

# MindLine No 16

## ARAFMI Hobart: Winter 2005

97 Campbell St Hobart 7000 Ph 62 369 251 HelpLine web site down presently

Published first week of Feb, May, Aug & Nov. **MindLine copy:** Please deliver any items for the Editor of *MindLine* by the first day of the last week of April July & Oct. Packing first week of months Feb, May, Aug, Nov.

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

*Our thanks also to our supporters:*

The Mental Health Services, people supporting our Trade Table, Australian Ethical Investments, National Australia Bank, Pfizer, The Hobart Clinic, Mr K Kerr.

### Support Meeting Venue

### Date / Topic

<p><b>All meetings start at 7.30pm</b> <b>97 Campbell St Hobart</b> Some parking at rear of bldg.</p> <p>Everyone is welcome!! Supper available – would you like to bring a plate?</p>	<p><b>12th May</b> General catch up and support meeting for us.</p> <p><b>9<sup>th</sup> June Dr Jeff Swift</b> on alternate treatments in psychiatry.</p> <p><b>14<sup>th</sup> July GROW with Sheryl Rainbird;</b> all about this consumer group.</p> <p><u>Trade table:</u> craft items available.</p>
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### 'Bridging the Gap'

#### A big step forward for Mental Health Services in Tasmania

Late last year the State Government announced funding of \$47 m over four years to address issues in mental health services in Tasmania. This was the result of 'Bridging the Gap', a Department of Health and Human Services review of services provided to mental health consumers.

The three main areas identified for development were :

1. Improving the quality and safety of services;
2. Developing supported accommodation services throughout the state, with the non government sector;
3. Strengthening clinical resources in the community with a focus on child and adolescent teams in all areas.
- 4.

Services to be developed over the next four years include:

- \$4.36m to create 62 packages of care to support clients to live in the community;
- \$7.45m to establish a 12 bed high support community facility in Launceston;
- \$7.4m to establish 12 bed cluster houses for supported accommodation in the South and the North West Coast
- More than doubling the number of clinical positions in Child & Adolescent Mental Health Services (26 FTE staff,\$7.32m)
- Increase clinical positions in adult mental health services by over 20% (16FTE positions, \$5.85m);
- \$2.55m for an additional 6FTE clinical positions to work with elderly mental health clients;
- \$3.78m to drive quality and safety improvements, assist with the application of the Mental Health Act and develop a mother & baby service.
- \$3.74m to establish Recovery Programs in each region to provide activity, social and vocational skills programs to support consumer recovery;
- \$4.52m to upgrade existing facilities & services.

'Bridging the Gap' is available on the web at [www.dhhs.tas.gov.au/mentalhealth/](http://www.dhhs.tas.gov.au/mentalhealth/)

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Please remember that **book borrowings are for 3 weeks, Videos are now on loan for 1 week** please return your materials promptly, so that other people may benefit from them  
Thank you borrowers.

**New Library items:**

I'm not sick & I don't need help	Xavier Amador	
Nine ten, do it again: a guide to Obsessive Compulsive Disorder		Kathryn I'Anson
Coping with Schizophrenia	S Jones * P Hayward	
Anxiety Recovery Centre Vic	Newsletter Mar 05	

**Messing with Heads** an up to date program on the increased dangers of psychosis from using cannabis, is available on Broadband connection on: [http://abc.net.au/4corners/special\\_ed/21032005/](http://abc.net.au/4corners/special_ed/21032005/)

***Eclipse***

**Please find attached the new Consumer Newsletter "Eclipse" from our office: written for and by consumers. Funded by ARAFMI.**

*Leave message for Ann Tullgren on above number if you are interested in contributing or receiving!*

**6<sup>th</sup> Conference for Carers of People with a mental illness, Melbourne 9.4.05.  
Crown Promenade, Melbourne. Paper summaries following:**

**"The actions of the family are their best efforts to manage the situation within the limits of their resources"  
(Dr. Grainne Fadden, Director Meriden Programme, Birmingham UK)**

**Employment that works for people with mental illness, by Caroline Cross & David Young**

Social Firms Australia (SoFA) is assisting ten organisations in Victoria to develop social firms to provide employment to people with a mental illness. Employment is important to people with mental illness because:

- it gives them another point of contact with the community & individuals
- it encourages development & expression of aspects of their personality
- is an important part of the process of rehabilitation

What strategies can be adopted by companies to support those with psychiatric problems?

- education of co-workers, normalising/removing stigma, shorter shifts.

Social firms should aim for:

- 25-30% of employees with a disability, 60% of income from actual trade, legal status as non-profit – profit re-invested in business

Existing businesses can be changed to become social firms although support is required from the corporate sector of the community. SANE has information on how to improve your opportunity to gain employment if you have a mental illness.

## Mental Illness and substance misuse; no easy answers for carers

**SHANE SWEENEY**, Team Leader Substance Misuse and Mental Illness Treatment Team, (SUMITT), a Program of NorthWestern Mental Health & DASWest.

### Substance misuse

- alters moods, depress or stimulate the brain
- & may affect persons differently
- results from a complicated interaction between physical, psychological and social factors
- may cause anger and secondary shame for using.
- may unintentionally contribute to and maintain the person's mental illness or symptoms

### WHY PEOPLE USE DRUGS:

To feel good	To change mood
To feel confident around other people	To forget problems
To help with sleep	To have fun and excitement
To cope with stress	To reduce anxiety
To belong to a group	To rebel against authority/parents
To escape boredom	To self medicate mental illness symptoms

**Substance misuse has an impact on the 4 Ls:** Liver, Lover, Legal status, Livelihood.

Drug mis-use causes anger and erects barriers between relatives and the person using drugs. The person using drugs may feel cornered by family/friends, lash out, go underground and there is the risk of overdose.

### Mental Illness And Drug Use; The Consequences

Compared with people who only have mental illness, those who have mental illness and drug misuse usually experience:

- Symptoms of a mental illness at an earlier age
- Greater severity of mental illness signs and symptoms
- More frequent hospital admissions & higher use of emergency services
- Poorer general health outcomes
- Higher rates of unemployment, homelessness, imprisonment and suicide.

### Many Relationships Between Mental Illness And Drug Use:

- A psychiatric illness causes or leads to drug use as a coping mechanism, or reduction of self-control.
- Substance misuse induces mental illness or makes the existing mental health problem worse and changes the course of the illness
- Drug use leads to anxiety and worry about the future
- Drug use and/or drug withdrawal leads to psychiatric symptoms or illness

### Experiences Of Mental Illness And Drug Use

- Substance misuse may reduce the side effects of medication which gives the person a reason to use the substance
- Alcohol and heroin tends to make the sedating effects of psychiatric drugs worse
- Heroin may reduce depression and isolation associated with mental illness
- Amphetamines can lead to severe psychiatric episodes
- Drugs such as valium may make symptoms of depression worse

### How Do Families attempt to Cope? By:

#### Fighting it

- Active attempts to change drug user's behaviour such as encouraging the person not to use
- Attempts to control the use of drugs such as controlling money & arguing about it

### **Tolerating & enabling it**

- Giving money to the person even when they know the money is for drugs
- Cleaning up the mess made by the person rather than asking them to do it
- Driving person to purchase drugs

### **Withdrawing from the problem**

- putting distance between the drug user and family

### **How Does Recovery From Dual Disorders Occur?**

- Recovery must be the individual's choice , they cannot be "pushed " into giving up substances
- Recovery begins when the individual is willing to discuss the dual disorders
- Recovery takes time , hope and courage
- The process of recovery requires time , support , education , courage and skills
- You can help by offering support , hope and encouragement
- Taking away drug use creates a void for the whole day , this must be filled by identifying a special need eg. Ability to look after own child
- The individual has lost identity / life and has masked all emotions

### **What Can Family Members Do?**

- Encourage the person to see that costs outweigh benefits in the long run
- The person will need to see the need for change
- Punishment and restrictions will not help at all
- Get support for yourself
- Support the recovery process
- Set clear and consistent limits for disruptive behaviour
- Have patience because relapse is part of the recovery process
- Listen empathically. Be positive. Do not criticize
- Get information for yourself
- Advocate for dual diagnosis treatment
- Recognize that the person's self esteem and understanding of the effects of substance use will improve over time
- Participate in the treatment process, the person's recovery may benefit from your hopeful support

### **Take Home Message**

- Families are not to blame for drug use in the family
- Blame of any sort is unhelpful
- Drug use results from a complicated interaction between physical, psychological and social factors
- Recovery from substance misuse can be a difficult and time consuming process
- You can help in the recovery process, but look after yourself first.

Thank you Mara & Gary

More summaries next issue!! & A huge *thankyou* to those who contributed summaries.

**Mental Health Council of Tasmania has an alternate ARAFMI Hobart delegate**

**Thank you Kate Shipway**

**Carers Tasmania Inc**

Hold carer education courses for family members / friends caring for a person with disability, chronic health condition or frailty. Contact 1800 242 636

**The Southern Tasmanian Division of General Practice**  
seeks expressions of interest from a **consumer representative** for the  
*Mental Health Program Reference Group*

The group meets quarterly and has wide representation from the mental health sector, including; 5 GPs, 1 consumer representative, 1 carer / NGO representative, 1 representative from Mental Health Services, 1 public psychiatrist, 1 private psychiatrist and 1 representative from private psychiatric services.

The aim of the group is to provide the Division with regular input from key stake holders on the management of mental health issues in the community, and to monitor the implementation of the Division's Mental Health Program activities.

The person we are looking for would be able to operate effectively in a group situation and have an ability and willingness to look at the broader issues in mental health service delivery.  
Consumer representatives are paid \$30 per hour for participation in meetings.

If you are, or have been, a consumer of mental health services and have an interest in primary mental health care, please submit your expression of interest, with the names and contact details of two referees, by May 11th 2005 to:

Andree Poppleton, Program Officer, Southern Tasmanian Division of General Practice, PO Box 489, North Hobart, 7002 or email to [apoppleton@southtasdgp.com.au](mailto:apoppleton@southtasdgp.com.au)

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***National Practice Standards for the Mental Health Workforce***

***A National Consultation to Determine a Strategy for Implementation***

**11<sup>th</sup> May**

**Conference Room One, Ground Floor 34 Davey Street Hobart**

10am – 12noon

Lunch will be provided

***Please RSVP to Melody West ([melody.west@utas.edu.au](mailto:melody.west@utas.edu.au))***

Professor Bland is conducting consultations in each State with professional groups to develop a plan to implement the National Practice Standards for the Mental Health Workforce.

We would like your assistance in considering and addressing the following questions:

- How well do workers current match the NPS?
- What is currently being done to move staff towards meeting the NPS?
- What innovations are possible? Can we prioritise these?
- What resources are needed to support these innovations?
- What might get in the way of moving towards better practice?

**National Practice Standards Implementation Project**

Project Officer: Professor Robert Bland Phone (03) 6324 3528

robert.bland@utas.edu.au

## FRAMEWORK FOR BETTER HEALTH

"Up to 80 per cent of coronary heart disease and up to 90 per cent of Type 2 diabetes can be avoided by changing lifestyle factors.

And about one third of all cancers could be prevented by not smoking, eating healthy food, maintaining normal weight and keeping physically active.

Something as simple as increasing physical activity and achieving an overall population weight loss of about 10 per cent could result in fewer cancers, better mental health, a 30 per cent reduction in diabetes, a 40 per cent reduction in cardiovascular disease and a 20 per cent fall in overall mortality." Mr Llewellyn said.

Launching a new policy framework, *Strengthening the Prevention and Management of Chronic Conditions*, Mr Llewellyn said chronic conditions such as cardio-vascular disease, asthma, mental illness, cancer, arthritis and diabetes accounted for 70 per cent of the total burden of disease in Australia.

Mr Llewellyn said greater public awareness of these risks and protective factors could help change behaviour and turn the tables on chronic conditions. Monday 18 April 05.

Further information call Elizabeth Archer 6233 2757, 0408 105 230

### GROW in the Huon

GROW provides a 12 step mutual/self help program of recovery /prevention in mental health through its groups. Each group meets on a weekly basis for 2 hours plus time to share a cuppa after. The meetings are structured and are run by the members of the group with up to 15 attending. There are no fees for attending a GROW meeting and everyone is welcome. GROW is looking into starting a group in the Huon area and would like to hear from anyone who may be interested. Please phone Sheryl on (freecall) 1800 604 066 for more info.

**ABC sports broadcaster Craig Hamilton** talks about his own personal experiences with **bipolar disorder**. And Australian researchers recently published the results of a study looking at the prevalence and disability of bipolar disorder in Australia. Professor Philip Mitchell from the School of Psychiatry at the University of New South Wales talks about the findings of this investigation. (His book now available from sane.org & which we have ordered.) <http://www.abc.net.au/rn/talks/8.30/helthrp/stories/s1170266.htm>

### Research Round Up

Disclaimer:

Every effort is made to provide up to date and accurate information and is offered in good faith. No responsibility can be taken by ARAFMI Hobart. If you have some information of interest to readers, please contact us.

Ingestion of **Niacin** from foods is associated with less Alzheimer dementia and less annual cognitive decline among older persons. Ref: Morris et al, Journal Neurology Neurosurgery & Psychiatry 2004/ 75 p 1093.

Why is **Cognitive Behaviour Therapy** so rarely offered to people with psychosis?

Talk Therapy (Cognitive Behaviour Therapy) can assist in enhancing cognitive processing with not attending to irrelevant data, identifying sources of perceptions ie whether it's a real phenomenon or a hallucination, correcting disorganized thoughts or actions and with social / emotional processing and socialising. Ref Ford in Clinical Psychology 2005/ 12 p 57

**Depression Support Group**

Meets at the Narrative Centre 42 Warwick St Hobart on Thursday afternoons from 1 til 3pm.  
Phone Tony on 6231 1225 or Kay on 62 286 230.

97 Campbell St  
HOBART TAS 7000

