

# Insight

## Mental Health Week Edition

### October 2017

Join the ACACIA team at the **2017 Mental Health and Wellbeing Expo.**

**When:** Thursday 12th October

**Where:** City Walk and Petrie Plaza, Civic

**Time:** 11am-2pm

We'd love to see you there!



#### Inside this issue

The ACACIA Team.....	2
Meet Advisory Group.....	2
Have Your Say .....	3
SMHR Conference 2017 .....	4
Demystifying Research .....	6
Research Bites.....	7
Get Involved.....	8
Contact Details .....	8

This issue of *Insight* was written and produced by members of ACACIA.

Edited by Alyssa Morse



## Meet the ACACIA Advisory Group Member: Sophie Hope

### ACACIA Staff

Dr Michelle Banfield, Head

Dr Amelia Gulliver, Research  
Fellow

Alyssa Morse, Research Officer

Owen Forbes, Research Support  
Officer

### ACACIA Advisory Board

Dalane Drexler, ACT Mental  
Health Consumer Network

David Lovegrove, ACT Mental  
Health Consumer Network

Alexandra Scetrine, Carers ACT

James Eastburn, Independent  
Consumer Representative

Rebecca Randall, Independent  
Consumer Representative

Janet Milford, Independent  
Carer Representative

Sophie Hope, Independent  
Carer Representative

Rebecca Dawson, ACT Mental  
Health Policy Unit

Prof Brenda Happell, Academic  
Advisor



Volunteering is a large part of my life, and is part of my personal definition of who I am as a person. I have been volunteering for the last 8 years, predominantly in the mental health field. I'm 24 years old, and I have been a young carer since the age of 18. I have been a carer for two loved ones in my life

who have both endured severe mental illness.

I have experienced multiple incidences of trauma since I was a child, and these, along with being a solo young carer, and having several loved ones attempt suicide, have all contributed to me developing my own mental illnesses as well. I am working on recovery, but as well all know, it is a long process.

I work and volunteer for several mental health organisations, but the majority of my time currently is spent as a mental health advocate and advisor for our national youth mental health organisation, headspace. I work as our ACT representative for our national office, helping with project management, campaigns, media, and development of the service itself.

I am passionate about many things, including: health system reform, lowering stigma and discrimination in regards to mental illness, advocating for young people and children, suicide prevention (especially among young men), increasing mental health literacy among the emergency services, trying to find solutions to 'fill the gap' in service between mild and severe mental illness, and improving rights for carers who are not biologically related to those they are caring for. I have a Bachelor of Science (Psychology) from the ANU, and this has helped me to develop a passion for psychological research.

I am always up for getting involved in new opportunities, so if you have any, please do let me know!

I am really excited and grateful to be a part of the ACACIA Advisory Group. I really enjoy learning from others' experiences, and I look forward to contributing to the important research ACACIA undertakes!

# Have Your Say!

## Consumer and Carer Priorities for Mental Health Research

**Participants wanted** for a study exploring priorities for mental health research among consumers and carers in the Australian community.

### Who can participate?

We are looking for people identifying as mental health consumers or carers. A **consumer** is someone who has personal experience of mental health issues, whether or not they have accessed services. A **carer** is a family member or friend who provides informal (i.e. unpaid) support to a mental health consumer.

All participants must be at least 18 years old and live in Australia.

### What is involved?

Participate in a 20-30 minute online survey to rate the priority of existing research topics generated by consumers and carers, and suggest new research topics of your own.

### How do I participate?

The survey can be accessed at <http://cmhr.anu.edu.au/acacia>

### Want to find out more?

**Email:** [acacia@anu.edu.au](mailto:acacia@anu.edu.au)

**Phone:** (02) 6125 6167

**Website:** <http://cmhr.anu.edu.au/acacia>

### Why is ACACIA conducting this research?

In November 2013, ACACIA held its inaugural forum. The purpose of the forum was to identify areas for research that are of particular interest to people with lived experience of mental health issues. ACACIA researchers have been progressing this agenda. Information about our past and current projects can be found on our webpage (<http://cmhr.anu.edu.au/acacia>).

The current project consists of an online questionnaire. The purpose of this project is to “check in” with consumers and carers about whether the topics identified in 2013 are still a priority, and give people the chance to suggest new areas that may not be in the list. You will be asked to rate the importance of research topics generated during the 2013 forum, rank the highest priorities and suggest any new topics of importance.



## Society for Mental Health Research Conference 2017

The Society for Mental Health Research (SMHR) 2017 Conference is being held in Canberra from the 6th – 8th of December. This year, the value of lived experience involvement in mental health research is being recognised through an ACACIA run workshop and the new Centre for Mental Health Research Lived Experience Research Medal. This issue of *Insight* contains information about both opportunities.

For more information about SMHR 2017 and the associated events and opportunities, visit the website: <https://www.smhr2017.com.au/>

### Partners in Research: Collaborating with people with lived experience for high quality mental health research

**Date:** 5th December

**Time:** 9am – 12pm

**Venue:** Crawford School, The Australian National University

**Cost:** Registration fees are associated with this event, please see the website for more details.

**Presenters:** Dr Michelle Banfield, Dr Amelia Gulliver, Ms Alyssa Morse

ACACIA will be presenting a pre-conference workshop at SMHR 2017. A key priority for ACACIA is capacity-building for collaborative research. The objective of this workshop is to provide participants with an understanding of good research design and methods that actively involve consumers, carers and other service providers in the process.

The workshop will guide participants on the design and conduct of a research project in mental health services, focused on methods for collaborative research with consumers and carers. Participants are encouraged to think about research they would like to conduct or in which they would like to be involved and come prepared for discussion.



# From Discovery to Translation

## Centre for Mental Health Research Lived Experience Research Medal

The Lived Experience Research Medal has been established to recognise people with lived experience of mental health issues leading mental health research. In 2017, this award will be presented to the lived experience researcher who is judged to best meet the selection criteria based on a short written submission to the judging panel. The panel will be comprised of people with lived experience of mental health issues and will be chaired by the Head of the Lived Experience Research Unit at the Centre for Mental Health Research, ANU.

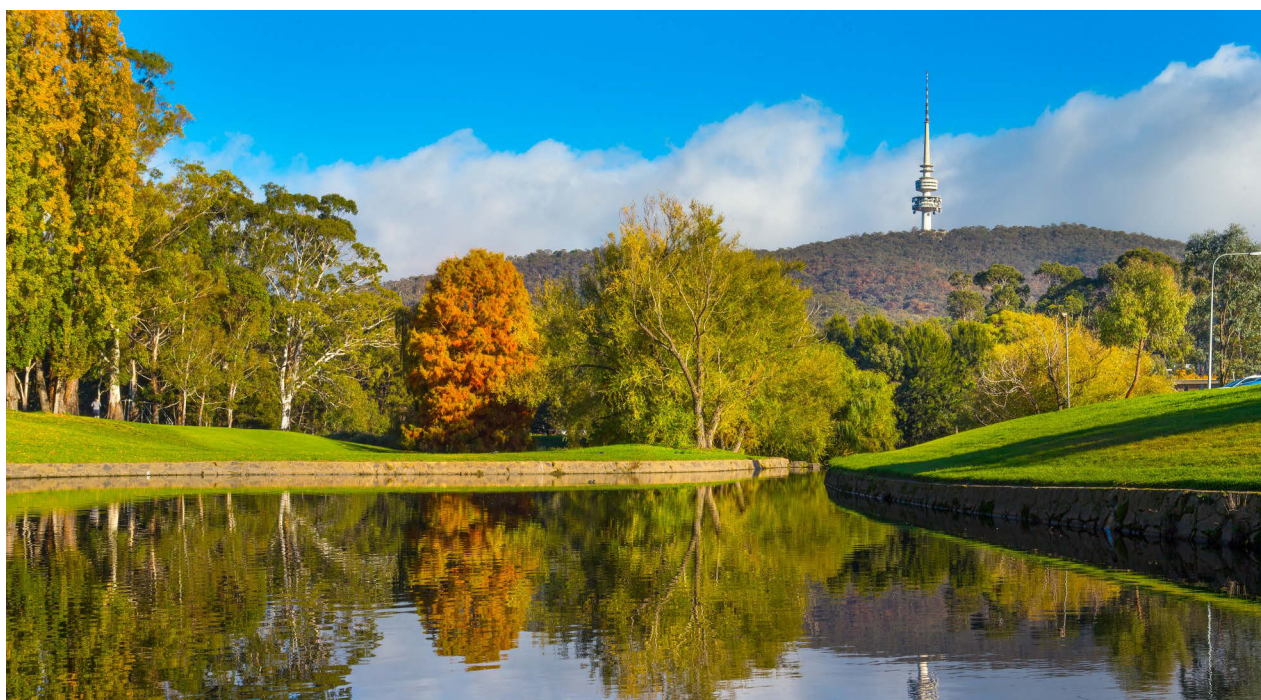
**Award:** A medal together with a \$500 prize will be presented at the Annual SMHR Conference.

**Eligibility:** The award is open to all people with a lived experience of mental health issues who have led mental health research as a lay or academic researcher. Lived experience is defined as personal (consumer) or as an informal carer/family member. Applicants without an academic background are encouraged to apply.

**Selection criteria:** Applicants should demonstrate their leadership in mental health research focused on lived experience perspectives. This may be within universities or community organisations. Submissions will be judged on (a) the relevance of the research to consumers and carers; (b) the active inclusion of consumers and carers in the research process; and (c) the quality of the contribution of the applicant's work to the mental health knowledge base.

**Process:** Short written submissions (no more than 2 pages) for the award together with supporting references from two referees should be sent to A/Prof Frances Kay-Lambkin (Secretary SMHR) by email to [frances.kaylambkin@newcastle.edu.au](mailto:frances.kaylambkin@newcastle.edu.au).

Applications close 5pm Monday 23<sup>rd</sup> October.



# Demystifying Research

## Quality and Trust in Research

There is so much information available these days, and it can be hard to know what is and isn't trustworthy. This applies to research studies too. There are lots of published reports and journal articles but they differ in value and quality. So how do we figure out which articles are trustworthy?

When you first read a research report or paper, look at whether the different stages of the study fit together in a sensible way. Some helpful questions to ask include:

- ◆ What is the **aim** of the study? What question is the research trying to answer?
- ◆ What **method** has been used? Do you think this method is a good way to answer the research question?
- ◆ Are the **results** presented clearly? Do you think this information can be used to answer the research question?
- ◆ How have the researchers **interpreted** the results? Do you think this interpretation makes sense? Does it answer the research question?

The information in each section should be described clearly. There should be enough detail that another researcher could repeat the experiment and compare the results.

There are also some guidelines you can use to decide if research evidence is good quality and trustworthy. Different types of research have different methods, goals and uses. So we need to use different guidelines to judge them. We can group the types of research into two broad categories:

1. **Quantitative Research:** Measuring and recording information using numbers (e.g. surveys, experiments and tests).
2. **Qualitative Research:** Collecting and describing information using words (e.g. focus groups, interviews and observations).

### Quantitative Research Quality

There are two main criteria we can use to judge the quality of quantitative research evidence.

**Reliability** is the stability of measurements and results. A **reliable** measurement or test will get the same results when used multiple times in the same circumstances. A **reliable** result is a result that can be found by different researchers using the same method.

**Validity** is the truthfulness of measurements and results. A **valid** measurement or test truly measures the trait or feature we are trying to measure. **Valid** results accurately represent the data.

### Qualitative Research Quality

There are four key features you can use to decide if qualitative research is trustworthy.

**Credibility** is the fit between what participants have said and how it is described by the researcher. **Credible** research describes participants' data fairly, accurately and authentically.

**Applicability** is whether findings can be applied to other groups of people, places or settings. Knowledge from **applicable** research can be used to understand similar people or situations.

**Dependability** is how well the method is recorded and explained. **Dependable** research is described clearly and maintains a record of all the steps taken during the research process.

**Confirmability** is how much findings come from the data, and not from the imagination or biases of the researcher. **Confirmable** research recognises and accounts for the influence a researcher can have on research findings.

Think about these things next time you read about a research study and decide for yourself how trustworthy that information really is.

---

## Research Bites

'Research Bites' provides short summaries of interesting recent mental health research. Please note that the inclusion of research in this section does not mean that it is associated with or endorsed by ACACIA. If you would like information about the research in this section, and don't know where to start to find it, please contact ACACIA using the details on the back page.

---

### Why is there mental health stigma in emergency departments – and how can we change this through education?

Sukhera and colleagues, *Perspectives on Medical Education*, 2017

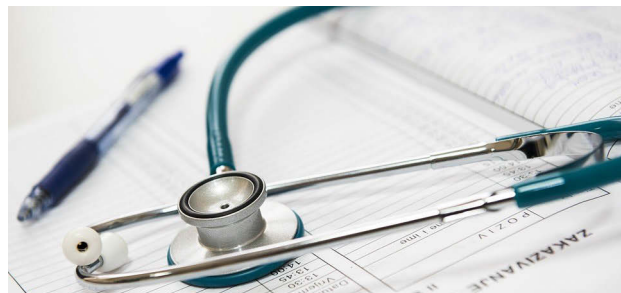
Recent research from Canada has found that stigma is common in hospital emergency departments. The researchers interviewed 24 people; consumers and carers who were seeking help for mental health problems, health practitioners (doctors, nurses), and administrative staff.

The study found that all groups believed that stigma was particularly bad in emergency settings. They believed that it was made worse by the experience of having sought help but having to wait several hours without being seen by a doctor.

The health practitioners believed that there were several things that made them feel reluctant to see patients with mental health problems. These were 1) tiredness and emotional burnout caused by the fast-paced emergency setting; 2) negative past experiences; and 3) feeling as though they were not really able to help these patients because they believed mental health problems were more time-consuming and less "fixable". One of the doctors remarked "A broken arm – I can fix it ... With mental illness, there's no sense of satisfaction

whatsoever, because you emerge feeling despondent and like you're despairing the family because we have nothing good to offer them."

Consumers felt very strongly that they were being stigmatised and "judged" in emergency (health practitioners called it "labelling"). They thought that more education around mental health problems was important. Especially by showing that patients are "humans too" as one of the consumers said. The researchers also thought that improving empathy and self-efficacy in helping people with mental health problems were important to target in reducing stigma amongst health practitioners in the emergency setting.



### Consumers and carers expect more health management information from pharmacies

Fejzic and colleagues, *International Journal of Pharmacy Practice*, 2017

An Australian study has shown that consumers and carers would like more information from community pharmacies.

The researchers conducted interviews and focus groups with 74 mental health consumers and carers. They were from cities, and rural areas in three Australian states (QLD, NSW, WA).

Consumers and carers wanted clear, easy to understand information about medication from pharmacy staff. They wanted more verbal information about medications. Desired information was on side effects, benefits, and risks, delivered in a respectful and private way. They said that doctors sometimes did not explain medications. One consumer remarked that it was often unhelpful when the pharmacist provided a label like "take as directed by the doctor", when you've been so unwell you can't tell your head from your toe let alone remember what the doctor's told you to take. . . .

Consumers and carers also expressed that medicine information leaflets could be helpful. But, they said not everyone knows that they are available. They also said they should be briefer, with larger print, and more easily accessible language. Another issue was making sure pharmacists explained about generic medications. They also wanted pharmacists to communicate more with their doctor. Finally, they wanted the pharmacy to provide other helpful information such as how to access a carer's allowance or disability pension.

The researchers recommended that pharmacists should provide tailored, private, and timely information for consumers and carers. This would allow them to make informed choices about their own health. They also thought that practice standards and guidelines could help make sure staff were adequately helping mental health consumers and carers in community pharmacies.

# Join the ACACIA Register

Would you like to get involved in ACACIA's Research?



## Why Should I Participate?

ACACIA values the perspectives of consumers and carers. We are committed to identifying and researching the issues that affect you. By participating in ACACIA's activities you can contribute to research that is relevant and designed to improve the mental health and wellbeing of ACT consumers and carers.

## Benefits

By becoming involved in ACACIA's research activities you will have opportunities to:

- > Share your ideas (e.g. for research topics) in forums, surveys or discussion groups
- > Contribute to research designed to make a difference to the lives of consumers and carers
- > Learn about research
- > Meet other consumers and carers

## How do I get involved?

Join ACACIA's Consumer and Carer Research Register.

If you are a consumer or carer and you would like to become involved in ACACIA's research or training opportunities please fill in the form below. Please then return the form to ACACIA. There is no obligation for members of the register to become involved in ACACIA's research. However, if you put your name on the register we will let you know of opportunities as they arise.

Yes, I would like to add my details to the ACACIA register!

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_  
\_\_\_\_\_

I am a:

Consumer                      Carer                      Consumer & Carer

Preferred newsletter format:

Email                      Regular mail                      I don't want a newsletter

### Mail To:

ACACIA at CMHR  
Building 63  
Eggleston Rd  
The Australian National  
University  
Acton ACT 2601,  
AUSTRALIA

### Or email us at:

acacia@anu.edu.au

For more information about  
ACACIA, please visit [http://  
cmhr.anu.edu.au/acacia](http://cmhr.anu.edu.au/acacia)

