

# Let's learn about Mental Health

An information book for  
Indian and Subcontinent Community

- by **MANAS Inc.**

(Mental Awareness Network And Support)

*-Free-*

*Please take one*



Not for sale

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This book has been developed by MANAS(Mental Awareness Network And Support).Inc

MANAS, as the name indicates is an organization working towards mental health education, and its awareness in Indian community, and aims to reduce mental health associated stigma.



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# Index

|   |     |  |     |
|---|-----|--|-----|
| Introduction:                                   | 5-7 | What is stigma:  | 95  |
| What is mental health:                          | 8   | Busting myths and addressing stigma:                   | 101 |
| Benefits of having good mental health;          | 10  | Other important information:                           | 118 |
| What are different mental health issues:        | 11  | National Disability Insurance Scheme:                  | 119 |
| Depression:                                     | 12  | Crisis Assessment and Treatment Team:                  | 126 |
| Anxiety Disorder:                               | 23  | Understand mental health emergency and crisis:         | 129 |
| Schizophrenia:                                  | 33  | Psychiatrists vs Psychologists:                        | 131 |
| Bipolar Disorder:                               | 41  | Other persons involved in mental health care:          | 136 |
| Borderline Personality Disorder:                | 52  | Mental health, privacy and your rights:                | 143 |
| Post-Traumatic Stress Disorder:                 | 59  | Telephone and online support for mental health issues: | 148 |
| Eating disorder:                                | 64  |  |     |
| Self-harm:                                      | 70  | Mental health organisations in Victoria:               | 150 |
| Suicide:  | 74  | Warning for medication:                                | 154 |
| Accessing the mental health system:             | 83  | Faith and spirituality:                                | 157 |
| Paying for mental health services:              | 90  | List of clinicians:                                    | 160 |
| Mental health & Indian/ subcontinent community: |     |  |     |

**Message from: Cr Lawrie Cox Mayor, Cr Tom Joseph Deputy Mayor  
City of Whittlesea**

*The City of Whittlesea is one of Victoria's largest and fastest growing municipalities and our communities are dynamic and diverse.*

*Our communities in the established suburbs, rural townships and newer growth areas are changing, as communities age, attract young families, and welcome a broad range of cultural groups.*

*As the municipality continues to grow and change it is vital that we continue to work together with the community, to ensure the region is a great place for all to live, now and into the future.*

*Mental health concerns continue to increase as our community grows, especially among our newer residents who are re-adjusting to a different community and way of life.*

*Thank you to the Mental Awareness Network and Support Inc. organisation for creating a welcoming environment where members of the Indian community and of Indian Subcontinent can seek support for mental health concerns.*

## Why we need this.....

The stigma about mental ill health is a major concern within Indian and subcontinent community.

Education is a key factor towards understanding of mental ill health, leading to stigma. We understand and reflect on it based on our knowledge and what we have observed all these years.

*MANAS is developing this booklet for Indian and Subcontinent community so people do not feel judged, and, seek help and support, when mental illness impact their lives.*

*MANAS's aim is to bridge the gap and bring Hope, Faith and Understanding in the Indian and subcontinent community.*



## Aim of the book

This book will not only help the person in identifying the concerns he or she is experiencing, but, will also assist the community in taking a positive approach towards mental health and look after their friends, families and society at large.



**#sayNOtoStigma**

**#KeepTalkingMentalHealth**

# What is Mental Health?

**It's an expression we use every day, so it might surprise you that the term 'mental health' is frequently misunderstood.**

'Mental health' is often used as a substitute for mental health conditions – such as depression, anxiety conditions, schizophrenia, and others.

According to the World Health Organization, however, mental health is:

*“a state of well-being in which every individual realises his or her own potential, can cope with the normal stresses of life, can*

*work productively and fruitfully, and is able to make a contribution to her or his community.”*

So rather than asking, “What is the problem with you”? we should be asking, “What is going well for you”

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***'Mental health is about wellness rather than illness'***

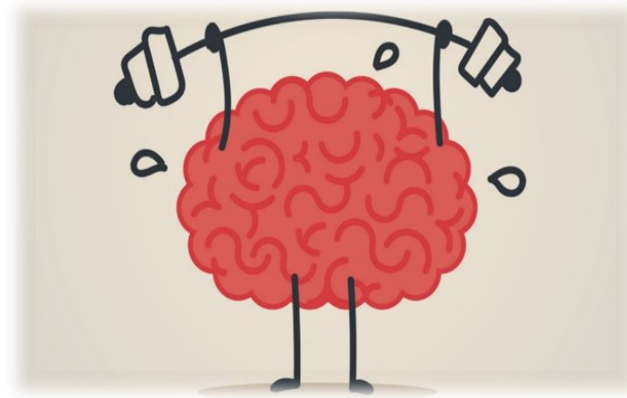
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To make things a bit clearer, some experts have tried coming up with different terms to explain the difference between 'mental health' and 'mental health conditions'.



Phrases such as 'good mental health', 'positive mental health', 'mental wellbeing', 'subjective wellbeing' and even 'happiness' have been proposed by various people to emphasise that mental health is about wellness rather than illness. While some say this has been helpful, others argue that using more words to describe the same thing just adds to the confusion.

As a result, others have tried to explain the difference by talking about a continuum where mental health is at one end of the spectrum – represented by feeling good and functioning well – while mental health conditions (or mental illness) are at the other – represented by symptoms that affect people's thoughts, feelings or behaviour.



# **Benefits of having good mental health**

Research shows that good mental health is associated with increased learning, creativity and productivity, more pro-social behaviour, positive social relationships, improved physical health and life expectancy.

In contrast, when one is feeling distressed, it can impact the day-to-day functioning and relationships, and is often associated with poor physical health and premature death.

But it's important to remember that mental

health is complex. The fact that someone is not experiencing a mental health condition doesn't necessarily mean their mental health is flourishing. Likewise, it's possible to be diagnosed with a mental health condition while feeling well in many aspects of life.

Ultimately, mental health is about being cognitively, emotionally and socially healthy –the way we think, feel and develop relationships - and not merely the absence of a mental health condition.



# **Depression**

Depression is one of the most common mental health disorders. Though common, depression is often underestimated. It is a very serious disorder that affects the well-being of an individual.

Depression is a mood disorder but it affects the way an individual thinks, feels and behaves. Approximately, 36% of Indians suffer from depression. It must be noted that depression is the second leading cause of deaths in the world.

It is on a rise among the adolescents and younger population. People of all ages are

likely to suffer from depression. Women are twice likely as men to suffer from depression.

Most often, depression sets in at the age of 25-44 years but people below and above that age are also equally likely to suffer.

Depression is caused due to various factors - usually a combination of genetic, biological, environmental, and psychological factors. It is a disorder that runs in families. Factors like traumatic experiences, heavy losses, poor environment and other socio-economic factors play a role in contributing to the development of depression.



Some forms of depression are slightly different, or they may develop under unique circumstances, such as:

- ◆ Persistent depressive disorder (also called dysthymia) is a depressed mood that lasts for at least two years. A person diagnosed with persistent depressive disorder may have episodes of major depression along with periods

of less severe symptoms, but symptoms must last for two years to be considered persistent depressive disorder.

- ◆ Perinatal depression is much more serious than the “baby blues” (relatively mild depressive and anxiety symptoms that typically clear within two weeks after delivery) that many women experience after giving birth. Women with perinatal depression experience full-blown major depression during pregnancy or after delivery (postpartum depression). The feelings of extreme sadness, anxiety, and exhaustion that accompany perinatal

depression may make it difficult for these new mothers to complete daily care activities for themselves and/or for their babies.

- ♦ Psychotic depression occurs when a person has severe depression plus some form of psychosis, such as having disturbing false fixed beliefs (delusions) or hearing or seeing upsetting things that others cannot hear or see (hallucinations). The psychotic symptoms typically have a depressive “theme,” such as delusions of guilt, poverty, or illness.
- ♦ Seasonal affective disorder is charac-

terized by the onset of depression during the winter months, when there is less natural sunlight. This depression generally lifts during spring and summer. Winter depression, typically accompanied by social withdrawal, increased sleep, and weight gain, predictably returns every year in seasonal affective disorder.

- ♦ Bipolar disorder is different from depression, but it is included in this list is because someone with bipolar disorder experiences episodes of extremely low moods that meet the criteria for major depression (called

- extreme high – euphoric or irritable moods called “mania” or a less severe form called “hypomania.”
- ♦ Masked Depression is that form of depression which is often masked by physical ailments for which no organic cause can be determined.

## Symptoms



If you have been experiencing some of the following signs and symptoms most of the day, nearly every day, for at least

two weeks, you may be experiencing depression:

- Persistent sad, anxious, or “empty” mood
- Feelings of hopelessness, or pessimism
- Irritability
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in hobbies and activities
- Decreased energy or fatigue
- Moving or talking more slowly
- Feeling restless or having trouble sitting still
- Difficulty concentrating, remembering, or making decisions

- Difficulty sleeping, early-morning awakening, or oversleeping
- Appetite and/or weight changes
- Thoughts of death or suicide, or suicide attempts
- Aches or pains, headaches, cramps, or digestive problems without a clear physical cause and/or that do not ease even with treatment

Not everyone who is depressed experiences every symptom. Some people experience only a few symptoms while others may experience many. Several persistent symptoms in addition to low mood are required for a diagnosis of major depres-

sion, but people with only a few – but distressing symptoms may benefit from treatment of their “subsyndromal” depression.

The severity and frequency of symptoms and how long they last will vary depending on the individual and his or her particular illness. Symptoms may also vary depending on the stage of the illness.

## Treatment & Therapies



The earlier that treatment can begin, the more effective it is. Depression is usually



treated with medications, psychotherapy, or a combination of the two. If these treatments do not reduce symptoms, electroconvulsive therapy (ECT) and other brain stimulation therapies may be options to explore.

***Depression, even the most severe cases, can be treated.***

### ***Medications***

Antidepressants are medicines that treat depression. They may help improve the way your brain uses certain chemicals that control mood or stress. You may need to try several different antidepressant medicines before finding the one that improves

your symptoms and has manageable side effects. A medication that has helped you or a close family member in the past will often be considered.

Antidepressants take time – usually 2 to 4 weeks – to work, and often, symptoms such as sleep, appetite, and concentration problems improve before mood lifts, so it is important to give medication a chance before reaching a conclusion about its effectiveness. If you begin taking antidepressants, do not stop taking them without the help of a doctor. Sometimes people taking antidepressants feel better and then stop taking the medication on their own, and the depression returns. When

You and your doctor have decided it is time to stop the medication, usually after a course of 6 to 12 months, the doctor will help you slowly and safely decrease your dose. Stopping them abruptly can cause withdrawal symptoms.

### ***Psychotherapies***

Several types of psychotherapy (also called “talk therapy” or, in a less specific form, counseling) can help people with depression. Examples of evidence-based approaches specific to the treatment of depression include cognitive-behavioral therapy (CBT), interpersonal therapy (IPT), and problem-solving therapy.

### ***Brain Stimulation Therapies***

If medications do not reduce the symptoms of depression, electroconvulsive therapy (ECT) may be an option to explore. Based on the latest research:

- ECT can provide relief for people with severe depression who have not been able to feel better with other treatments.
- Electroconvulsive therapy can be an effective treatment for depression. In some severe cases where a rapid response is necessary or medications cannot be used safely, ECT can even be a first-line intervention.

Once strictly an inpatient procedure, today ECT is often performed on an

outpatient basis. The treatment consists of a series of sessions, typically three times a week, for two to four weeks.

### ***Community support programs***

This support should include information, accommodation; help with finding suitable work, training and education, psycho-social rehabilitation and mutual support groups. Understanding and acceptance by the community is also very important.

***No two people are affected the same way by depression and there is no "one-size-fits-all" for treatment. It may take some trial and error to find the treatment that works best for you.***

## **Evaluate Yourself**

Most of us feel sad, discouraged, or down once in a while; but for some people, this mood doesn't go away.

If you're feeling like this for a sustained period it gets in the way of daily living - you may be experiencing depression.

There are many online tests that are available and which are a good way to evaluate different aspects of life. They can help in identifying whether you're showing some of the warning signs of depression, and how to go about getting the help that's

right for you.

Some of the links are:

- <https://www.blackdoginstitute.org.au/clinical-esources/depression/depression-self-test>
- <https://thiswayup.org.au/take-a-test/>
- <https://mindspot.org.au/depression-quiz>



## Beyond Treatment

### Things You Can Do/how can you help yourself:

Realizing that one is followed by depression is something that won't happen immediately. Often you would feel exhausted, helpless and hopeless about your life. It would seem next to impossible to find the will to do things you once liked or interact with anyone. Snapping out of depression is not an option, hence you need to begin with smaller steps towards staying happy and then strive towards larger goals

- Try to be active and exercise.
- Set realistic goals for yourself

- Try to spend time with other people and and confide in a trusted friend or relative.
- Try not to isolate yourself, and let others help you.
- Expect your mood to improve gradually, not immediately.
- Postpone important decisions, such as getting married or divorced, or changing jobs until you feel better. Discuss decisions with others who know you well and have a more objective view of your situation.
- Continue to educate yourself about depression.
- Eat healthy and a balanced diet
- Exercise regularly

- Sleep well in the night
- Follow a hobby
- Interact with people around you
- Talk to family and friends about your feelings
- Don't bottle up your feelings
- Meditation and yoga under guidance may help

### **How can I help someone else?**

When you find someone you know or is close to you experiencing depression, the three most important things that you can offer them is love, support and a gentle but firm push towards proper professional help.

- Show emotional support, under-

standing, patience and encouragement

- Speak to them, let them express and listen carefully
- Never dismiss their feelings or undermine their pain
- Never ignore references to suicide. Report them to your loved one's therapist
- Invite your loved one out for walks, outings and other activities that they used to love once. But care not to push them too much if they are reluctant
- Accompany them to the therapist if they ask you too
- Remind your loved one that with

time and counselling, they will overcome the depression

- Do not be tough on your loved one, support them through the rough patch
- Make them laugh and show them that you care and remind them of their strengths
- Convince them to avail of professional assistance
- Arrange for hospitalisation if they are experiencing suicidal tendencies, hallucinations or delusions
- Don't give up on the person — they might need to hear repeatedly from several people around them that they deserve to feel better.

# **Anxiety Disorders**

Occasional anxiety is a normal part of life. You might feel anxious when faced with a problem at work, before taking a test, or making an important decision. But anxiety disorders involve more than temporary worry or fear.

For a person with an anxiety disorder, the anxiety does not go away and can get worse over time. The feelings can interfere with daily activities such as job performance, school work, and relationships.

## **Forms of Anxiety**

You may experience more than one type of anxiety.

Understanding what type of anxiety you're experiencing is the first step to recovering.

### ***Generalized Anxiety Disorder (GAD)***

GAD is the most common form of anxiety. It is an extreme, intense and absurd worry usually associated with everyday life. People with GAD overly anticipate disaster about everyday things such as money, friendship, health issues, work and life.

The physical effects of GAD include fatigue, nausea, headaches, muscle tensions,

restlessness, insomnia and sweating.

### ***Panic Disorder***

If you're experiencing recurring panic attacks, it might be possible that you are having a Panic Disorder. Panic Disorder is also accompanied by behavioural changes such as restlessness. This happens because one is overly anticipating the next panic attack.

The physical effects of Panic Disorder include rapid heartbeat, perspiration, dizziness, hyperventilation, chest pains and cry-

ing.

### ***Social Phobia***

You might have felt stage fear or shyness at least once in your life. It is absolutely normal. But if you're scared of being around people altogether, you might be experiencing Social Phobia. Social Phobia is an intense fear of being in a social situation and constantly thinking of being judged by other people.

If you are afraid of dating, parties, meetings and hanging out with a group of people, you might be experiencing Social Phobia.





### ***Post-Traumatic Stress Disorder (PTSD)***

If you have experienced something unsettling in the past, physically or emotionally and keep revisiting that memory, you might be going through Post Traumatic Stress Disorder. PTSD occurs after a traumatic life event and sometimes lasts for years after the event. It is best advised to seek professional help if you think you are affected by PTSD.

The physical effects of PTSD include severe insomnia and constant fatigue.

### ***Obsessive Compulsive Disorder (OCD)***

If you tend to have certain thoughts or tend to do certain routines repeatedly and

are unable to control them, you might be experiencing OCD. Eating only out of a particular plate maybe mild OCD, but refraining from eating if that plate is not available is acute OCD.

Examples of very severe cases of OCD are – washing of hands every 10 minutes and constantly checking if the door is locked. Basically an obsession that affects daily life.

## **Symptoms**



Seek help if you notice some (5 or more) of these symptoms for over a period of 2-3

weeks:

- 'Racing' heart or heart palpitations
- Feeling weak, faint, or dizzy
- Tingling or numbness in the hands and fingers
- Sense of terror, or impending doom or death
- Feeling sweaty or having chills
- Chest pains
- Muscle tension
- Breathing difficulties
- Feeling a loss of control
- Irritability
- Fatigue
- Difficulty to pay attention and concentrate

In the presence of these symptoms, one

may consult a counsellor or a psychotherapist. Medication along with psychotherapy works best for anxiety disorders.

Evaluation for an anxiety disorder often begins with a visit to a primary care provider. Some physical health conditions, such as an overactive thyroid or low blood sugar, as well as taking certain medications, can imitate or worsen an anxiety disorder. A thorough mental health evaluation is also helpful, because anxiety disorders often co-exist with other related conditions, such as depression or obsessive-compulsive disorder.

# Risk Factors

Researchers are finding that genetic and environmental factors, frequently in interaction with one another, are risk factors for anxiety disorders. Specific factors include:

- Shyness, or behavioral inhibition, in childhood
- Being female
- Having few economic resources
- Being divorced or widowed
- Exposure to stressful life events in childhood and adulthood
- Anxiety disorders in close biological relatives
- Parental history of mental disorders
- Elevated afternoon cortisol levels in

the saliva (specifically for social anxiety disorder)

# Treatments and Therapies



Anxiety disorders are generally treated with psychotherapy, medication, or both.

## *Psychotherapy*

Psychotherapy or “talk therapy” can help people with anxiety disorders. To be effective, psychotherapy must be directed at

the person's specific anxieties and tailored to his or her needs. A typical "side effect" of psychotherapy is temporary discomfort involved with thinking about confronting feared situations.

### ***Cognitive Behavioral Therapy (CBT)***

CBT is a type of psychotherapy that can help people with anxiety disorders. It teaches a person different ways of thinking, behaving, and reacting to anxiety-producing and fearful situations. CBT can also help people learn and practice social skills, which is vital for treating social anxiety disorder.

Two specific stand-alone components of CBT used to treat social anxiety disorder

are cognitive therapy and exposure therapy. Cognitive therapy focuses on identifying, challenging, and then neutralizing unhelpful thoughts underlying anxiety disorders.

Exposure therapy focuses on confronting the fears underlying an anxiety disorder in order to help people engage in activities they have been avoiding.

### ***Self-Help or Support Groups***

Some people with anxiety disorders might benefit from joining a self-help or support group and sharing their problems and achievements with others. Internet chat rooms might also be useful, but any advice received over the Internet should be used

with caution, as Internet acquaintances have usually never seen each other and false identities are common. Talking with a trusted friend or member of the clergy can also provide support, but it is not necessarily a sufficient alternative to care from an expert clinician.

### ***Stress-Management Techniques***

Stress management techniques and meditation can help people with anxiety disorders calm themselves and may enhance the effects of therapy. While there is evidence that aerobic exercise has a calming effect, the quality of the studies is not strong enough to support its use as treatment. The family can be important in the

recovery of a person with an anxiety disorder. Ideally, the family should be supportive but not help perpetuate their loved one's symptoms.

### ***Medication***

Medication does not cure anxiety disorders but often relieves symptoms. Medication can only be prescribed by a medical doctor (such as a psychiatrist or a primary care provider), but a few states allow psychologists to prescribe psychiatric medications.

### ***Antidepressants***

Antidepressants are used to treat depression, but they also are helpful for treating anxiety disorders. They take several weeks

to start working and may cause side effects such as headache, nausea, or difficulty sleeping. The side effects are usually not a problem for most people, especially if the dose starts off low and is increased slowly over time.

### ***Anti-Anxiety Medications***

Anti-anxiety medications help reduce the symptoms of anxiety, panic attacks, or extreme fear and worry. The most common anti-anxiety medications are called benzodiazepines. Benzodiazepines are first-line treatments for generalized anxiety disorder. With panic disorder or social phobia (social anxiety disorder), benzodiazepines

are usually second-line treatments, behind antidepressants.



### ***Beta-Blockers***

Beta-blockers, such as propranolol and atenolol, are also helpful in the treatment of the physical symptoms of anxiety, especially social anxiety. Physicians prescribe them to control rapid heartbeat, shaking, trembling, and blushing in anxious situations.

## **Beyond Treatment:**

### **Things You Can Do/how can you help yourself:**

- Eat healthy and a balanced diet
- Exercise regularly

- Sleep well in the night
- Relaxation techniques for breathing under guidance
- Reduce consumption of caffeine
- Talk to family and friends about your anxious feelings
- Let people know that you need support
- Meditation and yoga under guidance may help

### **How can I help someone else?**

You might feel confused, helpless or frustrated when communicating with someone experiencing anxiety.

#### ***Listen***

Sometimes, all that a person who is

stressed wants is someone who will hear their story. Take time and listen to what they have to say. Just listen with an open mind and in a non-judgmental way.

#### ***Use physical gestures***

Smiling, holding hands, hugging, lending a shoulder etc. are gestures that help bring down stress levels. Use them to your advantage.

#### ***Do fun activities, together***

It would be great if you could offer to join the person in some activity he or she enjoys – it could be early morning walks, enjoying a meal at their favourite restaurant, or going out to watch a play or even going

on a trek.

### ***Follow-up***

Show them that you genuinely care. They might not like it all the times but you need to stay in touch.

### ***Encourage to seek help***

Tell the person that it is a good idea to seek help and explain how it is beneficial. It's better if you can convince the person to take an appointment with a mental health professional and also offer to accompany them.



# **Schizophrenia**

Schizophrenia is a chronic and severe mental disorder that affects how a person thinks, feels, and behaves. People with schizophrenia may seem like they have lost touch with reality. Although schizophrenia is not as common as other mental disorders, the symptoms can be very disabling.

## **Forms of Schizophrenia**

### ***Paranoid Schizophrenia***

The most common and prominent symptom of paranoid schizophrenia is the presence of delusions and hallucinations,

known as positive symptoms because they are not normally present in someone without this condition. Hallucinations may be visual, but in this type of schizophrenia they are more often auditory. Hearing voices the person believes to be real, but that no one else can hear, is typical.

Delusional thoughts are also typical with this subtype and are usually paranoid. For instance, a person with paranoid schizophrenia may believe in conspiracy theories or that someone is out to get them, in spite of evidence to the contrary. The delusions and hallucinations that someone experiences are often thematic: government conspiracies, persecution, and so on.

### ***Disorganized Schizophrenia***

In someone with disorganized schizophrenia, the most prominent symptom type is disorganized thoughts. There may be hallucinations and delusions as well, but these are not as severe as in someone with paranoid schizophrenia. Disorganized thoughts lead to disorganized communication and behaviours. Speech and behaviours may be appropriate, and speech may even be so disorganized as to be at times incomprehensible.

Also characteristic of someone with this subtype is impaired emotional processing and expression. This kind of patient may seem emotionally unstable or inappropriate.

ate.

### ***Catatonic Schizophrenia***

Catatonic schizophrenia is largely characterized by disordered movements. A person may range from completely inactive to hyperactive. These states can be extreme, such as catatonic stupor in which a person barely moves at all, or the opposite: catatonic excitement with excessive movement. Other possible symptoms of catatonic schizophrenia include:

- Repetitive movements,
- Resistance to changing appearance,
- Holding a position or pose for an extended period of time,

- Assuming unusual positions of the body, limbs, or facial expressions
- And mimicking another person, in what they say, how they move, or both.

### ***Undifferentiated Schizophrenia***

A person would be diagnosed as having undifferentiated schizophrenia if he or she did not adequately fit into any of the above three subtypes. Someone diagnosed this way may have more moderate symptoms, may exhibit a combination of all the symptoms prominently, or may even cycle between different symptoms with delusions prominent for a period followed by a period of catatonia, for instance.

### ***Residual Schizophrenia***

A diagnosis of residual schizophrenia is reserved for someone who has no prominent symptoms. This may be a patient who was previously diagnosed with schizophrenia but whose symptoms have become significantly less severe, or it may be someone who never had severe symptoms. This person may experience any variety of schizophrenic symptoms—hallucinations, delusions, disorganized thoughts, or catatonia—but they are not severe or prominent. Residual schizophrenia has the potential to worsen.

# Signs and Symptoms



Symptoms of schizophrenia usually start between ages 16 and 30. In rare cases, children have schizophrenia too.

The symptoms of schizophrenia fall into three categories: positive, negative, and cognitive.

**Positive symptoms:** “Positive” symptoms are psychotic behaviors not generally seen in healthy people. People with positive symptoms may “lose touch” with some aspects of reality. Symptoms include:

- Hallucinations
  - Delusions
  - Thought disorders (unusual or dysfunctional ways of thinking)
- Movement disorders (agitated body movements)

**Negative symptoms:** “Negative” symptoms are associated with disruptions to normal emotions and behaviors.

Symptoms include:

- “Flat affect” (reduced expression of emotions via facial expression or voice tone)
- Reduced feelings of pleasure in everyday life
- Difficulty beginning and sustaining activities

- Reduced speaking

**Cognitive symptoms:** For some patients, the cognitive symptoms of schizophrenia are subtle, but for others, they are more severe and patients may notice changes in their memory or other aspects of thinking. Symptoms include:

- Poor “executive functioning” (the ability to understand information and use it to make decisions)
- Trouble focusing or paying attention
- Problems with “working memory” (the ability to use information immediately after learning it)

## Risk Factors

There are several factors that contribute to the risk of developing schizophrenia.

**Genes and environment:** Scientists have long known that schizophrenia sometimes runs in families. However, there are many people who have schizophrenia who don’t have a family member with the disorder and conversely, many people with one or more family members with the disorder who do not develop it themselves.

Scientists believe that many different genes may increase the risk of schizophrenia, but that no single gene causes the disorder by itself. It is not yet possible to use

genetic information to predict who will develop schizophrenia.

Environmental factors may involve:

- Exposure to viruses
- Malnutrition before birth
- Problems during birth
- Psychosocial factors

### ***Different brain chemistry and structure:***

Scientists think that an imbalance in the complex, interrelated chemical reactions of the brain involving the neurotransmitters (substances that brain cells use to communicate with each other) dopamine and glutamate, and possibly others, plays a role in schizophrenia.

Some experts also think problems during brain development before birth may lead to faulty connections. The brain also undergoes major changes during puberty, and these changes could trigger psychotic symptoms in people who are vulnerable due to genetics or brain differences.

## **Treatments and Therapies**



Because the causes of schizophrenia are

still unknown, treatments focus on eliminating the symptoms of the disease. Treatments include:

### **Antipsychotics**

Antipsychotic medications are usually taken daily in pill or liquid form. Some antipsychotics are injections that are given once or twice a month.

### **Psychosocial Treatments**

These treatments are helpful after patients and their doctor find a medication that works. Learning and using coping skills to address the everyday challenges of schizophrenia helps people to pursue their life goals.

### **Coordinated specialty care (CSC)**

This treatment model integrates medication, psychosocial therapies, case management, family involvement, and supported education and employment services, all aimed at reducing symptoms and improving quality of life.

### **How can I help someone else?**

Caring for and supporting a loved one with schizophrenia can be hard, but here are some things you can do to help your loved one:

- Get them treatment and encourage them to stay in treatment
- Remember that their beliefs or hallucinations seem very real to them

- Tell them that you acknowledge that everyone has the right to see things their own way
- Be respectful, supportive, and kind without tolerating dangerous or inappropriate behavior
- Check to see if there are any support groups in your area





# Bipolar Disorder

Bipolar disorder, also known as manic-depressive illness, is a brain disorder that causes unusual shifts in mood, energy, activity levels, and the ability to carry out day-to-day tasks.

There are four basic types of bipolar disorder; all of them involve clear changes in mood, energy, and activity levels. These moods range from periods of extremely “up,” elated, and energized behavior (known as manic episodes) to very sad, “down,” or hopeless periods (known as depressive episodes). Less severe manic periods are known as hypomanic episodes.

- ***Bipolar I Disorder***— defined by manic episodes that last at least 7 days, or by manic symptoms that are so severe that the person needs immediate hospital care. Episodes of depression with mixed features (having depression and manic symptoms at the same time) are also possible.
- ***Bipolar II Disorder***— defined by a pattern of depressive episodes and hypomanic episodes, but not the full-blown manic episodes described above.
- ***Cyclothymic Disorder (also called cyclothymia)***— defined by numerous periods of hypomanic symptoms as well numerous periods of depressive

symptoms lasting for at least 2 years (1 year in children and adolescents).

- ***Other Specified and Unspecified Bipolar and Related Disorders***— defined by bipolar disorder symptoms that do not match the three categories listed above.

## Signs and Symptoms



People with bipolar disorder experience periods of unusually intense emotion, changes in sleep patterns and activity levels, and unusual behaviors. These distinct

periods are called “mood episodes.” Mood episodes are drastically different from the moods and behaviors that are typical for the person. Extreme changes in energy, activity, and sleep go along with mood episodes.

Bipolar disorder can be present even when mood swings are less extreme. For example, some people with bipolar disorder experience hypomania, a less severe form of mania. During a hypomanic episode, an individual may feel very good, be highly productive, and function well. The person may not feel that anything is wrong, but family and friends may recognize the mood swings and/or changes in activity levels as

possible bipolar disorder. Without proper treatment, people with hypomania may develop severe mania or depression.

| People having a manic episode may:  | People having a depressive episode may:   |
|---|---|
| <ul style="list-style-type: none"> <li>• Feel very “up,” “high,” or elated</li> <li>• Have a lot of energy</li> <li>• Have increased activity levels</li> <li>• Feel “jumpy” or “wired”</li> <li>• Have trouble sleeping</li> </ul> | <ul style="list-style-type: none"> <li>• Feel very sad, down, empty, or hopeless</li> <li>• Have very little energy</li> <li>• Have decreased activity levels</li> <li>• Have trouble sleeping, they</li> </ul> |

|  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Become more active than usual</li> <li>• Talk really fast about a lot of different things</li> <li>• Be agitated, irritable, or “touchy”</li> <li>• Feel like their thoughts are going very fast</li> <li>• Think they can do a lot of things at once</li> <li>• Do risky things, like spend a lot of money or have reckless sex</li> </ul> | <ul style="list-style-type: none"> <li>• too little or too much</li> <li>• Feel like they can’t enjoy anything</li> <li>• Feel worried and empty</li> <li>• Have trouble concentrating</li> <li>• Forget things a lot</li> <li>• Eat too much or too little</li> <li>• Feel tired or “slowed down”</li> <li>• Think about death or suicide</li> </ul> |
|--|---|



## Diagnosis

Proper diagnosis and treatment help people with bipolar disorder lead healthy and productive lives. Talking with a doctor or other licensed mental health professional is the first step for anyone who thinks he or she may have bipolar disorder. The doctor can complete a physical exam to rule out other conditions. If the problems are not caused by other illnesses, the doctor

may conduct a mental health evaluation mental health professional, such as a psychiatrist, who is experienced in diagnosing and treating bipolar disorder.

## *Bipolar Disorder and Other Illnesses*

Some bipolar disorder symptoms are similar to other illnesses, which can make it hard for a doctor to make a diagnosis. In addition, many people have bipolar disorder along with another illness such as anxiety disorder, substance abuse, or an eating disorder. People with bipolar disorder are also at higher risk for thyroid disease, migraine headaches, heart disease, diabetes, obesity, and other physical illnesses.

# Risk Factors

Scientists are studying the possible causes of bipolar disorder. Most agree that there is no single cause. Instead, it is likely that many factors contribute to the illness or increase risk.

***Brain Structure and Functioning:*** Some studies show how the brains of people with bipolar disorder may differ from the brains healthy people or people with other mental disorders.

***Genetics:*** Some research suggests that people with certain genes are more likely to develop bipolar disorder than others. But genes are not the only risk factor for

bipolar disorder.

***Family History:*** Bipolar disorder tends to run in families. Children with a parent or sibling who has bipolar disorder are much more likely to develop the illness, compared with children who do not have a family history of the disorder. However, it is important to note that most people with a family history of bipolar disorder will not develop the illness.

# Treatments and Therapies

Treatment helps many people—even those with the most severe forms of bipolar



disorder—gain better control of their mood swings and other bipolar symptoms. An effective treatment plan usually includes a combination of medication and psychotherapy (also called “talk therapy”).

### **Medications**

Different types of medications can help control symptoms of bipolar disorder.

Medications generally used to treat bipolar disorder include:

- Mood stabilizers

- Atypical antipsychotics
- Antidepressants

### **Psychotherapy**

When done in combination with medication, psychotherapy (also called “talk therapy”) can be an effective treatment for bipolar disorder. Some psychotherapy treatments include:

- Cognitive behavioral therapy (CBT)
- Family-focused therapy
- Interpersonal and social rhythm therapy
- Psychoeducation

### **Other Treatment Options**

**Electroconvulsive Therapy (ECT):** ECT can provide relief for people with severe bipo-

lar disorder who have not been able to recover with other treatments.

**Sleep Medications:** People with bipolar disorder who have trouble sleeping usually find that treatment is helpful.

**Keeping a Life Chart:** Even with proper treatment, mood changes can occur. Treatment is more effective when a client and doctor work closely together and talk openly about concerns and choices. Keeping a life chart that records daily mood symptoms, treatments, sleep patterns, and life events can help clients and doctors track and treat bipolar disorder most effectively.

### **How to help yourself**

Taking positive action against an illness helps minimize the risk of another episode and reduce the effect of symptoms. It also helps people feel good about themselves because it shows they can start to take control of their lives again.

There are a number of ways in which you can take positive action, for example, relieving stress by going for a walk or meditating.

### **Learn to manage stress**

Everyone needs to find ways to manage stress – but it's especially important if you have Bipolar disorder because stress can

trigger episodes of illness.

Some suggestions:

- Going for a walk, yoga, meditation, aromatherapy
- Relaxing with things you enjoy
- Think about ways of reducing stress in your life..
- If you can't avoid stressful events, give yourself time to relax and recover afterwards.

### ***Get a good night sleep***

Having Bipolar disorder can sometimes disrupt sleep patterns. Lack of sleep can increase stress and cause problems with mood.

Some suggestions:

- Try to avoid things that interfere with sleeping patterns, for example – shift work, staying out all night or staying up late to study.
- Get to know what helps you sleep, for example – having a warm (not hot) bath 20 minutes before bedtime, allowing enough time to wind down.

### ***Avoid recreational drugs***

Speed (amphetamines), cannabis, and cocaine can all trigger manic episodes, while heavy use of cannabis can trigger psychosis.

Ecstasy's main ingredient (MDMA) can trigger mania.



### ***Alcohol***

While moderate alcohol intake is unlikely to be harmful ('moderate' means two drinks or less for women daily and no more than four drinks daily for men, with several alcohol-free days a week), people with Bipolar who drink heavily may not control their illness well.

The combination of alcohol with antidepressants and antipsychotic drugs may also make you very drowsy – talk to your doctor about how much alcohol is safe for you and what the effects may be.

### ***Smoking***

If you smoke, then giving up cigarettes is a

dramatic way to improve your general health and reduce the risk of serious illness (as well as improve your bank balance). While depression can be a temporary side-effect of quitting for some people, don't let this put you off.

### ***Looking after your health***

For people affected by Bipolar disorder, it's even more important to do things that are good for you.

Some people affected by mental illness can be at greater risk of physical health problems such as diabetes and heart disease, because of the effects of symptoms and side-effects of medication as well as life-

style factors.

For this reason it is important to see a GP regularly and have periodic checks of weight, waist measurement and blood tests for cholesterol, blood sugar, and liver function among others.

### *Keep an eye on your moods*

After you've experienced a few extreme mood swings, you'll find it easier to see them coming.

Signs of mania or hypomania may include having increased energy, feeling like taking on more projects, being more impatient and irritable, and feeling more 'inspired' than usual.

Signs of depression may be feelings of anxiety, sleeping more, or finding it hard to get out of bed in the morning. But it's also important to know the difference between episodes and the usual ups and downs that we all experience.

### *Tackling suicidal thoughts*

It's not uncommon for people to have thoughts about harming or killing themselves when they're depressed – just remember that these are only thoughts, that they will pass and there's no need to act on them.

These thoughts are also a real warning that your treatment needs improving, so talk to

your doctor about them as soon as possible. Adjusting medication can help deal with the causes of suicidal thoughts, and psychological treatments can help with strategies to cope with the thoughts if they do arise again.

### ***Stay in touch***

Depression sometimes means you don't feel like talking to other people. It's important to fight this feeling because not mixing with others can make the depression worse. Try to make the effort to stay in touch with family, friends and neighbours – you'll feel better for it.

# **Borderline Personality Disorder (BPD)**

Borderline personality disorder (BPD) is a serious mental disorder marked by a pattern of ongoing instability in moods, behavior, self-image, and functioning. These experiences often result in impulsive actions and unstable relationships. A person with BPD may experience intense episodes of anger, depression, and anxiety that may last from only a few hours to days.

Some people with BPD also have high rates of co-occurring mental disorders, such as mood disorders, anxiety disorders, and

eating disorders, along with substance abuse, self-harm, suicidal thinking and behaviors, and suicide.

## **Signs and Symptoms**



People with BPD may experience extreme mood swings and can display uncertainty about who they are. As a result, their interests and values can change rapidly.

Other symptoms include

- Frantic efforts to avoid real or imag-

ined abandonment

- A pattern of intense and unstable relationships with family, friends, and loved ones, often swinging from extreme closeness and love (idealization) to extreme dislike or anger (devaluation)
- Distorted and unstable self-image or sense of self
- Impulsive and often dangerous behaviors, such as spending sprees, unsafe sex, substance abuse, reckless driving, and binge eating
- Recurring suicidal behaviors or threats or self-harming behavior, such as cutting
- Intense and highly changeable

moods, with each episode lasting from a few hours to a few days

- Chronic feelings of emptiness
- Inappropriate, intense anger or problems controlling anger
- Having stress-related paranoid thoughts
- Having severe dissociative symptoms, such as feeling cut off from oneself, observing oneself from outside the body, or losing touch with reality

Seemingly ordinary events may trigger symptoms. For example, people with BPD may feel angry and distressed over minor separations—such as vacations, business trips, or sudden changes of plans—from

people to whom they feel close. Studies show that people with this disorder may see anger in an emotionally neutral face and have a stronger reaction to words with negative meanings than people who do not have the disorder.



## Risk Factors

The causes of BPD are not yet clear, but research suggests that genetic, brain, environmental and social factors are likely to

be involved.

**Genetics** BPD is about five times more likely to occur if a person has a close family member (first-degree biological relatives) with the disorder.

**Environmental and Social Factors** Many people with BPD report experiencing traumatic life events, such as abuse or abandonment during childhood. Others may have been exposed to unstable relationships and hostile conflicts.

**Brain Factors.** Studies show that people with BPD have structural and functional changes in the brain, especially in the are-

as that control impulses and emotional regulation.

## Treatments and Therapies



BPD has historically been viewed as difficult to treat. However, with newer and proper treatment, many people with BPD experience fewer or less severe symptoms and an improved quality of life. Many fac-

tors affect the length of time it takes for symptoms to improve once treatment begins, so it is important for people with BPD and their loved ones to be patient and to receive appropriate support during treatment.

If you think you or a loved one have BPD, it is important to seek treatment.

### *Psychotherapy*

Psychotherapy (or “talk therapy”) is the main treatment for people with BPD. Current research suggests psychotherapy can relieve some symptoms, but further studies are needed to better understand how well psychotherapy works.

Types of psychotherapy used to treat BPD include:

***Cognitive Behavioral Therapy (CBT):*** CBT can help people with BPD identify and change core beliefs and/or behaviors that underlie inaccurate perceptions of themselves and others and problems interacting with others.

***Dialectical Behavior Therapy (DBT):*** This type of therapy utilizes the concept of mindfulness, or being aware of and attentive to the current situation and moods.

***Schema-Focused Therapy:*** This type of therapy combines elements of CBT with other forms of psychotherapy that focus

on reframing schemas, or the ways people view themselves. This approach is based on the idea that BPD stems from a dysfunctional self-image—possibly brought on by negative childhood experiences—that affects how people react to their environment, interact with others, and cope with problems or stress.

***Systems Training for Emotional Predictability and Problem Solving (STEPPS)*** is a type of group therapy that aims to educate family members, significant others, and health care professionals about BPD and gives them guidance on how to interact consistently with the person with the disorder using the STEPPS approach



and terminology.

Therapists may also switch from one type of psychotherapy to another, mix techniques from different therapies, or use a combination of psychotherapies.

### **Medications**

Medications should not be used as the primary treatment for BPD as the benefits are unclear. However, in some cases, a mental health professional may recommend medications to treat specific symptoms, such as mood swings, depression, or other disorders that may occur with BPD.

### **Other Treatments**

Some people with BPD experience severe

symptoms and require intensive, often inpatient, care. Others may use some outpatient treatments but never need hospitalization or emergency care.

### **How can I help myself?**

Although it may take some time, you can get better with treatment. To help you:

- Talk to your doctor about treatment options and stick with treatment.
- Try to maintain a stable schedule of meals and sleep times.
- Engage in mild activity or exercise to help reduce stress.
- Set realistic goals for yourself.
- Break up large tasks into small ones, set some priorities, and do what you

can, as you can.

- Try to spend time with other people and confide in a trusted friend or family member.
- Tell others about events or situations that may trigger symptoms.
- Expect your symptoms to improve gradually over time, not immediately. Be patient.
- Identify and seek out comforting situations, places, and people.
- Continue to educate yourself about this disorder.
- Don't drink alcohol or use illicit drugs – they will likely make things worse

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*People with BPD can recover*

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# PTSD

## (Post-traumatic stress disorder)

PTSD is a particular set of reactions that can develop in people who have been through a traumatic event which threatened their life or safety, or that of others around them. This could be a car or other serious accident, physical or sexual assault, war or torture, or disasters such as bush-fires or floods. As a result, the person experiences feelings of intense fear, helplessness or horror.

## Sign and Symptoms



People with PTSD often experience feelings of panic or extreme fear, similar to the fear they felt during the traumatic event. A person with PTSD experiences four main types of difficulties.

- ***Re-living the traumatic event*** – The person relives the event through unwanted and recurring memories, often in the form of vivid images and nightmares. There may be intense emotional or physical reactions, such as sweating, heart palpitations or

panic when reminded of the event.

- ***Being overly alert or wound up*** – The person experiences sleeping difficulties, irritability and lack of concentration, becoming easily startled and constantly on the lookout for signs of danger.
- ***Avoiding reminders of the event*** – The person deliberately avoids activities, places, people, thoughts or feelings associated with the event because they bring back painful memories.
- ***Feeling emotionally numb*** – The person loses interest in day-to-day activities, feels cut off and detached from friends and family, or feels emotional-

ly flat and numb.

It's not unusual for people with PTSD to experience other mental health problems at the same time. These may have developed directly in response to the traumatic event or have followed the PTSD. These additional problems, most commonly depression, anxiety and alcohol or drug use, are more likely to occur if PTSD has persisted for a long time.

### **Other symptoms**

- Upsetting memories, flashbacks or dreams of the event?
- feeling physically and psychologically distressed when something reminds

you of the event

- had trouble remembering important parts of the event
- had very negative beliefs about yourself, others or the world
- persistently blamed yourself or others for what happened
- persistently felt negative, angry, guilty or ashamed
- felt less interested in doing things you used to enjoy
- feeling cut off from others
- had trouble feeling positive emotions (e.g. love or excitement)
- had difficulties sleeping (e.g. had bad dreams, or found it hard to fall or stay asleep)

- felt easily angered or irritated
- engaged in reckless or self-destructive behaviour
- had trouble concentrating
- felt on guard or vigilant
- Been easily startled?



## How common is PTSD

Anyone can develop PTSD following a traumatic event, but people are at greater risk if the event involved deliberate harm such

as physical or sexual assault or they have had repeated traumatic experiences such as childhood sexual abuse or living in a war zone.

Apart from the event itself, risk factors for developing PTSD include a past history of trauma or previous mental health problems, as well as ongoing stressful life events after the trauma and an absence of social supports.

## Treatments and Therapies

Many people experience some of the



symptoms of PTSD in the first couple of weeks after a traumatic event, but most recover on their own or with the help of family and friends. For this reason, treatment does not usually start until about two weeks after a traumatic experience. Even though formal treatment may not commence, it is important during those first few days and weeks to get whatever help is needed.

Support from family and friends are very important for most people. Trying, as far as

possible, to minimise other stressful life experiences allows the person to focus more on his/her recovery. If a person feels very distressed at any time after a traumatic event, he/she should talk to a doctor or other health professional. If a person experiences symptoms of PTSD that persist beyond two weeks, a doctor or a mental health professional may recommend starting treatment for PTSD.

Effective treatments are available. Most involve psychological treatment (talking therapy), but medication can also be prescribed in some cases. Drug treatments are not recommended within four weeks of symptoms appearing unless the severity of

the person's distress cannot be managed by psychological means alone. Generally, it's best to start with psychological treatment rather than use medication as the first and only solution to the problem.

# Eating disorder

An eating disorder is a complex mental illness characterised by disturbed eating behaviours, distorted beliefs, and extreme concerns about food, eating and body size, shape or weight.

Eating disorders can be associated with major medical complications which can affect every organ in the body. They are not a lifestyle choice or about vanity. No one would choose to have an eating disorder.

The most common eating disorders are

*anorexia nervosa, bulimia nervosa and binge eating disorder.* Avoidant/restrictive food intake disorder (ARFID) is another eating disorder that occurs mainly in children.

All eating disorders can occur in both males and females of any age.





# Forms of eating disorders

There are several broad categories of eating disorders. A large number of people have other eating issues and distorted body image which are not covered by these diagnoses, but still have a significant impact on their mental health and quality of life.

## Binge eating disorder

A person with binge eating disorder may eat large amounts of food in a short period of time. They will often feel 'out of control' about their eating and may not be able to stop. People with binge eating disorder often feel guilty or ashamed at the amount

of food they eat during a binge eating episode.

## Bulimia nervosa

People with bulimia may eat large amounts of food, and then purge the food as a way to control their weight. They may do this through vomiting, fasting, excessive exercise or misusing laxatives or other drugs. People with bulimia will often go to great lengths to hide their eating and exercise habits. Many people with bulimia do not lose weight but may experience weight fluctuations.

## Anorexia nervosa

A person with anorexia nervosa may place

severe restrictions on the amount and type of food they consume. They may have difficulty expressing emotions that feel too complex, and struggle with self-worth. This can lead to a low body weight and severe health issues. They may lose a large amount of weight in a short amount of time, and may fear gaining weight.

### **Other specified feeding and eating disorder (OSFED)**

Some people may present with many of the symptoms of other eating disorders, but will not meet the full criteria for that diagnosis. In these cases, the disorder may be classified as OSFED. This is not a less serious disorder than other eating disorders.

All eating disorders are serious mental illnesses that cause significant emotional and physical distress.

It is important to remember that you cannot tell that a person has an eating disorder by their body weight. Eating disorders affect people of all shapes and sizes.

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*With treatment, most people with an eating disorder make a good recovery.*

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## Facts

- Anyone can develop an eating disorder, including all ages, genders, cultures and backgrounds.
- Eating disorders affect about 9% of the population, but eating disorders are frequently under-reported, so the actual number is likely to be higher. This means that over 1 million Australians experience an eating disorder.
- Eating disorders can occur in everyone from children to the elderly.
- There can be serious complications associated with an eating disorder. They include; increased risk of death, complications with other medical

conditions and increased risk of obesity.

- The causes of eating disorders are complex, but a combination of genetics, psychological factors and cultural influences are thought to affect the likelihood that someone will develop an eating disorder.

## Sign and Symptoms



A person with an eating disorder may have disturbed eating patterns or behaviours, and extreme concerns over the size, shape

or weight of their body. Symptoms can include, but are not limited to:

- obsessive thoughts about food, body size, shape or weight or eating patterns
- rapid weight loss or gain or frequent changes in weight
- feeling depressed, anxious, irritable or stressed
- eating food in smaller or larger amounts than is considered normal
- using food as a way to deal with boredom or stress
- using food as a way to manage uncomfortable or distressing emotions
- using food and eating as form of self-punishment

- eating in private or avoiding social situations involving food
- secretive behaviour around food
- compensating for food consumed
- Excessive exercising

Due to the nature of an eating disorder, a person may go to great lengths to hide or disguise their behaviour and may experience intense feelings of guilt or shame.

## **Treatment & Therapies**

With specialised treatment, recovery from an eating disorder is possible. The earlier someone with an eating disorder begins



treatment, the greater the likelihood of a shorter recovery process and better the health outcomes. It is important to remember recovery is a unique journey for each person. Individuals may share common, yet different experiences, goals and outcomes.

If you suspect that you or someone you know may have an eating disorder, it is important to seek help immediately.

Treatment may need to involve a number of different health professionals, for exam-

ple, GPs, psychologists, dieticians and other allied health professionals. This is because best treatment will take into consideration the mental, physical, emotional, behavioural and environmental needs of the person with the eating disorder.

Treatment for eating disorders can include hospital stays, intensive outpatient programs, community programs, support groups and counselling.

It's important to remember that eating disorders are serious mental illnesses with potentially life-threatening consequences. Therefore, it is crucial to seek help immediately.

# **Self-harm**

Self-harm means any behaviour which involves the deliberate causing of pain or injury to oneself. Self-harm is usually a response to distress – often the distress associated with mental illness or trauma. In the short-term, some people find that it provides temporary relief from the psychological distress they are experiencing. While people who self-harm do not necessarily mean to kill themselves, it often becomes a compulsive and dangerous activity, and requires careful professional help.

Self-harm includes cutting, burning or hitting oneself, binge-eating or starvation,

or repeatedly putting oneself in dangerous situations. It can also involve abuse of drugs or alcohol, including overdosing on prescription medications.

## **Why do people harm themselves?**

Self-harm is often a response to feelings of extreme psychological distress or emotional pain. It may provide short-term relief from these feelings. It may be an attempt to express or even control them briefly. It does not resolve them, however, and can become a compulsive and dangerous activity.

While people who self-harm may not intend to end their lives, the consequences

of this risky behaviour can be fatal, and it needs careful assessment and care by a health professional.

### **How do you get help if you self-harm?**

As well as being physically dangerous, self-harm is often a sign that the person needs help for a mental health problem associated with the behaviour. This might be an anxiety disorder, depression or some other condition. It is therefore very important to see a GP or other health professional for an assessment and diagnosis, and to discuss a treatment plan. Treating the underlying causes will help make a long-term difference to reducing and stopping the impulse to self-harm.

Treatment is likely to involve seeing a psychologist who is an expert in this area, and will know how to best help the person, as well as help them to help themselves.

It's a good idea to prepare for seeing a doctor by talking to a trusted person about the self-harming behaviour. This might be a family member or friend, or a suitable person at school or work. It's also helpful to request a longer appointment, so there is time to talk, and take along some simple notes – for example, detailing how long the self-harming has been going on, and any other feelings or events which may be associated with it.

Because self-harming behaviour is risky and possibly life-threatening, do not hesitate to call emergency services on 000 if necessary.

### How to help in a crisis/Are there alternatives to self-harm?

It can be hard for people who self-harm to stop it by themselves. That's why it's important to talk to someone and see a doctor. It can help to try alternatives to self-harm which can relieve distress in the short term. These include:

- **Delay:** for example, put it off until you have spoken to someone
- **Distract:** for example, go for walk, play a game

- **Divert:** for example, find an activity which has a similar effect to self-harm, but without causing injury, such as punching a pillow, drawing on arm instead of cutting, squeezing an ice cube
- **Deep breathing:** or other relaxation method

These are not solutions to self-harm but can be useful as short-term alternatives while receiving treatment, and should be discussed with the treating doctor or psychologist.

### How do I help someone who self-harms?

People who self-harm may be secretive or feel ashamed about their behaviour. It



helps to talk calmly and non-judgmentally about their concerns.



- Encourage the person to see a doctor or other health professional about the self-harming
- Suggest options for getting help, rather than directing the person what to do

- Do not hesitate to call emergency services on 000 if you think the person is at risk of serious injury

Remember that you cannot stop someone from self-harming and it is not your responsibility when they do. You can only do your best to encourage them to get help

# **Suicide**

Suicide means not only a tragic loss of a life, but also great sadness and soul-searching by the family and friends and community of the person who has died.

Men make up around three quarters of deaths by suicide, although attempted suicide is more common in women than men.

## ***Suicide and mental illness***

The suicide rate among people with a mental illness is at least seven times higher than the general population. It is one of the main causes of premature death in this group.

Many people who die by suicide have experienced a mental illness. Often people who are considering suicide are dealing with a combination of poor mental health and difficult life events. But with effective treatment, social support and time, many who have tried to end, or considered ending their lives can go on to live full and productive lives.

## ***Why do people feel suicidal?***

For people with a mental illness, the distress caused by the illness can be so great they may feel an overwhelming desire to end their life. People recently discharged from psychiatric care are at higher risk of suicide. Knowing someone who has recent-

ly died by suicide may also increase risk.

Suicide can also be related to distressing life events such as unemployment, relationship breakdown, being in debt or social isolation. Sometimes people feel like they are a burden to others and that loved ones would be better off without them. A suicide attempt may be an early sign of a mental illness developing, so it is important to get help from a doctor. For someone with a mental illness, the following may contribute to the risk of suicide:

***Depressive illness:*** Many people who attempt suicide have experienced major depression or bipolar disorder.

***Psychotic symptoms:*** Some may attempt suicide because they are confused and distressed by hallucinations or delusions, or to bring 'relief' from untreated psychotic symptoms.

***Borderline personality disorder (BPD):*** People with BPD may harm themselves or behave in a suicidal way. Some find self-harm brings temporary 'relief' from their distress. This is a symptom of the disorder and requires treatment from a health professional.

***Drugs and alcohol:*** Abuse of drugs (such as marijuana, heroin or amphetamines) and alcohol is closely related to suicidal behaviour.

# Communication about suicide

If you are concerned about someone whom you know is having thoughts of suicide, this can be a very distressing situation, as many people don't know how to help.

It's common for people to think that talking about suicide increases the risk. This is not the case. This myth can stop important discussions from taking place.

Having an open and supportive conversation gives the person an opportunity to talk about their distress. They will feel re-

lieved and cared for, and this discussion can prevent suicidal action in the future.



## How to have the conversation

When it comes to starting a conversation with someone at risk of suicide, we can often feel at a loss about what to do.

The following steps, based on LivingWorks Australia's safeTALK training, provide a useful guide for starting a conversation

about suicide.

### **Step 1: Identify your concerns**

Notice how the person is looking and feeling. What are they saying and doing? What significant events are occurring in their lives? What is it that indicates the person may be thinking of suicide?

Consider these signs as invitations to check in with the person – they are often indirect expressions of distress that we need to connect with.

### **Step 2: Ask directly about suicide**

A good way to do this is to state the invitations you have noticed and express your

concern. Telling the person that others in similar situations can have thoughts of suicide may help them open up. Asking directly is crucial, as it gives the person permission to speak about what they are going through.

#### Here is an example of how to ask:

*‘I’ve noticed that you’ve seemed really low recently and haven’t been doing things you usually enjoy. Sometimes when people are feeling this way they have thoughts of suicide’.*

***“Are you having thoughts of suicide”?***

Remember, if the person is having thoughts of suicide, you want them to say ‘yes’ – this means that you can work to-

gether to do something about it.

### **Step 3: Listen to their response**

Showing that you are open and willing to listen helps the person not to feel ashamed. Remaining calm and non-judgmental allows them to express their distress, perhaps for the first time, and still feel accepted (many people fear they won't be).

It can be tempting to offer solutions at this point, but don't jump to problem-solving. It is more valuable to validate the person's feelings. Inviting them to talk about their thoughts of suicide is a way to demonstrate your concern and show that you're

taking their experiences seriously.

### **Step 4: If you're worried seek help**

Talk to the person about how you can work together.

Be honest in telling them that you are concerned and need extra help to support them. Let them know that you can't keep this a secret – their safety is too important.

The supports you link them to might be crisis helplines, mental health professionals, or emergency services.

If the person will not agree to stay safe, reach out to support services immediately. It is important to do this step together, ra-

ther than asking the person to agree to do it later.

Stay with them and ask how you can help. For example, you could offer to start the conversation with a helpline so that the person doesn't have to repeat their story from scratch. Make it clear to the support service that the person needs assistance because they are having thoughts of suicide.

### Key things to remember

Thoughts of suicide are common and can occur in anyone. The person you know is still the same person they were before; they are just feeling extremely distressed

right now. Indeed, they may feel just as scared by their thoughts of suicide as you are for them. You can talk about this.



**Ambivalence is key.** If the person is talking to you about their thoughts of suicide, then they are unsure whether they want to live or die. Part of them feels overwhelmed by distress and considers suicide an option to relieve their intense emotional pain. Another part of them wants, or hopes, to fix whatever is causing the distress. This is

why suicide is often described as ‘a permanent solution to a temporary problem’. It’s not the time to problem-solve when someone is in crisis, yet you can remind them that they need to survive in order to have the opportunity to lead the life they want. You don’t need to know how to fix the problems that have led the person to consider suicide. You just need to be there to acknowledge what they are going through, show that you care and assist them to get help. Consider this ‘mental health first aid’. Your role is to help them survive and access further treatment.

### **Admittance in the hospital with the attempting suicide**

In case of admittance in the hospital with the attempting suicide following will be the discharge planning process:

The guidelines on *Working with the suicidal person* offer a series of criteria for planning safe discharge services, including:

- A comprehensive suicide risk assessment has been conducted and an appropriate treatment plan is in place.
- The person is medically stable and has adequate social supports.
- The person has agreed to return to the mental health service if their suicidal intent returns.



- The person, their caregiver and family have been provided with written copies of their treatment plan, including details of any medications, ways to deal with symptoms and distress, dates of follow-up appointments, and contact numbers for times of crisis.
- All attempts have been made to remove potentially lethal means of self-harm.
- Treatment of any underlying psychiatric diagnoses has been arranged.
- Appropriate steps have been taken to address psychosocial precipitating factors.
- GPs, counsellors and other community services have been consulted and

are in agreement with the discharge arrangements.

- A written report will be sent to the person's GP and psychiatrist/ psychologist within 72 hours.
- Follow-up with the person will be conducted as soon as possible, ideally within 72 hours.

### ***Follow-up assessments***

Suicide risk should be reassessed within 24 hours for people at high risk, seven days for people at moderate risk, and one month for people facing a mild but current risk.

Reassessments of the risk of suicide by a

mental health clinician are most effective when they are conducted face-to-face and the clinician is cognisant of the level of risk initially assigned.

The follow-up assessment allows for:

- a review of the person's current living environment
- a review of any changes to their risk or protective factors
- a review of the effectiveness of their treatment and engagement with service providers
- the re-evaluation of at-risk mental states
- The collection of information from family, friends and relevant service

providers.

More information about suicide and, suicide prevention and training programs can be obtained from  
[www.suicidepreventiontraining.com.au](http://www.suicidepreventiontraining.com.au)

# Accessing the mental health system

If you feel that something is not quite right e.g. thoughts, feelings or odd behaviour,

the first step is to talk to your local doctor/ GP about these concerns.

In case of an emergency and, you are in need of urgent medical help:

1. Ring 000  
or
2. Ring Crisis Assessment and Treatment Team (CATT) service (A multi-disciplinary team with Psychologists,

Psychiatrists, Social workers and Nurses providing assessment and support for people who are in crisis with mental illness).

**CATT for northern suburbs and in city of**

**Whittlesea:**

*Psychiatric triage (administration, information, assessment and referral)*

*24 hours a day, 7 days a week*

**Telephone: 1300 874 243**

Their phone lines are staffed 24/7. They will conduct an initial phone assessment and may get in contact with other treating practitioners and will decide how to best

support the person. This may involve a home visit as their aim is to treat people in the community where possible. However, they may decide that hospitalisation is necessary to ensure the best care.

## **1. If Visiting a local doctor**

Your local doctor is well-positioned to make an initial diagnosis. To do this, they are likely to assess your mental health and do a brief interview, physical examination and possibly some laboratory tests. The doctor will ask about your symptoms, your family history of mental illness and anything in your life that might be causing anxiety or stress.

Depending on your needs, the local doctor might refer you to a counsellor, psychologist or psychiatrist.



### **Speaking to a counsellor**

As a therapeutic treatment for mental illness, counselling is offered by various healthcare professionals including psychologists, general practitioners, consultant physicians, psychiatrists and social workers.

Counsellors help people to recognise and

define their emotional, mental and lifestyle problems and to understand themselves and their behaviour better. They help people by:

- explaining options
- setting goals
- providing therapy
- Supporting them to take action.

### **Going to a Psychologist**

Psychologist is an allied health professional who specialises in the treatment of mental health problems and human behaviour.

A professional trained in the science of how people think, feel, behave and learn. Clinical psychologists assess, diagnose and

treat individuals suffering from psychological distress and mental illness. They also perform psychotherapy and develop treatment plans. Clinical psychologists often work in hospitals, mental health clinics, and private practice.

Most psychologists provide assessment and therapy to clients, help facilitate organisational or social change, conduct psychological research, or administer psychological tests to individuals or groups.

### **Going to a Psychiatrist**

Psychiatrists are medical doctors who are experts in mental health. They specialise in diagnosing and treating people with men-

tal illness. They have a deep understanding of physical and mental health – and how they affect each other.

They help people with mental health conditions such as schizophrenia, depression, bipolar disorder, eating disorders and addiction.

They make a diagnosis and work with you to develop a management plan for your treatment and recovery.

Psychiatrists provide psychological treatment, prescribe medications and do procedures such as electroconvulsive therapy. A psychiatrist can be of particular help if your

mental health condition:

- is complex or difficult to diagnose
- involves suicidal ideas or plans
- is severe or happens suddenly
- needs medication that only a psychiatrist can prescribe
- isn't responding to standard treatment through your GP (family doctor)

Your local doctor might be able to provide some counselling for a mental health issue. Beyondblue, a national depression initiative, can also help with over-the-phone, online and in-person counselling for anxiety and depression. If your needs require a different approach, these counsellors can refer you to another service.

If you feel that something is not quite right with you or someone's thoughts, feelings or behaviour, the first step is to talk to your local doctor about these concerns.

1

Your local doctor can diagnose and treat some mental health concerns or can refer you to other healthcare practitioners to get the help you need

2

In case of an emergency, call 000.  
or  
ring CATT team

**Psychiatric triage (administration,  
information, assessment and referral)  
24hrs 7 days a week**

**Telephone: 1300 874 243**

## **2. If you are discharged from hospital after a medical health emergency**

### **Discharge planning**

If you have been admitted to a hospital in a mental health emergency by police/CATT team, by your friends or family members, following will happen:

- You will be allotted with a case officer and social worker who will be there from the time you are mentally stable and then will be following up with you your discharge onwards as well.
- They will identify your needs, follow your treatment plan with you and will connect you with various social ser-

vices identifying your needs which can be from: connecting with a job finding organisation, doing course or with a peer support person.

- You, your caregiver and family will be provided with written copies of your treatment plan, including details of any medications, ways to deal with symptoms and distress, dates of follow-up appointments, and contact numbers for times of crisis.
- All attempts have been made to remove potentially lethal means of self-harm.
- Treatment of any underlying psychiatric diagnoses has been arranged.
- Appropriate steps have been taken to



address psychosocial precipitating factors.

- GPs, counsellors and other community services have been consulted and are in agreement with the discharge arrangements.
- A written report will be sent to your GP and psychiatrist/psychologist within 72 hours.

# Paying for mental health services

If you are a Medicare card holder there are a number of government programs that can help you pay for mental healthcare.

If your local doctor works with you to develop a mental health care plan, you may be eligible for further Medicare-subsidised care sessions from psychiatrists, psychologists, clinical psychologists, social workers and occupational therapists. Conditions eligible for the 'Better Access to Psychiatrists, Psychologists and General Practitioners through the Medicare Benefits Sched-

ule (Better Access) initiative' include:

- Depression
- Bipolar Disorder
- **Anxiety related conditions** such as panic disorder, obsessive compulsive disorder, post-traumatic stress disorder, generalised anxiety disorder and phobias.

Subsidised mental health treatment is also available through the Australian Government's Access to Allied Psychological Services (ATAPS) program. ATAPS provides access to low-cost treatment for people with common mental health conditions of mild to moderate severity. Eligible people can access up to 12 individual sessions per cal-

endar year or, in exceptional circumstances, up to 18 individual sessions with mental healthcare professionals. Generally, there is little or no out-of-pocket expense for eligible people.

There are no out-of-pocket expenses in relation to compulsory treatment for mental illness.

## **Fees and charges for admitted patients**

Patients can be classified mainly as:

Public patients

or

Private patients

Australia's healthcare system is made up of both government and private organisations. The government supports the cost of healthcare under the Medicare system. It also pays extra healthcare benefits to veterans and people on low incomes. If you are new to Australia, you can check with the Australian Department of Human Services whether you are eligible for Medicare

or other benefits.

Everyone in Australia with a Medicare number is entitled to free treatment as a public patient in a public hospital, paid for by Medicare. Medicare also covers part or all of the cost of going to a GP, a specialist, and some allied health services.

Australians are also encouraged to have private health insurance, although it is not compulsory. There are many different private health insurance schemes, but most entitle you to choose your doctor or specialist, to be treated in a private hospital, or to be treated as a private patient in a public hospital.

Private health insurance may pay all or part of a private patient's healthcare costs in Victoria's hospitals and health services. Hospital insurance policies may not cover private patients for all of their hospital costs. Private patients may also be charged for some or all of the costs of:

- hospital accommodation
- theatre fees
- intensive care
- drugs, dressings and other consumables
- diagnostic tests
- pharmaceuticals
- any additional doctor's fees.

Patients are advised to check their entitlements with their health fund, and whether they are liable for any fees or charges.

Medicare covers 75 per cent of the Commonwealth Medical Benefits Schedule fee for the medical services provided to private patients while in hospital, and private health insurance generally covers the remaining 25 per cent. The actual out-of-pocket cost to patients with private health insurance depends on the services provided and the type of insurance cover held.

Where a doctor charges a fee that exceeds the Commonwealth Medical Benefits Schedule fee, the patient is responsible for

paying the difference between the fee charged by the doctor and the scheduled fee.

Private patients without insurance are liable for the full cost of accommodation and related expenses.

# Mental health and Indian/subcontinent community

- **Stigma**
- **Myths**
- **Right Communication**



Indian and subcontinent community is not immune to mental health concerns.

As a community we need to realise that having a mental health concern is not a shame. It is similar to having a physical illness e.g. breaking a leg, diabetes or high blood pressure.

The first step towards supporting someone with a mental health concerns is to listen unbiased. We need to understand that person's mental health concerns from the health perspective, similar to how we listen and understand to someone's physical health concerns.

Also, while communicating we need to refrain ourselves from using statements such as :

- It's in mind, get up and don't think about it
- You are thinking too much
- You are using it as an excuse
- Everyone feels that but you are just exaggerating
- Sleep for a while and you will be ok

These sorts of statements provide hindrance to the person and families experiencing mental health concerns, in discussing further and, in seeking early intervention and timely recovery.



## Reasons for getting mental health issues

Mental health issues can be due to any of the following reasons:

- Settling in a new culture/Lack of knowledge
- Sense of loneliness
- Cultural barriers such as language
- Education and unemployment.
- Genetic factors/ family history
- Biological or medical factors
- Lifestyle factors
- Experience of chronic or acute trauma
- Developmental trauma
- Childhood abuse
- Sexual abuse

- Family/Domestic Violence
- Patterns of constant self-defeating pessimistic or negative self-talk
- Weather
- Genetic
- Chemical Imbalances

Setting in a new culture is difficult and after arriving in a foreign land we face the harsh reality here that there is no parental support, no helping hand.

In case of people who arrive here as international students, they study, work and do the housework. In that struggle, we do not get enough time to look after ourselves, and over a period of time we run out and

start feeling stressed.

Loneliness is another factor that plays a major role in contributing for mental health. When we arrive here, be it on any type of visa and, be it we arrive as a student or skilled migrant. There is always a time when we are alone. In case of females, the male partner goes to work and the female partner is alone at home. She is not aware about the roads, nearby community areas, shopping areas and available social circles. Many of us, at that time do not have much interest in local television as well. Few of us are not fluent in local language and experience difficulty in understanding local accent.

These sort of situations leads us to loneliness and causes short term mental health concerns. Stresses and sadness starts to creep in, which, if not treated leads to bigger issues.

Concerns of domestic violence also contribute on major level toward mental health concerns. Any small arguments, to bigger concerns lead both genders towards depression.

Culture difference and family difference is also a factor that lead to high stress level and increased anxiety levels.

In many of the families, and as similar to

back home in India and subcontinent, there are joint family living arrangements are followed. Most of the times, these arrangements provide immense personal and social support, but in some cases create disharmony.

Usage of drugs is also a major contributing factor for developing mental health concerns.

**What do you need to do to avoid these situations and to promote a positive mental health.**

- Learn the road maps beforehand where you will be staying and where you will be travelling

- Get your documents organised
- Learn driving if you don't know beforehand
- Do a language course
- Get familiarised with the local amenities
- Indulge in community centres and volunteer activities till the time you do not get paid work. It is a great rapport building exercise and you get to know the local work environment
- Indulge in physical exercise, as it will keep you healthy and will prevent over-thinking. If it is too expensive to join the gym, regular walking is a good option.
- Visit to local libraries and mix with

the communities, and participate in local events

- Make use of counselling and family support organisations.
- Report domestic violence to appropriate organisations and seek help for early intervention.

# **What is stigma?**

Stigma is when someone sees you in a negative way because of a particular characteristic or attribute (such as skin colour, cultural background, a disability or a mental illness). When someone treats you in a negative way because of your mental illness, this is discrimination.

Stigma happens when a person defines someone by their illness rather than who they are as an individual. For example, they might be labelled 'psychotic' rather than 'a person experiencing psychosis'.

For people with mental health issues, the

social stigma and discrimination they experience can make their problems worse, making it harder to recover. It may cause the person to avoid getting the help they need because of the fear of being stigmatised.

## **The harmful effects of stigma**

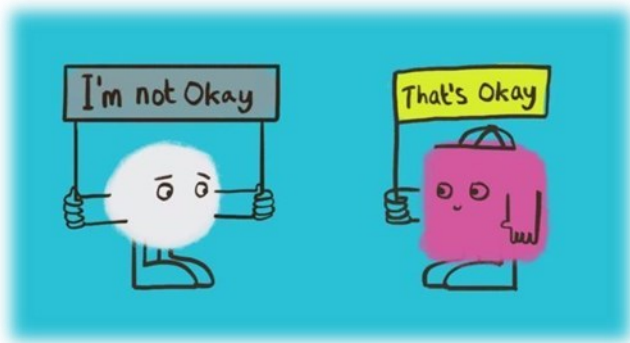
Some of the effects of stigma include:

- feelings of shame, hopelessness and isolation
- reluctance to ask for help or to get treatment
- lack of understanding by family, friends or others
- fewer opportunities for employment or social interaction

- bullying, physical violence or harassment
- Self-doubt – the belief that you will never overcome your illness or be able to achieve what you want in life.

## Dealing with stigma

Here are some ways you can deal with stigma:



**Get the mental health treatment you need.** Try not to let the fear of being labelled with a mental illness stop you from getting help.

**Do not believe it.** Sometimes, if you hear or experience something often enough, you start to believe it yourself. Try not to let other people's ignorance influence the way you feel about yourself. Mental illness is not a sign of weakness and is rarely something you can deal with on your own. Talking about your mental health issues with healthcare professionals will help you on your road to recovery or management.

**Do not hide away.** Many people with

mental illness want to isolate themselves from the world. Reaching out to people you trust – family, friends, coaches or religious leaders – can mean you get the support you need.

**Connect with others.** Joining a mental health support group – either online or in person – can help you deal with feelings of isolation and make you realise that you are not alone in your feelings and experiences.

**You are not your illness.** Do not define yourself by your illness as other people might. Instead of saying ‘I’m schizophrenic’, say ‘I have schizophrenia’. There is power in language.

**It’s not personal.** Remember that other people’s judgements often come from a lack of understanding rather than anything else. These judgments are made before they get to know you, so do not believe that their views have anything to do with you personally.



## **Discrimination - your rights**

Australia has legislation against discrimination and agrees with international conventions that protect the rights of people with

mental illness.

The Victorian Equal Opportunity and Human Rights Commission promote equal opportunity and can help you address unlawful discrimination.

The Australian Human Rights Commission is a Commonwealth Government agency that promotes human rights and deals with compliance and discrimination.

At the international level, the United Nations General Assembly has 'Principles for the protection of persons with mental illness and the improvement of mental health care'. The World Health Organiza-

tion also has information on mental health and human rights.

## **Challenging stigma associated with mental illness**

Everyone has a role to play in creating a mentally healthy community – one that is inclusive, rejects discrimination and supports recovery. Ways to help include:

- Learning the facts about mental illness and sharing them with family, friends, work colleagues and classmates
- Getting to know people with personal experiences of mental illness so you



learn to see them for the person they are rather than their illness.

- Not judging, label or discriminate when you meet people with mental illness. Treat all people with respect and dignity.
- Avoiding using language that puts the illness first and the person second. Say 'a person with bipolar disorder' rather than 'that person is bipolar'.
- Saying something when you hear people around you making stereotypical or inaccurate comments about mental illness.
- Sharing your own experience of mental illness (if you have experienced it). This will help dispel myths and en-

courage others to do the same. Mental illness is not something shameful that needs to be hidden.

- Correct the person immediately if someone is stigmatising about mental health.

### **Importance of right language in mental health and removal of stigma**

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*Despite the progress we have made in the past decade, the stigma associated with mental illness still exists in our community. The way we talk about mental illness and the things we express publicly through media, social media, in our homes and in our workplaces can make a difference.*

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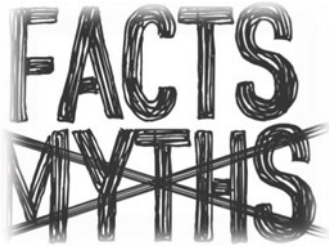
## Preferred Language

Certain ways of talking about mental illness can alienate members of the community, sensationalise the issue and contribute to stigma and discrimination.

Next is the summary of preferred language to use when communicating about mental illness.

| Do say   | Don't say  | Why?   |
|--|--|--|
| A person is 'living with' or 'has a diagnosis of' mental illness                               | 'mental patient', 'nuttier', 'lunatic', 'psycho', 'schizo', 'deranged', 'mad'            | Certain language sensationalises mental illness and reinforces stigma.                   |
| A person is 'being treated for' or 'someone with' a mental illness                             | 'victim', 'suffering from', or 'affected with' a mental illness                          | Terminology that suggests a lack of quality of life for people with mental illness.      |
| A person has a 'diagnosis of' or 'is being treated for' schizophrenia                          | A person is 'a schizophrenic', 'an anorexic'   | Labelling a person by their mental illness.  |
| The person's behaviour was unusual or erratic  | 'crazed', 'deranged', 'mad', 'psychotic'   | Descriptions of behaviour that imply existence of mental illness or are inaccurate.      |
| Antidepressants, psychiatrists or psychologists, mental health hospital                        | 'happy pills', 'shrinks', 'mental institution'   | Colloquialisms about treatment can undermine people's willingness to seek help.          |
| Simplify any sentence that uses psychiatric or media terminology incorrectly or out of context | 'psychotic dog', using 'schizophrenic' to denote duality such as 'schizophrenic economy' | Terminology used out of context adds to misunderstanding and trivialises mental illness. |

## **Busting myths and addressing stigma**



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*Mental illness is common, but it is still often misunderstood. Myths and misconceptions about mental illness add to stigma and make life harder for people experiencing it.*

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### **Myth: mental illness is a life sentence**

**Fact:** *Most people will recover fully, especially*

*if they receive help early. Recovery will be different for everyone and some people may require ongoing treatment to manage their illness.*

Some people have only one episode of mental illness and will completely recover. For others, symptoms associated with mental illness occur only occasionally with years of being well between episodes. For a minority of those, with a more severe illness, periods of acute illness may occur more regularly and, without medication and effective management, leave little room for recovery.

### **Myth: mental illnesses are all the same**

**Fact:** *There are many types of mental illness. Simply knowing a person has a mental illness will not tell you how well or unwell they are, what symptoms they are experiencing, or what impacts the illness is having on their life.*

Though a particular mental illness will tend to show a certain range of symptoms, not everyone will experience the same symptoms - for example many people with schizophrenia may hear voices, while others may not.

Mental illnesses are not purely 'psychological' and can have many physical features. While a mental illness may affect a person's thinking and emotions, it can

also have strong physical effects such as insomnia, weight loss or gain, increase or loss of energy, chest pain and nausea.

**Myth: people who live with mental illness are violent**

**Fact:** *Research indicates people receiving treatment for a mental illness are no more violent or dangerous than the general population. People living with a mental illness are more likely to be victims of violence, especially self-harm.*

There appears to be a weak statistical association between mental illness and violence. This seems to be concentrated in certain subgroups, for example - people not receiving treatment, those who have a

history of violence, and those who use drugs or alcohol.

**Myth: some cultural groups are more likely than others to experience mental illness**

**Fact:** *Anyone can develop a mental illness and no one is immune to mental health problems. However, a person's cultural background affects how they might experience mental illness and how they understand and interpret the symptoms of mental illness.*

Research exploring cultural background and mental illness is limited. The available data suggests people born in Australia have slightly higher rates of mental illness

than those born outside Australia. On the other hand, many people from culturally and linguistically diverse and refugee backgrounds have experienced torture, trauma and enormous loss that can impact on distress and vulnerability to mental illness.

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*Media always creates stigma, be it about mentioning about an offender of a celebrity.*

*Inaccurate, insensitive or sensationalist media reports on mental illness and suicide can have significant consequences: research has shown that people who read negative articles about mental illness expressed more negative attitudes toward people with a mental illness.*

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Research has also shown that exposure to

negative media stories had a direct effect on attitudes about people with mental illness, which was not altered by subsequent exposure to positive stories.

Most concerning, a study found that media accounts of mental illness that instil fear have a greater influence on public opinion than direct contact with people who have a mental illness.

## **Examples of stigmatising media reporting**

### **1. Mocking mental illness**

- Mocks or trivialises mental illness.
- Misuse of medical terminology.
- Misuses medical terms which mock or

trivialise mental illness.

- Misuses medical terminology which perpetuates misconceptions about mental illness.
- Uses the word 'psycho'. Media reports frequently confuse 'psychosis' (which refers to psychotic mental illness) and 'psychopath' (which relates to extreme violence and anti-social behaviour, not mental illness).
- Implies that all mental illnesses are the same - the term 'mental illness' covers a wide range of symptoms, conditions, and effects on people's lives.

## **2. Demeaning language**

Uses inappropriate and outdated terms such as 'mental patient', 'nutter', 'lunatic', 'psycho', 'schizo' and 'mental institution' - this language stigmatises mental illness and perpetuates discrimination.

## **3. Victimising language**

Refers to someone with a mental illness as a 'victim', or is 'suffering with' or 'afflicted by' a mental illness.

Defines people by their mental illness: e.g. referring to a person as 'a schizophrenic' (alternatives include the person 'has schizophrenia', is 'affected by mental illness' or 'lives with schizophrenia').

## **4. Sensationalist reporting**

Reports on tragedies involving untreated mental illness without context. This often contributes to community fear about people with a mental illness, if they are not reported within context. People receiving treatment for mental illnesses are no more violent or dangerous than anyone else; in fact they are more likely to be the victims of violence than the attackers.

## **5. Accuracy**

Reports myths or misconceptions about mental illness.

## **6. Interviewees**

Fails to secure informed consent from



interviewees with a mental illness or exploits a person's vulnerability or ignorance of media practice.

## **7. Language**

- Repeatedly uses the term 'suicide' in media reports – the word should be used sparingly (alternatives include 'died by suicide' or 'took his/her own life').
- Uses the word 'suicide' in a headline – this can contribute to glamorising and normalising suicide and may attract vulnerable people to the story.
- Uses the phrases 'unsuccessful suicide' or 'failed suicide attempt' - this places a value on the act (alternatives

include 'tried to end their life' or 'non-fatal').

- Sensationalises or glamorises suicide.
- Celebrity suicide/Glamorises celebrity suicide.
- Examples of harmful reporting about suicide Method and location
- Describes displays or photographs the location or method of a suicide.

## **8. Lack of context**

Suggests a suicide might be the result of a single factor or event – for example, a job loss or relationship breakdown. Many people who die by suicide have a mental disorder, a drug-related illness or other familial or social risk factors.

## **9. Positioning of the story**

Gives stories about suicide prominent placement (e.g. front page of newspaper or magazine or lead items on TV or radio news).

## **10. Euthanasia**

Provides explicit details of method of death and/or repeatedly references the term suicide.

## **How can we communicate with the people and families facing mental health concerns?**

Communication is key in Mental Health and play important role in removal of stigma.

If someone you know is experiencing mental health concern, getting support from friends and family can make all the difference to how they cope and their recovery.

If your loved one is showing signs of a mental health problem or reaches out for help, the first step is to talk about it. Choose a good time and place to talk,

when you are both relaxed, and keep the conversation flowing about other topics too. Try to be sensitive, positive and encouraging.

Let the person know you are there for them and available to listen. Acknowledge what they are feeling and ask them what you can do to help. You can start off by ex-



plaining why you're concerned and offer examples. Try to use 'I' statements rather than 'you' statements — 'I'm worried...' or 'I've noticed...'

### **Things you can do for the person**

#### **You could offer support by:**

- starting slowly — try small actions first, such as going for a walk or visiting a friend
- encouraging them to get enough sleep, eat healthy food and exercise
- discouraging them from self-medicating with alcohol or drugs
- offering practical support, such as supporting them to do their shopping or cooking meals
- encouraging them to seek help imme-

diately if they are at risk of suicide or self-harm and offering to go with them

- providing information, such as books or brochures for them to read in their own time
- offering to make an appointment with a doctor or mental health professional on their behalf, and offering to take them

### **Things you can do for yourself:**

- be informed — read quality, evidence-based information and become familiar with the signs and symptoms of their mental health issue
- look after yourself — see your doctor or a mental health professional if you

think it might help

- accessing support services available to carers and friends of people with mental health issues
- being proactive — find out the first steps to take

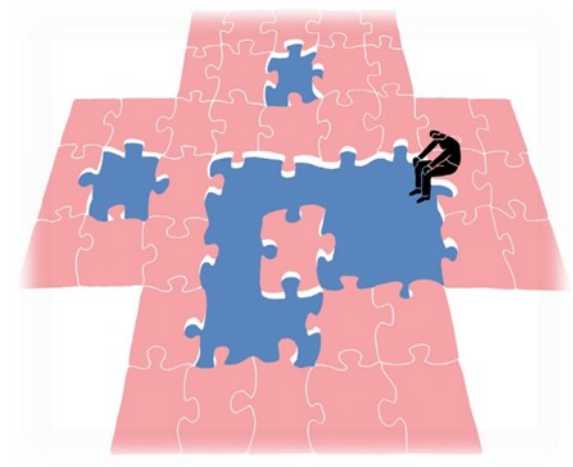
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*Even if you do not have any idea of what to say, you can start off by being a listener and there is no harm in admitting that you don't have any information about it, but you are there to know about it.*

*Ask more questions, so the person should know that you are interested.*

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# **Other Important information on mental health system**



# (National Disability Insurance Scheme)



## **What is NDIS?**

NDIS is Australia's first national Scheme for people with disability. It provides funding directly to individuals.

There are around 4.3 million Australians who have a disability. When it is fully rolled out, the National Disability Insurance Scheme (NDIS) will provide about 460,000 Australians aged under 65, who have per-

manent and significant disability with funding for supports and services. For many people, it will be the first time they receive the disability support they need.

The NDIS can provide all people with disability with information and connections to services in their communities such as doctors, sporting clubs, support groups, libraries and schools, as well as information about what support is provided by each state and territory government.

## **What does it mean?**

**National:** The NDIS is being introduced progressively across all states and territories.

**Disability:** The NDIS provides support to eligible people with intellectual, physical, sensory, cognitive and psychosocial disability. Early intervention supports can also be provided for eligible people with disability or children with developmental delay.

**Insurance:** The NDIS gives all Australians peace of mind if they, their child or loved one is born with or acquires a permanent and significant disability; they will get the support they need.

**Scheme:** The NDIS is not a welfare system. The NDIS is designed to help people get the support they need so their skills and independence improve over time.

## **NDIS and Psychosocial disability**

**Psychological disability** is when your mental health condition has an impact upon you in such a way that it affects things including:-

- Daily activities
- Leisure and recreation activities
- Relationships with others
- Education and work
- Other things you might like to participate in or achieve

## **NDIS key words**

**Permanent and significant disability:** A permanent disability means your disability is likely to be lifelong. A significant disability has a substantial impact on your ability



to complete everyday activities.

**Supports and services:** Assistance or products that help a person in their daily life and help them participate in the community and reach their goals.

**Early intervention:** Providing support to a person, a child or an adult, as early as possible to reduce the impacts of disability or developmental delay and to build their skills and independence.

**Funding (who funds what):**

**Mental health system funds:**

Supports related to mental health that are

clinical in nature, including acute, ambulatory and continuing care in the community, rehabilitation/recovery.

Early intervention supports related to mental health that are clinical in nature, including supports that are clinical in nature and that are for child and adolescent developmental needs.

Residential care where the primary purpose is for inpatient treatment or clinical rehabilitation, or where the services model primarily employs clinical staff.

Supports relating to a co-morbidity with a psychiatric condition where the co-

morbidity is clearly the responsibility of another service system (for example, treatment for a drug or alcohol issue).

### **What does NDIS funds:**

NDIS funds the disability supports that are not clinical in nature and that focus on a person's functional ability, including supports that enable a person with a mental illness or psychiatric condition to undertake activities of daily living and participate in the community and social and economic life.

With NDIS, there will be:

- Ability to choose service providers
- A lifetime commitment of support
- Ability to change the level and type of

support year to year

- Funding to support activities that increase social and economic participation
- Ability to be linked in with multiple services
- Not being restricted to services based on area

### **Eligibility checklist**

#### **Qs**

1. Are you aged between 7 and 65?
2. Do you live in Australia and have Australian residency?
3. Do you usually need support from a person because of a permanent and significant disability?

4. Do you use special equipment because of a permanent and significant disability?
5. Do you need some supports now to reduce your future needs?

**If yes,**

If you meet the criteria and you would like to become a participant, call NDIS on 1800 800 110 and ask to make an Access Request. Please remember, if you do not receive any disability supports, make sure the NDIS is available in your area before you call to make an Access Request.

If you are already receiving disability support services, the National Disability Insur-

ance Agency (NDIA) will contact you when it becomes available in your area.

**If No,**

If you do not meet the criteria, then NDIS may not be the best way to support you. You may be able to access other supports.

**Making an Access Request**

You can call 1800 800 110 to make an Access Request or you can ask for a form. If you need help filling in the form or making the call, you can contact your Local Area Coordinator, Early Childhood Early Intervention partner or contact your local NDIA office.

## Access Request questions

As part of the Access Request process, you will be asked:

- To confirm your identity and/or a person's authority to act on your behalf
- Questions to see if you meet the NDIS access requirements (age, residence and disability)
- Questions about providing consent to enter the NDIS and about seeking information from third parties.
- If you currently get disability supports, and you would like your provider to give us your information, you must first provide consent.
- You may be asked to provide some

additional information after you make your Access Request. This may include information about your disability and how it impacts on your day-to-day life. You can provide copies of existing information, including letters or reports, or you can ask your treating health professional to fill out and sign a form.

## Providing information about your disability

If you make your Access Request over the phone, you can email or post copies of your existing information, including letters or reports, to one of the follow:

Email: [NAT@ndis.gov.au](mailto:NAT@ndis.gov.au)

Post to: GPO Box 700, Canberra ACT 2601,  
or

Drop it in to your nearest NDIS office.

### **Providing evidence of your disability**

If you are eligible for the NDIS and have received an 'access decision' letter, the next step is creating your NDIS plan.

### **Creating your plan**

Your plan is a written agreement worked out with you. Everyone's plan is different. They will ask questions about how you are going in different areas of your life, what goals you would like to achieve and what kind of help and support you need. This will help us to develop a plan that provides

the right support for you.

### **Using your plan**

Once you have your plan, there are people who will help you start it. Find out the different types of budgets, and how to use the place portal.

### **Reviewing your plan and goals**

Your plan review is the opportunity to check your supports are working for you and they are helping you progress and achieve your goals.

# **CATT** **Crisis Assessment and** **Treatment Team**

In case of an emergency and, you are in need of urgent medical help for mental health

or

If someone has tried to harm themselves or someone else due to mental health concerns, or you think they are about to,

You can call triple zero (000) immediately.

Or

Call Crisis Assessment and Treatment Team (CATT)

CATT provides immediate help during a mental health crisis. Experiencing or caring for someone during a mental health crisis can be frightening but help is available 24 hours a day.

## **What is CATT?**

A CATT is a group of people who work together and includes mental health professionals such as psychiatric nurses, social workers, psychiatrists and psychologists.

## **What does a CATT do?**

A CATT responds to urgent requests to help people in mental health crisis 24 hours a day, 7 days a week. A mental health crisis can include:

- A psychotic episode
- Self-harm
- Feeling suicidal and
- Feeling out of control

It might be flare-up of an existing condition like schizophrenia or someone's first experience of mental illness. There might be an obvious cause for the crisis, or there might not be.

Whether at home or elsewhere, the CATT assesses the person's current mental state, their psychiatric history, what social support they have and more. They will work with the person involved and their family and/or carer to determine the best

CATT for northern suburbs and in city of  
Whittlesea:

*Psychiatric triage (administration,  
information, assessment and refer-  
ral)*

*24 hours a day, 7 days a week*

**Telephone: 1300 874 243**

way to help.

One option is to provide intensive treatment, care and support at home, and this is what they hope to do. But there are times when treatment in hospital is needed. If so, they will help the person get to

hospital by arranging referrals and transport.

CATTs also work with other services such as police, ambulance, alcohol and drug services, child protection and community services where necessary.

### **How do I get help?**

If you need help now, call your mental health crisis line for immediate expert support. They will help you work out which services can best help. This could be the doctor, a hospital emergency department or a community mental health service.

### **What happens after the CATT has helped?**

The CATT will make sure you are supported during the crisis. Once the crisis has passed, the CATT then provides referrals to health and community services that can provide longer-term care.

### **Are CATTs the same across Australia?**

CATTs are called by different names across Australia, but they perform essentially the same roles.



# Understanding mental health emergency and mental health crisis



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*What's the difference?*

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## **Mental Health Emergency**

A mental health emergency is a life threatening situation in which an individual is imminently threatening harm to self or others, severely disorientated or out of touch with reality, has a severe inability to function, or is otherwise distraught and out of control.

### **include:**

- Acting on a suicide threat
- Homicidal or threatening behaviour
- Self- injury needing immediate medical attention
- Severely impaired by drugs or alcohol
- Highly erratic or unusual behaviour that indicates much unpredictable

behaviour and/or an inability to care for themselves.

### **Suggestions for what to do in case of a mental health emergency**

Call CATT team on 1300 874 243 or ring emergency on 000

## **Mental Health Crisis**

A mental health crisis is a non-life threatening situation in which an individual is exhibiting extreme emotional disturbance or behavioural distress, considering harm to self or others, disoriented or out of touch with reality, has a compromised ability to function, or is otherwise agitated and unable to be calmed.

### **Examples of a Mental Health Crisis in-**

#### **clude:**

- Talking about suicide threats
- Talking about threatening behaviour
- Self- injury, but not needing immediate medical attention
- Alcohol or substance abuse
- Highly erratic or unusual behaviour
- Eating disorders
- Not taking their prescribed psychiatric medications
- Emotionally distraught, very depressed, angry or anxious

### **Suggestions for what to do in case of a mental health crisis**

Step 1: Speak to your doctor

Step 2: If possible, remain with the person until help arrives

# Psychiatrist's vs Psychologists

Most of us are not aware about the differences between two and use the term interchangeably, where as it is important to know the difference as accordingly it will guide where you can take help from.

There are many similarities and some differences. It is important to find one that suits you.

## **Education and approach**

Psychiatrists have studied first to become a medical doctor. Once they have graduated



as a doctor, they can take on more study and training with the aim of becoming a psychiatrist.

When they study psychiatry, they learn to diagnose, treat and prevent mental, emotional and behavioural disorders. They can prescribe medications, like antidepressants, and can usually admit you to hospital, if this is needed.

Psychologists usually have a 4-year university degree. After university, they typically complete a further 2 years of education and training to obtain 'general registration'.

General registration as a psychologist enables someone to work in areas of psychology in which they are competent and to use the title 'Psychologist'. Some psychologists choose to complete further training to become endorsed in specific areas of psychology such as clinical psychology.

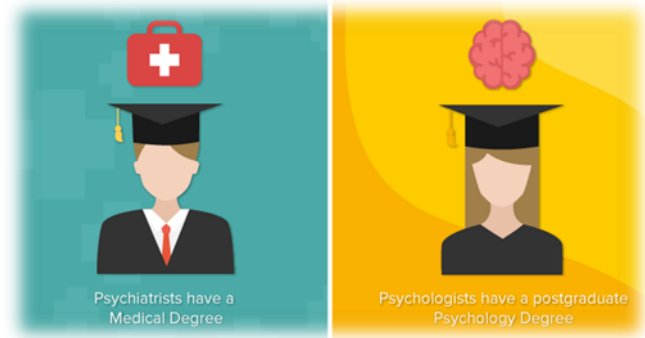
### Similarities

There are many similarities between psychiatrists and psychologists.

Both are trained to understand how your

brain works, how you think and how you behave. Both are able to use different types of counselling and psychotherapy to help.

Both psychologists and psychiatrists use



various forms of therapy to help with problems like depression, anxiety, stress, grief, bipolar disorder, relationship breakdowns, drug and alcohol addiction and post-

traumatic stress disorder. They can help you develop better ways of thinking and behaving.

### **Differences**

In many situations, it is hard to know whether seeing a psychologist or seeing a psychiatrist would be a better choice.

But there are differences. Psychiatrists are able to prescribe medications, which psychologists can't do. Because of this, psychiatrists tend to look after more people with severe mental illness who need medication. Psychiatrists can also admit people to hospital, which psychologists can't do.

### **Referral and assessment**

- Your doctor can refer you to a psychiatrist or a psychologist, who will talk to you about your problems. They will then let you know about the best treatment for you. Many have particular approaches they favour - see if they suit you.
- If you are the parent or carer of a child, the psychiatrist or psychologist will work with you and other health professionals.
- You can see both a psychiatrist and a psychologist without a referral, but if you do, Medicare won't cover any of the costs.

- You can create your question list for the appointment so you remember what you want to ask.

### **What do they cost?**

- Outside of hospital, Medicare covers some of the costs of seeing a psychiatrist if you have a referral or a mental health plan from your doctor. In some of the case all costs are covered by Medicare.
- If you see your doctor, they might refer you to a psychologist with a mental health treatment plan. If so, Medicare covers some or all of the costs.

You can see a psychologist without a mental health treatment plan, but then Medicare doesn't help with the fees.

- Private health insurance may not cover costs of a psychiatrist or psychologist. Check with your doctor or psychologist. If you have private health insurance, speak to them about what is covered.
- Treatment by a psychiatrist in public hospitals is usually free. Treatment in private hospitals is partly covered for a limited period by private health insurance.

- Your doctor can suggest mental health services in your local area or refer you to a psychiatrist, psychologist or other mental health professional in the community usually for up to six sessions to start with.
- If your psychiatrist decides you need a more intensive level of treatment, they can provide you with advice and organise further treatment, at the most appropriate service including through community mental health programs, residential clinics and hospitals.

## Summary

- Psychiatrists are medical doctors, psychologists are not.
- Psychiatrists prescribe medication, psychologists can't.
- Psychiatrists diagnose illness, manage treatment and provide a range of therapies for complex and serious mental illness. Psychologists focus on providing psychotherapy (talk therapy) to help patients.

# **Other persons involved in mental health care**

## **1. Mental health nurses**

Mental health nurses are specially trained (some in psychological therapies) to care for people with mental health conditions. They work with psychiatrists and other healthcare professionals to treat people with mental health issues, providing information, support and care.

Their duties may include:

- Assessment of people's mental

health status

- Giving medication
- Assisting in behaviour modification programs and other activities
- Visiting and treating people requiring mental health treatment in their homes.

Mental health nurses work in mental health units, hospitals, nursing homes or out in the community. They are registered nurses (division 1), and most have undertaken further study in mental health, earning a graduate diploma or master's degree.



## **2. Aboriginal and Torres Strait Islander mental health workers**

Aboriginal and Torres Strait Islander mental health workers are health workers who understand the mental health issues of Aboriginal people, using it to provide culturally safe and accessible mental health services.

They are generally not medically trained but might have undertaken training in mental health and psychological therapies. Their role often includes:

- Counselling
- Case management
- Screening, assessment and referrals

- Health promotion and education
- Helping Aboriginal people to access mainstream mental health services
- Supporting the families of Aboriginal people with mental health problems.

You can find Aboriginal and Torres Strait Islander mental health workers in some mental health clinics, hospitals and Aboriginal health services.

## **3. Social workers**

Mental health social workers work with people who are having a hard time because of a mental health issue. They support people with anxiety, for example, by helping them find ways to manage uncom-

fortable situations and understanding the causes of their anxiety, such as relationship issues, financial hardship and work stress. Professional social workers hold a Bachelor of Social Work degree and you can find them in welfare agencies, hospitals, com-



munity health centres and other human services and justice organisations. Some social workers are also qualified as coun-

sellors.

You can also see an eligible social worker through the Medicare-funded program Better Access, which requires you to start by getting a mental health treatment plan developed by your GP.

## 4. Counsellors

'Counsellor' is a general term for various professionals who offer some type of 'talking therapy'. A counsellor may primarily work as, for example, a nurse, social worker, occupational therapist or psychologist. Some have a specific counselling qualification such as a Bachelor or Master of Counselling degree.

Counsellor's help people work through personal problems. They help people to recognise and define their emotional, health, mental and lifestyle problems and to understand themselves and their behaviour better. They help people by:

- Explaining options
- Setting goals
- Providing therapy
- Supporting them to take action.

Not all counsellors have specific training in treating mental health conditions and, services offered by counsellors usually do not have a Medicare rebate available. Make sure you check that the counsellor has a qualification or has been recommended by

your GP or other people experiencing the same issues as you. It is a good idea to check that the counsellor you choose to see is registered with an appropriate professional body.

## 5. Peer workers

Peer workers are trained mental health professionals who have their own personal experience of mental health problems and



recovery. They have studied how to use personal experience in ways that are therapeutic. Peer workers do not base their work on diagnoses or standard treatments of mental illness, but instead on respect, shared responsibility and mutual agreement of what is helpful.

Peer workers can share their own experiences so that you know you are not alone, and you can explore different ways to make sense of your experiences. Research suggests that peer work can increase hope, independence and a sense of empowerment.

Peer workers are a relatively new type of

mental health professional but are increasingly employed by many different types of mental health services.

## **6. Mental health occupational therapists**

Occupational therapists work with people to help them to be better able to participate in everyday life, by helping people to enhance their own abilities, and by modifying the external environment. Occupational therapists that specialise in mental health have particular skills in understanding some of the ways that mental health problems might create barriers to participating in life, work and the home. They may be able to assist in developing coping

strategies, building confidence and independence.

Professional occupational therapists hold a Bachelor of Occupational Therapy degree and they are required to be registered with AHPRA.

Occupational therapists work in welfare agencies, hospitals, community health centres and other human services and justice organisations. You can also see an eligible occupational therapist through the Medicare-funded program Better Access, which requires you to start by getting a mental health treatment plan developed by your GP.

Some occupational therapists have additional qualifications as counsellors.

## **7. Mental health recovery and rehabilitation workers**

Mental health recovery and rehabilitation workers specialise in working with people who have developed a psychosocial disability as a result of a mental health condition. They may be qualified as social workers, psychologists, peer workers, occupational therapists, or have a Certificate IV in Mental Health (non-clinical).

Mental health recovery and rehabilitation workers offer support and rehabilitation services that aim to support people to-

wards personal recovery. This means working with people to understand the impacts of mental health problems on their life,

and developing goals that are meaningful to them.

Common areas of personal recovery include building social connectedness, finding hope, addressing the identity impacts of mental health problems, making sense of mental health experiences, finding meaning in life, and building a sense of empowerment. Mental health recovery and rehabilitation workers will often work with people to join or re-join employment, and to find safe and secure housing.

Mental health recovery and rehabilitation workers work in sub-acute mental health services and in mental health community support services.

# **Mental Health, Privacy** **and your rights**

People with mental illness have a right to privacy, and in most cases their health information must not be disclosed without their consent.

In certain circumstances health information can be disclosed if this is necessary for the person to receive effective treatment and care.

## **What the law says about mental illness**

There are laws about:

- what mental illness is
- the treatment of people with a men-

tal illness, particularly if they are being treated against their will

- the rights of people with a mental illness, including how they receive treatment

## **Mental illness**

Mental illness is defined under the Mental Health Act 2014 as a medical condition where a person's thought, mood, perception or memory is significantly disturbed.

Some examples are:

- depression
- schizophrenia
- anxiety disorders.

## **You are not mentally ill just because:**

- you express or don't express your political, religious, philosophical or sexual beliefs, preferences, gender identity or sexual orientation
- you are involved in or don't get involved in a particular political or religious activity
- you are involved in sexual, immoral or illegal conduct
- you have an intellectual disability
- you behave in an anti-social way
- you have a particular economic or social status
- you belong to a particular cultural or racial group
- you are or have previously been involved in family conflict
- you have previously been treated for

mental illness

- you use drugs or alcohol (however, if your mind or body is seriously affected by you taking drugs or alcohol this could be taken as a sign that you are mentally ill, whether the effect is permanent or temporary).

## **Being diagnosed with a mental illness**

Only a doctor can decide whether they believe you have a mental illness and only after a proper assessment.

## **Voluntary or compulsory treatment**

You can receive treatment as a voluntary patient or compulsory patient.

- A voluntary patient can be admitted



to hospital, but is free to leave whenever they want.

- A compulsory patient is a person who has been assessed by a psychiatrist and put on a compulsory treatment order. They can receive treatment against their wishes while they are in the community or as an inpatient in hospital.

### **Rights of people receiving treatment for mental illness**

There are a number of laws that protect the rights of people being compulsorily treated for mental illness, including rights to privacy, confidentiality and other human rights.

### **Know your rights**

The Mental Health Act 2014 sets out your rights if you are receiving mental health services.

Even if you are receiving compulsory treatment, the Act says you have the right to be involved in all decisions about your assessment, treatment and recovery. You should also be supported in making or participating in those decisions. Your views and preferences should be respected.

### **Your statement of rights**

You must be given a copy of your order as well as a 'statement of rights'. This statement explains your rights under the Act and the process for you to be assessed and

treated. When you are given the statement, the psychiatrist must also make sure that someone:

- verbally explains the statement in a way that you understand
- answers any questions you may have as clearly as possible.
- If you do not understand the information in statement, they must make further attempts to explain it at another time.

### **Your right to communicate freely**

You have a right to communicate lawfully if you are being held for compulsory treatment.

Communication is being able to:

- send or receive letters
- make or receive telephone calls
- communicate via electronic means
- receive visitors at a mental health facility at reasonable times.

You should be allowed to communicate privately and without censorship.

An authorised psychiatrist can restrict your right to communicate if necessary to protect your health, safety and wellbeing or that of another person.

An authorised psychiatrist who restricts your right to communicate must take reasonable steps to inform you, your nominated person, a guardian, a carer, or a parent if you are under the age of 16 of the re-

striction and the reason for it.

However, an authorised psychiatrist can't stop you from communicating with a lawyer, an IMHA advocate, the Mental Health Tribunal, the Chief Psychiatrist, Mental Health Complaints Commissioner or a community visitor from the Office of the Public Advocate.

If you are concerned that your communication is being unreasonably restricted, contact the Mental Health Complaints Commissioner.

# Telephone and online support for mental health issues

Mental health helplines are a great resource if you are struggling with mental health issues. Speak to someone who will listen and can give you appropriate advice and tell you the steps to take to get help.



Find someone to talk to by calling one of the following helplines:

- **Kids Help Line – call 1800 55 1800** for free counselling for young people between the ages of five and 25.
- **Lifeline – call 13 11 14** for this Australia-wide crisis support and prevention service.
- **Suicide Call Back Service – call 1300 659 467** for free service for people having suicidal thoughts or family or friends affected by suicide.
- **Suicide Line – call 1300 651 251** for free and anonymous support, 24 hours a day, seven days a week across Victoria.

- **Men line Australia – call 1300 789 978** to access this free telephone support service for men with family and relationship issues.
- **Beyondblue – call 1300 224 636** for support for issues relating to anxiety and depression.
- **NURSE-ON-CALL 1300 60 60 24** (Victoria only)
- **Mind Australia Carer Helpline – call 1300 554 660** - supports families who are caring for someone with a mental illness

# Mental health organisations in Victoria

- **Anxiety Disorders Association of Victoria (ADAVIC)** ADAVIC provide support, information and resources to individuals suffering from or affected by anxiety, depression, and related issues.
- **Anxiety Recovery Centre (ARCVic)** The Anxiety Recovery Centre Victoria provides support, recovery and educational services to people and families living with anxiety disorders.
- **Beyondblue** aims to build a society that understands and responds to the personal and social impact of depression, works actively to prevent it and improves the quality of life for everyone affected.
- **Black Dog Institute** is an educational, research, clinical and community-oriented organisation providing specialist expertise in depression and bipolar disorder. Its website contains information on mood disorders.
- **The Bouverie Centre** provides specialist family sensitive and family therapy services to Victoria's Public Mental Health Services.
- **Children of Parents with a Mental Illness (COPMI)** promotes better mental health outcomes for children

(0 - 18 years) of parents with a mental health problem or disorder. They provide information for families and for the professionals who support them.

- **Eating Disorders Foundation of Victoria (EDV)** provides support, information, community education and advocacy for people with eating disorders and their families in Victoria.
- **Grow Australia** provides peer support for people who are experiencing a mental illness through mutual help groups and a 12 step program of recovery.
- **Headspace** provides tailored and holistic mental health support to 12 - 25 year olds. With a focus on early inter-

vention, they work with young people to provide support at a crucial time in their lives.

- **MANAS** provides assistance, information and community education to people of Indian background and work towards removal of mental health associated stigma.
- **Mental Health Australia (formerly Mental Health Council of Australia – MHCA)** is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector and committed to achieving better mental health for all Australians.
- **Mental Health Foundation of Aus-**

**tralia (Victoria)** supports consumers and families, professionals and organisations concerned with mental health.

- **Mental Health Victoria (Formerly VICSERV)** is the peak body for mental health service providers in Victoria and specialises in public policy, work-force development and training, and services that build individual, organisational and community capacity.
- **Mental Illness Fellowship** provides services to people with a mental illness and their families in Melbourne.
- **Mind Australia** supports people with mental illness, helping them to live well in the community with or with-

out symptoms.

- **National Mental Health Consumer and Carer Forum (NMHCCF)** is the combined voice for consumers and carers who want to participate in the development of mental health policy and the mental health sector in Australia.
- **Orygen Youth Health (OYH)** is Australia's largest youth-focused mental health organisation.
- **Psychiatric Disability Services of Victoria (VICSERV)** is the peak body for Psychiatric Disability Rehabilitation and Support Services in Victoria.
- **SANE Australia** is a national charity working for a better life for people



affected by mental illness, their family and friends. They conduct campaigns and educational programs, support and carry out research and operate a Helpline.

- **Suicide Call Back Service** provides crisis counselling across Australia 24 hours a day, seven days a week for people at risk of suicide, carers for someone who is suicidal and those bereaved by suicide.
- **SuicideLine** is a suicide prevention line available across Victoria 24 hours a day, seven days a week.
- **Tandem** is the peak body for families and carers of people experiencing mental health challenges and emo-

tional distress in Victoria.

- **Victorian Transcultural Mental Health (VTMH)** formerly known as Victorian Transcultural Psychiatry Unit (VTPU) helps mental health services and psychiatric disability support services across Victoria to better support consumers, carers and communities from diverse cultural backgrounds.

## Warning for medication: Important to know



**Please Note:** Although antidepressants are safe and effective for many people, they may be risky for children, teens, and young adults.

A “black box” warning—the most serious type of warning that a prescription can carry—has been added to the labels of antidepressants. The labels now warn that antidepressants may cause some people to have suicidal thoughts or make suicide attempts. For this reason, anyone taking an antidepressant should be monitored closely, especially when they first start taking the medication.

Choosing the right medication, medication dose, and treatment plan should be based on a person’s needs and medical situation, and done under an expert’s care. Only an expert clinician can help you decide whether the medication’s ability to help is worth

the risk of a side effect. Your doctor may try several medicines before finding the right one.

**You and your doctor should discuss:**

- How well medications are working or might work to improve your symptoms
- Benefits and side effects of each medication
- Risk for serious side effects based on your medical history
- The likelihood of the medications requiring lifestyle changes
- Costs of each medication
- Other alternative therapies, medications, vitamins, and supplements you

are taking and how these may affect your treatment

- How the medication should be stopped. Some drugs can't be stopped abruptly but must be tapered off slowly under a doctor's supervision.

**Anyone taking a medication should:**

- Talk with a doctor or a pharmacist to understand the risks and benefits of the medication
- Report any concerns about side effects to a doctor right away. The doctor may need to change the dose or try a different medication.
- Avoid stopping a medication without talking to a doctor first. Suddenly

stopping a medication may lead to “rebound” or worsening of bipolar disorder symptoms. Other uncomfortable or potentially dangerous withdrawal effects are also possible.

# **Faith & Spirituality**

As we learn more and more about the connections between the mind and body, it becomes clear that spirituality, religion and faith can help some individuals live well with mental health conditions. Some individuals and families turn to faith in times of crisis to help in their recovery while others find that spiritual practices help them continue to manage their mental health.

## **How Faith Can Help**

Research has shown that for some, religion and individual spirituality can directly improve our physical and mental health.

## **Meditation**

One practice that has received a lot of attention is contemplative prayer and meditation. Many studies have found that 10-20 minutes of meditation twice a day causes what is called the "relaxation response": decreased metabolism, decreased heart rate, decreased breathing rate and slower, calmer brain waves.

The relaxation response was originally observed in practitioners of Transcendental Meditation, a form of Buddhist meditation, but subsequent research has found the relaxation response can result from other contemplative practices as well.

## **Togetherness**

Religion offers other supports for mental health as well. One of the most popular ways to interact with the community is to attend congregational gatherings such as Sunday church or gurudwaras, and prayer meetings in temples or mosques.

These group religious rituals provide structured social activities that cause relatively little anxiety and benefit our health directly. Places of worship may also offer a number of resources and social activities that can encourage and support people living with a mental health condition and their families, providing additional benefits through community connections

## **Helping Others**

Relatively recent research suggests that we experience direct health benefits when we volunteer to help others. Religious organizations may provide us with straightforward, simple opportunities to serve the community, thus improving our mood and reducing our anxiety levels.

## **Actions That You Practice On Your Own**

The benefits of religion don't end at the steps. The most powerful health benefits of religion may come from simple contemplative practices that invoke the relaxation response. Some find great comfort and peace in spiritual practices of surrender and contemplation on meaning and pur-

pose. You can encourage these rituals into your daily routine at home.

There are many spiritual and faith based organisations in City of Whittlesea, where you can visit, and, the list can be accessed from: [https://  
directory.whittlesea.vic.gov.au/community  
-and-special-interest-groups/faith-based-  
organisations/](https://directory.whittlesea.vic.gov.au/community-and-special-interest-groups/faith-based-organisations/)

## List of Medical centres

| Name of Medical centre   | Address                                    | Contact Phone | Email/Website                                     |
|--|--|---------------|---|
| <b>Bundoora</b>  |  |               |   |
| Bundoora Family Clinic<br>Bundoora Family Clinic After Hours Service | G01/12 Ormond Boulevard,<br>Bundoora       | 03 9467 7433  | www.myclinic.com.au<br>www.1800nightclinic.com.au |
| University Hill Medical Centre                                       | Shop G3-02, 1 Janefield Drive,<br>Bundoora | 03 9467 4222  | unihillmedical@yahoo.com                          |
| Plenty Road Medical Centre   | 105 Plenty Road,<br>Bundoora               | 03 9467 5433  | in-foprmc@bigpond.com                             |



|   |   |                              |                                   |
|---|---|------------------------------|-----------------------------------|
| Liu Medical Clinic  | 1396 Plenty ROAD, BUNDOORA 3083                                     | 03 9467 7999                 | liumedicalclinic@hotmail.com      |
| Rex Medical Group   | 93-97 Plenty Road, Bundoora   | 03 9467 7600                 | bundoora@rexmedical.com.au        |
| Bundoora Medical Centre   | 39 Plenty Road, Bundoora  | 03 9467 4111                 |                                   |
| Andrew Place Clinic<br><br>Bundoora Health<br>Ph. (03) 94667211<br>Fax. (03) 94667398 | Andrew Place, Bundoora<br><br>Unit 1A, 445 Grimshaw Street Bundoora | 03 9467 1444<br>03 9466 7211 | www.andrewplaceclinic.com.au      |
| Polaris Medical Centre  | 32 Copernicus Crescent Bundoora                                     | 03 9227 3300                 | admin@polarismedicalcentre.com.au |

## Doreen

|                                 |                                       |              |  |
|---------------------------------|---------------------------------------|--------------|--|
| Riverstone Medical Practice     | Unit 9, 121 Elation Boulevard, Doreen | 03 9988 1116 | info@riverstone-medicalpractice.com.au |
| Doreen Family Medical Practice  | 2 Hammock Drive, Doreen               | 03 9715 3585 | reception@doreenfmp.com.au             |
| Laurimar Medical Centre         | 120-122 Painted Hills Road, Doreen    | 03 9717 0804 | practicemanager@laurimarmedical.com.au |
| Doreen Total Health Care Clinic | Shop 5, 107 Hazel Glen Drive, Doreen  | 03 9717 3654 | info@totalhealthcareclinic.com.au      |

## Eden Park

|              |                                 |              |  |
|--------------|---------------------------------|--------------|--|
| Peter Coffey | 76 Twenty Second Ave, Eden Park | 0412 543 092 |  |
|--------------|---------------------------------|--------------|--|

## Epping/Wollert

|                              |                                  |              |  |
|------------------------------|----------------------------------|--------------|--|
| Epping Road Family Clinic    | Shop 2, 80H Epping Road, Epping  | 03 9401 5468 | <a href="http://www.eppingroadfamilyclinic.com.au">www.eppingroadfamilyclinic.com.au</a> |
| Epping Clinic                | 2 Melba Street, Epping           | 03 9401 2095 |  |
| Lyndarum Family Clinic       | Shop 3, 1 Lyndarum Drive, Epping | 03 9408 7524 | <a href="http://www.lyndarumfamilyclinic.com.au">www.lyndarumfamilyclinic.com.au</a>     |
| Epping Family Medical Centre | 771 High Street, Epping          | 03 9401 1999 |  |
| Epping North Medical Centre  | 24 -26 Lyndarum Drive, Epping    | 03 9401 5118 | <a href="mailto:info@eppingnorthmedical.com.au">info@eppingnorthmedical.com.au</a>       |
| Merriang Medical Centre      | 724 High Street, Epping          | 03 9401 3355 |  |

|  |  |              |  |
|--|--|--------------|--|
| Northend Medical Centre                | 48-50 Childs Road,<br>Epping   | 03 9408 8800 | reception@northendmedicalcentre.com.au |
| McDonalds Road Medical Centre          | 71 McDonalds Road,<br>Epping   | 03 8401 3409 | mcdonaldsrd71@hotmail.com              |
| Epping Plaza Medical and Dental Centre | Shop 216, Epping Plaza Regional Centre, 571-583 High Street,<br>Epping | 03 9422 2222 | www.eppingplazamedicalcentre.com.au    |
| Epping Healthcare                      | Shop 49, Pacific Epping, 571-583 High Street,<br>Epping                | 03 9408 0453 | reception@ehcare.com.au                |
| Northern Medicals                      | 65 Saxony Drive,<br>Epping   | 03 8401 3875 | reception.northernmedicals@gmail.com   |

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|--|---------------------------------------|--------------|--|
| O'herns Road Medical Centre                            | 62a Manor House Drive, Epping         | 03 9408 6333 | reception@ohernsroadmc.com.au              |
| Tristar Medical Group                                  | Suite 06, 230 Cooper Street, Epping   | 03 8401 1777 | eppingreception@tristarmedicalgroup.com.au |
| Aurora Village Epping Medical Centre                   | Shop 8, 315 Harvest Home Road, Epping | 03 9408 1751 |  |
| <b>Kinglake</b>  |                                       |              |  |
| Kinglake Ranges Health Centre/<br>Nexus Primary Health | 19 Whittlesea-Kinglake Rd, Kinglake   | 03 5734 8400 | info@nexusprimaryhealth.org.au             |
| <b>Lalor</b>   |                                       |              |  |
| Lalor Plaza Medical Centre                             | 20 McKimmies Road, Lalor              | 03 9466 1488 | pm@lalorplazamedical.com.au                |

|                               |                                       |              |                                    |
|-------------------------------|---------------------------------------|--------------|------------------------------------|
| Lorne Street Medical Practice | 26 Lorne Street,<br>Lalor             | 03 9466 4191 | enquiry@lornestmedicalpractice.com |
| Rochdale Medical Centre       | 1A Rochdale Square,<br>Lalor          | 03 9465 7877 | rochdale@rochdalemc.com.au         |
| Clinique Mediterranean        | 2 Cyprus STREET, LALOR 3075           | 03 9465 6477 | daltonmedical@bigpond.com          |
| Doctors of Lalor Plus         | 1 May Rd,<br>Lalor                    | 03 9465 2905 | reception@doctorsoflalor.com.au    |
| Kingsway Drive Medical Centre | 113 Kingsway Drice,<br>Lalor          | 03 9464 5668 | kingswaymed@gmail.com              |
| <b>Mernda</b>                 |                                       |              |                                    |
| Mernda Family Clinic          | Unit 4, 40 Breadalbane Avenue, Mernda | 03 9715 3570 | info@merndafamilyclinic.com.au     |

|                                     |  |              |                                       |
|-------------------------------------|--|--------------|---------------------------------------|
| APS Medical Centre                  | 5 Heals Road,<br>Mernda  | 03 9717 0766 | info@apsmedical.net                   |
| Mernda Village Medical Centre       | 60 Mernda Village Drive,<br>Mernda   | 03 9717 0099 | practicemanager@laurimar.com.au       |
| <b>Mill Park</b>                    |  |              |                                       |
| Melbourne Medical and Dental Clinic | Shop 4-5, 30A Oleander Drive,<br>Mill Park                                 | 03 9436 8575 | reception@mmdclinic.com.au            |
| Mason Point Medical Centre          | Suite 2, 40 Bush Boulevard,<br>Mill Park                                   | 03 8560 1888 | info@masonpointmedicalcentre.com.au   |
| Plenty Valley Medical Centre        | Shop 14,<br>Westfield Shopping Centre,<br>415 McDonalds Road,<br>Mill Park | 03 9436 9677 | Liz.Tsokas@plentyvalleymedical.com.au |

|                                     |  |              |  |
|-------------------------------------|--|--------------|--|
| PVCH DPV Health - GP Superclinic    | 20 Civic Drive, Mill Park  | 03 8401 7373 | <a href="http://www.gpscmedical.com.au">www.gpscmedical.com.au</a>                       |
| Our Lady Of Rivergum Medical Centre | 3 Rivergum Drive, Mill Park                                      | 03 9436 0700 |  |
| Mill Park Heights Medical Surgery   | 51 Pindari Avenue, Mill Park                                     | 03 9408 7180 | <a href="mailto:whatsupdrken@gmail.com">whatsupdrken@gmail.com</a>                       |
| Alpha Medical Clinic                | 3 Blossom Park Drive, Mill Park                                  | 03 9404 4888 | <a href="mailto:admin@alphamedical.com.au">admin@alphamedical.com.au</a>                 |
| Childs Road Medical Clinic          | 410 Childs Road, Mill Park                                       | 03 9404 4110 | <a href="mailto:crmc@bigpond.net.au">crmc@bigpond.net.au</a>                             |
| Mill Park Family Practice           | Shop 40, Stables Shopping Centre, 314-360 Childs Road, Mill Park | 03 8432 4100 | <a href="http://www.millparkfamilypractice.com.au">www.millparkfamilypractice.com.au</a> |



|                                       |  |              |                                    |
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| Mill Park Super clinic                | 250 Childs Road, Mill Park                 | 03 9436 4155 | millpark@ipn.com.au                |
| <b>South Morang</b>                   |  |              |                                    |
| Lakes Boulevard Medical Centre        | 547 The Lakes Boulevard, South Morang      | 03 9436 0966 | admin@lbmedical.com.au             |
| Danaher Drive Medical Centre          | Shop 4/ 1 Danaher Drive, South Morang      | 03 9407 1313 | danahermedicalcentre@hotmail.com   |
| South Morang Medical Centre           | 31 Gorge Road, South Morang                | 03 9436 4222 | reception@smmc.com.au              |
| Rivergum Village Medical Centre       | Shop 10, 538-550 Plenty Road, South Morang | 03 9407 8500 | reception@rivergummedical.com.au   |
| <b>Thomastown</b>                     |  |              |                                    |
| The Boulevard Family Practice Doctors | 24 The Boulevard, Thomastown               | 03 9466 2566 | www.boulevardfamilypractice.com.au |

|  |                                     |              |                                   |
|--|-------------------------------------|--------------|-----------------------------------|
| Maple Leaf Medical Centre              | 181 Edgars Rd, Thomastown           | 03 9464 7997 | info@mapleleafmedical.com.au      |
| Netcare Medical, Family Medical Centre | 6 Main St, Thomastown               | 03 9017 6277 | thomastown@netcaremedical.com.au  |
| Thomastown Superclinic                 | 6- 10 Wood St, Thomastown           | 03 9464 1818 | thomastown@sonichealthplus.com.au |
| Settlement Road Clinic                 | 258 Settlement Rd, Thomastown       | 03 9465 4144 |                                   |
| The Boulevard Family Practice          | Doctors24 The Boulevard, Thomastown |              |                                   |
| Dr Chris Gorgioski Medical Centre      | 4 Main St, Thomastown               | 03 9465 6670 | reception@4mainmedical.com.au     |
| Highlands Medical Clinic               | 2 Highlands Rd, Thomastown          | 03 9465 0186 | hmclinic@tpg.com.au               |

|                                      |                                    |              |   |
|--------------------------------------|------------------------------------|--------------|---|
| Lamba G L Dr                         | 24 The Boulevard St,<br>Thomastown |              |   |
| Sonic HealthPlus<br>Thomastown       | 6-10 Wood St,<br>Thomastown        | 03 9464 1818 | thomas-<br>town@sonichealthplus.com.au  |
| Edgars Rd Medical & Dental Centre    | 233 Edgars Rd,<br>Thomastown       | 03 9465 0088 | edgarsroadmedical@hotmail.com   |
| Edgars Ultimate Clinic               | 168 Edgars Rd,<br>Thomastown       | 03 9191 1053 | edgars168@ultimateclinic.com.au   |
| First Peoples' Health and Well-being | 317-319 High St,<br>Thomastown     | 03 9070 8181 | <a href="mailto:thomastown@fphw.org.au">thomastown@fphw.org.au</a>  |
| <b>Whittlesea</b>                    |                                    |              |   |
| Whittlesea Medical Clinic            | 77 Church St,<br>Whittlesea        | 03 9716 2207 | whitmedgroup@bigpond.com.au   |
| TLC Primary Care - Whittlesea        | 43 Laurel St,<br>Whittlesea        | 03 9944 1500 | <a href="https://www.whittleseamedicalcentre.com.au/">https://<br/>www.whittleseamedicalcentre.com.<br/>au/</a> |

|                                  |                               |              |   |
|----------------------------------|-------------------------------|--------------|---|
| Whittlesea Family Medical Centre | 4 Macmeikan St,<br>Whittlesea | 03 9716 0153 | ad-min@whittleseafamilymedicalcentre.com.au |
|----------------------------------|-------------------------------|--------------|---|

## List of Psychologists

| Name of Clinic                                      | Address   | Contact phone number | Email/Website  |
|---|---|----------------------|--|
| Yvonne Tunny Psychology Service                     | Building T26,<br>Floor 1, University Hill Medical Centre, 2 Janefield Drive, Bundoora | 0411 696 200         | <a href="mailto:yvonnetunny@iprimus.com.au">yvonnetunny@iprimus.com.au</a>             |
| Life Vision, Marriage Counselling and Hypno-therapy | Suite 27,<br>240 Plenty Rd, University Hill, Bundoora                                 | 0422 416 894         | <a href="http://www.lifevisioncounselling.com.au">www.lifevisioncounselling.com.au</a> |

|                        |  |              |   |
|------------------------|--|--------------|---|
| New View<br>Psychology | Plenty Valley<br>Town Centre,<br>Shop 14, 415<br>McDonalds<br>Road,<br>Mill Park | 1300 830 687 | <a href="https://newviewpsychology.com.au/">https://newviewpsychology.com.au/</a> |
|                        | Ground Floor,<br>12 Ormond<br>Blvd,<br>Bundoora                                  |              |   |
|                        | Corner Orchard<br>Rd & Patience<br>Avenue,<br>Doreen                             |              |   |

|                              |                                     |              |  |
|------------------------------|-------------------------------------|--------------|--|
| Open Care Psychology         | 24 Lyndarum Drive,<br>Epping        | 03 9401 5118 | <a href="http://www.opencarepsychology.com.au">www.opencarepsychology.com.au</a>                 |
|                              | 120-122 Painted Hills Rd,<br>Doreen | 03 9717 0804 |  |
| Empathic Psychology          | 23 Cerise Ave,<br>Epping            | 0438 211 228 | <a href="mailto:info@empathicpsychology.com.au">info@empathicpsychology.com.au</a>               |
| Epping Family Medical Centre | 771 High St,<br>Epping              | 03 9401 1999 |  |
| Embrace Wellness Consultancy | 230 Cooper St,<br>Epping            | 0432 318 698 | <a href="http://www.embracewellnessconsultancy.com.au">www.embracewellnessconsultancy.com.au</a> |

|                                |  |              |   |
|--------------------------------|--|--------------|---|
| Plenty Valley Psychology       | 71 McDonalds Rd,<br>Epping                   | 03 9844 5703 | plentyvalleypsychology@gmail.com        |
|                                | 77 Church St,<br>Whittlesea                  |              |   |
| RMB Psychology: Restoring Mind | 1A Rochdale Square<br>Lalor                  | 03 8639 5821 |   |
| Mawarra Psychological Service  | Lalor Mediplex<br>6 Messmate Street<br>Lalor | 03 9466 1160 | www.mawarrapsychologicalservices.com.au |
| HYM Childrens Clinic           | 351 Childs Rd,<br>Mill Park                  | 03 8406 7555 | www.healthyyoungminds.com.au            |
| Gold psychology                | 7 Development Bvd,<br>Mill Park              | 03 8406 7230 | info@goldpsychology.com.au              |



|   |   |                |                                |
|---|---|----------------|--------------------------------|
| Carolyn Amor  | 250A Childs Rd,<br>Mill Park  | 0419 569 190   |                                |
| Victorian<br>Counselling &<br>Psychological<br>Services | 20 Civic Drive,<br>Mill Park  | (03) 9419 7172 | reception@vcps.com.au          |
| Synergy Psychology                                      | Suite 1, The Stables Shopping<br>Centre Redleap<br>Avenue,<br>Mill Park | 0435 820 154   | admin@Synergypsychology.com.au |
| The Best You<br>Can Be                                  | Professional<br>Suite 11<br>The Stables<br>Shopping Centre,             | 0425 700 026   | mark@thebestyoucanbe.com.au    |

|                                |                                    |              |   |
|--------------------------------|------------------------------------|--------------|---|
|                                | 314-360 Childs Rd,<br>Mill Park    |              |   |
| Alpha Medical                  | 3 Blossom Park Drive,<br>Mill Park | 03 9404 4888 | <a href="http://www.alphamedical.com.au/services/specialized-services/clinical-psychology/">http://www.alphamedical.com.au/services/specialized-services/clinical-psychology/</a> |
| Intuitive Spiritual Psychology | Mill Park                          | 0433 558 221 | ispsychology@outlook.com  |
| Northern Psychology Centre     | 410 Childs Rd,<br>Mill Park        | 03 9495 1374 | admin@northernpsychology.org  |
| Danaher Drive Medical Centre   | 4/1 Danaher Drive,<br>South Morang | 03 9407 1313 | <a href="http://www.ddmedical.com.au">www.ddmedical.com.au</a>  |

|                               |  |              |                               |
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| Mindlight Psychology          | Level 1, Suite 22,<br>the Greenhouse<br>Axis Business<br>Centre,<br>South Morang | 0425 401 674 |                               |
| Time to Shine Therapy Clinic  | Unit 27B,<br>797 Plenty Rd,<br>South Morang                                      | 03 9717 8194 | timetoshine@outlook.com.au    |
| Michelle Sciberras Psychology | 9 / 1 Danaher<br>Drive,<br>South Morang  | 0408 038 831 | mtsciberras@gmail.com         |
| David Younger Psychology      | 40-42 Walnut<br>Street,<br>Whittlesea  | 0401 490 433 | enquiries@dypsychology.com.au |

## List of Psychiatrists

| Name of Clinic  | Address  | Contact Phone                | Email/website                                  |
|---|--|------------------------------|--|
| Mill Park Superclinic   | 250 Childs Road,<br>Mill Park                  | 03 9436 4155                 | millpark@alliedmgrp.com.au                     |
| Bundoora Family Clinic  | 12 Ormond Boulevard,<br>Bundoora               | 03 9467 7433                 | www.myclinic.com.au                            |
| Northpark Private Hospital/<br>North Park Private Consulting Suites | 135 Plenty Road,<br>Bundoora                   | 03 9468 0100<br>03 9468 0110 | http://<br>www.northparkprivatehospital.com.au |
| Dr Raju Lakshmana   | Corner Plenty and Greenhills Road,<br>Bundoora | 03 9468 0110                 | www.healthscope.com.au                         |
| Merv Irvine Nursing Home  | 1231 Plenty Road, Bundoora                     | 03 9495 3240                 |  |

## List of Hospitals

| Name of Hospital           | Address   | Contact Phone | Email/website               |
|----------------------------|---|---------------|-----------------------------|
| The Northern Hospital      | 185 Cooper St, Epping                           | 03 8405 8000  | mill-park@alliedmgrp.com.au |
| Epping Private Hospital    | Level 1/230 Cooper St, Epping                   | 03 9422 4444  |                             |
| Northpark Private Hospital | Corner Plenty Road and, Greenhills Rd, Bundoora | 03 9468 0100  | www.myclinic.com.au         |

*Information sourced from*

[www.beyondblue.org.au](http://www.beyondblue.org.au)

[www.sane.org](http://www.sane.org)

[www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)

[www.ndis.gov.au](http://www.ndis.gov.au)

[www.everymind.org.au](http://www.everymind.org.au)

[www.healthdirect.gov.au](http://www.healthdirect.gov.au)

[www.nami.org](http://www.nami.org)

[www.healthengine.com.au](http://www.healthengine.com.au)

[www.carergateway.gov.au](http://www.carergateway.gov.au)

[www2.health.vic.gov.au](http://www2.health.vic.gov.au)

[www.mhcc.vic.gov.au](http://www.mhcc.vic.gov.au)

[www.publicadvocate.vic.gov.au](http://www.publicadvocate.vic.gov.au)

[www.imha.vic.gov.au](http://www.imha.vic.gov.au)

[www.suicidepreventiontraining.com.au](http://www.suicidepreventiontraining.com.au)

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## Disclaimer

*This book is for mental health awareness and information purposes only, and should not be acted or taken as a replacement to medical diagnosis or medical professional's advice.*

*At any time you or any person in your family/friend circle experience any small or big mental health concern, we highly recommend it to discuss with the medical professional.*

*Information and details of the clinicians is correct at the time of creating this booklet and may subject to change later.*



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