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Men's Mental Health

Western Australia prepares for mental health reforms

Men and body image

New resource to combat stigma in CALD communities

How do mates start a conversation about mental health?

multicultural
MENTAL HEALTH AUSTRALIA

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Synergy

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national mental health strategy

multicultural MENTAL HEALTH AUSTRALIA

A message from the

Multicultural Mental Health Australia (MMHA) Chair, Professor Abd-Elmasih Malak AM

Being male is often synonymous with being tough, resilient and unflinching in the face of adversity.

Given Australia's history of migration – from the arrival of the First Australians thousands of years ago to our most recent humanitarian entrant – it is little wonder that we celebrate the achievements of the underdog and Aussie battler, and their ability to survive hardship.

While I too applaud these achievements, I'm concerned that we are inadvertently condoning behaviours and attitudes detrimental to the long-term health of Australian males. I'm worried that we are perpetuating the idea that men should be made of steel and they shouldn't ask for assistance, whether it be medical or otherwise.

If you peel back the mask of male bravado, you often find a very different person. Outwardly, men can appear confident, efficient and motivated. Inwardly, they are often anxious, stressed, exhausted and riddled with self-doubt.

Men rarely choose to take off these masks. Admitting to self-doubt and anxiety could be construed as a sign of weakness. Instead, they soldier on. They valiantly – but foolishly – persevere, hesitant to ask for help or seek assistance.

In some of our culturally and linguistically diverse (CALD) communities, this tendency to maintain a so-called 'stiff upper lip' is even more prevalent. In some of the more traditional patriarchal cultures it would be unacceptable for a man to display physical, emotional or mental weakness.

These beliefs and behaviours are taking a toll on men's health, including mental health, in both the Australian and overseas-born communities. In Australia, men have shorter life expectancies than women. In men the leading causes of death are preventable diseases, including heart disease, some types of cancer and stroke.

Australians have access to an excellent medical system and nobody should be dying from preventable diseases. However, our sedentary lifestyles, high alcohol intake, and unbalanced diet are undermining our health, our quality of life and our economic productivity. Sadly, as immigrants integrate into the mainstream community, they too often adopt these unhealthy habits.

The Australian Government has recognised that more needs to be done to improve the overal standard of men's health. In May 2010 it announced the nation's first male health policy, investing an additional $16.7 million into targeted services and promotional activities. While the investment and focus is welcome, these activities will have a limited impact unless there is a corresponding cultural shift within the broader community. Male attitudes towards health need to change before we will see widespread improvements in the overall population.

At the core of Australian male identity is the concept of mateship. In its most basic form, mateship equates to men exchanging quips at a beer hall or back-slapping at a football match. In its best form, it means walking in another man's shoes, so that you can help them overcome whatever obstacles they may be facing.

This is the type of mateship we should be encouraging because it would help shift cultural attitudes about men asking for and seeking help. Problems will be anticipated before they arise, and men will start to feel more comfortable discussing their physical, emotional and psychological issues before they reach crisis point.

As you read this edition of *Synergy*, I urge you to reflect upon how you can help change men's attitudes to their physical, emotional and mental health.

Men's Health

A Letter From the Editor

Are men really from Mars and women from Venus? We might all be from the same planet but men and women have different ways of communicating, different ways of thinking and are affected differently by social and community expectations. It is therefore essential that mental health services cater for these gender disparities and understand how culture, attitudes and beliefs can affect people accessing services.

This issue of *Synergy* focuses on men from culturally and linguistically diverse (CALD) communities, and how community, family and personal expectations can ultimately impact on their ability to access and use health and mental health services.

It is generally acknowledged that women are better at accessing services and looking after their health than men. Due to cultural or gender roles, men can feel compelled to keep their health and personal problems under wraps. This can be especially true in some cultures which actively discourage men from showing any signs of emotional, physical or mental weakness.

This behaviour contributes to stigma and discourages men from CALD backgrounds from accessing mental health services. It can make men feel ashamed of admitting to physical or mental problems and asking for assistance. Men try to 'tough out' their health issues so they don't lose face in their community. There are new and emerging issues related to men's mental health. For example, it is estimated that about 40 per cent of all men are unhappy with some aspect of their appearance. Poor body image can affect a man's general wellbeing and mental health.

Body image expert Dr Vivienne Lewis believes poor body image tends to be more prevalent in westernised society. Dr Lewis says perceptions of body image are often altered by the culture you are living in, not the culture you are from. In the case of overseas-born Australians, men can become susceptible to body image concerns because of the constant onslaught of body image messages and imagery that has become such an integral part of our media and advertising industries.

While body image issues and mental illness can affect men of all ages, some groups are more vulnerable.

According to key findings from the 2007 National Survey of Mental Health and Wellbeing, young men are least likely to seek help for mental health problems and are more likely to have substance abuse problems. One of the most commonly abused substances by young males is alcohol. According to Dr Nicola Reavley from the Orygen Youth Health Research Centre, there is little understanding among this group about the long-term consequences of alcohol.

In relation to older men, there are concerns about the rates of depression and its link to factors such as isolation, loneliness, sickness and the prospect of losing their independence. Recent research has found that dissatisfaction with levels of social support and a dependency on government pensions are contributing factors to symptoms of depression among older Italian-born men.

Research from the Council on the Ageing (Victoria) suggests that depression is now considered to be more damaging to general health standards than most chronic diseases. Furthermore, depression is often unrecognised, misdiagnosed or untreated in older Australians.

This issue of *Synergy* canvasses some pressing issues in relation to mental health and its impact on men of CALD backgrounds. While it is not an exhaustive coverage of this highly complex topic, it nonetheless challenges people to reconsider how they are catering for both cultural and gender differences in service design.

I hope you enjoy reading it and you find its coverage of issues, services and resources useful.

Editor – Monique Wakefield

If you would like to provide suggestions for future articles, or write to us about your perspective on an edition's theme, please email: Monique.Wakefield@swahs.health.nsw.gov.au.

Western Australia prepares for mental health reforms

An interview with Eddie Bartnik

Australia's first Mental Health Commissioner, Eddie Bartnik, is preparing to deliver the Commission's first state policy and planning document to the Western Australian Government. This presentation is a crucial milestone in reforming the state's mental health system.

The plan follows almost three months of consultations involving 400 West Australians and will guide the state government's funding and service decisions for the next three to four years. It is expected to be submitted in the new year and builds on earlier widespread consultation initiatives by the Department of Health in 2009.

The Commission was established by the Barnett Government at the beginning of 2010, in keeping with a key 2008 election promise, and Mr Bartnik was appointed Commissioner for a five year term at the end of July.

Mr Bartnik says the task of overhauling the state's mental health system is as daunting, as it is exciting.

'It's a huge challenge but it is also a huge opportunity,' Mr Bartnik says. 'There are so many unmet needs and so many ideas about where the money should go... Alternatively, it is also a great opportunity to put into place some of the building blocks for a much better system.'

Across Australia, mental health is a division or a program within a much larger department. Western Australia is the only exception and Mr Bartnik says the Commission has been set up to ensure that mental health receives the attention it deserves.

Accountability is also a critical feature of the Commission, with the Commissioner reporting directly to both the Minister for Mental Health and the Public Sector Commissioner. The commission also has a separate budget to the Department of Health and will be responsible for policy, planning, standards, public education and purchasing of mental health services, a responsibility which separates the WA Commission from similar models in Canada and New Zealand.

'We are the only state that has a separate entity, established in its own right, which has been built around mental health and has a Minister for Mental Health,' Mr Bartnik says. '[Therefore], there is a clear sense of where the responsibility lies for making the best use of all the resources and also for driving the reform agenda.'

Mr Bartnik says reform for many West Australians is about developing the capacity of the community sector and providing a strong family and individual focus, with appropriate support and backup from specialist and acute service providers.

'There is a strong direction to strengthen the community sector but also to improve the ways various government departments work together,' he says. 'Government departments can sometimes do things in isolation and what we do know is that mental health can be complicated, and people often have multiple needs'.

When asked about improving access to services for people from culturally and linguistically diverse (CALD) backgrounds, Mr Bartnik says while identified service gaps will be addressed, he believes a

Western Australia's Mental Health Commissioner, Eddie Bartnik

system, which focuses on individuals and families will also respond to the unique needs of people from different cultures.

'If you take a family and person-centred philosophy, it is about [supporting] each person and getting to know each person in the context of their family, their friends, their culture and their community,' he says. 'What we really want is all of our mental health services to do a better job of including people who come from different cultural backgrounds. But, of course, there will still be some programs and services designed for particular groups, including, for example, Aboriginal people, refugees and people who do not speak English.'

To what extent the Commission will be able to pursue its reform agenda will be decided in early 2011, when the Government will outline its priorities. In the meantime, Mr Bartnik is juggling his various priorities.

'People want action,' Mr Bartnik says. 'So, I have to balance up building the Commission and its new functions and direction, with also practical things that can improve the system right here and now.'

New resource to combat stigma in CALD communities

Multicultural Mental Health Australia (MMHA) has launched a new resource, which is aimed at helping reduce stigma and discrimination against people living with a mental illness.

The MMHA Speakers Bureau Resource Pack was developed in partnership with the Mindframe National Media Initiative and will assist people living with a mental illness, and their carers, to publicly tell their stories of recovery, with the aim of generating greater awareness of mental illness and its management.

The pack was launched in Sydney during Mental Health Week at SBS, and includes a guidebook on how to work with the media, tips on how to prepare for interviews and public speaking engagements, and guidelines on how to discuss mental illness and suicide in a sensitive and appropriate manner.

MMHA Chair Professor Abd Malak says the resource was developed specifically for people from non-English speaking backgrounds, but is relevant for people from all cultures.

'People living with a mental illness are becoming increasingly more vocal about how we can build better, more supportive services,' Professor Malak says. 'The next step in supporting this advocacy is to ensure the voices of people less proficient in English and less engaged in mental health services are also sought out and heard.'

MMHA Project Officer Vicki Katsifis oversaw the resource's development and says it will be made available to trained members of MMHA's Speakers Bureau. She says she hopes it will make the consumers and carers feel safe and supported when they bravely step forward to tell their stories to the media and public audiences.

'Given the pervasiveness of stigma and discrimination, consumers and carers need to understand the opportunities and risks they are taking by speaking out publicly,' she says. 'We live in a digital age and it's important that people know how their story can be used and disseminated. By helping consumers and carers to understand the media, we are helping them to control their public image and only share what they feel comfortable with sharing.

'MMHA already provides intensive training and debriefing but we want to make sure our Speaker Bureau members have ready access to important information between speaking opportunities and feel safe, secure and informed in telling their stories,' Ms Katsifis says.

MMHA's Speaker Bureau is made up of people from a diversity of cultural backgrounds from all over Australia, including Victorian-based consumer Evan Bichara.

Evan is an Australian-Egyptian who successfully recovered from schizophrenia, with the help of medication, talking therapy and sheer personal determination. He says his participation in the Speakers Bureau has helped him to stay healthy and reach out to others.

MMHA Project Officer Vicki Katsifis

'Telling my story has allowed me to get praise and give praise. It has helped me to retrieve what was once lost. It has helped me to reclaim my life. It has empowered communities to support others in similar circumstances. It has made the unfamiliar become more familiar.… I help people to understand that recovery is possible.'

Ms Katsifis says the Speakers Bureau is so successful because people, like Evan, accept the challenge to battle misconceptions about mental illness. She says this not only improves people's understanding of mental illness, but provides enormous hope and comfort to those living ashamed and in silence.

'Hope is so important for recovery,' she says. 'If a person living with a mental illness sees that someone like Evan can recover, they may start to believe they can recover too.'

If you would like to apply to become a member of MMHA's Speakers Bureau, please email vicki.katsifis@swahs.health.nsw.gov.au.


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A Carer's Perspective:

Riding the system's roller coaster

You're at the top of a roller coaster. You feel relieved after surviving the rush to the peak. Despite the pause, your heart continues to race and your hands are clammy. You can't quite see what lies ahead and you crane your neck, desperately trying to make out the next stage of twisted, knotted tracks.

Suddenly, without warning, you plummet.

Your heart is your mouth. Your surroundings are a kaleidoscope of colours and blurred shapes. The air whistles past your ears, adding to the confusion.

Finally, you jolt to a stop.

You peer over the side of the carriage.

There is no end in sight.

For Frank Filardo, this twisted, endless, heart-stopping, anxious journey is synonymous with his journey as his son's carer. His son was initially diagnosed with a drug addiction. While he enjoyed a minor reprieve from his symptoms, he later relapsed and was subsequently diagnosed with schizophrenia.

Like riding a roller coaster, Frank feels like he has no control over where he goes, or how fast. This is not for lack of love, time and care for his son, but because he feels like the health system is not designed to support people through the troughs and peaks of relapse and recovery.

'It's a constant roller coaster,' Frank says, 'especially when you think that the ill person has come a long way because their medication is working, they are abstaining from substance misuse or they are [approaching] what seems to be normality. You start to relax your guard a little bit and bang, the person relapses again.'

This sensation is not uncommon for carers, particularly for people, like Frank, who are immigrants and have a limited understanding and experience of Australia's complex health system.

Frank has been experiencing the highs and lows of helping to manage his son's illness since 1998. Frank says becoming the primary carer was the most practical solution because his wife was still working and he himself had decided to take some time off from work to be an owner-builder, after accepting a redundancy package. As an Italian-Australian, he says it's an unwritten family law that you have a responsibility to look after each other and he is happy he made the decision to help his son. However, he also says that caring for a person with a serious mental illness has altered the family dynamic.

'We had no idea [about what to expect], since we had no prior knowledge about mental illness and its dramatic consequences. We have since experienced the whole impact of schizophrenia and drug addiction, withdrawal, nightmares and the continuing journey.

'When there is a person with mental illness in a family…. the whole family becomes disabled,' Frank says. 'Our family life has completely changed, in different ways. There is the blaming, the hating, the near family breakdowns, the efforts to try and understand, and finally the acceptance of the problematic situation and trying to reason things out.'

For Frank, part of making sense of the 'problematic situation' meant working in the mental health system in order to learn as much as possible, hoping he would be able to identify the services and programs which could best support his son and his family.

In 2001, he successfully applied for two separate positions, one as carer-consultant and another as a carer-advocate. As an insider, he found the system as complex and complicated as any outsider.

In 2005, he began working as a consumer-consultant in a different clinic. He says this position helped him to better understand his son's illness because he was observing on an ongoing basis what it is like to live with a mental illness.

After more than six years of working in the sector, Frank says he is gradually beginning to understand the mental health system. He says fitting the pieces together was a difficult task because services aren't integrated and there is very little follow-up. He believes the system could be strengthened if carers and consumers were integrated into the decision-making process.

'I firmly believe that people tend to perform their best when

continue....

Frank Filardo

they are part-and-parcel of the decision making process,' he says. 'There is an absolute need for consumers and carers to take a very proactive role, together with the respective organisations.

'The Government has paved the way for carer involvement, participation and support under the Fourth Mental Health Employment Strategy Plan,' he says. 'It's up to us - consumers, carers and our representative bodies - to arrange talks with the funded organisations, hold them responsible and make the service providers accountable.'

Frank says there is never a clear-cut solution and, as a carer, you are never absolutely certain which choice is the right one. What has guided the many hard choices he has made is his family's wellbeing and ensuring they are all actively consulted.

However, Frank believes that these choices should be made by consumers themselves. He says it is essential that consumers are given more choice in their recovery plan, and more opportunity to be responsible for that plan. He says one way of supporting greater consumer autonomy would be to provide individuals with funding packages, based on individual assessments and eligibility criteria.

'I want my son to be able to develop a strength-based wellness recovery action plan and to be responsible – along with the service providers – to follow this plan. He also needs to be able to more readily access rehabilitation services when he needs them. And after developing the strategies and skills to improve his quality of life, he needs to be able access education, vocational and employment services. This will also help the family to function better by creating less stress and possibly improving the level of mutual support.'

A Consumer's Perspective:

Weighing up treatment options

Justin Liebmann has seen psychiatrists since the age of 17 and has been hospitalised over 12 times due to his mental illness. He has had a range of diagnoses and an array of prescribed treatments to help him manage his, eventually diagnosed, bipolar disorder. Now, at the age of 58, Justin has found peace through art therapy, writing and theatre.

Born in Victoria, Justin is a second-generation immigrant to a Polish mother and German father. Justin's mother was Jewish and sought refuge in Australia during the Holocaust. Justin's father was a political prisoner of war in Germany and fled to Australia in 1933. However, these difficult times had a silver lining because they ultimately enabled his parents to meet, fall in love and marry.

Justin's illness first began to manifest itself during his teenage years. He felt habitually frustrated with his parents and his way of dealing with it was to go on strike. 'I would refuse to co-operate with my parents: no meals together, no chores and I refused to do my homework.

'I became socially reclusive at about the age of 17, so my school housemaster suggested I see a psychiatrist. I saw a private child psychiatrist … but we didn't get along.'

Another psychiatrist was then recommended and his different approach appealed to the youthful Justin.

'We got along very well; he had charm. We both smoked during our sessions so I liked him immediately because there's nothing like offering a school kid cigarettes. We'd have very strong coffee, it was very civilised and cosmopolitan. I looked up to him like a grandfather.'

However, this close relationship did affect Justin's ability to communicate his problems.

'Putting it mildly, I had a problem expressing myself,' Justin says. 'I was in need of therapy but because I liked the guy, I didn't want to say anything that would make him dislike me but I realised I needed to express the things that were bothering me. I went to him off and on for over three years and he prescribed me with anti-depressants.'

Justin Liebmann's self portrait

When Justin was about 20 he decided to hitchhike from Victoria to Perth with a friend. They made it to Adelaide but Justin became increasingly unwell and couldn't sleep. His friend went in search of some relatives in Adelaide who helped put Justin on a plane back to Melbourne.

Justin's dad met him at the airport and Justin once again came under the care of the same psychiatrist, who then recommended Justin undertake electroconvulsive therapy (ECT). 'I can't explain how unimaginably violating it was. I didn't need electric shocks, all I needed was sleep,' says Justin.

'It actually took time for me to acknowledge it but I think the ECT was good for me. I had a problem with suppressed violence and the ECT definitely closed that part of me off.

'I was eventually diagnosed with hypomania but I wasn't worried about having a label for my illness.'

Justin found the arts and music very therapeutic in his recovery journey. This artistic passion led him to his future wife, who was performing in a live choir he was attending. 'She had magnetism. I later found out she was a painter and had travelled. She was intellectual, artistic, decisive, courageous and she looked after herself – she was wonderful.'

Justin married his choirgirl in 1984. 'She was supportive and fantastic regarding my mental health. She was the best thing that happened to me,' he says.

Sadly, Justin's marriage broke up four years later. He was prescribed lithium at the time and it wasn't until the early 1990s that he was diagnosed with bipolar disorder.

'I was devastated at the time but over the years, I have used creative arts to help manage my illness. I express myself through poetry and drawings. My drawings focus on trying to be centred as that's what I try to be in my life.'

Justin has also found solace in working part-time for Phone Connections – a national consumer peer support and information line. The phone line isn't a crisis line, it is a service that is available to consumers who wish to speak with someone when they are feeling lonely or out of sorts.

How do mates start a conversation about mental health?

Mental health is a subject which can be fraught with difficulties, particularly given the cultural sensitivities and an all-too-frequent male reluctance to discuss issues of a personal and emotional nature.

Psychologist Dr Charlie Pollicina worked in Europe for many years, before returning to Australia in 2001. Since his return, he has worked extensively with Italian-Australians and has his own radio talk-show on psychology, which has helped to increase the community's mental health literacy.

Dr Pollicina has shared some strategies to broach this sensitive topic with a male friend.

If I am concerned about a friend's mental or emotional health, what signs should I look out for?

One of the first signs when you are working with men, particularly in the Italian community, is their tendency to minimise and deny any issues that they may be having. If you are an astute observer, you will recognise that something is not quite right because there is an exaggerated tendency to deny or minimise. Other general symptoms could also include a loss of motivation, looking lethargic, or a higher level of anxiety.

In the case of people over the age of 65 years, there is also a tendency to manifest one's concerns through physical impediments and problems. This could include seeking the help of doctors quite frequently, complaining of frequent medical problems, and an accentuation of the hypochondria, in the sense that the person gets excessively worried about their physical health. These could be alternative ways of communicating poor mental health.

If I detect these signs, what should I do? How should I talk about it?

Without being too directive or intrusive, try and approach the person and say that you've seen some recent changes in that person and these changes are not quite consistent with the person's character. This has got to be done without being too forceful. For example, you could ask, 'Are you having any problems? Is there something that is not quite right in your life? Do you feel like talking about it?' Italian-Australians have got to feel that there is a strong relationship of trust before they open up. This is a conversation that could take place over a period of time. If approached in the right way, this could break down the barriers or the defence mechanisms and the person could feel a bit freer to speak about his problems. However, if they don't want to talk about it, don't force the issue. I would end the conversation by saying, 'If you ever feel like speaking about it in the future, I am here to listen.' Leave the door open for future conversations. If you are just there, then the person will eventually open up.

What if he refuses to acknowledge there is something wrong? Do I approach the family?

I would only approach the family if you felt that the person's wellbeing is seriously at risk. If this is really the case, then I would say that within the Italian-Australian family culture it would be appropriate to speak to the family. This is because the Italian network is often strong, and perhaps speaking to a family member could be a way of getting through to that person. This suggestion is very much culturally weighted because in other cultures, such as the Anglo-Saxon culture, there is a tendency to be a little bit more reserved with your problems and not speak about them with family members.

What if the family is unable to help?

For Italian-Australians, you could get the GP or the parish priest to approach the person. Italians are very used to going to the GP and admitting they have a physical problem. So, instead of going to the GP and saying they have a psychological problem, they will tend to say they have a terrible headache that comes every morning. While this is probably what they are feeling, deep down the headache is being triggered by something else, a psychological problem. So they will be comfortable with presenting a physical symptom, rather than actually admitting to having a psycho-social type problem.

Unlocking minds in chains

As Australians clamour for improved mental health services and better service integration, one of its closest neighbours is home to an estimated 30 000 people who pass their days shackled in prison-like conditions because of their mental illness.

In Indonesia it is known as *pasung*, and Fairfax journalist Tom Allard and photographer Jason South recently brought it to the attention of the Australian public with the article *'Chained to a life of madness'.*

Indonesian-based correspondent Mr Allard says while he was aware of *pasung* prior to writing the article, he wasn't prepared for what he stumbled across on the outskirts of Jakarta in the suburb of Bekasi.

'Jason and I were looking for hospitals or foundations that were doing some good work and I heard about this place on the edge of Jakarta, and I was hoping that it would be a positive example [of mental health care], but it was actually the most disturbing thing we'd seen the whole time,' he says. 'Scores of people were chained up in the one warehouse in very horrible conditions… The people running this facility didn't believe in medical help as we understand it at all.

'It was very distressing. It was emotionally very tough and upsetting for us to look at this sort of stuff. You felt like physically throwing up,' he says.

Treatment at the Yayasan Galuh rehabilitation centre included prayer, herbal elixirs and a giant python, which was used to subdue patients deemed to be rowdy. Moreover, there was no distinction between the different types of patients. Instead, people with schizophrenia, Down syndrome, or experiencing methamphetamine-induced psychosis were chained side by side.

'Pasung: An Indonesian term referring to the physical restraint or confinement of 'criminals, crazy and dangerously aggressive people'

Broch HB: The Villagers' Reactions Towards Craziness: An Indonesian Example. Transcultural Psychiatry 2001, 38(3):275.

'You had middle aged people, very old people, young adults, children, all tied up next to each other in this place,' Mr Allard says.

Using chains to control and manage people with a mental illness dates back many centuries. It is believed to have been first abolished in Paris in the late 1800s. However, it continues to be used in many parts of the world today.

Use of restraint directly contravenes the United Nations resolution on the protection of people with a mental illness, which states that all people should be treated with humanity and respect.

Mr Allard says based on what he's observed in Indonesia, the use of *pasung* stems from a fundamental lack of education about mental illness in Indonesia.

'It's a reflection on the complete lack of services,' he says. 'In the villages, they say they have got no other option. There is also a lot of pressure from other people in the community to chain people [with a mental illness] because they think they're a danger, they might think they are possessed.'

Understanding different approaches to managing mental illness is vital in Australia, given its population is made up of more than 200 cultural groups, including more than 50 000 people from Indonesia. Without understanding the varied cultural perceptions of mental illness, it is incredibly difficult for service providers and policy makers to appreciate the barriers that immigrants and their children can encounter if they develop a mental illness.

'A naked man rocks back and forth… A few metres away, two others squabble over the remnants of a cigarette. Some fidget and fret, contorting their emaciated bodies as much as the shackles will allow. Others lie comatose.'

Tom Allard's description of the patients at Yayasan Galuh, in the article *'Chained to a life of madness'*

Multicultural Mental Health Australia Chair Professor Abd Malak says while Australia is to be commended for being a world

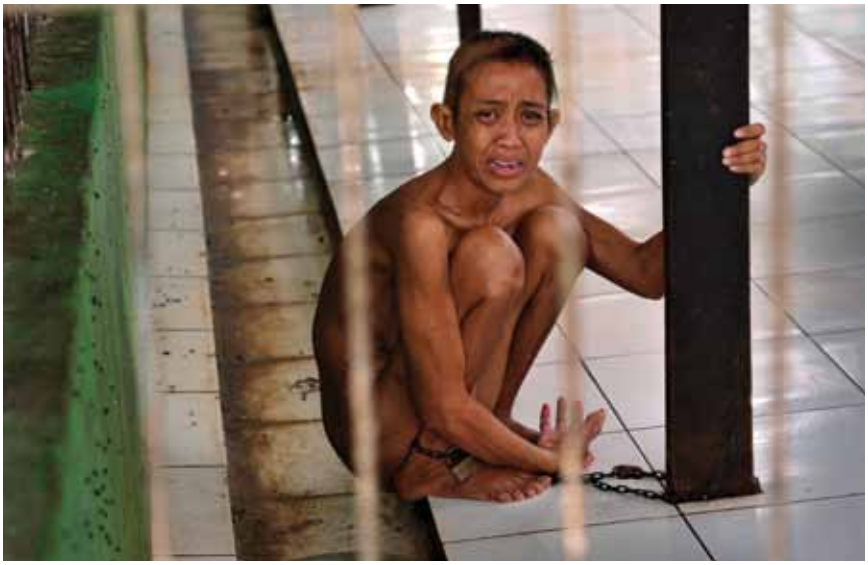
leader in mental health care provision, its political and policy leaders should not forget people who are less able to seek help.

'The contemporary use of *pasung* demonstrates that many people across the globe still don't understand mental illness,' he says. 'As Australia continues to improve its mental health system, we cannot forget that people who've moved here from other countries don't necessarily understand mental illness and its treatment in the same way.'

In addition to the *orang di pasung* (or people in stocks) in Indonesia, it is estimated that 725 000 people with severe mental illnesses receive no treatment at all. A mere one per cent of the Indonesian health budget is used for mental health, making it difficult to improve the plight of the mentally ill.

Despite the lack of investment, there are signs that the situation is beginning to improve. Following the publication of the article and photographs, Mr Allard says people from both Australia and the United States have volunteered to come across to Indonesia to help improve services. Moreover, the Indonesian Health Ministry directly intervened at Yayasan Galuh.

'After our story, the Ministry of Health went in there and cleaned it up and made sure the nutrition was better,' he says. 'The foundation was brought under the wing of the Ministry, so now nurses and doctors with a knowledge of mental health are actually looking after these patients, even if it is only once or twice a month.'



A patient at the Yayasan Galuh Centre in Bekasi, outside Jakarta. Jason South/ FairfaxPhotos

The University of Indonesia is also doing work on eliminating *pasung* by educating villagers and trying to push forward a new model of mental health care, which includes training village medical clinics to better assist people with a mental illness. There are also campaigns in Bali and Aceh to eliminate the use of stocks.

Mr Allard says he has also heard stories of families who've been shown how to support siblings or parents with a mental illness with proper medication, enabling them to live a more fulfilling life.

'There are people who've been in *pasung* and have been released… and they have become members of the community again. Some have married, some have taken up employment. There are remarkable stories. So, you would hope that these little positive examples will spread … throughout this very large country.'

Professor Malak says Australia could play a role in helping these positive stories become the norm, rather than the exception.

'The maltreatment of people with a mental illness in Australia is something which occurred in our recent past. We cannot forget this as we continue to build a better, more equitable system,' he says. 'We should share with countries in our region the processes we used to reach this point, and help them to develop the skills, partnerships and promotion strategies required to improve their populations' mental health.'

In recognition of the compelling photographs taken at Yayasan Galuh, Jason South is a finalist in the Nikon-Walkley Press Photographer of the Year award. The winner will be announced on December 9, 2010.

Synergy Noticeboard

1. City to host TheMHS 2012 and 2013

Expressions of Interest are being sought to host The Mental Health Services (TheMHS) conference in 2012 and 2013. For more information about TheMHS,

please visit www.themhs.org.au or contact info@themhs.org

2. Mental Health In Medicine Seminar at Flinders University

The Mental Health in Medicine seminar was presented on Wednesday 18 August 2010 at Flinders University, South Australia to create awareness about the prevalence of depression, anxiety and other conditions in medical students. Unpublished research from Flinders University has shown that suicide and depression are more prevalent in the medical profession than in the general population and the seminar aimed to explore ways to manage and overcome mental health issues. beyondblue Clinical Adviser, Associate Professor Michael Baigent and Professor Pat McGorry joined students in the half-day seminar.

The seminar proceedings are available at www.flinders.edu.au/medicine/students/mental-health-in-medicine.cfm and the Executive Summary of beyondblue's 'The Mental Health of Doctors: A systematic literature review' is available at www.beyondblue.org.au

3. Victorian Men's Health and Wellbeing Strategy

The Victorian Department of Health's Men's Health and Wellbeing Strategy has been released and provides the first comprehensive picture of the health and wellbeing of Victorian men. It sets out a framework and principles for responding to health issues common to men and proposes a range of priority areas for action, which include: reducing health inequalities and improving the quality and length of men's lives (which include a focus on mental health and suicide), promoting and facilitating men's healthy living, and strengthening health and community service delivery to men. The full strategy is available at:

www.health.vic.gov.au/mhws/downloads/strategy.pdf

4. Ngala Skilled Dads: Parenting Program for Men in WA

The Ngala Skilled Dads Parenting Program is for fathers of children aged from newborn to five years of age. The two-and-a-half hour workshop is aimed at helping dads build strong connections with their children from a very early age. Skilled Dads looks at different stages of children's development and what dads can do to help kids along the way by setting a foundation for a great father-child relationship. The workshop discusses issues such as tantrums, sleeping, keeping kids safe, feeding and brain development. The workshops encourage dads to not 'tough it out' on their own but to learn useful hints and tools from others to help them as their children develop. The workshop is useful to fathers who live full-time with their children, and those who live apart from their children, and a mixture of the two.

For further details visit: www.ngala.com.au/course/Parenting-Workshops/Skilled-Dads

Synergy Noticeboard

5. Free English Courses for eligible migrants

The University of New South Wales Institute of Languages is offering free English language courses for eligible migrants under the Adult Migrant English Program (AMEP). The courses include General English, International English Language Testing System (IELTS) Preparation, Occupational English Test (OET), Preparation for Overseas Health Professionals and Business English and Pronunciation. Courses are flexible and are available full-or part-time during the day or evening. Fee-paying courses are also available. For more details visit www.languages.unsw.edu.au or telephone 02 9385 0469 to book a free language assessment.

For more information visit:
www.languages.unsw.edu.au/engForMigrants/engMigrants_main.html
or email: c.silove@unsw.edu.au.

6. Mensheds Australia

Mensheds Australia is a not-for-profit agency that aims to play a significant and practical role in addressing problems with men's health, isolation, loneliness and depression. Mensheds can help connect men with their communities and mainstream society. It can provide innovative approaches to support men, such as providing places to meet and have fun doing practical and positive things. Mensheds aims to balance health, culture and lifestyle with good economic outcomes for men of all ages in the community. In doing this, Mensheds aims to be an important community asset. Mensheds have been set up all over Australia and you can discover if one is available near you by visiting the Mensheds Shed Locator at www.mensheds.com.au/index.php?id=locator. The Mensheds Australia website has a Help Desk, Resource Centre and Networks that bring together information, knowledge, research, planning, tools and processes together with a variety of services.

For more information visit www.mensheds.com.au.

7. National Homelessness Research Agenda 2009-2013

The National Ethnic Disability Alliance (NEDA) is conducting a survey titled 'What barriers do people with disability experience when they DO NOT receive the Disability Support Pension?'. The survey is available until 31 December 2010. NEDA has also collaborated with the Get Up campaign to lobby the government for changes to the Social Security Act 1991 in order for immigrants to access the Disability Support Pension. Currently immigrants with disability have to wait for the '10 years qualifying Australian residence'. This contrasts from the two-year waiting period for access to other payments of income support. NEDA and Get Up believe the Convention on the Rights of Person with Disabilities is being contravened and are rallying for support on changes to this legislation.

For more information visit: www.neda.org.au

8. Movember

Movember is an international men's health campaign, which began in Australia in 2003 and is raising awareness of depression and prostate cancer during Movember (previously known as November). At the start of each Movember, men are invited to register with a clean-shaven face. Known as Mo Bros, they have the month to grow and groom their moustaches, and along the way, raise awareness of men's health issues, particularly prostate cancer and depression. beyondblue is a beneficiary of Australia's Movember Foundation and works throughout the year to help change the face of men's health. More than 127,000 men registered with Movember in 2009 and raised over $21 million for the Movember Foundation, Prostate Cancer Foundation of Australia and beyondblue.

For more information visit www.movember.com

New national workforce tool to improve mental health outcomes for CALD consumers

The New South Wales Governor, Her Excellency Professor Marie Bashir AC CVO, has launched Australia's first-ever National Cultural Competency Tool (NCCT), which will help mental health services better support Australians from non-English speaking backgrounds living with a mental illness.

The NCCT was launched at The Mental Health Services Conference in Sydney on 16 September, 2010 and has been designed for all mental health service providers.

Multicultural Mental Health Australia (MMHA) developed the tool in partnership with the Government of Western Australia's Mental Health Commission. It was jointly launched with the revised National Standards for Mental Health Services and is aligned with the new Diversity Responsiveness Standard.

Professor Bashir says the NCCT is an Australian first.

'In line with the new focus on recovery, and the diversity responsiveness in mental health standards, the National Cultural Competency Tool is our multicultural nation's first-ever tool of this kind. It has the potential to boost recovery prospects for Australians from non-English speaking backgrounds who are living with a mental health disorder,' says Professor Bashir.

The NCCT is based on the premise that sustainable improvements in service delivery are the result of ongoing organisational change, rather than individual change.

Her Excellency Professor Marie Bashir (fourth from right) at the launch of the National Cultural Competency Tool, with the MMHA Chair and National Program Manager, Abd Malak and Georgia Zogalis (first and second from right), and the NSW Minister Assisting the Minister for Health (Mental Health), Barbara Perry (second from left)

MMHA Chair Abd Malak says service providers in all States and Territories are encouraged to use the tool to significantly improve service provision to culturally and linguistically diverse (CALD) communities.

'It is hoped this resource will ultimately encourage a shift in the mental health sector, whereby transcultural mental health services become one of the many core services provided, as opposed to a niche service,' he says.

As well as containing a set of National Cultural Competency Standards, the NCCT resource pack includes a range of practical aids and strategies, such as a self-assessment checklist, to help agencies work in a multicultural setting.

The NCCT is an adapted, expanded, national version of the Western Australian Tool. WA Mental Health Commission Project Officer Ayla Potts says the NCCT encourages services across the nation to collaborate and share best practice when working with CALD clients.

'The NCCT encourages services to form partnerships with transcultural mental health centres and units. These centres have already developed the expertise and they can assist mainstream services to become more culturally competent, so that services aren't working in isolation,' Ms Potts says. 'Services can also contact the Mental Health Directorates in each State and Territory, and MMHA.'

Ms Potts says while services may have to invest time and energy into implementing the Cultural Competency Standards, it will ultimately help them to better support a population consisting of more than 200 different ancestry groups, and abide by various legislative requirements.

'In the national mental health policies and plans, it is paramount that all Australians have the right to access services and these services cater for cultural diversity,' she says. 'This includes knowing how to access translators, providing translated resources for the languages in your jurisdiction, understanding stigma and cultural barriers, and recognising the different ways mental illness symptoms are communicated in different cultures.'

A PDF copy of the NCCT can be downloaded from www.mmha.org.au.

Reaching out to young men

Being a teenager can be a tumultuous experience as you navigate puberty, issues related to personal identity, school, family and social pressures.

It is therefore unsurprising that findings from a recent breakdown of the 2007 National Survey of Mental Health and Wellbeing found that one in four people aged 16-24 years had experienced mental disorders in the preceding 12 months. This compares to one in five older people.

Dr Nicola Reavley and colleagues from the Orygen Youth Health Research Centre broke down the findings so they could examine key differences between the 16-24, 25-44 and 45-85 year age groups.

Dr Reavley says the survey revealed that young people are most likely to have drug and alcohol problems but are least likely to seek help for mental health problems.

'The results of the survey found that in the previous 12 months, approximately 16 per cent of young men had a substance abuse disorder, 9 per cent had an anxiety disorder and 4 per cent had an affective disorder, such as depression,' says Dr Reavley.

The number of young people seeking help for substance abuse problems was also particularly low. `This is partly because adolescents don't recognise that they have a problem and partly because they don't know where to go for help.'

According to Dr Reavley, one of the most commonly abused substances by young males is alcohol but there is little understanding among male youths about its long-term consequences.

`While over half of those with substance use disorders in the study were classed as having mild disorders, it is a concern, as they risk developing serious disorders as they get older. This can affect their studies, their mental health and interrupt adolescents setting up the next phase of their lives as they move into adulthood,' she says.

These male attitudes towards alcohol and drugs can also influence how young male immigrants perceive and consume them. According to Multicultural Mental Health Australia's National Program Manager Georgia Zogalis, the acculturation of young immigrant males – or the process by which their cultural values are shaped and influenced by mainstream culture – does have some negative consequences.

'Young men from culturally and linguistically diverse backgrounds will often mirror the behaviour of young Australian-born men in an attempt to make friends and to fit in,' Ms Zogalis says. 'In the case of alcohol and drug use, they might mimic their friends' consumption behaviour and develop a substance abuse disorder. However, this disorder can go unrecognised by parents or community leaders because they don't always realise that alcohol and drugs may be relatively more accessible in Australia, compared to their country of origin.'

Differences in social experiences and expectations between generations can be a significant contributing factor to mental ill-being in young migrant men. Ms Zogalis says that living in a new country with different customs, beliefs and language has the potential to undermine the family structure and create generational conflict because it is common for the younger or second generations to adapt more quickly to the new society.

'Often young people take on the role of translators and mediators for their parents because they can speak English better than their parents, or have a better understanding of the system, but this places them under an enormous amount of pressure.' Ms Zoglais says. 'It can also lead to family conflict because parents are no longer perceived as the natural head of the family.

'Family conflict can also be exacerbated by the pressures placed on young people – particularly men – to achieve educationally and professionally, particularly when the young people are unable to live up their parents' expectations,' she says.

headspace is one organisation targeting young people and their families, hoping to intervene before a disorder becomes serious. While pressures could be different across cultural groups, headspace Chief Executive Chris Tanti says the symptoms are similar.

'All young people, regardless of their cultural background are reporting a broad range of social problems, such as family discord, bullying and trauma,' he says.

If you or someone you know is going through a tough time, please visit www.headspace.org.au.

Do I look masculine enough?

University of Canberra's Dr Vivienne Lewis estimates that about 40 per cent of all men are unhappy with some aspect of their appearance. While this is predominantly due to concerns about their weight, it can also be caused by apprehensions of hair loss, low muscle tone, age or grey hair.

Dr Lewis is a clinical psychologist and specialist in body image and appearance concerns in adults, adolescents and children, and its associated impact on wellbeing and mental health. She says body image can be defined as a person's perception of their physical appearance.

'It is influenced by many things, such as our feelings towards and thoughts about it, so our perception may not reflect reality,' she says. 'They are things you may or may not like about your body, or things you might want to change about yourself.'

Poor body image can affect a man's general wellbeing and mental health. Dr Lewis says if men don't like their physical appearance, it can leave them feeling discontented.

'Men can feel quite unhappy in themselves and it can affect their behaviour and their relationships. For example, a man may not want to get naked with their partner, or engage in sexual activities. They can be worried about what their partner thinks of their body,' Dr Lewis says.

'Perceptions of body image can make men avoid places and social situations. They may not want to go to parties or public places because they can feel that their bodies are on show. They can feel anxious in these situations because of a fear of how they look.'

Heightened concerns about body image have been exacerbated by portrayals of men's bodies in the media. The media presents an 'ideal' body type of lean, well-toned and muscular.

'This body type is nearly impossible for men to achieve. Often men who try to live up to that ideal are self-defeated,' Dr Lewis says.

This obsession with achieving an unrealistic body type can also be attributed to men's changing roles over time. With women becoming increasingly more independent – both economically and socially – men are trying to find other ways to express their masculinity, including through their looks.

'Appearance is one obvious aspect that does differentiate men from women, so men are paying more attention to being lean and muscular,' Dr Lewis says.

And this physical preoccupation is not without health consequences.

'There are men who suffer from body dysmorphic disorder, which occurs among men who frequent the gym a lot, consume lots of protein shakes and are very muscular and yet they think they

'Men are more reluctant to ask for help for any mental health condition, and especially body image. Eating issues are seen as feminine issues, so men are less likely to come forward because it implies femininity.'

are not as big as they could be. We don't know exact statistics (for this disorder) because they don't present for treatment,' Dr Lewis says.

What constitutes male masculinity differs across cultures. For example, in many developing Asian countries, where food is often limited and expensive, a wide girth is interpreted as a sign of wealth and is highly prized.

Dr Lewis believes poor body image tends to be more prevalent in westernised societies. However, Australian males of migrant backgrounds can be susceptible to the same ideals as Australian-born males.

'Body image is often altered by the culture you're living in, not the culture you're from. People who have moved into the Australian culture are more susceptible to body image concerns because they are bombarded with 'local' body image messages and imagery,' she says.

According to Dr Lewis, overcoming poor body image is a challenge for men because they are more hesitant to seek help than women. 'Men are more reluctant to ask for help for any mental health condition, and especially body image. Eating issues are seen as feminine issues, so men are less likely to come forward because it implies femininity.'

Dr Lewis says men need to be more realistic about their bodies and focus on the things they like about their physical appearance. 'Men should listen to compliments that other people give them and take them onboard. They should also seek feedback from women, as they are often more flattering than mates.'

If you or a male friend needs help, speak to your GP or health professional.

For other mental health crisis counselling services, men should contact:

Lifeline: 13 11 14

Suicide Call Back Service: 1300 659 467

Kids Helpline: 1800 55 1800

MensLine Australia: 1300 789 978

Young men may also want to contact:

headspace – www.headspace.org.au

Reach Out! – www.reachout.com

Youthbeyondblue (for depression and anxiety and how to help a friend) www.youthbeyondblue.com or 1300 22 4636

Depression in Italian-born elderly men: The importance of social support

By Lisa McEwan, Diversity Health Institute Clearinghouse

Recent research conducted into the health of older Australian men has found that dissatisfaction with levels of social support and a dependency on government pensions are contributing factors to symptoms of depression among older Italian-born men.

The Concord Health and Ageing in Men Project (CHAMP) is one of the largest studies of its kind. It was designed to assess the prevalence and determinants of depressive symptoms among elderly Italian-born immigrant men, compared to Australian-born men.

University of Sydney's Dr Fiona Stanaway is a co-author of the research and says that while these findings need to be confirmed longitudinally, they are nonetheless significant.

'Most of the men did have social support and rated it highly,' she says. '[However], it was the perception of a smaller group of men who were not so happy that made these findings interesting. These men wanted someone to listen to and to confide in. These men had a lot of social support from family but they were less likely to have non-family social support. Friends can be more important for mental health.'

Dr Stanaway says these findings were reflected across other groups of culturally and linguistically diverse (CALD) men but were more prevalent among Italian men. With almost a quarter of the population predicted to be over 65 years by 2050, the findings are important.

'For a lot of older men, their expectations are different. Their children have been born and raised in Australia and support their parents but the expectations of the parents are higher. Many men from CALD backgrounds also do not have access to adequate superannuation and therefore rely solely on government pensions,' says Dr Stanaway.

Research from the Council on the Ageing (COTA) Victoria suggests that depression is now considered to be more damaging to health than most chronic diseases and rates of mental disorders are higher among those who have physical impairments, cancer or chronic conditions. Depression is often unrecognised, misdiagnosed or untreated in older Australians.

However, researchers such as Dr John Ashfield of Men's Health South Australia argue that depression is not a normal part of ageing, and is no more common in the elderly than in younger people.

'Risk factors such as loneliness, sickness, or being in care may trigger depression – though sometimes no trigger is apparent – but depression should never be thought of as the norm,' he says.

CHAMP involves men aged 70 years and over recruited from the community living near Concord Hospital in Sydney's inner west. Subjects were recruited during 2005 and five-year follow-up interviews are currently taking place. Future studies are dependent on funding.

Helping immigrant men prioritise their mental health

It is a truth universally acknowledged, that a man in possession of a cold, sore throat, or virus, will rarely be in want of a doctor.

According to Melbourne-based GP Dr Rajendra Pillay, this male reluctance to invest time and energy in their health is a phenomenon which cuts across cultures.

After 27 years of medical experience across three continents, Dr Pillay says men generally don't see health as a priority, particularly men who have migrated from culturally and linguistically diverse (CALD) communities.

'After moving to a new country, they need to make things work,' Dr Pillay says. 'They need to exceed their own personal aspirations, as well as their families' expectations. As a result, their physical and mental health doesn't take priority. They are more concerned about finding jobs and being the bread winner for the family, rather than looking after their own health.'

Dr Pillay says immigrant men often have limited family and community support in their adopted country but are still expected to support people they have left behind. He says this is particularly the case for men from more traditionalist cultures.

'These men are fathers, not only to their own children, but also to their brothers' and sisters' children. A significant part of their [financial] efforts goes back to their home country. This is a huge burden on their shoulders. There is also a fear of failure and this burden can lead to many health issues, including mental health issues.'

This stress and sense of isolation can be further exacerbated by the relatively unskilled jobs immigrant men are compelled to accept because their qualifications aren't recognised in Australia. 'When they arrive in Australia, their training and skills are overlooked and are not recognised and they have to start from scratch and take any job that is available,' Dr Pillay says.

Seeking help to deal with these pressures can often prevent ongoing mental health problems associated with stress, anxiety and depression. However, the definition of mental health does not necessarily translate across cultures.

'How we [in Australia] perceive mental health is through a western model,' Dr Pillay says. 'Other cultures and people may not perceive mental health problems in the same way.'

General practitioners are often the first point of contact for people experiencing the early symptoms of mental illness. Consequently, Dr Pillay says GPs need to be more aware of the cultural backgrounds of their patients and how it may impact upon their understanding of western medical terminology. He says every GP has an obligation to familiarise themselves with the cultures in their local area.

Dr Pillay takes this duty very seriously at his practice in the new outer Melbourne suburb of Caroline Springs. Working in this fast-growing multicultural corridor has its challenges, but he says taking time to learn about the rich cultural diversity in his area can only lead to better outcomes in the future.

Dr Rajendra Pillay

'[Working transculturally] is a new field. It's a new learning curve for all doctors,' he says. 'We are breaking new ground and it is the start of a life-long learning.

'In my opinion, [working transculturally] means supporting people from the moment they walk in the door. It also means employing people from different cultural backgrounds... It means having posters and magazines in different languages. It is about creating the impression that you are open and accessible and that you are aware of the needs of each individual, and are not stereotyping.'

Dr Rajendra Pillay is featured in a new MMHA DVD on culturally appropriate mental health services.
For more information, email rebecca.lewis@swahs.health.nsw.gov.au

MMHA's Speakers Bureau

Helping Australia's diverse communities understand mental health issues and how to access help

What is the Speakers Bureau?

The Speakers Bureau was established by Multicultural Mental Health Australia (MMHA) to reduce stigma in Australia's culturally and linguistically diverse (CALD) communities. It is made up of consumers and carers from diverse backgrounds who publicly tell their personal stories of mental illness and recovery. These stories help to reduce negative perceptions of mental illness and promote the benefits of seeking help.

What is a consumer?

A consumer is someone who has a mental illness. People with a mental illness are called consumers because they will at some stage use a health service and can - and should - expect the same level of care provided to any other consumer.

What is a carer?

A carer is someone who directly supports a person with a mental illness. A carer could be a parent, spouse, friend or sibling.

What is Multicultural Mental Health Australia (MMHA)?

Multicultural Mental Health Australia is a program funded by the Australian Government to improve mental health awareness and suicide prevention in CALD communities through a number of projects and activities. These include promoting positive messages about mental health through the Speakers Bureau and developing language–specific resources.

How will telling my personal story help my community?

Unfortunately, stigma and discrimination against people with a mental illness persists in many communities. These negative perceptions will only change if people provide positive, real-life examples of recovery, helping to dispel myths about mental illness. Positive personal stories also help other consumers feel hopeful about their own recovery and recognise the importance of accessing services to better manage their illness.

How will MMHA help me to tell my story?

MMHA understands that talking about mental illness can be challenging and confronting. Therefore, all members of the Speakers Bureau are provided with media training, interview briefing and debriefing, and a free resource pack. MMHA is committed to ensuring consumers and carers feel safe and supported when they speak publicly about their experiences of mental illness.

What are the benefits of joining the Speakers Bureau?

As a member, you will be actively helping to change people's perception of mental illness, developing public speaking and promotional skills, advancing the CALD consumer and carer movement in Australia, increasing awareness of recovery and pathways to services, developing friendships and networks with like-minded people, and assisting mental health services to become more CALD-friendly and appropriate.

How do I apply to become a member of the Speakers Bureau?

You can contact the MMHA Consumer and Carer Project Officer and request an application form. Applicants must be a consumer or carer and from a non-English speaking background. Applicants should also be prepared to promote the work of MMHA.

For more information go to www.mmha.org.au or call 02 9840 3333

Highlights from the 8th Transcultural Mental Health Conference

This year, the 8th Transcultural Mental Health Conference was embedded into the annual Mental Health Services (TheMHS) Conference, which was held at the Sydney Exhibition and Convention Centre from 14 -17 September 2010. This new partnership demonstrates the shared commitment towards the development and delivery of culturally inclusive and responsive mental health services for all Australians.

The conference was a resounding success, and included two keynotes, a featured symposium, 45 papers, two film festivals, and the launch of the revised National Standards for Mental Health Services and the National Cultural Competency Tool for Mental Health Services by NSW Governor Professor Marie Bashir.

Keynote speaker Professor Derrick Silove set the scene with his presentation on addressing the challenges of transcultural psychiatry. Professor Silove said a national commitment is required in order to transform transcultural psychiatry and to build consensus on the components of the transcultural toolbox. He highlighted the potential of the multicultural Mental Health Outcomes and Assessment Tool (MH-OAT) as a means of delivering transcultural best practice in clinical settings.

The second keynote was Professor Peppe Dell'Acqua, Director of the Department of Mental Health, Trieste, Italy and mental health consultant to the recently released film *'In the city of the mad'* (C'era una volta della città dei matti). He introduced the film during the conference film festival, an exciting new feature of the TheMHS conference.

Professor Abd Malak, Maria Cassaniti, Professor Peppe Dell'Acqua, Dr Victor Storm, Professor Derrick Silove, Jorge Aroche

Professor Dell'Acqua noted that the film reflects common experiences of people who have undergone mental health institutionalisation across cultures. He also commented on the importance of not losing sight of the individual, their uniqueness and what contributions they can make to society.

Another well received speaker at the conference was Dr Edward Nahim, the only psychiatrist in Sierra Leone. He reminded the audience of the broader global issues that continue to impact on Australia and its people. Dr Nahim presented haunting images of the barbaric war in Sierra Leone to demonstrate the significant and negative toll it is taking on the mental health of the nation.

At the symposium, NSW Health, through the Mental Health and Drug & Alcohol Office (MHDAO) and the Multicultural Mental Health Plan Implementation Committee, showcased the NSW Multicultural Mental Health Plan 2008-2012. The plan stresses the need for the creation of data systems in order to better meet the needs of a culturally diverse society.

The two key partnership projects highlighted at the conference were the Transcultural Rural and Remote Outreach Project (TRROP) and Multicultural MH-OAT. The TRROP five-year report was launched at the conference and highlighted the positive outcomes for rural and remote communities. The Multicultural MH-OAT is another great example of key partners (InforMH, TMHC and MHDAO) working together to develop tools to assist frontline clinicians.

Multicultural Mental Health Australia also delivered a number of papers. These included an update on the *Stepping Out of the Shadows* stigma reduction program, the vital work of its Speakers Bureau, and implementing its new National Cultural Competency Tool. Also favourably received was its theatre piece, enacted by members of the MMHA Reference Groups, which focused on experiences of consumers in mainstream and culturally appropriate health settings.

Hey Dad: Fatherhood – First 12 months

This 16-page booklet was developed by Ngala, a provider of early parenting services in Western Australia and beyondblue, the national depression initiative. The booklet is aimed at men who have recently become or are about to become fathers for the first time. It provides men with a wealth of information on the impact that fatherhood will have on their lives. The booklet includes practical advice on dealing with the challenges that men may experience throughout their partner's pregnancy, during the birth and the first 12-months of life. It emphasises that although these times are immensely joyful and exciting they can also be frightening and demanding. Issues such as handling a baby, communicating with babies, helping babies to learn and maintaining healthy relationships with partners are canvassed. The booklet also discusses the risk of post-natal depression (PND) for both men and women and how to best manage PND when it does occur. *Hey Dad* can be downloaded from the beyondblue website at:

www.beyondblue.org.au

Tool kit for men experiencing difficult times

This tool kit, produced by Lifeline, provides practical advice for men who are experiencing difficult times in life. The tool kit aims to dispel some of the prevailing myths about mental health and the way that men should deal with emotional issues. When faced with challenges such as relationship difficulties, work pressure, financial insecurity, issues with sexual orientation and illness, many men are reluctant to seek help. The tool kit emphasises that seeking help, whether from friend, family or professional, is not a weakness, but can be invaluable in assisting men to cope with difficult times and to resolve issues in their lives. The resource helps men to recognise when difficult times are impacting on their mental health and provides information on where to go for professional support. The Tool kit for men experiencing difficult times can be downloaded from the Lifeline website at:

www.lifeline.org.au/ArticleDocuments

Suicide Risk Assessment & Intervention: Men at Risk eLearning Tool

This interactive resource is aimed at those who work with men in health–and social–care settings. The Tool was developed by specialist telephone counselling and training provider, Crisis Support Services (CSS). *Suicide Risk Assessment & Intervention* takes a preventive approach to suicide by assisting service providers to identify suicide and self-harm risk amongst clients and to respond appropriately. To assist learning, the Tool uses questions and case studies as well as an interactive scenario with a person at risk of suicide. It aims to equip service providers with the practical skills to identify early warning signs of suicide risk and provide examples of counselling approaches that encourage men to talk about their problems. The resource highlights the gender differences that affect successful suicide risk–intervention strategies. It also emphasises that once a service provider is aware of a risk they have a duty of care to take action that addresses that risk. The Tool can be ordered from the MensLine Australia website at:

www.menslineaus.org.au/Products

National Male Health Policy – Building on the strengths of Australian males

Australian Government Department of Health and Ageing

The growing complexity of male roles in modern society has seen the need for a greater focus on the health of men. Australia's new national male health policy provides a blueprint for improving the health of men and boys throughout the nation. The Policy is the outcome of a series of 26 public forums with health professionals, government and non-government organisations, peak bodies and males themselves, held across Australia in 2009. The Policy encourages all males to take responsibility for their own health while also providing an outline for government action. The Policy focuses on six priority areas: the promotion of optimal health outcomes for males, health equality between population groups, improved health at different stages of life, preventive health, building a strong evidence base and improving access to health care for males. Its most salient message is the importance of a broadly based multi-sectoral approach to male health. The National Male Health Policy can be downloaded from the Australian Government Department of Health and Ageing website at:

www.health.gov.au/internet/main/publishing

MAP (Mood Assessment Program)

The Mood Assessment Program (MAP) is a secure online mood assessment tool launched recently by the Black Dog Institute. The MAP assists GPs and psychologists to diagnose mood disorders and to develop an appropriate treatment plan for patients. It also allows clinicians to identify depressive sub types, improve the detection of Bipolar Disorder and identify individuals who are vulnerable to mood disorders. Patients access the MAP via referral from a GP or psychologist. They are provided with a secure code that allows them to access an on-line questionnaire about their symptoms. The referring physician cannot view the patient's responses. A comprehensive, automatically generated report is sent to the physician once the questionnaire has been completed. The format is based on research that has indicated that patients are more comfortable revealing symptoms in an online questionnaire than they are on a one-to-one basis with a clinician. This allows GPs and psychologists to develop a more accurate diagnosis and treatment plan. For more information about the MAP visit the Black Dog Institute's website at:

www.blackdoginstitute.org.au/healthprofessionals/map/overview

Men's health & wellbeing an A-Z guide

Greg Millan, 2009 Longueville Media, isbn 9781920681586

The author of this guide to men's health, Greg Millan is a social worker and health educator who has worked in men's health promotion for over seventeen years. The book provides an easy to read and holistic guide to maintaining wellbeing for all Australian men. It addresses both physical and mental health issues within the context of men's complex lives. The guide includes information on diseases and conditions that impact on men such as prostate cancer and heart disease as well as discussing matters such as relationships and grief that affect men's mental health. Millan also includes an informative section on the types of health checks that men should undertake at each stage of life. This book is an excellent resource for men themselves, their partners and families as well as those who work with men. Men's health and wellbeing an A-Z guide can be ordered from the Longueville Media website at:

http://longuevill.cart.net.au/details

Film review

'Men's Group'

By Katherine Ingham, Diversity Health Institute

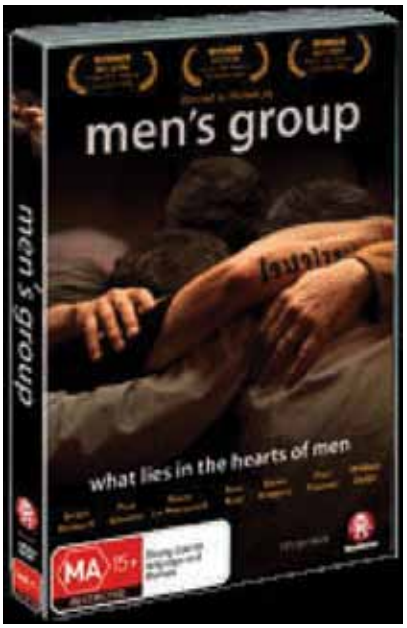
The award winning film *Men's Group* provides a unique perspective into the lives of everyday Australian men. Directed by Michael Joy and produced by John L Simpson, the film was named the Best Australian Film of the Year at the Inside Film (IF) Awards in 2008.

As the title suggests, *Men's Group* focuses on a group of men who gather together once a week in a suburban living room to discuss the issues that affect their lives. Initially the men are strangers to one another. They are a disparate group who meet in the home of Paul, the group's facilitator. The members of the group include the aggressive Alex who has a difficult relationship with his teenage son, Lucas, a secretive businessman, Cecil, a widower who is struggling to cope after the death of his wife, volatile labourer Moses, recently divorced Freddy whose clownish exterior belies his inner pain, and latecomer to the group, Anthony.

Initially the men's interactions are strained, and the characters are full of bravado and aggression. As the film progresses they begin to open up and share their experiences. The result is both moving and uncomfortable. In the course of the meetings the men's inner emotions are revealed. They talk about their pain, their fear, their regrets and confusion. There is also humour in their interactions. The intense emotion of the group sessions is interspersed with scenes from the day-to-day lives of the men. These scenes offer insight into the men's life experiences, without providing any easy answers.

Much of the power of the film derives from the believable performances of all the actors involved. Grant Dodwell, almost unrecognisable from his days as star of *A Country Practice* is excellent in the role of Alex. Paul Tassone portrays the troubled Moses with great understanding. Although Director Michael Joy and Producer John L Simpson wrote a script for the film, much of the performances were improvised. Actors were briefed on the substance of upcoming scenes immediately before filming, and rather than working strictly to the script, were expected to react spontaneously to the situations that arose during filming. This contributes to the film's realism. The hand-held camera work, although somewhat frustrating at first, also adds to this effect.

The subject matter of the film was inspired by Joy's experience of attending a men's group at a challenging time in his life. Joy and producer Simpson's research for the film involved talking to men who had participated in men's groups as well as with psychologists and counsellors with expertise in the area of men's health. The great strength of this film is its ability to confront difficult subject matter, exposing the vulnerability of this group of Australian men, without appearing contrived. The film highlights the difficulties that all men face in today's complex society, as they struggle with their roles as husbands, fathers and sons.



***Men's Group* is available for purchase on DVD as well as for community screenings.**

For more information visit the website at: www.mensgroupthemovie.com

EVENT CALENDAR

17-18 February 2011

2nd International Urban Mental Health Conference 2011

The Garvan Institute, Sydney

www.exwwwsvh.stvincents.com.au

24-25 February 2011

TheMHS 13th SUMMER FORUM

Parkroyal Hotel, Darling Harbour, Sydney

www.themhs.org

FEBRUARY

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13-16 March 2011

11th National Rural Health Conference (Including a mental health stream)

Perth Convention Centre, Western Australia

www.ruralhealth.org.au

MARCH

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30 April-1 May 2011

54th RACGP Queensland Faculty Gold Coast Clinical Update

Gold Coast Convention and Exhibition Centre

www.racgp.org.au

APRIL

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24-28 August 2011

6th World Congress for Psychotherapy (WCP 2011)

Sydney Convention & Exhibition Centre, New South Wales

www.wcp2011.org

24-26 August 2011

The 12th International Mental Health Conference 2011

Radisson Resort, Gold Coast, Queensland

www.anzmh.asn.au/conference2011

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National organisations

Australian Department of Health and Ageing	**1800 020 103**
Australian Institute for Suicide Research and Prevention	**07 3735 3382**
National Ethnic Disability Alliance (NEDA)	**02 9687 8933**
National Forum of Services for Survivors of Torture and Trauma	**03 9388 0022**
Federation of Ethnic Communities' Councils of Australia (FECCA)	**02 6282 5755**
beyondblue info line	**1300 224 636**

Australian Capital Territory

Transcultural Mental Health Network	**02 6207 6867**
ACT Multicultural Council	**02 6291 9383**
Companion House (Assisting Survivors of Torture and Trauma)	**02 6247 7227**

New South Wales

NSW Transcultural Mental Health Centre	**02 9840 3800**
Multicultural Disability Advocacy Association	**02 9891 6400**
NSW Service for the Treatment and Rehabilitation of Torture and Trauma Survivors (STARTTS)	**02 9794 1900**

Northern Territory

Top End Mental Health Services	**08 8999 4988**
Multicultural Community Services of Central Australia	**08 8952 8776**
Melaleuca Refugee Centre, Torture and Trauma Survivors Service of the Northern Territory	**08 8985 3311**

Queensland

Queensland Transcultural Mental Health Centre	**07 3167 8333**
Advocacy for NESB People with a Disability (AMPRO)	**07 3369 2500**
Queensland Program of Assistance to Survivors of Torture and Trauma (QPASTT)	**07 3391 6677**

South Australia

Department of Health, SA	**08 8226 6000**
Migrant Resource Centre, SA	**08 8217 9510**
Migrant Health Service, SA	**08 8237 3900**
Multicultural Advocacy and Liaison Services of SA	**08 8351 9500**
Survivors of Torture and Trauma Assistance and Rehabilitation Service (STTARS)	**08 8346 5433**

Tasmania

Department of Health and Human Services, TAS	**03 6233 3185**
Tasmanian Transcultural Mental Health Network	**03 6221 0999**
PHOENIX Centre (Support Service for Survivors of Torture and Trauma)	**03 6221 0999**

Victoria

Victorian Transcultural Psychiatry Unit (VTPU)	**03 9288 3300**
Action on Disability within Ethnic Communities (ADEC)	**03 9480 1666**
Victorian Foundation for Survivors of Torture Inc (VFST)	**03 9388 0022**

Western Australia

WA Transcultural Mental Health Service	**08 9224 1760**
Ethnic Disability Advocacy Centre	**08 9388 7455**
MAITRI Mental Health Service	**08 9375 2224**
Association for Services to Torture and Trauma Survivors (AseTTs)	**08 9227 2700**