

# MindLine No 13

**ARAFMI Hobart: Spring 2004**

97 Campbell St Hobart 7000 Ph 62 369 251 HelpLine www.tased.edu.au/tasonline/mhcrcl

**A BIG Thank You to everyone for their donations of stamp booklets for MindLine!!!**

*Our thanks also to our financial supporters:  
Alex, Don, Helen, Australia Post and the National Bank.*

## Support Meeting Venue

## Date / Topic

<p><b>97 Campbell St Hobart</b> Some parking at rear of bldg.</p> <p><u>Trade table</u>: bring small items to sell for fund raising.</p> <p>Everyone is welcome!! Supper available – would you like to bring a plate?</p>	<p>2<sup>nd</sup> Thursday evenings of the month at <b>7.30pm</b></p> <p><b>9<sup>th</sup> Sept</b> no set topic</p> <p><b>14<sup>th</sup> October.</b> Discussion about Meg Smith's talk</p> <p><b>11<sup>th</sup> November.</b> Report back from The Mental Health Services Conference</p>
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**ARAFMI IS GETTING TOO BIG!**

And the MindLine work-load is huge.

You can help save ARAFMI postage & handling by receiving your newsletter via email:

Visit your local library, online centre or neighbourhood house, get a free hotmail.com email address and participate in the electronic era. Please give us your email soon. Thank you.

## **Dr Meg Smith's visit to Hobart**

**Reframing Mood Disorder: A Discovery Approach**

**Venue: Corus Hotel Bathurst St Hobart**

**Thursday 16<sup>th</sup> Sept 1.30 till 4.00 pm**

Refreshments Provided

RSVP for a seat/catering: first 100 in: 6236 9251 or Anna 6235 6015  
(And "Revisit Barriers of the Mind" 4 Corners ABC TV 8pm 13 Sept)

## **What helps while parenting with mental illness?**

Amanda visited us for our July meeting and succinctly informed us of what works when a parent has mental illness.

Nurses and carers please encourage children to visit Mum in hospital. Amanda found that a program called 'reconnections' a six month parenting help in the home kept her family together. She had social work and 'effective parenting' skills 'training' every week day. She says that her family would not have survived intact without this crucial service, which now sadly seems to have been only a one-off pilot project without ongoing funding.

Amanda found that a GP who would look at the whole family as a unit and coordinate the family care needs. With consent from herself her GP can liaise with other care agencies in planning and responding in a timely way should she require hospitalization again. In addition to that, her children also have their own GP for talking about their relationship with Mum. Vince a counsellor was very helpful and supportive. She also learned CBT (cognitive behaviour therapy) and this helped her get back into the workforce. This was a major turn around and decreased family poverty. She was able to realise her ambition of giving back to the community, which had generously supported her family.

Her children benefited from Kidz Clubs (after school group programs for children with parental mental illness) and from this experience they realised that there are other children in similar situations.

One thing that may have helped her husband stay with the family would have been mental health information for him so he could know what to expect from mental illness in his wife and to have someone address his emotional needs in relation to the change in his marital relationship. Similarly if she herself had had more general information about mental illness before she became unwell, maybe that could have lessened her distress.

Workers please note that there may come a time when the therapeutic alliance is not working and it's time to refer your client on and to not overly delay this process. Sometimes it may be necessary also to have another relative take a child to the Child/Adolescent Service where the mother's mental illness is a barrier to workers believing her story about the child's state.

There is a strong need for respite care for parents with young children in the area of respite care. The wait lists are too long. Amanda found that a holistic in-home help in the real life environment of the family home of much greater value than 'counselling' in an office environment. She encourages parents to access the non-government organisations that assist families in troubles: eg Good Beginnings, Early Support for Parents, Champs Camps, Kidz Clubs Anglicare / Centacare and so on. *Thank you Amanda.*

### **Library Overdues:**

Many items remain outstanding or forgotten  
Please remember that borrowings are for 3 weeks, so please return your materials promptly, so that other people may benefit from them: Thank you borrowers.

Videos are now on loan for 1 week.

## *Certificates of Appreciation*

**If you have a worker in mental health who you think deserves a certificate of appreciation, please forward their details to us so we can mail them one and list them as one of our 'workers of the quarter' in this newsletter.**

**Let's support caring professionals!**

## **Research Roundup**

**Diet and Depression:** low folate levels are associated with lasting and resistant depression (J Clin Psychiatry 2004:65). So making sure that dietary intake and absorption are adequate may hasten recovery. Other food sources that may assist in recovery include; oily fish (salmon, sardines, mackerel), mixed nuts & seeds, dried beans, lightly cooked veggies, and a variety of fresh fruits and berries. Pills and talk therapy are battling uphill if the person sticks to an inadequate diet. Nutritional supplements can not replace an inadequate diet as the variety of nutrients cannot be contained in a 'pill'. The brain is the most hungry organ of the body and can't thrive without nutrients.

## **Kidz Club NEW!**

These are clubs for primary school children who have a parent with emotional / mental illness.  
Contact Anna Dimsey Project Officer, for clubs in your area, on 1800 808 890.

## **For free Government services:**

Please phone the central office if seeking an appointment: ph 6233 6011

**Urgent assistance: phone the Crisis Assessment TriageTeam (CATT)**

**Ph 6233 2388** or **1800 332 388** 9am til 10.30pm every day of the week.

After hours you can talk to a psych nurse but there is no outreach service.

If the person is threatening, call the police first.

## **Human Rights & Mental Illness: has anything improved???**

**Burdekin Enquiry 20yrs on...**

**Grand Chancellor Hotel, Ballroom South**

**Tuesday 7<sup>th</sup> Sept at 1:00pm til 3:00pm**

**Public Forum: Come one, come all!**

**Human Rights & Equal Opportunity Commission & Mental Health Council of Australia.**

## THIN ICE: LIVING WITH SERIOUS MENTAL ILLNESS AND POVERTY IN TASMANIA

By Prue Cameron and Jo Flanagan, Social Action and Research Centre, Anglicare, Tasmania. 2004.

ww.anglicare-tas.org.au

Tel: 6234 3510

*This summary has been prepared by Ann Tullgren. Like all summaries it selects content. I've tried to stay faithful to the study but retain colour and facts because above all I want you to read this. Read it and weep. Read it and be amazed at the courage of people who have a serious mental illness, their families and the workers who seek to meet their needs with a policy and fiscal framework of unconscionable restraint.*

### **In a Nutshell**

The report investigates the lives of Tasmanian with serious mental illnesses (also known as low prevalence disorders) who are living on low incomes. The investigation is from the perspectives of both people with mental illness and their families.

The report studies the compounding effects, the interconnectedness, of poverty and mental illness. It confirms that Tasmanians with serious mental illnesses are among the most disadvantaged in the community. They are socially isolated, face significant barriers to social and economic participation, their physical health is much worse than the rest of the population and they face enormous difficulties finding and maintaining stable accommodation.

Community care for the mentally ill, because of the poverty traps, the marginalisation and isolation has been described by the Mental Health Council of Australia as 'institutionalisation in the community'. That is, that the lives of the mentally ill are doubly constrained: by their illnesses and by the limited responses of government and the community to their need, just as in times past they were constrained by both illness and the walls of the asylum.

The changing socio-political context of the past few decades means that the lot of the mentally ill has worsened due to cutbacks in services, and loss of affordable housing. This means that families and friends are increasingly responsible for their care and support, usually with little support from services.

There is a consequent high toll on the health, social, economic and emotional well being of carers. This cost is hidden from the view of the community and politicians.

The report concludes that deinstitutionalisation has not failed: what has failed is the political will to fund essential support services in the community, even though the need for these essential services is well understood by government. This lack of support leads to a worsening of the health status of the mentally ill and carers, forcing them into the more costly acute care sector and entrenching lifelong patterns of marginalisation. Particularly alarming is the fact that limited government response in the critical window period after the first psychotic episode is determining illness-saturated futures those with serious mental illnesses.

### **Through the Lens of Poverty**

'To live with a serious mental illness to live a life dominated by that illness'. Thin Ice looks at the daily lives of Tasmanians with mental illnesses through the prism of poverty, rather than the prism of the illness. This is a unique focus for research.

People with serious mental illnesses are likely to be trapped in cycles of life-long poverty because of their low rates of participation in the workforce, the consequences of their illnesses and the lack of essential support services.

### **Relative Poverty and Social Exclusion**

Poverty in the minority world is a complex experience of relative deprivation which most find difficult to understand. In recent years the concepts of participation poverty and relative deprivation have emerged to conceptualise this experience. Within this definition, income remains an important

determinant of poverty, but access to social support, health, education, affordable housing and transport are also critical.

### **How Many Tasmanians suffer from a serious mental illness?**

The high and increasing incidence of mental illness in Australia was first quantified in *The National Survey of Mental Health and Well Being for Adult Australians* in 1997 (ABS 1998). The survey found that almost 1 in 5 people had experienced a mental disorder in the past year. Some of these people experience less serious problems, but others experience ‘low prevalence’ disorders such as schizophrenia, bi-polar disorder, depression and severe and disabling anxiety disorders. ‘Low prevalence’ disorders, or serious mental illnesses, are found in about 3% of the population (Jablensky et al 1999; Andrews 1994).

*This means that approximately 9,500 Tasmanians suffer from serious mental illness.*

Another way to identify the numbers of Tasmanians suffering from serious mental illness is to look at the numbers on disability type government payments. In January 2004, 6,493 Tasmanians had a psychological or psychiatric condition of such severity that they were receiving Centrelink’s Disability Support Pension - this is a higher number than the national average. A further 862 Tasmanians receive the Department of Veterans Affairs’ Disability Pension for total and permanent incapacitation due to a mental condition.

Data from the Tasmanian Mental Health Services can also be examined. In 2003 the number of mental health patients in active community care in Tasmania was 4,902 - most had low prevalence disorders.

Another measure comes from the ABS *National Survey of Mental Health and Well Being* in 1997. It found that 51,102 adult Tasmanians reported having a mental disorder in the 12 months prior to the survey.

The disadvantages suffered by the seriously mentally ill are multiple and extreme. They are highly vulnerable to poverty, family breakdown, social isolation, poor general health, risk of homelessness and unemployment. Their sense of being in control of their lives is profoundly compromised. They face significant barriers in voicing their needs and concerns.

### **Useful Web Sites**

<a href="http://www.anglicare-tas.gov.org.au">www.anglicare-tas.gov.org.au</a>	Anglicare
<a href="http://www.acoss.org.au">www.acoss.org.au</a>	Australian Council of Social Services and Welfare Rights Centre
<a href="http://www.ahuri.edu.au">www.ahuri.edu.au</a>	Australian Housing and Urban Research Unit
<a href="http://www.abs.gov.au">www.abs.gov.au</a>	Australian Bureau of Statistics
<a href="http://www.mentalhealth.gov.au">www.mentalhealth.gov.au</a>	Useful for Mental Health and Well Being Bulletins
<a href="http://www.facs.gov.au">www.facs.gov.au</a>	Dept Family and Community Services (Commonwealth)
<a href="http://www.health.gov.au/pbs">www.health.gov.au/pbs</a>	Pharmaceutical Benefits Scheme
<a href="http://www.sane.org">www.sane.org</a>	Sane Australia

### **PLEASE HELP!!!**

Could you spare a book of stamps for us?

ARAFMI operates on a tiny, tiny budget with lots of help from volunteers funded. We need a bit of your support to pay for the postage of Mindline. Mindline is mailed to over 600 Tasmanians at no cost to them. If you can afford a book of stamps, please post it with your name and address to us.

THANK YOU!!

97 Campbell St  
HOBART TAS 7000