

14 April 2005

Senator Lyn Allison
Chairperson
Senate Select Committee on Mental Health
Department of the Senate
Parliament House
Canberra ACT 2600

Dear Lyn,

Response to some of the terms of reference regarding the provision of mental health services.

This submission contains personal observations of a young person close to the family. The observations relate to social phobia in the 18 to 25 age group and the resulting links to anxiety attacks and depression.

The terms of reference listed on the Senate Select Committee document that will be addressed include aspects of b, e, f, h, l, m, n, o, and p.

By discussing the terms of reference which are relevant, I hope to highlight the situations of modern day life that impact on the health of the 18 –25 age group. If recommendations are made they will be a mix of views from young people and some adult observations.

I feel a sense of obligation regarding this submission to help decisions and initiatives that may already have been proposed, to gain support and future funding.

Yours sincerely

Contents

Contents

Page 1	Author confidentiality request, cover letter
Page 2	Contents
Page 3	Discussion of terms of reference b, e and f and recommendation
Page 4	Discussion of h) two recommendations and l) three recommendations
Page 5	Discussion of m), one recommendation n), o), and p) and a conclusion
Page 6	References

Discussion of terms of reference:

b. ...prevention, early intervention...

This can be problematic. Refer to examples in e and f.

e. The extent to which unmet need in ... employment...is a barrier to better mental health outcomes;

The tertiary student is faced with a gathering HECS debt. Graduate placement in the field is highly competitive and the emerging personality sees an anomaly. The thought of competing for a job in the field of study is becoming overwhelming. Questions of continuing and completing arise. Anxiety is now appearing more often. BUT self-esteem was lifted by completion of the course and acceptance into Honours. Negative attitude for reasons stated, still overshadows individual's view of possible employment.

f. the special needs of groups... adolescents...

V.C.E. students are encouraged to develop as "autonomous" people. They are starting to make decisions about their own lives. Pressures come in many forms – social, educational and personal. Certain personalities respond differently to these pressures. Changes within the adolescent body are significant as well.

Creative/ introverted personalities may find some Tertiary education campuses as cold, unsupportive environments.

Help was sought; the first G.P did not pick up on the first signs of anxiety. Keep in mind that the responsibility for the individual's health is fully taken on by the individual.

A university counsellor/ psychologist listened but did not provide any strategies only opportunities to allow feelings to rise to the surface.

Time went by during Tertiary education years, when young people turn away from those who are closest to them in order to find themselves.

The chances of prevention and early intervention were put at risk.

Recommendation:

Psychologists have regular refresher courses, annually, to advise on how to proceed when anxiety surfaces in university students.

h. the role of primary health care in promotion, prevention, early detection and chronic care management.

G.P's or other qualified mental health professionals that are aware of factors affecting mental health and the presentations associated with social phobia are more receptive to their patients needs. Some health professionals are dismissive and lack strategies and procedures.

Recommendation 1.

That a well respected Mental Health Organisation such as “Beyond Blue” or the Australian Mental Health Foundation are funded to send fliers/ e-mails alerting G.P’s / Tertiary education counsellors to the language used by 18 – 25 yr. olds to describe their condition. Provide lists of professionals such as Psychiatrists who can provide strategies and assessments that may lead to *earlier* intervention.

Recommendation 2.

Contact information brochures found in local health centres for 18 –25 yr olds seeking help with the onset of depression, need to be more widely distributed.

I. the adequacy of education in de – stigmatising mental illness and disorders and in providing support service information to people affected by mental illness and their families and carers.

Competitive environments alienate the young person who fears social contact. Anxiety is experienced again and levels of serotonin may cope initially but as a result of other factors may not be adequate to cope in the future. It is at this point that drug therapy may be considered. Research is new in this area.

Recommendation 1.

Young people from stable background environments require preventive information. Year six, seven and eight health is included for each student, a module about preventive mental health strategies and recognising warning signs would be viewed as significant in diverting the focus from “cure”.

V.C.E. Health / Psychology are electives. Articles for discussion from the Media / Press about Mental Health issues introduced into V.C.E. English would reach a greater number of young people. Secondary School English teachers would require Professional Development sessions conducted by professionals from organisations such as “Beyond Blue” and the Australian Mental Health Foundation. A selection of quality web sites could be visited and discussed.

Recommendation 2.

Further stress can be diffused if the anxious young person feels that approaching a mental health professional is de-stigmatised.

Recommendation 3.

Ongoing funding for research

- a) to monitor serotonin levels b) the effectiveness of management of anxiety attacks with SSR1 drugs eg Zoloft c) the impact of oral contraceptives d) hereditary factors versus environmental e) environmental factors in combination with hereditary f) the effect of the environmental factors observed in this personal account upon the production of serotonin g) research into the other chemical messengers in the nervous system and whether the body would adapt and have a default mechanism.**

Terms of reference:

m. the proficiency and accountability of agencies, such as housing, employment, law enforcement and general health services, in dealing appropriately with people affected by mental illness.

Recommendation:

Employment agencies actively promote “part time” work as a positive option for the young graduate. This would provide a step by step confidence building option with a built in recovery time-out.

n. the current state of mental health research, the adequacy of its funding and the extent to which best practice is disseminated.

I am aware of the Victorian Centre of Excellence Research Grants and the recommendations and funding priority areas made in http://www.beyondblue.org.au/vcoe/index.aspx?link_id=40.194&print=true

The process for applying for grants must continue given the future mental health issues that are mentioned.

o. the adequacy of the data collection, outcome measures and quality control for monitoring and evaluating mental health services at all levels of government and the opportunities to link funding with compliance with national standards: and

I would like to acknowledge and recommend that the Australian Mental Health Foundation’s initiative titled “Embrace the Future” launched earlier this year in Sydney by HRH Crown Princess Mary of Denmark deserves support. One of the aims of this initiative is “to engage the community by actively promoting partnerships to facilitate change and improved opportunities for health and wellbeing for young people.” (Australian Mental Health Foundation) 1/2/2005

The Australian Mental Health Foundation has also included on its national agenda the establishment of “a national mental health database.”

p. the potential for new modes of delivery of mental health care, including e-technology.

E-technology is viewed as a positive solution.

Conclusion:

The environmental factors viewed as having an impact upon the development of young people include competitive tertiary environments, physiological changes and social pressures. These factors have the potential to overwhelm some types of personalities. This submission is to be considered in light of these contributing factors in the hope that funding will be forthcoming and that fundamental change leads to de- stigmatising of mental health conditions.

References:

1. The Victorian Centre of Excellence in Depression and Related Disorders, 2004/2005, *Victorian centre of excellence research grants*, beyondblue, viewed 1/02/2005, http://www.beyondblue.org.au/vcoc/index.aspx?link_id=40.194&print=true
2. Mental Health Foundation of Australia, 2005, *Mary invite booklet*, Mental Health Foundation of Australia, Richmond, Invitation from the Patron and Chairman of the Mental Health Foundation of Australia outlining the details of the luncheon to be attended by HRH Crown Princess Mary of Denmark, booklet located on file at MHFA Richmond, Melbourne
3. Interviews with some tertiary students, 9/04/2005, 14/04/2005, Melbourne

Further reading:

4. *How zoloft works*, 2005, Pfizer is a licensee of the TRUSTe Privacy Program, viewed 14/04/2005, http://www.zoloft.com/zoloft/zoloft.portal?nfpb=true&pageLabel=how_zoloft_works