

RYM – Restore Your Mind

Your Journey to Mental Well-being Starts Here!

Ajla Begolli 09/08/2024

ABSTRACT

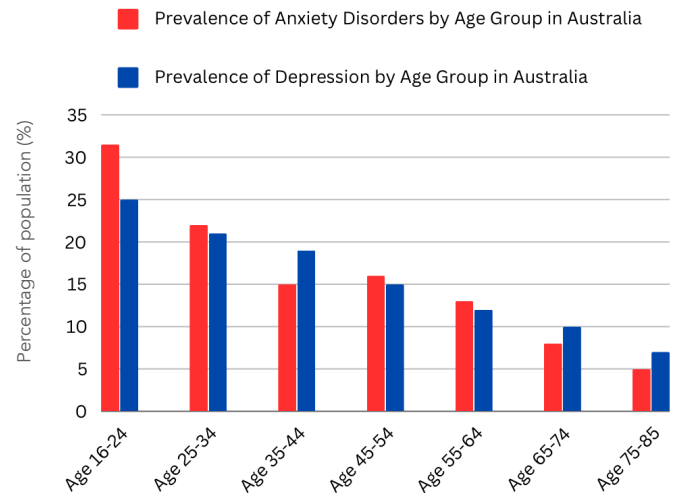
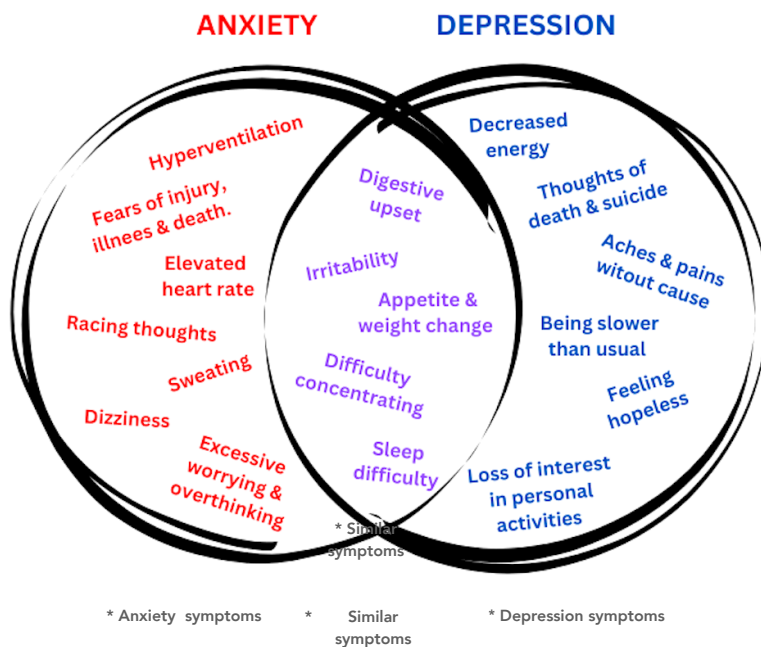
This article delves into the prevalence of mental health challenges across different age groups in Australia, examining government and community-led initiatives aimed at fostering support. By analysing data and exploring current strategies, this paper aims to illuminate the nation's mental health landscape and provide tips and strategies to empower individuals on their journey to mental well-being and resilience.

PREVALENCE OF MENTAL HEALTH ISSUES

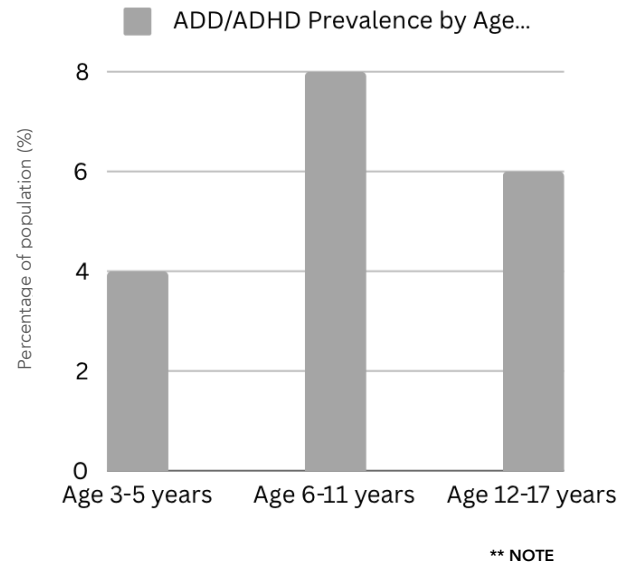
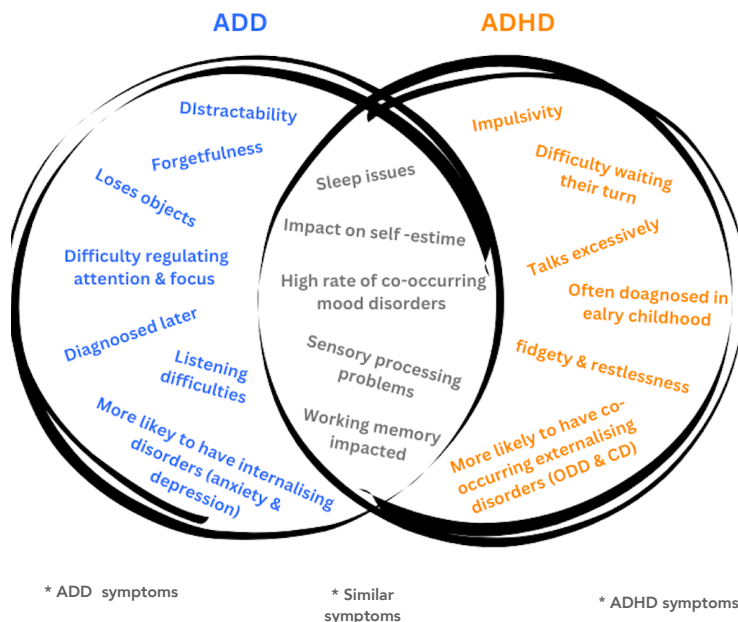
Based on data from the Australian Institute of Health and Welfare (AIHW), approximately 13.9% of children and adolescents (ages 4-17) experience a mental health disorder annually. This includes conditions such as anxiety, depression, and ADHD. Among adults (ages 18-64), the Mental Health Commission reports that roughly 20% face mental health challenges each year, with depression and anxiety being the most prevalent.

For young adults (ages 18-24), the Mental Health Commission indicates that nearly 39% have experienced a mental health disorder in the past 12 months. This figure is even higher for young women, reaching 46%. While less frequently reported, mental health issues in the elderly remain significant. Mental Health Australia estimates that approximately 10-15% of older adults (ages 65 plus) experience such conditions, with depression being particularly common among those with chronic illnesses or residing in aged care facilities.

Clinical Strategies and Approaches



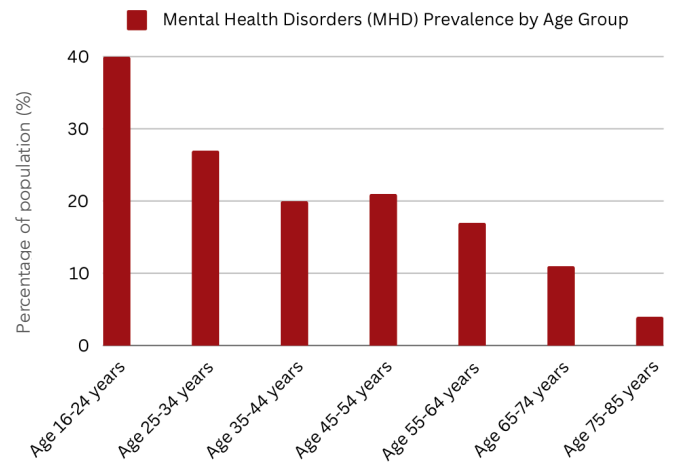
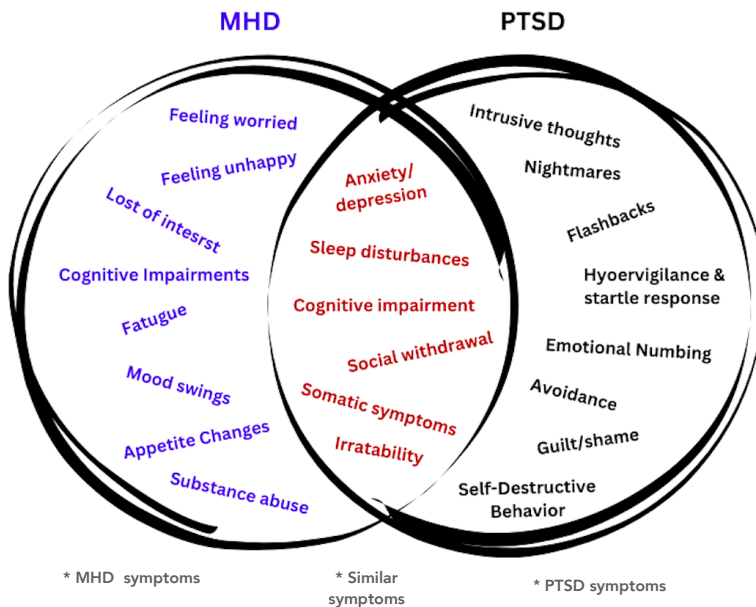
- Cognitive Behavioural Therapy (CBT) Enhancements:** remains a gold standard, but recent advancements include integrating mindfulness and acceptance-based techniques. These approaches help patients develop a more flexible mindset and reduce rumination.
- Pharmacogenetics testing:** tailoring antidepressant and anxiolytic treatments based on genetic factors, is becoming increasingly recognised as a valuable tool. By identifying individual genetic variations, this testing may help in selecting medications with fewer side effects, potentially improving client outcomes.
- Ketamine and Esketamine:** According to Coyle and Laws (2022), low-dose ketamine infusions and esketamine nasal sprays have emerged as rapid-acting treatments for treatment-resistant depression and severe anxiety, showing promise in reducing symptoms within hours to days.
- Transcranial Magnetic Stimulation (TMS):** TMS is being increasingly used for treatment-resistant depression. The use of TMS protocols tailored to individual brain patterns is under research to improve effectiveness. 13.9% of children and adolescents (age 4-17 years) experience a mental health disorder in any given year. This includes conditions such as anxiety, depression, and ADHD.



- Behavioural Parent Training (BPT):** This involves educating parents on strategies to manage their child's behaviour effectively. Recent developments focus on remote or online delivery of BPT to increase accessibility. Examples: 1. **Positive Reinforcement:** Teach the parents on how to reward desired behaviours to increase their frequency. 2. **Problem-Solving Skills:** help parents understand on how to teach their child effective problem-solving strategies.
- Neurofeedback:** Neurofeedback is being explored as a way to train individuals with ADHD to self-regulate brain activity. While still under research, it shows potential as a non-pharmacological treatment. Neurofeedback uses electrodes to monitor brainwaves and provides real-time feedback, allowing individuals to learn to self-regulate their brain activity.
- Executive Function Training:** Recent programs emphasise improving executive functions (like working memory, task initiation, and organisation) through targeted cognitive exercises, often delivered via computer or mobile applications.

**NOTE

There is currently no definite split of Attention Deficit Disorder (ADD) and Attention Deficit Hyperactivity Disorder (ADHD) prevalence in Australia by age group. This is especially true for adults, since many of them may not be aware of their condition or seek therapy, and since adult diagnoses might be more complicated. As a result, research and surveys may underestimate the number of adults with ADHD.



** NOTE

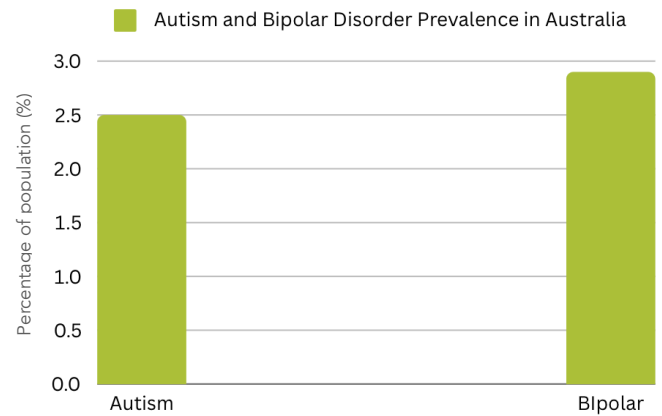
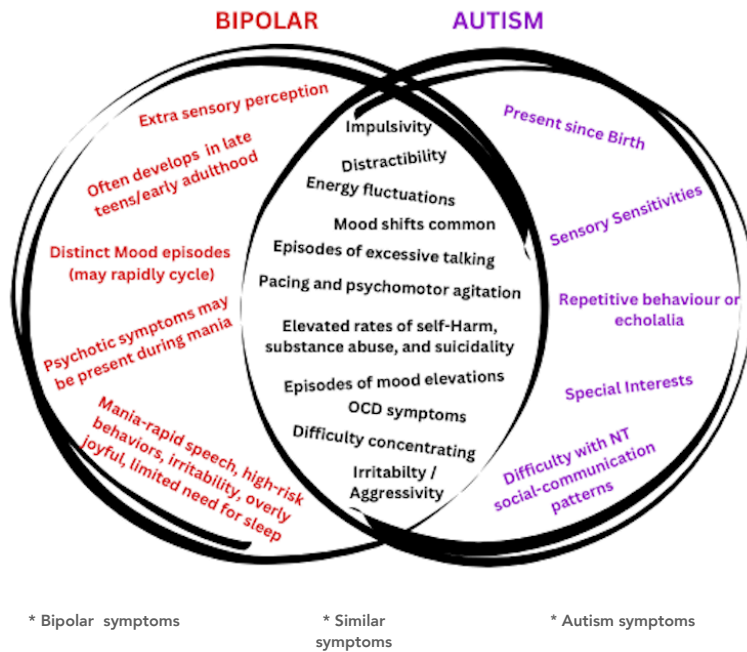
- **Integrated Care Models:** combining physical and mental health care, prioritise coordination among providers to address the multifaceted needs of patients with chronic conditions, including mental illness. This approach ensures comprehensive care, leading to improved outcomes and well-being.
- **Stepped Care Model:** The Stepped Care Model is a tiered approach to mental health care, where patients receive the least intensive, yet effective, treatment first, with the option to "step up" to more intensive services if needed.
- **Precision Psychiatry:** uses big data, AI, and machine learning to predict individual treatment responses, tailoring interventions accordingly. AI refers to computer systems that can

perform human-like tasks, while machine learning teaches computers to learn from data and improve their performance on

- **Trauma-Informed Care:** Trauma-informed care recognises the impact of trauma on mental health and fosters a therapeutic environment that promotes trust, engagement, and improved outcomes. By addressing the effects of trauma, this approach helps minimise re-traumatisation and empowers patients to take control of their healing process.
- **Peer Support Programs:** provide a valuable resource for individuals with mental illness, offering empathy, connection, hope, and coping strategies. By fostering a sense of belonging and reducing stigma, peer support can significantly enhance mental health outcomes.

**NOTE

PTSD is categorised under anxiety disorders. The latest available data indicates that **17.2%** of Australians aged 16-85 years experienced an anxiety disorder, including PTSD, in the previous 12 months.



- Therapeutic Interventions for Bipolar Disorder:** For bipolar disorder, mood stabilisers and antipsychotics are often combined with psychotherapy, such as CBT and family-focused therapy. Given the high comorbidity between bipolar disorder and ASD, integrated treatment approaches are recommended, focusing on both conditions simultaneously. Tailored interventions are essential for individuals with both disorders, considering their unique needs. ABA techniques, specialised education, and accommodations can support social skills, communication, and learning.
- A Holistic Approach to Autism:** Early intervention programs like the **Early Start Denver Mode (ESDM)** focus on enhancing communication and social skills through play-based learning. The **Treatment and Education of Autistic and Communication-Handicapped Children (TEACCH)** uses structured teaching and visual supports to help children with ASD thrive in schools. Social-relational approaches like DIR strengthen emotional bonds and social skills. While there are no medications for the core symptoms of ASD, pharmacological interventions manage co-occurring conditions like anxiety and hyperactivity. CBT helps individuals with ASD cope with anxiety and depression.

10 research – based steps to RYM

Restoring your mind involves a holistic approach that combines physical, emotional, and cognitive strategies. By integrating these steps into your daily routine, you can enhance your mental health and academic performance.



01. Regular exercise!

Engage in physical activity to improve mood, reduce stress and boost energy level.

02. Eat healthy & hydrate!



Consume a balanced and colourful diet and drink plenty of water to support your well-being.



03. Make sleep a priority!

Prioritise sufficient sleep to rest your body and mind, enhancing cognitive function & mood regulation.

04. Tune IN



Practise mindfulness or meditation, or listen to music to increase self-awareness.



05. Set goals & priorities

Establish clear, achievable goals and effectively prioritise tasks to foster a sense of purpose.

Limit screen time and engage in activities that promote relaxation and disconnection.

06. Switch off



Build strong connections through relationships, community involvement, or group activities.



07. Join IN

Focus on the positive aspects of life to cultivate optimism and improve mental well-being.

08. Practice gratitude



Reduce / eliminate consumption of substances like alcohol, caffeine, nicotine to improve mental clarity.



09. Cut down

Consult with mental health professionals for guidance and support when needed.

10. Seek advice & support



**NOTE

These steps provide general guidance. Individual needs may vary, and professional advice should be consulted to tailor the approach accordingly.

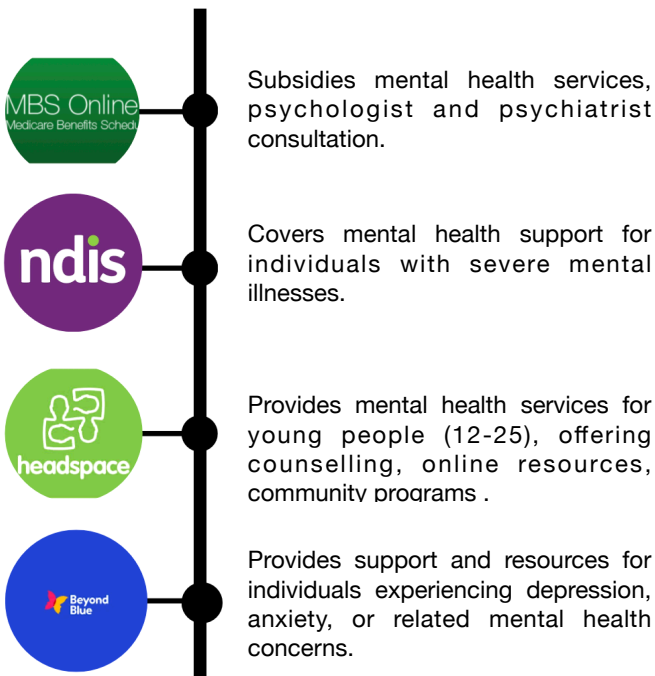
DFS: Linking Brain, Body & Mind



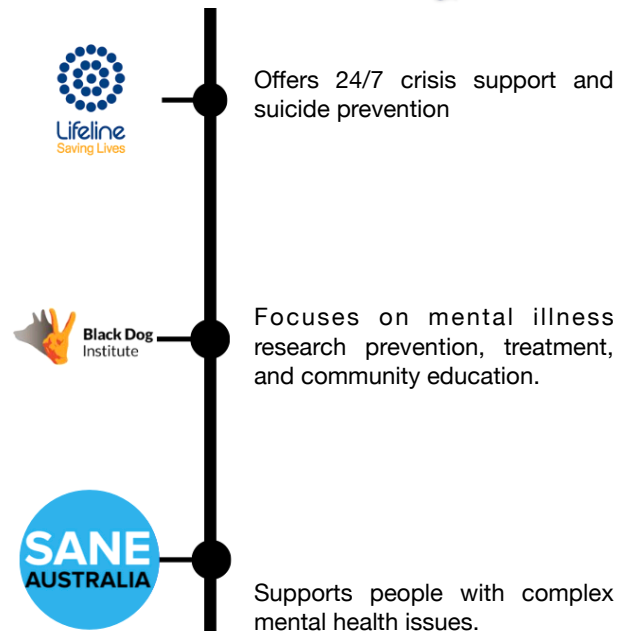
Direct Focus Solutions (DFS) is revolutionising mental health care by offering a comprehensive range of services, including psychology and counselling, occupational therapy, speech pathology, neurofeedback therapy, educational workshops and Telehealth. These services are designed to support the community in every aspect of well-being. Our collaboration with Lithgow speech therapy outreach program (LSTOP) in Lithgow further strengthens this mission, providing crucial resources and support to those in need. Through these partnerships and their dedication to accessible, evidence-based care, DFS is making a profound impact, empowering individuals to overcome challenges and thrive.

Australia's Government and Non-Government Agencies that supports Mental health Initiatives

Government Agencies



Non-Government Agencies



Community - Based Initiatives



Conclusion

Mental health challenges affect individuals of all ages in Australia. By understanding the various factors contributing to these issues and exploring the diverse range of support strategies available, we can empower individuals to take proactive steps towards mental well-being.

The combination of government initiatives, community support, and personalised care, as exemplified by DFS, can significantly improve mental health outcomes and foster a more resilient and compassionate society.

References

Australian Institute of Health and Welfare (AIHW). (2024). *Mental health of children and adolescents*. Retrieved from AIHW.

Baby Blue, 2024. *Mental Health Support for New Parents*. [online] Available at: <https://www.babyblue.org.au>.

Black Dog Institute, 2024. *Mental Health Research and Resources*. [online] Available at: <https://www.blackdoginstitute.org.au>.

Bowers, A.W. & Johnson, A., 2023. Executive Function Training Programs: A Review of Efficacy and Implementation. *Psychological Bulletin*, 149(6), pp.589-608. doi:10.1037/bul0000450.

Coyle, C.M. & Laws, K.R., 2022. Ketamine and Esketamine for Depression: A Review. *Current Opinion in Psychiatry*, 35(1), pp.55-63. doi:10.1097/YCO.0000000000000705.

Duarte, J. & dos Santos, J., 2023. Advances in Transcranial Magnetic Stimulation for Depression: A Review. *Neuropsychology Review*, 33(1), pp.1-12. doi:10.1007/s11065-023-09544-7.

Fallot, R.D. & Harris, M., 2022. Trauma-Informed Care: A Review of Current Trends. *Trauma, Violence, & Abuse*, 23(3), pp.610-622. doi:10.1177/15248380211030347.

Grol, R. & Grimshaw, J., 2023. Stepped Care Model for Mental Health: Evidence and Applications. *Implementation Science*, 18(1), pp.14. doi:10.1186/s13012-023-01395-8.

Haggerty, J.L. & Goodwin, N., 2023. Integrated Care Models: A Review and Synthesis of Evidence. *Health Affairs*, 42(5), pp.709-718. doi:10.1377/hlthaff.2023.00217.

Hofmann, S.G., Asnaani, A., Vonk, I.J., Sawyer, A.T. & Fang, A., 2023. The Efficacy of Cognitive Behavioral Therapy: A Review of Meta-analyses. *Cognitive Therapy and Research*, 47(2), pp.211-232. doi:10.1007/s10608-022-10348-5.

Huhn, M., Nikolakopoulou, A. & Kuehner, C., 2023. Pharmacogenetics in Psychiatry: A Review of Recent Advances. *American Journal of Psychiatry*, 180(5), pp.345-354. doi:10.1176/appi.ajp.2023.22070764.

McLaughlin, T.E. & Lu, S., 2023. Precision Psychiatry: Using Big Data for Tailored Interventions. *Journal of Psychiatric Research*, 161, pp.46-54. doi:10.1016/j.jpsychires.2023.04.005.

McGoey, K.E. & DuPaul, G.J., 2023. Behavioral Parent Training for ADHD: A Systematic Review and Meta-analysis. *Journal of Attention Disorders*, 27(3), pp.215-227. doi:10.1177/10870547221106892.

Mental Health Commission. (2023). *State of Mental Health in Australia*. Retrieved from [Mental Health Commission](https://www.mentalhealthcommission.gov.au)

Ozonoff, S. & Greissman, S., 2023. Advances in ASD Diagnosis and Treatment. *Journal of Autism and Developmental Disorders*, 53(4), pp.1372-1390. doi:10.1007/s10803-022-05372-2.

Repper, J. & Carter, T., 2023. Peer Support in Mental Health: A Review of Effectiveness and Best Practices. *Journal of Mental Health*, 32(2), pp.97-105. doi:10.1080/09638237.2022.2111094.

Tohen, M. & Vieta, E., 2023. Current Advances in the Management of Bipolar Disorder. *Bipolar Disorders*, 24(1), pp.45-56. doi:10.1111/bdi.13197.