

BrainMatters

A bi-monthly newsletter prepared by **Deb Reveley**



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Living My Work BY DEB REVELEY - PRINCIPAL DRIVER

For those of you who have met me, you will know that a significant amount of my training material comes from the 'lived experience' of having a mental illness. As I like to keep 'up to date', it was obviously time for me to get a bit more 'experience' so my brain decided to throw illness at me for a couple of months this year! As my mind went into 'unwell status', I spent the end of July and all of August with suicidal thought, September with full on depression and October with anxiety. What a ride! Do not try this trick at home is my advice...

The reason for this article is not to whinge on about the fact that I have been sick although after three months I feel like a little whinge. The reason is to share with you my findings from this experience of a 'mental health episode'.

August - suicidal thought...

I sort of already knew this but apparently people cannot tell you feel suicidal when your face is constantly smiling and you are outwardly pretending to be a contestant in a comedy festival. A good suggestion here is to 'actually tell someone' so that you don't have to get angry because nobody is noticing.

Those souls brave enough to ask me if I was thinking of harming myself, demonstrated excellent training when they appeared to be concerned but not shocked or overwhelmed (Guess who their trainer was?).

The wave of thought is a horrific ride as just like the surf, it builds up to this almost unbearable crescendo. You go anywhere just to feel safe...the hospital car park (but you know the issues if you go in), a busy shopping centre (everyone else looks like hell in there too) or to a friend's kitchen table for a cuppa. From the peak of the feeling, you ride the wave down while repeating to yourself that 'this is going to pass'.

What I learned this time...People get bored with you talking about being suicidal. Don't worry... keep talking. Bore them to tears because you know it helps. Keeping talking about it and don't pretend it has gone away just because

they have started yawning...talk about it...talk about it...talk about it!

September - depression...

During this phase, I made enough deposits in my 'sleep bank' to keep me going until I am 70! This phase has not changed for me...I open my eyelids, I look, I realise I am still here, I shut my eyelids...

October - anxiety...

I hate this phase the most! When you are depressed, you don't want to go anywhere and then you get anxious and you can't go anywhere. This time around, it has taken lots to shake this monster off. I always tell people that 'fear is a thief' and again I amaze myself by how much it can control me even though I know all about it and how to address it. I guess my lesson this time was about the amount of energy it takes up.

Anxiety and panic attacks rip the strength from your muscles, squeeze your jaw like a vice and tenses your neck like an iron rod. I quickly forgot the pleasure of the softness, the warmth and the gentleness of a relaxed body. It becomes a dream that disappears and you have to consciously put a lot of effort into finding it again...I can report that I am nearly there!

Brain Ambulance **Grows** 'From little things, big things grow'!

For 2010, Brain Ambulance has the pleasure of welcoming 7 new trainers, educator and instructors. These folks all come with expertise in their own courses and topics. Brain Ambulance is now 'resource ready' to deliver a variety of long term contracts as well as provide 'appropriate trainers' for each presentation.

For workplace training, you can be assured of getting the 'right person for the right job'! Brain Ambulance is not just about delivering information....Brain Ambulance delivers understanding through lived experience!

Brain Ambulance welcomes new alliance

Getting Education & Training Right for Your Target

Brain Ambulance has introduced a planning pathway concept to assist in determining the right education and training for your organisation. Deb would be happy to visit or speak with you about meeting your mental health training and education aims for your workplace.

Brain Ambulance workshops and courses cover five main aims...In 2010, spend your precious training dollars hitting the right target!

Contact Deb on 0417 181 462



For the past two years, Brain Ambulance has been delivering all the training for the CLAN WA Indigo Project. This extremely successful project has the aim of providing information and support to anyone who cares for or supports any person with a mental health problem.

The project offers free family support, free counselling and free training and education. This project has provided hundreds of support people, unpaid carers and paid professional carers with a fantastic free package that has been overwhelmingly popular.

As many of the participants in the project come from workplaces, we have been repeatedly asked to run training and education for these organisations including MHFA, YMHA and an array of presentations from managing tricky behaviour to compassion fatigue.

This month, we announce an alliance between CLAN WA and Brain Ambulance which shares the common values of :

- Strengths approach
- W.A. focused
- Well established and credible
- Relate to people from a position of 'where they are at'
- Family based and focused

A description of the presentations and training sessions we offer and an explanation of costs are available at www.brainambulance.com.au or you can contact deb@brainambulance.com.au and a Planner of the Pathways of Training we offer, can be forwarded to you.

National Health and Medical Research Council's 2009 Australian Guidelines to Reduce Health Risks from Drinking Alcohol

Guideline 1

For healthy men and women, drinking no more than two standard drinks on any day reduces the lifetime risk of harm from alcohol-related disease or injury.

Guideline 2

For healthy men and women, drinking no more than four standard drinks on a single occasion reduces the risk of alcohol related injury arising from that occasion.

Guideline 3

3A Parents and carers should be advised that children under 15 years of age are at the greatest risk of harm from drinking and that for this age group, not drinking alcohol is especially important.

3B For young people aged 15-17 years the safest option is to delay the initiation of drinking for as long as possible.

Guideline 4

4A For women who are pregnant or planning a pregnancy, not drinking is the safest option.

4B For women who are breastfeeding, not drinking is the safest option.

For further information and a Pdf copy of the explanation of the guidelines, visit www.brainambulance.com.au and click on newsletters.

Youth First Aiders Information

Change in the terminology used for YMHFA

New term - Non-suicidal self-injury

It can be difficult to compare rates of self-injury because the terminology differs between studies, and also between countries to some extent.

The following may help you to understand the differences in the usage of these terms in the literature. However, when reading any medical or clinical literature, you cannot

assume that you understand the terms used by the authors, as the definitions can vary. Always look at the way the authors have operationalised the definition for themselves. If one of these terms is used and the definition has not been adequately described, the conclusions will be hard to interpret.

self-harm

Self-harm is a term which describes a very broad range of self-destructive behaviours. It is not a very useful term because it does not make distinctions between different behaviours, and encompasses too much.

In the literature, the term self-harm is most often used to describe suicide attempts or episodes of self-injury which result in medical care.

hospitalised self-harm

Usually refers to suicide attempts which result in hospital treatment. The Australian Bureau of Statistics prepares a report each year on "Suicide and hospitalised self-harm in Australia" which includes statistics on hospital admissions after suicide attempts, and completed suicides each year.

suicide attempt

Can refer to suicide attempts which result in hospital treatment. Also used when people self-report a suicide attempt which was not attended in hospital.

parasuicide

Until recently this was used mostly to refer to suicide attempts, but more and more frequently, it is being used to describe episodes of self-injury without suicidal intent or when intent is not known.

self-mutilation

This term was popularised by Armando Favazza in his seminal work "Bodies Under Siege: self mutilation and body modification in culture and psychiatry". It can be a more stigmatising term. However, he uses it to refer to culturally sanctioned practises such as ritual scarification, tattooing and body piercing, as well as self-injury.

self-injury

Usually refers to the act of deliberately inflicting physical harm on oneself without referring to intention.

non-suicidal self-injury

This is a relatively recent term used in medical and clinical literature, sometimes shortened to NSSI. It is a useful term in that it spells out the individual's intentions directly. In MHFA, this is our preferred term

MHFA Information and Updates

PERCENTAGE OF AUSTRALIANS AGED 16-85 WITH A MENTAL DISORDER IN THE LAST 12 MONTHS*

ANXIETY DISORDER

MALE	FEMALE	PERSONS
10.8%	17.9%	14.4%

AFFECTIVE DISORDER

MALE	FEMALE	PERSONS
5.3%	7.1%	6.2%

SUBSTANCE USE DISORDER

MALE	FEMALE	PERSONS
7.0%	3.3%	5.1%

ANY COMMON MENTAL DISORDER

MALE	FEMALE	PERSONS
17.6%	22.3%	20.0%

***SOURCE: National Survey Mental Health Wellbeing (NSMHWB), 2007**

Another 1% of the Australian population will have the low prevalence mental disorder of Psychosis in one year.

N.B. Page 5 of the MHFA Manual shows results from the NSMHWB, 1997. If you are using one of the older manuals, you might like to cut and past the latest set of stats...

continued next page

MHFA Information and Updates

Some Reasons for Different Prevalence Figures Between 1997 and 2007

NATIONAL SURVEY OF MENTAL HEALTH & WELLBEING

The summary of the results from the 2007 National Survey and Mental Health and Wellbeing was released on 23 October 2008. This survey was conducted from August to December 2007 with a representative sample of 8,841 people aged 16-85 years who lived in private dwellings across Australia.

It is not possible to directly compare the prevalence rates of the 1997 and 2007 surveys because there were so many small differences in the way they were carried out.

- Different age groups were covered
- The refusal rate was higher in 2007 than in 1997
- Different survey interviews were used
- More detail was asked about PTSD
- Different criteria for alcohol harmful use

For an extended explanation, please visit www.brainambulance.com.au and navigate to resources>newsletters

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Results of an Updated Burden of Disease Study

A new study of burden of disease in Australia has now been published by the Australian Institute of Health and Welfare, giving figures for the year 2003:

Begg S, Vos T, Barker B, Stevenson C, Stanley L, Lopez AD, 2007. The burden of disease and injury in Australia 2003. PHE 82. Canberra: AIHW.

This study shows that mental disorders continue to be a major health problem in Australia. However, some of the actual statistics have changed. Here is a brief summary of the main findings:

- Cancer has now replaced heart disease as the Number 1 health problem in Australia. Mental disorders still rank Number 3. Cancer accounts for 19% of disease burden, heart disease for 18%, and mental disorders for 13%.
- Anxiety and depression, alcohol abuse and personality disorders dominated the burden for mental disorders.
- Mental disorders continued to be the biggest contributor to disability (contributing 24%) followed by neurological and sense disorders (19%).
- Anxiety and depression were the biggest single cause of disability in the Australian population. (Unlike in the earlier study, separate statistics were not given for depression).

publications of interest

A Primer of Clinical Psychiatry

By David Castle and Darryl Bassett

This book has recently been released as a resource which aims to be an entry to pertinent facts of clinical psychiatry. The focus is on providing simple clinical tips and a liberal use of fact boxes and summary lists. The contents include the tools of psychiatry, the syndromes of psychiatry and treatments including biological, the psychotherapies and dealing with psychiatric emergencies. It also covers special groups such as old age, child and adolescent and dual disability.

It is a really good text for 'lay people' to have as a resource for understanding some of the treatments, medications and diagnosis.

The cost is \$69.95 and \$9.95 for postage.

Brain Ambulance has bought a stock of these and you can order by simply emailing deb@brainambulance.com.au.

Please provide a purchase order number if your organisation requires this on the invoice. Payments only by cheque or electronic transfer.

The Intellectual Disability Mental Health First Aid Manual

is a supplement to the generic Adult Mental Health First Aid Manual. It is a resource for those who are supporting adults with an intellectual disability and an emerging mental health problem or experiencing a mental health crisis. Those who have an understanding of intellectual disability or have completed the generic Adult Mental Health First Aid Training will find the manual a valuable resource.