



Chairperson's Report

Since the last newsletter we have been very busy organising and running the third Forging Our Future's conference. It was a great success. 160 attended the Novatel Hotel in Wollongong. People came from many states and New Zealand.

The central plank of the conference was the launching of the MCoPES Stage 1 report. Wollongong M.P. Noreen Hayes opened the conference speaking candidly of her experiences with mental health issues in her family, which the audience appreciated.

Beverley Raphael gave the Keynote address on futures for mental health that, as usual, was excellent. We had a wide variety of topics covered over the two days including: the development of restraint, seclusion and transport guidelines for patients with behavioural disturbance; a comparison of mental health policy and practice in NSW and New Zealand, which is recovery focused and consumer oriented; Leonie Manns speaking from a consumer

perspective of the movement's history; and Judy Hardy speaking of the Carers' movement's history. For me, the highlight was the Housing Hypothetical, which although very informative was extremely amusing.

Another agenda which has taken up much of our time over the last six months of last year was the rewriting of our Constitution. We now have a streamlined version with a Board of Trustees consisting of six with the Chairperson to be a Consumer. There will be two other consumers and three carers. There are three Policy Committees which run NSW CAG's business: Governance and Finance; Education and Training; and Policy and Research. Persons outside of NSW CAG with special expertise have been and will be invited to join these working committees. These are in their infancy but will play a very large role in including more persons with expertise and interest in NSW CAG.

I wish you all the very best for 2006. Anna Saminsky

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Special points of interest:

- News about what NSW CAG is doing
- Issues in Mental Health
- Information about research in mental health and about studies needing subjects
- Reports from Events (eg. Conferences and seminars)
- Mental Health issues in the media
- Photos from the Australasian Society for Bipolar Disorders Conference

Editorial / Communications Officer's Report

Hi and welcome to issue 9 of NSW CAG INFO_LINK. I have been working at NSW CAG for four years. In this time I have seen changes to the format of the INFO_LINK. We also had a new website (www.nswcag.org.au) designed for us in late 2002, which has continued to grow. This article includes reference to some of the pages and recent changes to help you navigate your way through the website. One of the recent additions is more information on the ACTIVITIES page. There we include not just NSW CAG activities, but also other seminars, competitions etc related to mental health. Feel free to contact us to add your event etc. We also have an E-mail list to let people know about mental health events and other information that can't wait for the newsletter. Let me know if you would like to be added to this list. The Forging Our Futures 3 Conference, held last year, was a great success, and in a few months a book of proceeding will be on the website with papers from the presentations.

I never cease to be amazed at the number of meetings and committees that NSW CAG has representation on. More information about these is on the PROJECTS page of our website, under the Committees link. The MH-CoPES project also has been an important part of the work of NSW CAG in recent years. More information, including NSW CAG's report on Stage 1 can be found on our website by following the link to MH-CoPES on the PROJECTS page. Before that, some of you may remember, was the Youth Project, "When Blue's not Cool", which is still awaiting publication.

Coming up for NSW CAG is relocation to a new building, where we will be co-locating with ARAFMI and the Mental Health Association NSW. The planning phases of Stage 2 of the MH-CoPES project are now underway.

Some other recent changes are that NSW CAG Members are now called the Board of Trustees (BOT) and there are now six of

them (three carers and three consumers) instead of 15. Information about the BOT is also available on the website on the MEMBERS page.

This issue of INFO_LINK has a range of mental health topics covered including: depression and pregnancy and the postnatal period (p8, and 21); information about the well publicised "Not for Service Report" by the Mental Health Council of Australia (9); seminar and conference reports from the Garvan Institute's Free Public Seminar (p10), the 15th TheMHS conference (p 12), and the Black Dog Institute's Community Interest Forum (p16); and a number of snippets of information from the media on various mental health topics. There is also a report on the Minister's IX Cricket Match held in Mental Health week last year (p19) as well as an article by Alex Faraguna about dealing with diverse clients (p25).



I hope to get information out to people in many ways: newsletter, E-mail, website etc.

This newsletter is free and past issues are also available on the NEWS page of our website.

I am very thankful to those who contributed to this issue. Please feel free to contribute or to suggest topics to be included in future issues. Also, any suggestions for the website are welcome too.

Yvette Cotton

Communications Officer
NSW CAG

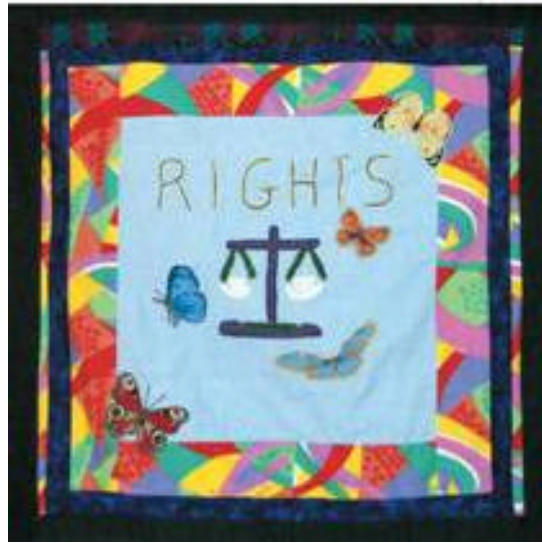
info.nswcag@tpg.com.au

Executive Officer's Report

This was my fifth Xmas as the Executive Officer with NSW CAG and while I was having a Xmas break two stories that received wide media coverage caused me a little concern. The first story was hearing about the untimely death of one of Australia's greatest footballers, Steve Rogers. At fifty-one it was an unexpected and a great loss to many. The other story was when the Police Commissioner, Ken Moroney was quoted in The Australian on the 6th January as saying 'officers should not have to deal with every madman being let out'. This referred to an incident with police on the Central Coast.

Mr. Moroney's frustration is understandable with the large number of mental health clients the police are required to deal with in the community as the result of minimal services available for people with mental health problems. However, both these stories provided an opportunity for media reporting that demonstrated the stigma that exists for the one in five people who live with mental illness and their families. Some of the language used by the callers to the talkback radio programs during the week reinforced the stigma and discrimination, which contributes to unnecessary stress for consumers and carers.

Stigma can leave people with more than hurt feelings. It isolates a vulnerable, disenfranchised and voiceless people who usually have a heightened sense of anxiety or self-loathing. Stigma causes harm in many ways and has a profound effect on the lives of those affected. It discourages people from



Standard No1—Rights by Yvonne Ship

seeking help or treatment for their symptoms because they fear being considered by their peers and the community in a derogatory manner.

Therefore, it was not surprising to hear Matt Rogers say that his dad had problems talking about being depressed.

Many people with mental illness say that the stigma and prejudice associated with their illness is as distressing as the symptoms themselves. In a recent Australian survey by SANE Australia (2000), people with mental

illness and their families said 'less stigma' was the number one thing that would make their lives better. They wanted healthcare workers who 'treated them with more respect', who 'would appreciate just how far a little kindness goes', and a community that

"Stigma contributes to loneliness, distress and discrimination against people with a mental illness and their families".

would understand that we are 'not lazy or weak' and that recovery is not simply a matter of 'pulling yourself together'.

Stigma contributes to loneliness, distress and discrimination against people with a mental illness and their families. Indeed, numerous negative consequences of stigma have been identified which have included discrimination in regard to obtaining housing, education and employment, which has induced and increased feelings of hopelessness.

The end result is that many people are reluctant to seek help, less likely to co-



There can be discrimination in regard to obtaining housing.

Executive Officer's Report (cont.)

operate with treatment and slower to recover self-esteem and confidence.

A lot has been written about the Coalition of Australian Governments (COAG) meeting that was held on the 10th February and it is commendable that Premier Lemming has led the way in at least getting mental health onto the agenda.

It is pleasing to see that the States and Commonwealth are planning to prioritise the issues where they have overlapping responsibilities e.g.: accommodation, employment and disability support. For more information on COAG see www.coag.gov.au

On another issue I recently learnt that the new Forensic Hospital originally planned to be opened by May 2006 has once again been delayed. Apparently these delays are outside the control of Justice Health. Hopefully this will be resolved shortly and the ceremonial ground turning is planned for April 2006. If everything goes as expected the building will then start and it could be finished in 2008. For those people who are currently housed in the Long Bay complex they will be moved under the sole control of Justice Health. NSW CAG will closely monitor progress with this issue.

There is a lot of hype in the media about waiting lists, number of new beds that we need, problems with emergency departments and the need for improved community mental health services. However, the simple message is: the forensic group is very much a part of the mental health community and NSW has a responsibility to deliver care as outlined in the Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care as agreed to by Australia in 1991. One could imagine the chorus of disapproval from the silent majority if people needing major heart surgery, a hip replacement or having access to other medical treatments had to be taken to one of

our 55 jails to receive medical treatment.

This issue is compounded when Corrective Service officers have the final say about issues around safety: this also includes being



Standard 2—Safety by Joan Wakeford

"NSW CAG will closely monitor progress with this issue".

involved in assisting patients to take their meds. This is not to imply in anyway that the mental health workers in this complex do not attempt to provide a decent level of care to the patients caught up in the system that can stay bogged down in the system for many years.

On a lighter note I was fortunate enough to spend some time in the Sussex Inlet and Townsville during my break and feel rested and ready to continue to lead NSW CAG in reforming mental health services in NSW.

Douglas Holmes
Executive Officer NSW CAG.

Schizophrenia research at Macquarie University

Summary of the Research and the Study

Schizophrenia is a severe mental health disability affecting approximately 1 in 100 people. Although the symptoms of the disorder can vary, a key aspect of life that becomes disrupted is social functioning. Social functioning is a term used to describe the way in which we cope with different interpersonal situations. One component of social functioning that is extremely important is the recognition of facial expressions of emotion. We use information gleaned from faces to determine what a person might be feeling and how our behavior is affecting them.

There has been a long tradition of research into the ability of people with schizophrenia to recognize facial emotion. This research, initiated in the 1980's, has shown that there may be something specific about facial emotion (as compared to identity) which is difficult for people suffering from schizophrenia. Recent studies indicate that these difficulties may only arise in response to specific emotions, i. e., those that are negative (such as fear or anger). Work conducted by Dr. Melissa Green has sought to determine why people with schizophrenia find it hard to recognize certain emotions. Her studies have used a technique called "visual scan paths" to determine where people are looking on a face when they view facial expressions of emotion. This technique requires the participant to wear a light-weight head-piece (shown in Figure 1), which has two cameras attached to it, recording each eye and measuring the individual's visual attention.

This work has shown that people with schizophrenia have different visual scan paths compared to healthy individuals (as shown in Figure 2), and that these patterns may change



Figure 1: The EyeLink II apparatus

depending on current symptoms. Related work by Dr. Carmel Loughland in Newcastle has shown that some relatives of people with schizophrenia show a similar visual scan path, suggesting that there may be a genetic influence on this behavior.

Dr. Tamara Russell is a researcher from the UK who has come to Australia to learn from Dr. Green how to use this visual scan path technology. As part of this collaboration, she has designed a study that aims to explore what happens to the visual scan paths of people with schizophrenia if they are trained to redirect and optimize their visual scan paths to emotional faces. This study is funded by the Neurosciences Institute of Schizophrenia and Allied Disorders (NISAD; <http://www.nisad.org.au/home.asp>) and Macquarie Center for Cognitive Sciences (MACCS; <http://www.maccs.mq.edu.au>), Macquarie University.

Participants are tested on a range of tasks assessing their "baseline" emotion recognition performance, assessing their current abilities. Computerized tasks determine how intense an emotional expression needs to be before people can recognize it, and also whether individuals can match facial expressions of emotion (including more subtle, low-intensity expressions). Eye movements are recorded while participants look at emotional faces. The training program is an interactive CD-ROM called the "Micro Expression Training Tool". It was created by Dr. Paul Ekman (see www.emotionsrevealed.com) to help customs and police officers become better at detecting liars (or those who conceal their emotions). It is useful for his purposes because these types of expressions are very rapid when someone is trying to conceal something (hence "micro expressions").

Schizophrenia Research (cont.)

Figure 2: Examples of visual scan paths to an angry face in a healthy (2a) and a schizophrenia (2b) participant (data from Green et al., 2003)

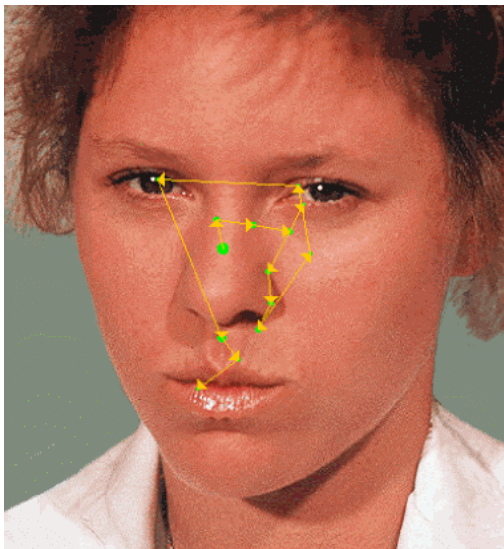


Figure 2a

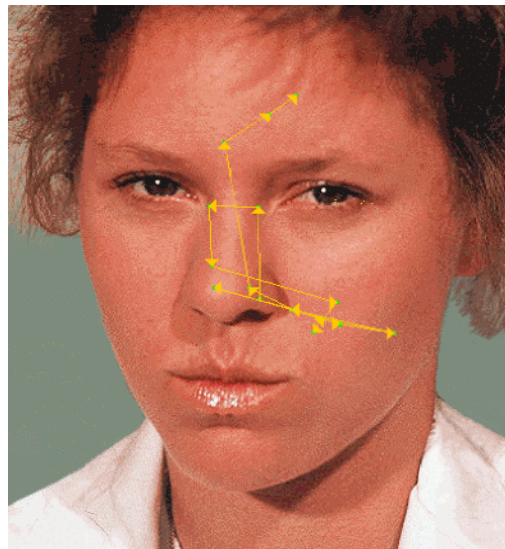


Figure 2b

Tamara is using this tool with individuals with schizophrenia because, although the expressions are very fast, in the real world, you often need to detect fleeting emotional expressions. The training consists of a series of video clips with audio commentary outlining commonly confused emotional expressions and giving tips on where it is important to look on the face to decode certain emotions. There is also a section where you get a chance to recognize emotional expressions and are given feedback as to whether you were right or wrong. Following the training, the computerized tasks are re-administered and eye movements taken again to see if there has been any improvement. Some of the participants return a week later to see if the benefit of the training has persisted, while others receive weekly “booster” sessions of the training to see if that is of even greater benefit.

The initial pilot data for this study has been published in the British Journal of Clinical Psychology as a short report. We also have

some preliminary eye movement data (shown in Figure 3) which suggests that immediately after training, the visual scan paths in the patient group have in fact been altered and appear more normalized, in this example, the subject is showing the more typical inverted triangle scanning pattern.

Dr. Russell is continuing to recruit for this study and hopes to have a total of forty participants. The long-term aim of this work is the development of multi-media tools for sufferers of schizophrenia to allow them opportunities for non-pharmacological interventions to help them manage their illness. While the research still has a long way to go, it is hoped that eventually emotion and social skills training packages will be available for individuals with schizophrenia to help them to feel more confident in social interactions and improve their quality of life. If you are interested in taking part, please contact Tamara on 02 9850 6732 or trussell@maccs.mq.edu.au

Dr Tamara Russell

Figure 3: Visual scan paths to angry faces before and after training for an individual with schizophrenia



Before Training



After Training

Morisset Flames

The Morisset Flames is a group for forensic consumers who meet regularly at Morisset Hospital. The group was established with the assistance of NSW CAG in 2004. The aim of the group is to identify issues that are important for forensics consumers and to develop a mechanism that will allow these issues to be raised at an area and state level. The Nursing Unit Manager, Mark O'Connor, and the consumer support worker, Alison Kokany, have supported the group at the Kestrel unit.

The following excerpts are from the groups' newsletter "The Grape-Vine" about two of their projects: the garden project and the gym project:

The gym program:

"As the program can be seen from the yard of Kestrel most consumers from time to time looked in and made comments about the program and how they could see changes in our physical appearance and I think a lot more consumers are interested in doing the pro-

gram but are a bit unconfident in themselves as having not done a fitness program themselves.

"The group was established with the assistance of NSW CAG in 2004"

I was when I first started a program many years ago for I saw other blokes and even a few women who were advanced in the exercise game,

that made me think I would make a fool of myself but as I started to get into training I was surprised at the encouragement I got from them all and how easy health gains were made. Just remember if you do want to improve your health physically and mentally, its never to late to start it does not happen overnight and its not as you might think either but in the long run you will thank your self and any gain is a great gain"

The garden project:

"The herbs that were planted all grew well. The herb seeds were donated by a Nurse.

Black Dog Institute: Depression during Pregnancy and the Postnatal Period

Around 20% of women experience symptoms of depression during pregnancy or the postnatal period – so if you are experiencing depression during this time you are not alone. From one woman to another, mood disorders can vary greatly in terms of symptoms, timing of onset, causes, severity and duration. There are also wide differences in terms of women's needs for professional assessment and their preferred types of treatment.

To help women with mood disorders in pregnancy or the postnatal period, the Black Dog Institute recently launched a new section on its website entirely devoted to this subject. Among the topics covered in this new section are:

- Baby blues
- Antenatal depression
- Postnatal depression (PND)
- Anxiety
- Bipolar Disorder
- Postnatal (puerperal) psychosis
- Causes and risk factors
- Treatments.

There is also an online 'Self-test' for depression in pregnancy and the postnatal period, answers to common questions, and a long list of helpful resources including support ser-

vices, web links and extra readings.

This new information will be of interest to any woman who is planning to conceive, is pregnant, or has recently given birth and is experiencing mood disorders or has a history of mood disorders. It will also be of interest to their partners, friends and family.

For more information: www.blackdoginstitute.org.au

The Black Dog Institute is a NSW-based educational, research and clinical facility offering specialist expertise in mood disorders.



"the Black Dog Institute recently launched a new section on its website entirely devoted to this subject"

Morriset Flames (cont.)

The sweet Basil has flourished and goes well in salads and stir fries. The coriander grew quickly but I have learnt that it needs to be cut regularly or it will run to seed. The herb named rocked grew like it's name suggests and is all round cooking herb. The chives and parsley and mint grew prolifically as they will with plenty of water and are best used when freshly picked...

As for the consumers of Kestrel the majority are always having a look at the garden and showing an interest in it and asking questions on which plants are what and I have been pleasantly surprised at the knowledge some of the consumers have on gardening themselves"

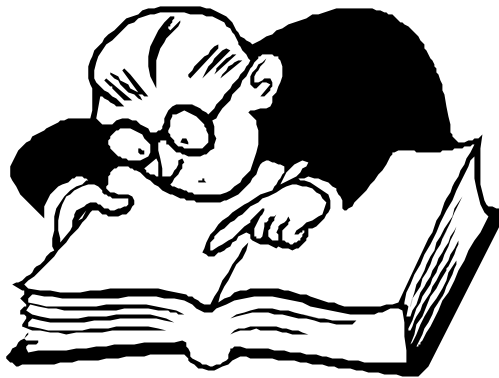
'Not for Service' Report

Not for Service: Experiences of Injustice and Despair in Mental Health Care in Australia

This report was prepared by the Mental Health Council of Australia and the Brain and Mind Research Institute in association with Human Rights and Equal Opportunity Commission and is a report of consultations held around Australia. The report was published last year and is available from the Mental Health Council of Australia, P.O. Box 174, Deakin West, ACT 2600, Phone +61 2 6285 3100, Facsimile +61 6285 2166, Email: admin@mhca.com.au, Website: www.mhca.org.au The summary report and CD is free. To get the full report – all 1000 pages of it – will cost \$60.

According to Dr Sev Ozdowski OAM, the Human Rights Commissioner and Acting Disability Discrimination Commissioner, Human Rights and Equal Opportunity Commission, who was involved with the nationwide consultations, “..the vast majority of stories described a crumbling mental health care system that brought about anguish and desperation” piii Dr Ozdowski also highlighted in his introduction to the (summary) report that although the trend towards deinstitutionalisation is a positive change, there have not been enough supports for mentally ill people to live in the community.

Keith Wilson, Chair, Mental Health Council of Australia, in his forward to the report, said “Many of those whose stories are recorded were told with tears because their stories were recalling the experience of loved ones whose deaths were in many cases preventable but for which no one seemed accountable” pv He expressed concern about the all too common mantra expressed by some governments that “we must expect that progress



Have a look at the “Not for Service” Report

on mental health reform will be slow” and said that “Unfortunately while this slow pace is comfortable for some, if change is not forthcoming, an increasing number of mentally ill Australian will find themselves ‘not for service’”

Ian Hickie, Professor of Psychiatry and Executive Director Brain & Mind Research Institute, University of Sydney, in his forward to the report also agrees with Dr Ozdowski that moving services mostly out of asylums from 1993-1998 was an achievement and a problem is that since the late 1990s “there have been persistent and disturbing reports of fundamental service failures” pvii Ian Hickie also points out that “We urgently need all Australian governments to commit to a process of genuine and well-resourced reform.”

The report is structured with executive summary, recommendations, quotes from people about stories of injustice and despair, information about the methodology including community consultations, submissions and surveys, and key summaries including : mental health and human rights in Australia; key themes from national consultations and written submissions; national survey of mental health priorities implementation; national survey of consumer and carer experiences; national Mental Health Report 2004; Australian progress against WHO recommendations; State / Territory reviews.

“We urgently need all Australian governments to commit to a process of genuine and well-resourced reform”



It is time for change

'Mental Health Research has a Bright Future' - Free public seminar

This seminar was held in Mental Health Week 2005 at the Garvan Institute of Medical Research. It was organised by NISAD and the Garvan Institute and was supported by the Public Trustee NSW. This is an annual event and information can be found on the website of the Garvan Institute. So look out for it this year. Overall, it was a very positive and encouraging seminar about recent advances in research into Schizophrenia and Depression. Speakers at last year's seminar included:

- Associate Professor Herbert Herzog, Director Neurobiology Program Garvan Institute of Medical Research. Associate Professor Herzog spoke on the topic of "Expanding the knowledge of brain function". He provided an introduction to the topic including describing the complexity of the brain and the many effects it can have on other parts and functions of the body from eating behaviour to bone density.
- Dr Melissa Green, NHMRC Clinical Research Fellow, Macquarie University. Dr Green spoke on the topic of "Improving social skills in schizophrenia". She spoke about research looking at the differences that had been found between people with schizophrenia and controls in the way their eyes scan faces of people to work out the emotion that the person is feeling. People with schizophrenia had more restricted scan paths that focused less on the eyes and mouth of the person and more on the nose. Dr Green explained that these differences may account for why some people with schizophrenia have more difficulty reading emotional expressions, which can affect their social skills, making friends and ability in the work place. Dr Green reported on the results of a recent pilot study where they tried to improve (or remediate) emotion processing skills by a computer task called the Micro expression training tool (METT) which

helps teach differences between commonly confused emotions. Two groups were studied (people with schizophrenia and controls) with ten in each group. Improvements were found in both groups. More subjects will be tested. Similar research is also being conducted at the Centre for Mental Health Studies in Newcastle.



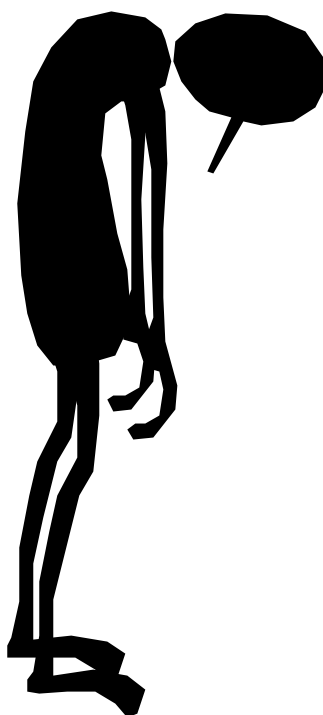
"Nikola spoke about the usefulness of the NISAD Research Register, DNA Bank and Brain Donor Program"

- Nikola Bowden, PhD student, University of Newcastle, spoke on the topic "A young researcher's perspective" Nikola talked about how she became interested in schizophrenia and chose to study it for her PhD. Nikola spoke about the usefulness of the NISAD Research Register, DNA Bank and Brain Donor Program to her in conducting her research as well as the NISAD scholarship. She gave an interesting talk about her research into genetics and schizophrenia.

- Professor Kay Wilhelm, School of Psychiatry, Uni-



iversity of NSW, spoke on the topic “Insights into depression and bipolar disease”. Professor Wilhelm first highlighted all the different meanings people attach to the word depression from people using it to describe how they feel after a bad day at work to severe clinical depression. An analogy she made was people who think a headache is a migraine and call it a migraine until they actually have a migraine and they realise what it is. Distinguishing features of ‘clinical’ depression in contrast to normal moods swings are the loss of ability to “bounce back”, the duration of at least two weeks and social impairment. Professor Wilhelm went on to describe the complex interplay between genes and environment in mood disorders and to further describe different types of depression. Melancholic depression, which is characterised by psychomotor disturbance, “anhedonia” or loss of pleasure, non-reactive mood, and mood and energy that is worse in the morning can be broken down further into Functional Melancholia and Structural Melancholia. Functional Melancholic responds better to medication and tends to affect younger (under 60yr) people, whereas, Structural Melancholia usually affects older people (over 60) is less responsive to medication and can be caused by small strokes or vascular problems. The type of depression in bipolar disorder is melancholic depression. Prof Wilhelm, described bipolar disorder briefly then went on to talk about some of the personality styles that can contribute towards a person becoming depressed. For example “Internalising –



anxious worrying”. Prof Wilhelm described a study that looked at the influence of stresses and life events and genetic factors in depression, concluding that both play an important role.

- Therese Garrick, Manager, NSW Tissue Resource Centre, spoke on the topic “Using our brains”- The importance of brain donation. Therese spoke about the importance of the NISAD Research Register, DNA Bank and Brain Donor Program. She described what was involved including the types of testing involved. Anyone who is interested can contact NISAD www.nisad.org.au nisad@nisad.org.au (02) 9295 8407. NISAD also has a free newsletter you can subscribe to called HEADLINES.

Overall an interesting seminar.

Yvette Cotton

“Professor Wilhelm went on to describe the complex interplay between genes and environment in mood disorders”



Check out the website of NISAD: www.nisad.org.au

15th Annual TheMHS Conference: Dancing to the Beat of a Different Drum: Mental Health, Social Inclusion, Citizenship

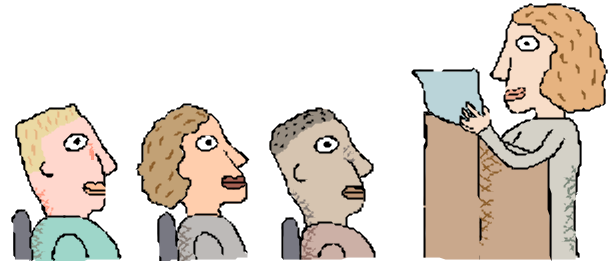
This year the conference was held in Adelaide and provided a high quality diverse, in-depth program with over 250 presenters speaking on a plethora of topics. The thinking behind this year's theme is that the "drum" is the heartbeat of an inclusive society, where citizenship for people with mental illness is valued.

South Australia is the state that operates the Woomera and Baxter Detention Centres and I found the sessions on human rights issues to be quite thought provoking and shocking. Dr. Sev Ozdowski OAM is the Australian Human Rights Commissioner and Acting Disability Commissioner. He was one of the keynote speakers and chaired a symposium on human rights for people with mental illness. Australia doesn't have human rights legislation and we are the only country among the civilised countries of the world that doesn't have basic human rights principles. Consequently we place people (including children) in extremely remote toxic environments that are worse than jails for lengthy periods of time where no meaningful treatment can occur. The jury is still out on the mental health damage we are doing to the asylum seekers and the people that work in these centres, although the Palmer report has made some recommendations to address many of the issues.

Other keynote speakers at the conference included Robert Mezzina who is a psychiatrist and director of a comprehensive 24-hour community mental health centre in Trieste, Italy. In his speech 'The Social Dimension of Recovery' he focused on the concept of the person and social integration, practice of citizenship in mental health and the connections with recovery, not on the medical model.

Ron Coleman also another keynote speaker who, in a very humorous way drew on his insights from a thirteen-year journey in and out of the psychiatric system to draw attention to many difficulties facing today's mental health

services. Ron has become a mental health trainer, author and consultant specialising in psychosis prevention and resolution. His workbooks on recovery are currently being used by the Trieste Community Mental



Health Centres. Listening to Ron amidst much laughter was a wonderful example of the benefits that are to be gained from consumer advocacy.

The final keynote speaker was Doris Kartinyeri a 58-year-old Ngarrindjeri woman who has not only survived being a member of the Stolen Generation but also has a mental illness. Doris talked about her courageous journey to find meaning and hope after the loss of everything that other members of the community take for granted. Doris has written her autobiography titled "Kick the Tin" as well as several children's books.

"Doris talked about her courageous journey to find meaning and hope.."

A very interesting session that I attended was called 'Bridging the Chasm between National Plan and Implementation' presented by Roger Gurr, Area MH Director WSAHS, Barbara Disley, MH Commissioner NZ, and Sebastian Rosenberg, MHCA. This session centred on the fact that in Australia we have no systematic national accountability framework or implementation targets even though we have had numerous mental health enquiries and have a National Mental Health Plan with lots of wonderful key direction state-

ments. Therefore what action/strategies are needed to change this situation?

In New Zealand the Mental Health Commission was set up to provide a view to the government of the qualitative and quantitative changes needed to realise the objectives of the Government's National Mental Health Strategy. The Commission has developed a *Blueprint* that is a National Mental Health Service Development Plan to carry out its responsibility for monitoring and implementation of the Strategy (document available on the web).

The Mental Health Council of Australia has also been addressing this issue and has produced a document titled *Towards a New Accountability Framework* (not yet released) that proposes fashioning a system of accountability.

Senator Lyn Allison who is chairing the current federal mental health enquiry also spoke at another session and gave an update on the issues she has encountered to date (a



very comprehensive list) and stated that the enquiry was due to end in October but is being extended because of the enormity of the task. Her team are travelling the length and breadth of Australia talking to consumers, carers/families and staff. What this will achieve remains to be seen.

I also attended numerous sessions on carer/family related issues pertaining to advocacy, support, training, information and education programs that are relevant to my area of work. The conference provided me with the opportunity to network with colleagues and carers from a variety of organisations and services from numerous states, which also further enhanced my knowledge.

Brenda Spencer
MH Carer Advocate SWAHS

Board Trustee
NSWCAG

"I also attended numerous sessions on carer/family related issues"

Suicide Prevention Research

A recent review of the literature has suggested that the best methods of preventing suicide are education of physicians about depression recognition and restricting access to lethal means. In contrast, community education, screening programs and media education, was found to need further testing to determine evidence of efficacy. (Mann et al 2005). What are your thoughts on this topic?

Reference: Mann JJ et al. Suicide prevention strategies. A strategic review. *Journal of the American Medical Association* 2005; 295:2064-2074

The article was also discussed on the ABC's Health Minutes by Norman Swan: 14th November 2005- <http://www.abc.net.au/health/minutes/stories/s1505849.htm>

TheMHS Conference—Adelaide August/ September 2005

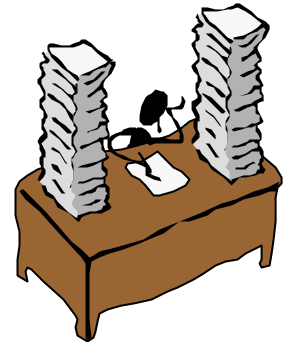
At the end of August 2005 I attended the TheMHS Conference and on the last day heard a talk by Senator Lyn Allison, the Leader of the Democrats, regarding the Senate Inquiry into Mental Health, which you may hear more about this year when the Report comes out.

From the 500 submissions from individuals, State governments and organisations these were some of the themes of the inquiries (the terms of reference were the Mental Health Strategies):

- De- institutionalisation
- Funding not going into areas where it is needed
- Substance abuse as well as mental illness
- Medicalisation / wholistic approaches to mental health – psychiatrist vs psychologist
- Medicare focus – the fact that it doesn't cover psychologists, counsellors – dependency on GP's
- Emergencies and crises services – impact on the individual – emergency facilities being quieter for mental health. At the emergency level do we need change?
- Question of police involvement – not a concern with the States – they accept it in rural and remote places
- Question of sedation and restraint with people having psychoses – risks for this for long periods
- Padded cells in hospitals and prisons – practises still happening
- Question of "divvy" vans [paddy wagons?] – public way of picking people up who have mental illness
- Immigration and detention centres – question of endless detention, so damaging
- Mainstreaming – not appropriate to have adults and children together – in Darwin no separate facilities (in rural areas this is difficult)
- Aboriginal Mental Health eg Port

Headland

- Rights of Consumers and Carers – terrific evidence from consumers – not equal in the States that consumers have a say – important aspect of Mental Health Services
- Human rights and dignity tied up with stigma – some of the worst stigma coming from Mental Health



There were 500 submissions.

- professionals – nomenclature eg people with personality disorder seen as nuisances
- Seclusion and monitoring – have we got it right?
- Psychiatric nurses – workforce
- Training qualifications for Mental Health – GP's training
- Geographic distribution – funding of rural and remote areas – under serviced areas funded
- Question of mental health first aid eg hairdressers having more awareness of mental health
- Enough re-

"At the emergency level do we need change?"

- search
- ADD [attention deficit disorder]
- Prevention, early intervention, 'revolving door' syndrome
- Standards of treatment
- Area of responsibility – with State governments who's responsible and how this fits in with National Mental Health Strategy
- Relationship with State



The role of the police in transportation was discussed

- and Commonwealth
- Suicide rates, eating disorders – lot of doubt of what to do-finding solution
- What's normal and what is aberrant behaviour – medicalisation of mental health
- Media – reporting of violent behaviour
- Attitude to recovery – hope for recovery
- Education – programmes in schools
- Influence – research of pharmaceutical companies – AMA has the ear of government
- Influence of consumers and carers –



"Not in my backyard syndrome was discussed"

- least empowered
- Importance of work-places like Port Headland- BHP influence
- Not in my backyard syndrome
- Equity
- Socio- economic influence

.....And more issues

Maureen O'Keeffe

ASU/NCOSS Roundtable on IR reforms

"On 15 December 2005, many [community sector] representatives participated in a Roundtable, jointly organized by the Australian Services Union (ASU) and NCOSS, to discuss the implications for community sector organizations of the passage of the Commonwealth's new industrial relations legislation.

At the Roundtable, it was indicated that the NSW Government would be establishing a Taskforce, to be chaired by Marcus Enfield and consisting of representatives nominated by the ASU, NCOSS and the NSW Government, to assess the implications, examine options to assist the NSW community sector address these impacts and report back to both the Government and the community sector by 30 April 2006." Taken from an email from NCOSS to attendees at the Roundtable

"It appears that the Commonwealth IR laws will cover NGOs which are 'constitutional corporations'. Put simply, this means organiza-

tions who trade in goods and/or services to a significant degree.

There are two tests to check this:

One is about what the NGOs charter says (eg its memorandum and articles or constitution) – its intent

One is about what it actually does – its activities

There are no simple benchmarks to give re the activity test (eg are you trading if less than 30% of your revenue comes from trading type activity?)

The ASU indicates that it believes the majority of the community sector in NSW will not be classed as 'constitutional corporations' and thus will not automatically be covered by the new IR laws....." Taken from information that Gary Moore (Director of NCOSS) has.

See links on the NSW CAG website to NCOSS.

Maureen O'Keeffe

The Black Dog Institute—Community Interest Forum and Open Day—Mental Health Week 2005

The Black Dog Institute hosted a Community Interest Forum and Open Day in Mental Health week last year. Speakers, mainly from the Black Dog Institute, addressed a number of topics mainly centred on the research that is going on at the Institute. Speakers were:

- Professor Gordon Parker, Executive Director, Black Dog Institute, who gave the opening address on the topic “New Challenges Facing the Community”. Professor Parker spoke about The Black Dog Institute and about depression and bipolar I and II disorders. The Black Dog Institute has four functions: Clinical Services; Research; Education; and Community Support. Professor Parker talked about depression and explained that there are different types of depression not just different severities. Treatment, he said should be determined by the type and the cause, not just by the person’s choice of practitioner. For example, typically what happens now is if you see a GP you will get antidepressants and if you see a psychologist you may get Cognitive Behavioural Therapy. He gave the analogy of a person going to the doctor with breathlessness and being told they suffered from “major breathlessness” without being given a cause. Once the cause of a person’s depression is discovered the treatment is more rational, he said.

Professor Parker also talked about bipolar I and bipolar II and described how the prevalence rates of bipolar II have been increasing in the community over the last decade, whilst there has been no increase in bipolar I. People with Bipolar II disorder don’t have manic episodes but have less severe “hypomanic” episodes, but still have depression. The impact of bipolar disorder in terms of high suicide rates of 15%; disability in terms of how it af-

fects people’s ability to work; and discrimination was also discussed



Research is one of the functions of the Black Dog Institute

Mathew Johnstone, Author of “I Had a Black Dog” – spoke about his book and the background to it. He talked about his own experience of depression and it’s symptoms. His illustrated book excellently depicts what it is like to have depression. The many symptoms were well portrayed often in a very humorous way without losing the message that it is a serious and debilitating condition. It is also an encouraging story with a sense of hope.

“The Black Dog Institute has four functions: Clinical Services; Research; Education; and Community Support”.

- Dr Michael Breakspear, Research Fellow, Black Dog Institute, spoke on the topic “Unlocking the Secrets of the Brain”. Dr Breakspear’s talk, which covered brain experiments, brain models and the brain and mental disorders really highlighted the complexity of



the brain and the amazing new research that is becoming possible.

- Bibiana Chan, Research Assistant, Black Dog Institute, spoke on the topic “stress less tips” and “introduction to depression in the Chinese Community” Her talk focused firstly on a study of 300 subjects from the Chinese community in Australia, looking at the expression of depression and where they sought help. Subjects were divided into 2 groups depending on their “acculturation”. The second part of her talk focused on stress less tips and covered issues like monitoring mood, confidence, resources, attributes, and balance. Her list of tips were: be flexible; respect other’s uniqueness, nurture a positive mind, take it as a challenge, everything has a natural course, spices of life (sweet, bitter, sour) and relax and enjoy a cuppa.
- Barbara Tooth, talked about the contribution of personality styles in the development of depression. She explained that personalities develop early in life and remain stable over time. She explained how certain personality styles can make a person more vulnerable to developing depression when a stressful life event comes along. Examples given included perfectionist and anxious / worrier. The symptoms of depression and the treatments may differ depending on the personality style.
- Dr Colleen Loo, Psychiatrist, Spoke on the topic “Magnets to Treat De-



Depression in the Chinese Community was spoken about at the seminar.

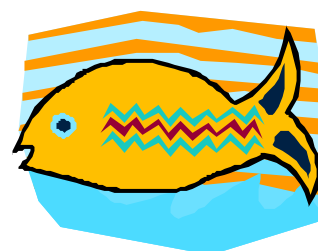
pression – An introduction to Transcranial Magnetic Stimulation” (TMS). TMS is a technique that is being used in research studies at the Black Dog Institute to treat depression. Unlike ECT there is no seizure and no anaesthetic required and no effects on memory or thinking. It is safe and effective, but maybe not as effective as ECT. It works by increasing blood flow in the front parts of the brain. There have been at least 20 studies that have shown it to be better than placebo, but more research is needed to refine the technique. People at the forum had the opportunity to see the TMS machine and feel what it felt like on their hand.

- Dr Anne Marie Rees, Psychiatrist spoke on the topic “Can Fish Oil (Omega 3) Help Depression Sufferers”. Dr Rees explained that there

“countries with higher fish intakes have lower incidence of depression”

are three types of Omega 3: ALA, DHA and EPA. DHA and EPA are the ones that are important. Also of note is that Omega 6 competes with Omega 3 and

so it is important not to have too much Omega 6. Western diets are typically high in Omega 6. According to Dr Rees, countries with higher fish intakes have lower incidence of depression. Importantly Omega 3 can be measured in the blood and it has been found to be lower in depressed



Black Dog seminar (continued)

people. One study (by Stoll et al, 1999) showed that fish oil supplements in addition to medication was effective in people with bipolar disorder. Other studies have found similar results for depression. Dr Rees said that these studies used very high doses of fish oil and it was not recommended to take high doses without medical monitoring for side effects. If trying to get fish oil in the diet, salmon and other oily fish are the best sources.

Overall, it was a very interesting seminar. The black dog institute's website www.blackdoginstitute.org.au has lots of good info,

so have a look.
Yvette Cotton



Salmon and other oily fish are the best sources of fish oil in the diet.

Catalyst ABC 27th October 2005: Phobias and D-Cycloserine

Catalyst on ABC TV, on October 27 2005, had an interesting program on fear and the possible beneficial effects of a medication D-Cycloserine when used in conjunction with psychotherapy in treating phobias. Recent research from America and Australia was discussed and case studies were presented including a woman with a phobia about spiders.

The medication D-Cycloserine is actually an antibiotic used to treat tuberculosis, but according to the report it "has a handy side-effect – it opens up the learning centres of the emotional brain". Exposure therapy is a common form of therapy for people with phobias, where the fear is gradually confronted, in a safe environment. The American study, by Dr Barbara Rothbaum, Emory University, USA, found that the people who got the medication (D-Cycloserine) as well as the exposure therapy had greater reductions in their anxiety, and they maintained this three months later with no more therapy, compared to the people who received the placebo pill.

An Australia study, by Dr Adam Guastella, University of NSW, also looked at a similar question, but with people with a phobia of spiders. This study also had two groups receiving exposure therapy, but only one group receiving the D-Cycloserine. This study found both groups got over their fear. According to Dr Guastella, "It might be just simply that if you treat everyone well, you just can't see the effect of the antibiotic"

"D-Cycloserine .."has a handy side-effect – it opens up the learning centres of the emotional brain"."

The full transcript of this program can be found on the ABC's website.

<http://www.abc.net.au/catalyst/stories/s1492176.htm>



Can medication help phobias?

Minister's XI Cricket Match

Undaunted by the threat of rain and the rather cool and windy conditions the competitors in this year's Minister's XI Cricket Match, Aftercare and Morriset, delighted the appreciative audience with a great display of dashing cricket. Umpires John McAuliffe OAM from Schizophrenia Fellowship and Stan Alchin OAM from Aftercare kept a watchful eye on the proceedings and later declared that the standard of cricket this year was excellent.

Even the Minister, the Hon. John Hatzistergos who had earlier been to the International Test at the Sydney Cricket Ground, was moved to observe that *".....the efforts of the players at the Petersham Oval were no less as deserving of praise as their more famous counterparts playing at the SCG."* The Minister's presence, incidentally, was very much appreciated especially as he had to cut into a busy schedule in order to make this commitment.

It is beyond question that the quality of the players' performances has improved with each passing year and the batting, bowling and fielding has taken on a polished edge that reflects the months of practice and coaching that precedes the event. This preparatory period plays an important part in bonding the teams, enhancing teamwork and building the skills and confidence of the players. The staff involved in this pre-match activity are to be congratulated on the positive outcomes of their work. Likewise the players, themselves, who have shown a keen determination to acquire the necessary cricket knowledge and techniques.

There is no doubt that active involvement in sport and exercise is of great benefit both physically and mentally and the promotion and establishment of these activities as a serious therapeutic medium for people with a mental illness deserves to receive much more attention than is currently the case. Organisations such as those which sponsored

the Minister's XI Match can and do play their part but a broader approach through a body such as the Mental Health Sports Association could produce wider opportunities provided it had the means to more actively and comprehensively pursue its aims. Although sponsoring a number of very successful events throughout the year the totally voluntary nature of the MHSA limits its reach.

In an exciting tussle, with some outstanding individual performances and determined efforts by all players, victory finally went this year to the Aftercare team. A turning of the tables on their opponents who claimed the prize last year. Seventy years ago, the immortal Don Bradman made a century at the Petersham Oval at the age of 18 in his Sydney A Grade debut. I am sure he would have been very pleased with the game that took place to-day

Joy Said AM Executive Director of Aftercare acknowledged the splendid work by staff and volunteers who also ensured that the appetites of the spectators, players and other participants were well and truly sated. The contributions by Randwick/Petersham Cricket Club and Marrickville Council were also noted with gratitude.

The locally based Robbers' Dog Jazz Band provided a very entertaining background to the sporting endeavors.

The rain held off. The Minister presented the Shield to the Captain of the Aftercare Team and an Award to the Player of the Match; other major presentations were made by Dr. Petah Martin, President of Aftercare; Justice Frank Walker, President of Schizophrenia Fellowship and Mrs Anna Saminsky, President of NSW Consumer Advisory Group (Mental Health)- and a very successful day was enjoyed by all.

Brendan Kavanagh

Self-help books for mental illness

Peter Lavelle reported on ABC's "The pulse – Health Matters" about a recent study by researchers at the University of New England, Armidale into the benefits of self-help books. The study found that 90% of 119 people who had read a self-help book in the last 12 months reported that they had benefited in ways such as "the book helped them get a better perspective on their life, improved their social and communication skills and gave them better control over their emotions". Other studies were also mentioned in the article that had also found favourable results. Some tips for assessing good books such as: checking reviews eg. at Amazon.com , or Barnes and Noble.com, checking the author's biography; is it based on recognised treatment?; and asking a mental health professional were discussed. Also important, according to Dr Malouff, the psychologist who supervised the study at Armidale, is that people actually "make the effort to improve" and "do what it says". Some books that were mentioned in the article included:

- Feeling Good (Burns, 1980)
- Control Your Depression (Lewinsohn and others, 1986)
- Beating the Blues (Tanner and Ball, 1989)
- Mind over Mood (Greenberger & Padesky, 1995)

- Change Your Thinking (Sarah Edelman, ABC books)

The full article is available at <http://www.abc.net.au/health/thepulse/s1491971.htm>

Of course a self-help book is not a substitute for treatment for serious mental illness.



*"the book helped them get
a better perspective on
their life"*

Living well with bipolar disorder Seminar

This seminar was sponsored by the Depression and Mood Disorders Association NSW and the Black Dog Institute and was held on 17th October last year. The main speakers were Dr Meg Smith and John Konrads. Meg spoke about : "What do we need to live well with bipolar disorder"; "Helping Ourselves"; "What we know works"; "Coping with the symptoms and side effects"; "Preserving rela-

tionships during episodes of illness"; "Getting together with other people". John Konrads, Olympic Gold medallist in swimming, spoke about his experience of depression and things that had helped him. He spoke, for example, about how his antidepressants seemed to work better after he had stopped drinking alcohol. There were some other short talks and time for a lively discussion.

New Research—risks of anxiety in late pregnancy

New research from the University of Rochester, New York, published in *Biological Psychiatry* has found a link between high levels of anxiety in late pregnancy and levels of salivary cortisol in the children. High and prolonged Cortisol production has been linked to depression and anxiety, so there may also be a link between anxiety in pregnancy and predisposition to anxiety and depression in the children. The researchers studied more than 70 children before birth and up to



the age of 10. The study was reported on the ABC's *The World Today* – Wednesday 17th August 2005 by Tanya Nolan. Guests on the program included Australian specialists Associate Professor Anne Buist and Dr Louise Newman. The full story can be found at <http://www.abc.net.au/worldtoday/content/2005/s1439975.htm>

ACOSS Action Network

To participate in ACOSS campaigns by writing letters to your local Members of Parliament and Senators and to receive four newsletters a year on social issues in Australia join the ACOSS Action Network.

Go to www.acoss.org.au, enter your postcode in the left hand column, follow the

prompts and register as a member online.

The Action Network has replaced the E-mail media release service but if you wish to receive E-mail media releases for work reasons email Anouk Ride ACOSS Media & Publications at

anouk@acoss.org.au

Suicide Prevention Australia LiFe Awards 2005

The Suicide Prevention Australia LiFe Awards presentation night was held on Suicide Prevention Day last year at Government House. Several distinguished guests attended including Her Excellency, Marie Bashir, Governor of NSW. The awards highlighted the many excellent programs and initiatives that were happening around Australia that help achieve the goal of suicide preven-

tion. Award categories included Media, Community, Young Australian, Indigenous, Outstanding Contribution, Contribution, and Industry. The award winners for 2005 are described on the website www.suicidepreventionaust.org. To nominate people or organisations for awards this year keep an eye out on the same website.

Post Natal Depression in Rural Areas

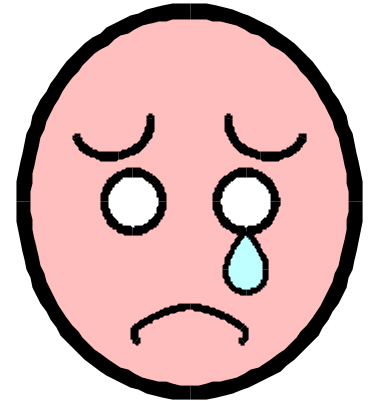
All in the Mind, on ABC Radio National on 5th November 2005 had a segment on post natal depression in rural areas, in particular Nambucca Heads in NSW. The program explored the relationship between poverty, community pressures and high rates of postnatal depression in the area. Liz Keen produced the program and interviewed guests: Professor John Beard, Head of Department, Northern Rivers University Department of Rural Health; Karen Dell, Social Worker, Mid North Coast Division of General Practice in Nambucca Heads; and "Sarah" a former sufferer of Post Natal Depression

Some of the problems highlighted in the program were:

- High levels of stigma in small communities, where people didn't want, for example, to tell their GP they were feeling depressed because then it would get in their notes and the receptionist (who is there neighbour) might read it and then everyone would know. Or, they didn't want to be seen waiting in a waiting room at a mental health service.
- Limited availability of psychiatrists. For example, in the Nambucca Valley a psychiatrist visits once a fortnight, and has to really prioritise who he can see, and, according to Karen Dell, mostly sees people who are "very, very unwell and need a psychiatrist to be monitoring their medication quite regularly"
- Limited availability of GPs. According to Professor Beard this is more of a problem in low socio-economic areas, and as well as less availability, "they are going to be worked harder and they are going to have less time to spend on some of these less obvious problems"
- Pilot programs not receiving ongoing funding. Karen Dell was "involved in a pilot program offering services for women with postnatal depression. But that project's now ceased for lack of ongoing funding". She sees this as a wide-

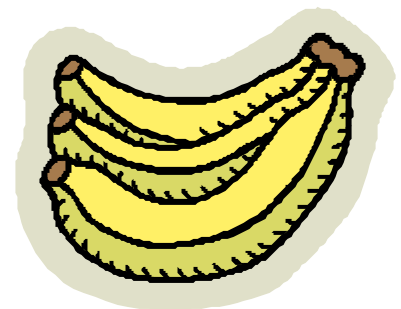
spread problem.

A yet to be published study by Dr Kathryn Lewis and Karen Dell, in 2002 was referred to in the program. According to Liz Keen, this was "the first rural study into the incidence of PND". All women who had given birth at Coffs Harbour Base Hospital in a certain time period were interviewed. A staggering 52.3% of women interviewed in this study had post natal depression, compared to the national average of 10%-15%.



According to Professor Beard, the "commonsense link between poverty and mental health is only just beginning to be investigated". Other factors that were found to be protective in the study by Dr Lewis was attending a local high school. According to Karen Dell, this may mean you grew up in the area and had family there and perhaps a GP who has known you for some time, rather than moving into an area and not knowing anyone.

For more information or to read the full transcript go to <http://www.abc.net.au/rn/science/mind/stories/s1492613>



Australasian Society for Bipolar Disorders Conference 2006

This conference highlighted some of the recent research into bipolar disorder, including research into psychological treatments, medications, neurobiology as well as consumer issues. It was held at the Sofitel Melbourne from 23-25th of February 2006.



Joanne Sturgeon, from New Zealand, with her poster on "The Lived Experience of Bipolar Disorder in the Perinatal Period".

The following is a short summary to present some of the recent findings and to give a taste of what the conference was like in case people are interested in attending the next one, or just interested to hear what happened at this one.

The conference started on the Thursday night with a welcome reception, followed by a symposium dinner. Consumers, however, were not allowed to the two symposium dinners on Thurs or Friday nights, because they were organised by pharmaceutical companies and [due to the Medicines Australia Code of Conduct, by which they operate, the companies are unable to extend invitations to non medical personnel](#). Unfortunately, conference organisers had decided to give consumer registrants to the conference green name tags instead of white ones. While this made some of us feel a little uncomfortable – like having a neon light flashing saying “I have bipolar”, it did allow us quickly to identify other consumers from other states and countries, and it was great to get a chance to meet with others and find out a little of what is going on in New Zealand and Victoria in terms of support groups and networks for people with bipolar, for example. New Zealand, for example, has an organisation called Balance New Zealand Bipolar Network: www.balance.org.nz. After our protest the tags were changed

to white, but we were still not allowed to the symposium dinners.

I was wondering later why it felt so uncomfortable to have a green “consumer” tag. After all, I am pretty open about my bipolar and have even been on telly talking about it. I think, however, it was similar to how I feel when I use my DSP

card, on the bus or at the movies. It is forced disclosure and invasion of privacy without a choice.

Anyway.. on to the conference.

The first day of the conference started with two contrasting and interesting speeches by Dr Terence Ketter, who spoke about “Neuroimaging in Mood Disorders: What Have We Learned?” and Prof Jan Scott, who spoke about “Psychological Therapies in Bipolar Disorders: Does the Evidence stack up?”

“Dr Ketter highlighted how far research has come in the area of neuroimaging....”

Dr Ketter highlighted how far research has come in the area of neuroimaging, but stressed that so far we do not have a diagnostic test, and cannot yet, for example, use brain scans to predict what treatments people will respond to. He explained that research has been able to locate some of the areas of the brain that are different in people with mood disorders (such as the “anterior cortical / anterior paralimbic basal ganglia – thalamocortical circuit changes” (Abstract

Bipolar Conference (cont.)

201). However, there is a long way to go before research will identify what is happening in these areas of the brain (ie “what neurochemical changes mediate the pathophysiology of mood disorders” (Abstract 201). Dr Ketter spoke of known structural, functional and neurochemical changes in the brains of people with bipolar.



Meg Smith, from Australia, with her poster on “Bipolar Disorder and Crime”.

Prof Scott, as mentioned above, spoke about psychological therapies. After an introduction covering the history of research into psychological therapies in bipolar, which seems to have increased rapidly since 1999, she spoke about a recent multi-centre randomised controlled study by her research team into psychological therapy for people with bipolar, which had surprising findings... no improvements compared to controls. After Prof Scott then joked about retiring based on the study’s finding, she explained that later analysis of the study found that the more recently diagnosed consumers improved, whereas those who had had the illness for longer, and had several episodes (12 – 30+) actually got worse. So overall, there was no improvement. She concludes in her abstract that “whilst psychological therapies may benefit some individuals further studies of representative samples are required to fully establish the place of these approaches in day-to-day clinical practice” (Abstract 202).

After morning tea I chose to go to the session on diagnostic issues. There were some interesting talks on the topic of “mixed states” (ie symptoms of depression and mania at the same time) as well as a couple of other talks.

Michael Berk, explained that there were several diagnostic criteria for mixed states. The DSM-IV was the strictest, as people needed to meet full criteria for both manic and depressive episodes. However, he explained that other criteria may have clinical relevance, such as Cassidy et al. (2000) “manic mixed states” and Benazzi (2003)

“depressive mixed states”. “Manic mixed states” are mania with at least a few depressive symptoms and “Depressive mixed states” are depression with at least a few manic symptoms. Dr Berk explained that these last two definitions would mean that mixed states were more common. He also put forward an interesting theory as to how such states might arise if energy and mood etc cycle at different times.

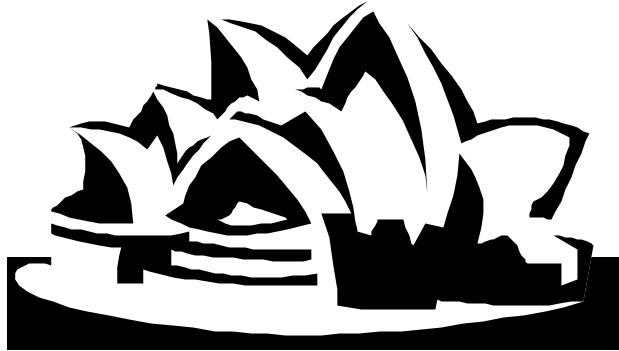
Another session in this section that I found interesting was one which highlighted the frequency of “inter-episode symptoms”. Particularly demoralisation. According to research by Dr D’Souza, “68% of patients [with bipolar] surveyed experienced sub clinical symptoms and demoralisation”. That is even when they were not in an episode.

Look out for a continuation of this article in the next issue of NSW CAG INFO_LINK in September 2006.

Yvette Cotton.

Communicating with Diverse Clients

Australia has long been a multicultural country and the number of people from culturally and linguistically diverse (CALD) backgrounds who need mental health care is on the increase. Mental illness affects about 1 in 5 people in all cultures across the globe, migrants to Australia included. Traumatic experiences as a refugee or asylum seeker can also lead to problems with depression, anxiety, post-traumatic stress disorder and numerous other issues.



Australia is well known for other things but it has long been a multicultural country

According to the Australian Bureau of Statistics Census of 2001, the most commonly spoken languages in Australia (other than English) are: Arabic, Chinese, Italian, Greek, Vietnamese, Spanish, Tagalog (Filipino), Macedonian, Korean and Hindi. About 3.5% of the population speaks English not well or not at all

Some services exist specifically to assist clients of CALD background and these play a major role in providing health care to this population. However, more CALD communities are developing in rural areas of NSW and mainstream services in all areas of the State are often required to help the person. Therefore mental health workers from Australian backgrounds often need to build their skills in communicating with people whose first language is not English, in order to provide a fair and effective service to all members of our community. It is important to be aware of your own values, beliefs, expectations and stereotypes surrounding people from different cultures. Your attitude towards the client can help you provide them with a great service – or one that is threatening, anxiety-provoking and alien to their needs.

Here are some tips that might help mental health workers to communicate well with clients from diverse backgrounds.

Avoid asking the client questions that only require a simple 'yes' or 'no' reply.

Sometimes clients automatically reply 'yes'

to such questions because they are trying to be cooperative or helpful, although they have not really understood the question. To ensure that the client has understood what you have said, ask them to repeat the message back to you in their own words. Ask further questions if you are not sure they have understood. Questions starting with the words 'why', 'when', 'how', or 'what' are most effective. If the client cannot answer your questions easily or repeat

Questions starting with the words 'why', 'when', 'how', or 'what' are most effective.

back the information you have given them in their own words, use a professional interpreter.

Do not make assumptions about the client's levels of understanding.

Many people of CALD background say that people often make assumptions about their level of English proficiency. On one hand this can mean the worker assumes that because somebody is of Asian appearance (for example) they cannot speak English.



People from diverse backgrounds now reside in Australia and need services.

Communicating with Diverse Clients (cont.)

On the other, it can mean that the worker has assumed that the client's English is better than it is. Treat each client as an individual and try to avoid any preconceptions about a client's ability to speak English.

People from CALD backgrounds tend to learn certain types of information earlier than others. Factual details such as their name, address, date of birth etc are often required and the person gets lots of practice repeating them, therefore this information becomes automatic. However, this is not an indication of their competency in English as understanding and responding to novel situations is much more difficult and requires a much larger vocabulary. Ask open-ended questions when you need to assess the client's language ability.

Good social conversation skills do not mean that the client is able to comprehend complex or emotionally-loaded information. Some people find that their English skills deteriorate when they are upset or stressed so it is important to allow more time to ensure understanding at such times.

Verbal competency in a language does not mean that the client can understand written information. Check the client understands any written materials as well as their understanding of information given verbally.

Respect the client's understanding of their problem

Pay attention to how the client describes their problem and join with them in using their terminology. For example, a client may talk about their depression in terms of "feeling down" or even "silliness". Use the client's word for something, not the clinical term – if they refer to depression as 'silliness' then

use that word even if it sounds incorrect or offensive to you. This helps the client to feel heard and reduces the risk of making incorrect assumptions about the client's problem. However, don't introduce euphemisms of your own – using clear and accurate correct terms is much more helpful.

Speak clearly and slowly

Within reason!

This can really assist clients in understanding you but

caution must be taken not to appear patronising. As the conversation continues, you will get an idea of the individual client's competency in English, so try to adapt to fit their needs.

Never raise your voice in an attempt to clarify a point – the client lacks understanding, not hearing!

"Never raise your voice in an attempt to clarify a point – the client lacks understanding, not hearing!"

Avoid using jargon or technical terms whenever possible and if you do, explain them clearly.

Reassure the client that it is OK for them to ask you to slow down or clarify if necessary.

Offer to write important points down for the client to take away with them. Standard client information brochures could be developed within services to include the answers to frequently-asked ques-



These tips apply to all forms of communication



These tips can be useful across different occupations in health care

tions and essential information.

Break down the information you need to give to the client into smaller, more manageable chunks and ensure the client has understood each one before moving onto the next.

Repeat important information if you are unsure it has been understood.

Avoid using 'double negative' phrases such as "do you not like this place?", or rhetorical questions such as "you don't want to do that, do you?" These are sometimes confusing even to people whose first language is English!

Further information

Telephone Interpreter Service

Tel 13 14 50

Information about key community organisations in NSW

<http://www.crc.nsw.gov.au/communities/index.htm>

Multicultural health programs in NSW

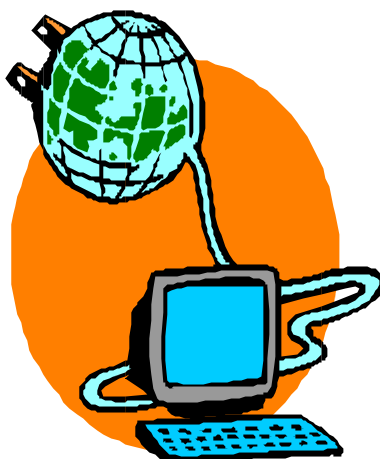
<http://www.mhcs.health.nsw.gov.au/health-public-affairs/mhcs/images/pdfs/booklet.pdf>

'Language competency cards' can be obtained from:

<http://www.mmha.org.au/MMHAPublications/Store/catcards>

Cultural Awareness Tool – Understanding Diversity in Mental Health

www.mmha.org.au/MMHAPublications/Store/cat.pdf



References and more information can be found from the listed websites.

References

<http://www.mhcs.health.nsw.gov.au/health-public-affairs/mhcs/FAQ/>

<http://www.mmha.org.au/>

<http://www.health.qld.gov.au/multicultural/guidelines/communicating.asp>

<http://www.abs.gov.au/websitedbs/D3110124>

NSF/24e5997b9bf2ef35ca2567fb00299c59/034b261536480e03ca256c3a0000d6a8!
OpenDocument

Alex Faraguna

Information Service Coordinator
Mental Health Association NSW

"Avoid using 'double negative' phrases such as "do you not like this place?""





NSW CONSUMER ADVISORY
GROUP - MENTAL HEALTH INC

PO Box 1108 Rozelle
NSW 2039

Phone: 9556 9219
Fax: 9555 1041
Email: eo.nswcag@tpg.com.au

We're on the Web!
www.nswcag.org.au

NSW CAG is a state-wide organisation that is governed by six trustees. Three trustees are Consumers and three are Carers. Trustees sit on a number of State and Commonwealth Committees including the National Consumer and Carer Forum as well as numerous state committees.

NSW CAG has input into policy development, service provision, and the implementation and evaluation of the National Mental Health Strategy.

NSW CAG is an incorporated, non-government organisation that receives funding by NSW Health.

NSW CAG has a mailing list of approximately 1000.

DONATE YOUR CLUTTER and help the Mental Health Association NSW

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Please tell them you want to donate your things for the Mental Health Association.

Am I a white elephant?



- Antiques
- Computers
- Sports Equipment
- Car Parts
- Collectibles
- Musical Instruments
- Hardware supplies
- Electronic equipment
- Camera gear
- Unwanted gifts
- Vintage toys
- and much more

The Mental Health Association NSW is a registered charity that works to promote opportunities for the people of NSW to achieve their optimal level of mental health through providing information, education, mutual support and advocacy services.

