP on Monday.

Federal MP Malcolm Turnbull, whose electorate includes The Gap, added: "A true hero, one of our greatest Australians. RIP."

Born in Vaucluse in 1926, Mr Ritchie died peacefully at home on Old South Head Road, Watsons Bay on Sunday.

The former navy seaman turned life insurance salesman was never one to shout about his exploits. He helped because he could.

Ms Ritchie said: "It was just something that he saw and that he had to do something about."



NSW Mental Health Minister Kevin Humphries recalled when Mr Ritchie was named a Local Hero in the 2011 Australian of the Year Awards.

"Upon accepting the award Mr Ritchie urged people to never be afraid to speak to those most in need," he said.

"Always remember the power of the simple smile, a helping hand, a listening ear and a kind word."

A funeral will be held in Sydney on Friday. Mr Ritchie's family asked for donations to be made to the Black Dog Institute or to Lifeline.

<http://news.smh.com.au/breaking-news-national/angel-of-the-gap-don-ritchie-dies-20120514-1ymo6.html>

7. Mental health focus

Publication: Townsville Bulletin

Author: Daniel Bateman

18 May 2012

THE Australian Defence Force claims an increase in the amount of soldiers seeking help for Post Traumatic Stress Disorder is due to its efforts in promoting mental health treatment.

Townsville Mater Hospital has been forced to shift the focus of its 11-year-old treatment program away from older veterans to treat an influx of serving and recently returned soldiers, some as young as 20.

Soldier support services believe the increase is a reflection of the intensity of combat modern soldiers have been experiencing overseas.

They believe there are many more soldiers out there suffering trauma symptoms, but are too scared to seek help for fear of being discharged from service.



The ADF has confirmed there has been a slight increase over the past three years in the number of its personnel being referred to PTSD treatment programs in Townsville.

An ADF spokesman, however, said this was a reflection of the ADF's mental health strategy, which encouraged anyone who felt they may have been suffering PTSD to come forward and seek early access to support and treatment services.

“This is coupled with an increase in personnel now serving in Townsville,” the spokesman said.

In 2010, an estimated eight per cent of currently serving personnel had a diagnosis of PTSD, according to the ADF's Mental Health Prevalence and Wellbeing Study.

Defence says it will carry out more research to see whether the rates relate to traumatic exposure on deployment or exposure to trauma during the soldiers' lifetimes.

New Defence charity Soldier On, based in Canberra, helps support wounded soldiers, both those who have been harmed physically and mentally by combat.

Co-founder Cavin Wilson, who has several years experience with the ADF, believed the increase in Townsville PTSD cases may be a reflection of the intensity of conflict over the past four years.

“As these soldiers wind down, they wind down from a fairly intense operational tempo, where they have been deploying to and from operations on a two and three-year cycle,” he said.

“If we're going to go from an army of war to an army of peace, that poses some very interesting situations for our soldiers.

“People who have always identified themselves as being warriors are going to re-evaluate themselves.



“And we see that as a big challenge in the next few years.”

East Timor veteran Walter Davis, 54, a warrant officer with the Townsville-based 3rd Brigade, has been seeking treatment for PTSD at the Mater since he left the Army in 2005.

Mr Davis, who has served 21 years in the Australian Defence Force, said he was still affected by the memories of some of the horrors he saw during his tour of duty.

http://www.townsvillebulletin.com.au/article/2012/05/18/331031_news.html

8. Study finds mental health link to diabetes

Source: ABC News

Author

22 May 2012

Researchers have found there is a connection between diabetes and mental health issues. The research has been presented to an international psychiatric conference in Hobart.

Dr Carol Silberberg, from the University of Melbourne, told the conference that research suggests depression can alter the way the body processes glucose and that, in turn, can complicate treatment of both conditions.

Dr Silberberg said there were high rates of depression, anxiety and eating disorders among people with Type 1 diabetes.

"There's growing evidence that diabetes can actually impact on depression and visa versa, so there's actually what we call a bio-directional relationship and there is some evidence that depression can actually alter how the body processes glucose which can complicate things."

"The main thing at the moment is recognition and, in particular for General Practitioners, we're trying to get the message out there that mental illnesses are a significant problem particularly in patients who have difficult to control diabetes," she said.



It is estimated about 40 per cent of people with diabetes also have high levels of stress.

<http://www.abc.net.au/news/2012-05-21/mental-health-linked-to-diabetes/4024048>

9. The Mental Health & Wellbeing of Young People seminars

May 2012

Generation Next is an exciting new initiative featuring a national seminar series and supporting resources aimed at protecting and enhancing the wellbeing of our children and teenagers.

There are seminars coming up in Canberra, Sydney and Adelaide. For further information please access the website, link below.

<http://www.generationnext.com.au/events/mental-health-wellbeing-of-young-people/>

10. Removing mental health stigma bigger priority than funding: health minister

Publication: The National Post (Canada)

Author: Heather Scoffield

22 May 2012

OTTAWA — Canada needs to deal with the stigma surrounding mental health issues before it can go on to tackle funding questions, says federal Health Minister Leona Aglukkaq.

Now that the country has a new, national, mental health strategy, all levels of government, businesses and health-care professionals need to confront the prejudices that prevent many people from seeking help, Aglukkaq told The Canadian Press in an interview on Tuesday. Then, authorities should restructure their services accordingly, to make sure people struggling with mental health issues feel confident enough to seek help and receive the appropriate attention, the minister said.

The first step is to get past the stigma and get people talking about mental health to determine better what kinds of services we can provide," she said in an interview from



Geneva, where she led a round table on mental health during a global discussion on improving health care.

The Mental Health Commission of Canada released its much-anticipated national strategy earlier this month, recommending billions of dollars more in investment — along with a radical overhaul in the way Canadians interact with mental health professionals.

The commission's work shows that everyone involved in the mental health system needs to do things differently, but confronting damaging stereotypes comes first, Aglukkaq said.

“These are different models that can only be developed as we get past the stigma.”

While the commission's recommendations for change have been well received, its calls for more money are contentious.

That's because provincial governments are already dealing with rising health-care costs. At the same time, the federal government has announced plans to significantly scale back its annual increases in health care spending over the coming decade — even as some provinces struggle with debt.

As a result, provinces are expected to increase pressure on Ottawa to add a new mental health funding stream to its transfer payment package. The premiers meet in July in Halifax and appeals for specific and increased mental health funding will likely be front and centre, several Ottawa sources say.

But in the interview, Aglukkaq deflected every question about increased federal funding. Instead, she said the federal role is to fund research into depression, dementia, homelessness and efficient delivery of care.

“We are taking the leadership role by creating the Mental Health Commission of Canada,” she said.



Providing better mental health care does not necessarily mean more money, she added. It could also mean that provinces take existing funding and make mental health care more of a priority, as Nova Scotia has done recently, she said.

The head of the Canadian Psychological Association says there's no doubt that the stigma over mental health needs to be a central focus for everyone involved in the delivery of services — but not to the exclusion of funding and access to proper care.

Karen Cohen says stigma is only one challenge people face as they struggle to confront mental health issues. The other big problem is that the country has a well-established, two-tier system of mental health care that desperately needs a change.

“It's a minority of people with mental health problems who seek help,” she said in an interview. “Part of that is related to stigma. People think you should just get over it, they're ashamed to admit it to themselves, they feel people won't be accepting — and often they're not.

“The other piece is access. Even when people come out and ask for services, there are great barriers.”

Psychologists are the largest group of specialized mental health care providers, she said, but they are often only available to people who can afford to pay them more than \$100 an hour, or work for a company that includes extended health care benefits.

That's because psychological services are not covered by medicare unless the psychologist in question is on the payroll at a public institution such as a hospital, school or correctional centre, Cohen said.

And in those cases, the waiting lists are often so long that the will power it took for someone to actually seek help evaporates, she said.



She agreed that existing funding can be put to much better use. But she thinks governments will see the case for more investment too.

Since research shows that early intervention in mental illness can prevent serious developments over the long term, governments will see the wisdom and economy of setting up teams that can address mental health issues thoroughly, Cohen said.

“It really is going to take a village. We have a collaborative responsibility.”

<http://news.nationalpost.com/2012/05/22/removing-mental-health-stigma-bigger-priority-than-funding-health-minister/>

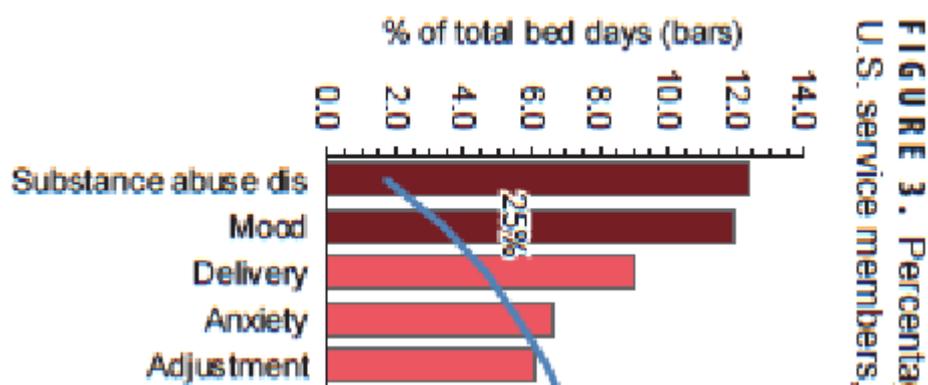
11. Mental Ills Top Reason U.S. Troops Now Hospitalized

Source: Time (USA)

Author: Mark Thompson

16 May 2012

Four of the top five non-combat medical conditions sending troops to the hospital in 2011 were mental ailments, the Pentagon reports:



“Substance abuse, mood, anxiety, and adjustment disorders accounted for 622 person-years of lost duty due to hospitalization, convalescence, and limited duty dispositions,” the [summary](#) of military hospitalizations concluded. “Mental disorders accounted for more



hospital bed days than any other morbidity category and two-fifths (40.1%) of all hospital bed days.” (Check out the complete list [here](#).)

In fact, mental ills account for the most hospitalizations of U.S. active-duty troops for illness and injury, now topping pregnancy-related conditions. “In 2011 mental disorders accounted for more hospitalizations of U.S. service members than any other major category of diagnoses,” a second piece in the Pentagon’s Medical Surveillance Monthly Report noted.

“Adjustment reactions (including post-traumatic stress disorder) and episodic mood disorders were associated with more hospitalizations among active component members than any other specific condition...together, these two conditions accounted for 15 percent and 17 percent of all hospitalizations of males and females (excluding pregnancy and delivery-related), respectively.”

Hospitalizations for mental disorders have jumped by more than 50% since 2007. “The recent sharp increase in hospitalizations for mental disorders likely reflects the effects of many factors including repeated deployments and prolonged exposures to combat stresses; increased awareness and concern regarding threats to mental health among unit commanders and other front line supervisors, service members and their families, and medical care providers; increased screening for and detection of mental disorders after combat-related service and other traumatizing experiences; and decreasing stigmas and removal of barriers to seeking and receiving mental disorder diagnoses and care.”

Per this chart, mental ailments have now eclipsed pregnancy-related conditions as the No. 1 reason for military hospitalizations (full list [here](#)):

TABLE 1. Hospitalizations, ICD-9-CM major diagnostic categories, active component, U.S. Armed Forces, 2007, 2009, and 2011

Major diagnostic category (ICD-9-CM)	2007			2009			2011		
	No.	Rate*	Rank	No.	Rate*	Rank	No.	Rate*	Rank
Mental disorders (290-319)	14,112	10.1	(2)	15,339	10.4	(2)	21,735	14.9	(1)
Pregnancy and delivery (630-679, relevant V-codes) ^b	18,326	13.1 (91.4)	(1)	16,009	10.9 (76.4)	(1)	19,722	13.5 (93.6)	(2)

<http://battleland.blogs.time.com/2012/05/16/mental-ills-top-reason-u-s-troops-now-hospitalized/#ixzz1veKCQomh>



12. Counter-argument: Changes to DSM-V bring needed improvements

Source: Fox News

Author: Dr. Joseph Lieberman (USA)

22 May 2012

On May 14, Dr. Keith Ablow, a Fox News contributor and practicing psychiatrist, posted comments on the Fox News website about the American Psychiatric Association and its current revision of the Diagnostic Statistical Manual.

The DSM was created in 1952 to provide a complete and reliable source of diagnostic categories and descriptions of mental disorders. Its formation was guided by two fundamental principles; that the diagnostic categories and criteria that define mental disorders, are supported by substantial scientific evidence, and that they are consistent with public health needs. The DSM is periodically revised to update diagnoses and their defining criteria as new knowledge is generated. The last revision to the DSM was in 1994.

In his article, Ablow made comments about the APA and DSM-V, which I believe are inaccurate and unsubstantiated by scientific evidence. Moreover, they are misleading to the public and potentially harmful in that by undermining the credibility of the psychiatric profession and its scientific underpinnings. They may even deter people in need from seeking treatment.

For this reason, I offer the following comments in response. I believe that I am qualified to do so as Professor and Chair of Psychiatry at Columbia University College of Physicians and Surgeons and the President Elect of the APA.

It is one thing to have a distressing and disabling psychiatric condition that affects one's perception, cognition and emotions, and impairs quality of life, relationships and well-being. But it is quite another level of tragedy when that condition goes undiagnosed, or when one is unable to get access to treatment because of stigma and shame or a lack of insurance coverage. Relief from symptoms and recovery may be postponed or may never happen. The consequences are not just inconvenience – as with any serious non-psychiatric medical condition, they are real, life-altering and potentially life-threatening.



For decades, the APA has worked diligently to provide definition in the environment of mental health through the development of the Diagnostic and Statistical Manual of Mental Disorders. Since DSM-III, each edition has provided evidence-based guidance in manual form for use by clinicians and researchers to diagnose and classify mental disorders so that patients in need can be effectively evaluated and gain access to treatments.

Since DSM-IV was released in 1994, there has been a wealth of new research and knowledge about the nature and frequency of mental disorders, how the brain functions and its neurobiology, and the lifelong influences of genes and environment on a person's health and behavior. Accordingly, the newest edition – DSM-V – will reflect that new body of knowledge. And people who now suffer from a range of conditions will be the beneficiaries as they become increasingly likely to get an accurate diagnosis and access to treatment for it.

Many of the changes that are being proposed for this new edition were done to better characterize symptoms and behaviors of groups of people who are currently seeking clinical help but are less well-defined under the guidelines of the current DSM-IV edition. The hope is that by more accurately defining disorders, diagnosis and clinical care will be improved and new research will be facilitated to help improve our understanding.

The APA recognizes the importance not only of the document, but of the process for creating it and takes this responsibility with the utmost seriousness and as a sacred trust. Contrary to Ablow's comments, the process for revision is not arbitrary and not politicized. For this revision, the APA recruited more than 160 of the top researchers and clinicians from around the world to be members of the DSM-V Task Force, Work Groups and Study Groups.

These experts in neuroscience, biology, genetics, statistics, epidemiology, social and behavioral sciences, and public health were rigorously vetted for any conflict of interest using guidelines derived from other academic professional organizations and from the federal government itself and have worked assiduously for over five years to scour the scientific literature and determine whether any changes to existing DSM-4 diagnoses and



additions were warranted. They participated on a strictly voluntary basis and come from several medical and health care disciplines including psychiatry, psychology, pediatrics, nursing and social work.

The definition of mental illnesses may at times be a matter of debate – and they should be. But the importance of mental illness and the need to recognize and diagnose it cannot be understated. Without them, diagnostic approaches could vary widely. The treatment of conditions would be uneven. Payment for services would be difficult, to say the least. For too long in human history, persons with mental illness were feared, persecuted or ignored. Stigma of mental illness in our society was pervasive.

However, through biomedical research and enhancement of public awareness we have made great strides in the U.S. to establish a strong scientific basis for our understanding of human behavior and brain disorders that affect mental functions and bring them out of the shadows so that people can recognize symptoms and seek treatment.

That is why the APA has gone to great lengths, and taken great care, from every angle, to produce a document that incorporates new knowledge to develop the latest guidelines that will benefit practitioners and patients alike.

Dr. Joseph Lieberman is the chairman of Department of Psychiatry at Columbia University College of Physicians and Surgeons, and director at the New York State Psychiatric Institute.

<http://www.foxnews.com/health/2012/05/22/counter-argument-changes-to-dsm-v-bring-needed-improvements/#ixzz1veRtCxco>

13. Love is the drug for the mentally ill – Simple kindness eases symptoms of mentally ill

Source: ucanews.com correspondent, Tokyo

Author: Shinjiro Go

21 May 2012

In January 2000, Shinjiro Go and his wife Ikuko started a farm with their son near the coast in Numazu City, Shizuoka, about 100km southeast of Tokyo.



The Catholic couple did so out of concern for their son, who had been hospitalized eight times in nine years and who was taking an increasing amount of prescribed medicine.

“He can’t go on living like this,” the worried parents thought.

Their son had been diagnosed with schizophrenia 22 years ago, when he was 20 years old. Shinjiro, 72, finally started learning about mental illness in earnest 11 years later and even earned a national certification required to become a psychiatric social worker.

However, Shinjiro says, “My understanding of such illnesses was still basic, and I deeply regret how badly I handled my son’s situation at first.”

These days, though, Shinjiro’s son’s condition has improved, requiring him to only take half the amount of medicine he had been on. He hasn’t been hospitalized for the last eight years.

The Go family farm, Easy Go Farm, is now a place of “mental recuperation” for the mentally disabled and their families.

Recently, Shinjiro has compiled a booklet of short reflections about struggling with mental illnesses. The 14-page booklet contains stories related to him from 10 people who suffered from psychological problems themselves or who had loved ones who were affected.

“The root cause of mental illness is something science hasn’t solved yet, so even if we can control the symptoms with medicines, we can almost never cure the disease itself entirely,” Shinjiro says.

“I’ve come to understand that improving the patient’s interpersonal relationships can have a big impact. I have heard from many who have come to Easy Go Farm that they have learned by improving relationships with others just how powerful love is. I decided it would be a pity to let those stories go unheard. I want a deeper connection with others who live with this.”



Shinjiro has realized how happy he could be if, through his booklet, he might be able to spread the word about the many forms of love, and especially the love of God, which is unearned, yet unconditional.

Without putting too much emphasis on religion in particular, he thinks he might instill “a sense of the love of Christ” in others, and help that love permeate their daily lives.

One story in the booklet comes from the parents of a 40-year-old schizophrenic man, whose disease had seen him spend a number of years in hospital.

Finally, the couple tried a new tactic: they resolved to let their son remain at home and to stay with him 24 hours a day. The breakthrough finally came two months later. In the five years since that time, his medicine has been reduced and he has not been back to the hospital.

Another entry comes from a 30-year-old man suffering from schizophrenia. His symptoms involved him harboring a dislike of his family, and he couldn't shake feelings of mistrust and fear when he was around them. However, because of his mother's perseverance, her kind words finally penetrated his heart.

Today, the family is happy. Shinjiro has even produced an edition of his booklet in English.

“It's my dream to collect 100 of these stories and publish them in a complete book. I'd love to include entries from abroad, too, and I am already accepting manuscripts detailing 'eyewitness accounts of love'.”

<http://www.ucanews.com/2012/05/21/love-is-the-drug-for-the-mentally-ill/>



Ongoing - Mental Health Carers Forum

If you are a carer and would like to talk with other mental health carers about issues of concern to you please complete the form at:

<http://www.mhca.org.au/carerform/index.php>

The email is sent every week and contains items which may interest mental health consumers, carers and service providers and which otherwise they may not be able to access. Thank you for subscribing to this MH email if you wish to unsubscribe please contact kim.harris@mhca.org.au Kim Harris, Carer and Consumer Project Officer, Mental Health Council of Australia. Tel (02) 6285 3100

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