



MIFACT Newsletter

Mental Illness Fellowship of the ACT Inc.

PUBLIC MEETING

Wednesday
14 March 2007

at 5.30 pm

Speaker:

Linda Crebbin

Topic:

The Human Rights Commission

Linda Crebbin, one of three Human Rights Commissioners for the ACT, will speak about the role and work of the Commission.

**Gallipoli Room
Canberra RSL Club
13 Moore Street
Canberra City**

ALL WELCOME

MIFACT publishes articles in its newsletter in good faith and accepts no responsibility for any inaccuracies or views expressed in contributed material.

Schizophrenia: the price of human intellect?

Our hominid ancestors took a stupendous evolutionary leap forward when they somehow acquired a defining feature of the human brain - a capacity to think imaginatively. But it seems that this genetic feature, human intelligence, has its downside.

A recent genetic study in the US, published in the *Journal of Clinical Investigation* and reported in *The Times* of London has made findings on a common version of gene PPP1R1B, known as DARPP-32. It appears to enhance the capacity of a key thinking circuit in our brains and to be linked to a raised risk of disabling behaviour such as schizophrenia.

The research implies that the genetic basis for our cognitive capacities can go wrong, thus providing fresh evidence for the theory that schizophrenia is the price that some people are forced to pay for man's advanced intellect.

The US National Institute of Mental Health (NIMH) team investigated the families of 257 schizophrenia patients (an additional 700 parents and siblings). It found that DARPP-32, which improves links to the sophisticated prefrontal cortex region of the brain that manages thoughts and actions, was more common among those

individuals who had developed the illness.

When this improved linkage works well there is usually more flexible thinking and better memory, but it seems to have gone wrong in cases of schizophrenia. A possible explanation for this is the interference of other genetic factors which result in a predisposition to the triggering of schizophrenia by a person's environment.

The NIMH researchers hope that this genetic link "will give renewed impetus to the pursuit of therapeutic strategies that might benefit a diverse range of psychiatric disorders, notably addiction and schizophrenia."

Mark Henderson, "Schizophrenia 'the cost of intellect'", *The Weekend Australian*, 10-11 Feb 2007: Research paper, *Journal of Clinical Investigation*

Directory of Mental Health Services

The Mental Health Foundation ACT provides an up-to-date Directory of Mental Health Services in the ACT.

The directory contains services that may be important in maintaining a persons well-being.

The directory is available on MIFACT's website:

www.mifact.org.au

President's Report: Coping and Lobbying

Recent MIFACT events were concerned with two aspects of its mission on behalf of people affected by mental illness: family coping and lobbying.

Promotion of the coping capacity of families was the underlying aim of Bernette Redwood's presentation to our well-attended public forum on 14 February. It is also the purpose of the 8-week Well Ways course, which began on 13 February in collaboration with the Queanbeyan branch of the NSW Fellowship.

Bernette showed us why the strong emotions caused by the disruptions associated with mental illness make effective family communication so difficult. Individual family members see mental illness from the differing standpoints of denial, guilt and (further down the track) acceptance. The family has to deal with an explosive mixture of emotions: fear, anger, frustration, hopelessness and resentment. To bring about a situation where each person can vent their feelings without interruption, they have to learn to hear and understand what others have to say.

How to do this? As well as having a

non-interruption rule we need to really listen. We were reminded of messages about purposeful listening in Xavier Amador's *I'm Not Sick, I Don't Need Help*:

- The first step involves walking in the other person's shoes;
- If you want someone to seriously consider your point of view, be certain he feels you have seriously considered his.

Finally, the Forum's interactive session showed how communication can be frustrated by voices in ones head. The Forum agreed there should be another session like this, on "learning to listen".

★ ★ ★

Rob Knowles, president of the Mental Illness Fellowship of Australia (MIFA), addressed our well-attended meeting of 26 February on how to lobby politicians. He also told us about a planned MIFA survey of the 30,000 members of its affiliated organisations on the mental health issues they face, which will be put to candidates before this year's Federal election. See separate report this page.

Ian Morison

Mental Health Carers Alliance

Canberra has a number of community groups that provide information and support for those who are close to someone with a mental illness. (They are known as "carers", the name promoted by government, though for many MIFACT members "family and friends" would be better). These groups have met several times over the past six months with the aim of having a stronger and more unified voice on issues of concern for carers.

They have agreed that this voice should be called the Mental Health Carers Alliance of the ACT, and that its prime purpose should be the coordination and advocacy of carer interests. However, until the Alliance can attract external funds it will be able to perform only a few essential functions through the joint action of its handful of member groups.

Nearly all of the Fellowship's members are 'carers', so it has a strong interest in what it sees as the first task of an Alliance - effective representation of the interests of carers, on government committees and in the media. Members' letters to the editor on this subject would be very welcome.

How To Engage Your MP

Special Meeting - 26 February 2007

Speaker: Rob Knowles
National President, Mental Illness Fellowship of Australia

Our president, Ian Morison, introduced and welcomed Rob Knowles, who spoke regarding the best tactics and protocols in order to lobby political parties prior to the Federal election.

Rob stressed the need to initiate the campaign early in regard to our needs and concerns. He then detailed the correct procedures to approach politicians. However, he stated that we must not assume that the relevant politicians have an understanding of mental illness and its implications and stressed the importance of using our experiences to reinforce our demands for better service. So personalising our letters and responses to the relevant politicians is useful but it is also important to be clear about precisely what we want and need them to do. He stated that follow up in terms of

requesting a written response to our correspondence is useful and that it is important to reapproach the relevant person if we are not satisfied with their response. Rob noted that a letter of thanks for a successful outcome has a significant impact on the politician concerned and encourages further action in regard to mental health issues.

Rob spelled out the need for insisting that although money is now being put towards support for people with a mental illness, comprehensive rehabilitation issues are still not high on the government's agenda. The need for programs such as "Step Up, Step Down" are critical for ongoing rehabilitation of people with a mental illness and improved housing options, as well as increased appropriate work opportunities, still need improvement in terms of funding and support.

Rob explained that the Mental Illness Fellowship of Australia (MIFA) is initiating a comprehensive political

campaign to lobby the political parties regarding issues relating to mental illness. In this regard, all members of MIFACT will be sent a survey form to fill in regarding their opinion as to the top five priorities for lobbying. Defining the five most significant issues will not limit lobbying to these but will provide a basis for the politicians to provide a specific response and position. This survey will also be available on both the MIFA and MIFACT websites shortly and responses will be sought from both carers and consumers.

It is hoped that all MIFACT members will respond to the survey and enable us to generate a comprehensive lobbying campaign. If you would like any further information regarding the campaign, please contact our Executive Officer, Bernette Redwood on (02) 6205 2021.

How Anti-Psychotic Drugs Cause Weight Gain: John Hopkins University Researchers uncover cause of anti-psychotic related weight gain

Johns Hopkins University brain scientists have announced that they understand how and why some of the antipsychotic drugs used for treating schizophrenia cause patients to frequently gain significant weight which may lead to life threatening complications such as diabetes and heart disease.

In a press release from John Hopkins University it states: "We've now connected a whole class of antipsychotics to natural brain chemicals that trigger appetite," says Solomon H. Snyder, M.D., Professor of Neuroscience at the Johns Hopkins School of Medicine. "Our identification of the molecular players that link such drugs to increased food intake means there's now hope for finding a newer generation of drugs without the weight gain side effects."

Covering this new research, The Wall Street Journal reported that the brain has more than 50 neurotransmitter receptors, and Dr. Snyder says his team "squandered \$10,000 on experiments" trying to pinpoint the right one. He then came across past studies that showed how antipsychotics can block the histamine H1 receptor, although none had shown the specific connection with weight gain, he says. The Johns Hopkins team now had a possible explanation: the role of AMPK (AMP - Activated Protein Kinase).

Suspecting that antipsychotic drugs might increase AMPK in the brain, the Johns Hopkins researchers tested the theory by injecting the mice with clozapine (Clozaril), which, with olanzapine (Zyprexa) and risperidone (Risperdal), are some of the most commonly prescribed medications for schizophrenia.

Mice given clozapine showed quadrupled AMPK activity compared to activity measured pre-drug, and increased significantly with the other drugs also. The researchers then gave the mice leptin, a hormone that

suppresses appetite, and as suspected, saw lowered AMPK levels.

Looking into what controls AMPK and its boost of hunger, Sangwon Kim, Ph.D., a Research Associate and lead author of the study, "rounded up the usual suspects, brain proteins known to relay communication from cell to cell."

Systematically manipulating these cell-signalling proteins, Snyder's team found that blocking one in particular, a receptor site for histamine, a well known player in triggering classic allergy symptoms, activates AMPK to the same extent as clozapine. To confirm that the histamine receptor connects the drug, AMPK activity and appetite, the team gave clozapine to mice genetically engineered without a histamine receptor.

"Histamine also has a long history as a suspect in weight control, but no one ever could put a finger on the exact link," says Snyder. "The connection we've made between its receptor and appetite control is incredibly intriguing and opens new avenues for research on weight control, possibly including drugs that suppress appetite safely."

The Wall Street Journal also noted in their story on this new development, that in November 2006 the National Institutes of Health initiated a 300 patient trial to understand the effect of the schizophrenia drug aripiprazole (marketed as Abilify by Bristol-Myers Squibb) on metabolic changes, including weight gain and cholesterol levels.

The initial John Hopkins antipsychotic weight gain study will be published in the Proceedings of the National Academy of Sciences.

The research was funded by the U.S. Public Health Service, Canadian Institute of Health Research, National Institutes of Health and National Multiple Sclerosis Society.

Picking the difference: drug-induced v 'primary' psychosis

A research team at Columbia University, New York, has drawn attention to the importance of being able to pick the difference between a substance-induced psychosis and a primary psychotic disorder, because these two disorders require fundamentally different approaches to treatment. They believe that clinicians could more easily distinguish patients with substance-induced psychosis from those with primary psychotic disorder if they took into account family history, pre-morbid functioning, and insight.

To investigate the stability of the diagnostic distinction between these two types of psychosis, and identify possible predictive factors, the team conducted a one-year follow-up study of 319 patients admitted to psychiatric emergency departments, 186 diagnosed with primary psychosis and 99 with substance-induced psychosis.

After a year 89% had retained their initial diagnosis, whereas that for 11% had changed from substance-induced psychosis to primary psychosis. The criterion for a change of diagnosis, usually within six months, was the persistence of psychotic symptoms in the absence of substance use.

The team has reported in the *British Journal of Psychiatry* that patients whose diagnoses had changed from that of substance-induced psychosis tended to have a family history of mental illness, and lack of insight into their condition - in other words an inherent vulnerability to psychosis.

The study concluded that clinicians should take note of these indicators and check on such patients for up to a year, to see if a drug-related diagnosis was still correct. If not the most appropriate treatment prescriptions may need to include anti-psychotic medication.

Source: *Br J Psychiatry* 2007; **190**: 105-111

ADVANCE NOTICE

PUBLIC MEETING

**Wednesday
11 April 2007**

at 5.30 pm

Speaker:

Heide Seaman

Topic:

**The Community
Accommodation
Network Program**

Heide Seaman and other members of the Richmond Fellowship ACT staff will speak about the Community Accommodation Network (CAN) Program and their recent visit to Perth to look at new developments.

**Gallipoli Room
Canberra RSL Club
13 Moore Street
Canberra City**

ALL WELCOME

Letters to the Editor

Letters to the Editor are always welcome. Please send your submission to:

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**Growing recognition of
cannabis - schizophrenia link**

Past issues of this *Newsletter* have supported education campaigns in schools on the dangers of marijuana. From personal observation of its effect on our children many Fellowship members knew it could trigger schizophrenia. That belief was supported a few years ago by the work of the Neuroscience Institute of Schizophrenia and Allied Diseases. Dr Vaughn Carr of NISAD, in a public address in Canberra in 2005, explained that the incomplete process for protective nerve sheathing (myelination) left the brains of young people up to the age of 25 open to the triggering of schizophrenia if they smoked cannabis.

This link now seems to be appreciated among young people. A new report titled "Australian Attitudes Toward Cannabis" shows young Australians no longer consider the drug to be harmless. The Australian National Drug and Alcohol Research Centre study suggests that marijuana is becoming socially unfashionable in the same way as cigarettes. It is now seen as dangerous, addictive and linked to a range of serious health and social problems.

The new study comes after a survey of secondary schools showed a significant decline in the use of cannabis among students. Adult Australians too are becoming more concerned about its effects. Of 1500 surveyed, three in four felt that smoking dope was dangerous or very dangerous, and half thought

it could trigger schizophrenia or anxiety disorders.

The survey found that although almost half of under 30-year olds have friends who use cannabis, one third said their peer group found its use unacceptable. The report also shows public opinion is in favour of more government action, with over seventy percent in favour of a public health campaign on the effects of cannabis.

The introduction of roadside drug testing was strongly supported by close to 80 percent of those surveyed, on the grounds that cannabis affects a person's ability to drive a car and increases the likelihood of an accident. Most of them felt that people who were caught should be referred to treatment programs.

"It appears that although Australians believe cannabis is not acceptable in their peer group, they do feel that there should be support given to those who use it," Paul Dillon, Media Liaison/Information Manager, National Drug and Alcohol Research Centre University of New South Wales commented.

"This research clearly shows that it is important that the Australian public is provided good quality information on the health and social impacts of cannabis. There are plans for a new National Cannabis Centre to be opened this year, funded by the Australian Government."