

AUSTRALASIAN SOCIETY FOR BIPOLAR DISORDERS LTD



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Welcome from the Chair

Dear ASBD Member,

The ASBD executive has focussed on two major projects. The first is the ASBD/AstraZeneca PhD Scholarship 2011. This helps ASBD fulfil its mandate to develop and support new emerging research talent in the area of bipolar disorders. The field is dependent on the growth and productivity of emerging researchers, who will be able to lead the study of the disorder, and improve the quality of life of individuals who have bipolar disorder. We are pleased to offer this scholarship to a person planning to do doctoral studies in bipolar disorder anywhere in Australasia.

The ASBD is additionally actively planning the next ASBD biannual meeting, scheduled to take place in Sydney in October 2011 under the stewardship of Prof Phillip Mitchell. I strongly encourage you to diarise this as a key part of the academic calendar. Similarly, the ASBD has always been actively supportive of the International Society of Bipolar Disorders biannual meeting, which will take place in Istanbul in March 2012. We look forward to both meetings, which should continue to deliver and build on the quality of the previous meetings.

The most significant shift in terms of our meeting is the expansion of ASBD to include depression, such that ASBD will effectively become the Australasian Society of Bipolar and Depressive Disorders, and that our meeting will attempt to engage researchers working in depression as well. This change, agreed to at our annual general meeting, should make the meeting more relevant to clinicians who treat all mood disorders, as well as researchers whose research interests generally take in both unipolar and bipolar disorders. This should enlarge the meeting, and attract additional potential sponsors.

With kind regards

Prof Michael Berk

ASBD Web Site Members' Area ^{*NEW*}

The ASBD web site now has a members' area for current financial members. It contains extra information for our valued supporters, including **presentations from the 2009 ASBD Conference**.

All current financial members of the ASBD should have received their unique member login by email. If you have not received your login email, or to renew your membership, please contact Leah at admin@bipolardisorders.com.au.

Research Scholarship - Bipolar Disorders ^{*NEW*}

The Australasian Society for Bipolar Disorders and AstraZeneca are proud to announce the inaugural **ASBD/AstraZeneca Scholarship**. The aim of the Scholarship is to encourage research into Bipolar Disorder by supporting new and emerging researchers in this field for up to three years.

Suitably qualified individuals looking to build a career in Bipolar Disorder research are invited to apply. Applications close 30th September 2010. **See page 2** of this newsletter for more information or contact ASBD at admin@bipolardisorders.com.au for an Information Sheet.

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AUSTRALASIAN SOCIETY FOR BIPOLAR DISORDERS LTD



Australasian Society of Bipolar Disorders & AstraZeneca Scholarship 2011

(PhD by research or MD by research)

Suitably qualified individuals looking to build a career in the area of Bipolar Disorder research are invited to apply for the 2011 ASBD/AstraZeneca scholarship, proudly presented by the Australasian Society of Bipolar Disorders and Astra Zeneca.

The object of the Scholarship is:

- To provide salary support for an investigator studying (or proposing to study) any aspect of bipolar disorder within Australasia
- To stimulate collaborative research activities within Australasia by facilitating communication between participants in specified fields.
- To support such a researcher in this area for up to three years.



Remuneration

A scholarship of \$30,000 per annum for up to three years plus a one-off \$5,000 research allowance together with an economy return airfare from anywhere within Australasia to the next ASBD Conference if not in the recipient's home state. A top-up scholarship may be payable to an appropriately qualified candidate.

The successful applicant will be granted membership of the ASBD for the duration of their Scholarship.

Assessment

Submitted applications will be independently ranked by a panel of experts in the area, including experts both within Australia and overseas.

Process

Applications must be prepared as outlined in the Information Sheet and submitted by 11:59PM Australian Eastern Standard Time (AEST) on Thursday **30 September 2010**. Please contact ASBD for an Information Sheet.

Applications will be considered by the selection panel. Applications will be considered against the Selection Criteria (see Scholarship Information Sheet).

Presentation

The award will be officially presented at the biennial ASBD Conference (next scheduled for October 2011).

Queries should be directed to the ASBD Administrative Officer.

Scholarship Information Sheet

People considering applying for this Scholarship should contact the ASBD and request an Information Sheet. Applicants are encouraged to read the Information Sheet carefully as it outlines important information including the required application format, selection criteria and obligations of the successful Scholarship recipient.

Australasian Society of Bipolar Disorders

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Australian of the Year

Prof. Pat McGorry - Mental Health in Australia

Since Prof Patrick McGorry was named Australian of the Year in January 2010, he has continued to work tirelessly to improve equity and access to effective, timely treatment for people living with mental ill-health throughout Australia.

Prof McGorry kindly provided the following message for ASBD newsletter readers:

“ Our most precious natural resource is our health. Unfortunately, in today’s Australia a major factor that influences our health and wellbeing is sorely neglected: our mental health. Our current mental health system, with its emphasis on late, and all too often largely palliative, care is woefully inadequate. Why should only one third of those Australians who experience mental ill health receive the care that they need? The answer lies at least in part with the inequities in funding in our health care sector; mental ill health contributes 13% to the overall burden of disease in Australia, but mental health services receive only 6% of the health care budget. In terms of investment in the future, the statistics are even more telling; only 3.5% of our national health research budget goes to mental health research. It is high time that we break the silence surrounding mental illness and end the neglect and inequality that has been ingrained in our system for so long. Currently, Australia is at a tipping point. There is overwhelming support for national action; our need for a new approach to mental health is now matched by our desire and capacity to deliver it.

To be effective, reform of our mental health system must focus on the most important consequences of mental illness: needless disability and loss of life.

This demands a radical change in our current paradigm: a shift towards a pre-emptive, rather than largely palliative, approach. Over the last two decades, national and international research efforts have shown that pre-emptive care is just as appropriate in psychiatry as in physical medicine, and the time has come to translate this research into everyday practice. A modern approach to mental health care needs to encompass all levels, starting in the community at large and ranging through the primary and specialized care sectors, right through to service planning and implementation.

What should these reforms look like?

At the most basic level, all Australians need to understand what it means to be mentally healthy and to be able to recognise the earliest signs of mental ill health. Of course, this also means that we should also feel comfortable to share our experiences of mental ill health with those close to us and to ask for help without fear of rejection or stigma. Education and openness is the key towards raising awareness and breaking down stigma, and we all can play an active role here, according to our individual capacities. We also need to tackle key drivers of later mental ill health such as social disadvantage, child abuse, bullying and poorly treated mental illness and addiction in parents. Currently, there is a serious neglect of community-based preventive opportunities, and these issues need to be addressed.

“It is high time that we break the silence surrounding mental illness and end the neglect and inequality that has been ingrained in our system for so long.”

At the systemic level, reform is urgently needed. Quite apart from the issues of chronic neglect and underfunding, the structure of our current health care services fails to account for the epidemiology of onset of mental illness, and thus neglects our greatest opportunities for pre-emptive intervention. Over 75% of people who suffer from a mental illness have experienced their first episode by the age of 25 years, and mental health issues contribute

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55% of the burden of disease in Australian young people aged between 15-25 years. Despite these disturbing statistics, less than a third of young people who need help are able to obtain it. As a society, we cannot afford to ignore the human, social and economic consequences of this situation. A recent report by Access Economics has estimated that in 2009 the financial cost of mental illness in Australians aged between 12 and 25 years was \$10.6 billion, with 70.5% of this due to the costs of lost productivity due to lower employment, absenteeism and premature death. Furthermore, the value of the loss in well-being (disability and premature death) was estimated at a further \$25 billion. We need to invest in our future, and clearly, investing in youth mental health makes good sense: a strong focus on young people's mental health has the capacity to generate greater personal, social and economic benefits than intervention at any other time in a person's lifespan. Clearly, providing high-quality youth mental health care should be the cornerstone of a pre-emptive service system.

We are currently pioneering a new model of youth mental health care here in Australia. The advent of **headspace**, the National Youth Mental Health Foundation, has allowed the establishment of 30 community-based one-stop-shop centres nationwide that provide a range of general medical, psychological, allied health, drug and alcohol, vocational and educational services to young people with mild-to-moderate mental ill health in easily accessible, youth-friendly settings. Along with their role as enhance primary care providers, **headspace** centres are also active in community awareness, outreach and training programs, acting as a centre of resources for those with an interest in youth mental health. For young people with more complex mental health needs, specialized care needs to be available, particularly during the challenging early years of illness, where the potential for benefit is greatest. The groundbreaking EPPIC model, unique in Australia, provides additional services such as individual case management, access to specialist clinicians, 24-hour home-based or inpatient care when necessary, and a wide range of social, educational, vocational, peer- and family support programs, all in a setting that aims to maximize the potential for recovery from serious mental illness. Together, these models complement each other and provide a full range of appropriate services within settings that are acceptable to their client base, and their value has been proven.

My vision of mental health care for the 21st century is built on the principles of early intervention, without ignoring those who have already been ignored by our system and society for so long. Comprehensive, community-based mental health care that is closely linked to both the primary and secondary care systems is one way of achieving these goals. The reform process has begun and is rapidly gaining momentum; we are beginning a period of transformational change in Australia that is long overdue, and can only bring enormous benefits to our society.

Mental health is national wealth, and we can all contribute to our national capital in our own individual way by working together to support our common goal: equal access to high quality mental and physical health care for all Australians, irrespective of their age, gender, social situation or place of residence by the year 2020. ”

ASBD congratulates Professor Patrick McGorry on being named Australian of the Year and thanks him and his office for providing this message for our newsletter.

ASBD Conference October 2011, Sydney, Australia

ADVANCE NOTICE

The ASBD is actively planning the next ASBD biannual meeting. It will take place in Sydney in October 2011 under the stewardship of Prof Phillip Mitchell. Please diarise this as a key part of the academic calendar. More information will follow in due course.



To defeat mental illness, you can't short-change the research

JAYASHRI KULKARNI

THE AGE June 16, 2010

**Future benefits will flow
from better linking the
laboratory with the clinic.**



OVER the past decade, public awareness about mental illness as a big health issue has grown exponentially. The news that increasing numbers of employers with concerns about staff welfare are seeking advice on such illness is indicative that we are all being more conscious of its prevalence.

And most of us have witnessed its destructive, ripple-like impact on individuals, families and communities.

Thankfully, we have emerged from the dark ages and now recognise illnesses such as schizophrenia and severe depression for what they are.

With this attitude shift has come a commendable expansion of support, prevention and early intervention services. These advances are encouraging: they indicate the commitment at all levels of government to taking mental health seriously.

Yet there is one big piece of the jigsaw puzzle that still seems to be missing in Australia's commitment to mental health: investment in clinical mental health research. The advances outlined above can only go so far without concomitant investment in clinical research to develop more treatments and increase our understanding of complex diseases of the mind.

Indeed, despite the raw facts - mental illness is the third-highest cause of disability and premature death in Australia and one in four of us will

experience mental illness in our lifetime - only 3.5 per cent of Australia's total medical research budget is spent on research into depression and psychosis.

Given the billions of dollars that mental illness costs the community each year (aside from the unquantifiable human toll), current levels of funding for clinical mental health research appear starkly inadequate. Moreover, there is a false economy at work here, as a reluctance to put money into research is really only deferring (and most likely multiplying) the costs associated with mental illness.

The disjunction between levels of mental health research funding and the human and economic burden of mental illness has had consequences. Experts are proud of the significant leaps made in recent years in understanding mental illnesses such as severe depression. But they are the first to acknowledge the relatively embryonic state of knowledge in this area compared to cancer and heart disease.

In chronological terms, we are where cancer and cardiovascular research were decades ago. This is clearly not where we want to stay if we wish to stem the devastating impact of mental illness on individuals, families, communities and economies. We urgently need to develop further treatments.

“In chronological terms, we are where cancer and cardiovascular research were decades ago. This is clearly not where we want to stay...”

Basic, laboratory-centred science is important, but such research is impotent without the clinical dimension required for relatively fast translation into effective, available treatments.

Likewise, early intervention programs are critical to the long-term effectiveness of tackling mental illness. But they are only ever as good as the treatments available.

It is not enough to want to help, or to recognise when help is called for: we need the tools to make a difference. And those tools are best developed through research at the coalface; that is, researchers developing innovative treatments within a hospital

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or clinic setting. These treatments could be pharmacological strategies, biotechnology applications or psychosocial interventions - the important thing is to find what works. And, not surprisingly, the fastest way to find what works is to bring researchers, clinicians and patients together.

Diseases of the mind are complex, multidimensional conditions. Progress in service delivery, awareness and treatments has been made, but there is still a way to go. Currently one-third of people experiencing severe mental illness will not respond to available treatments. They endure highly distressing, debilitating symptoms for years on end, contending with a cycle of disappointment and despair as different treatments are tried without success and abandoned.

Better targeting of mental health research funding would ensure that those in most need of help are reached, rather than being placed in the "too-hard basket" - a temptation for policymakers facing tight budgets and thus susceptible to the appeal of quick fixes.

With the unfortunate blurring of the concept of mental illness with that of mental health (the latter is about the mental well-being of already well populations, while the former refers to the spectrum of serious, often debilitating mind-related diseases about which we still have much to learn), the quick fix has often won out over long-term investment.

With ongoing, substantial commitment to clinical research, new, innovative ways to help all people afflicted with mental illness will emerge.

Considering the enormous human and economic costs of severe mental illness, it makes humane and practical sense to boost investment in "real world" patient-based mental health research now, for immeasurable future benefits.

Jayashri Kulkarni is professor of psychiatry at The Alfred hospital and director of the Monash Alfred Psychiatry Research Centre.



ASBD Web Site Member Area ^{*NEW*}

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Supporting the ASBD is Tax Deductible

You can support the work of the ASBD and Bipolar Disorders research by making a donation or leaving a bequest to the ASBD.

The Society has been granted 'Deductible Gift Recipient' and 'Charity Tax Concessions' by the Australian Taxation Office, [hence donations to the Gift Fund are tax deductible](#)

The Gift Fund provides a means for members of the public to support the aims and activities of ASBD by making a donation or bequest.

5th Biennial Conference of the International Society for Bipolar Disorders (ISBD) *March 2012, Istanbul Turkey*

The next ISBD conference will be held in March 2012 in Turkey. This meeting aims to provide an opportunity to share the cutting edge findings presented by distinguished experts in the field. The scientific program will include plenary lectures, symposia, workshops, oral communications and poster sessions, and a forum for involving patient advocacy and support groups.

For more information visit the official conference web site www.isbd2012.org.