



ENIGMA

News and Views on mental health

AUTUMN EDITION March – April – May 2015

This newsletter was put together by the staff of the Otago Mental Health Support Trust.

Editor: Grant Cooper

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OTAGO MENTAL HEALTH SUPPORT TRUST

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We welcome your feedback on our newsletter. See above for contact details.

DISCLAIMER

The opinions and articles expressed in this newsletter do not necessarily represent the views of the Otago Mental Health Support Trust or anyone associated with the organisation



Transparency is a word that is not often found in writings about mental health yet it can be the cornerstone of effective communication. Open and honest conversations between colleagues or between workers and clients can be, at times, quite easy, yet at other times difficult especially when there is concern that what is said could bring about responses of anger, distress or confusion. Thus it is sometimes easier to just avoid these conversations. I have done this myself. However most often I wish I did have what could be coined as “challenging conversations.” The reason I say this is that by thinking one thing and saying another, distrust can develop in the relationship. This can come to the fore if and when a person finds out what you really are thinking! In the context of professional relationships in mental health between staff and clients there are examples of practice that has promoted transparency that have enhanced staff/ client relationships such as Open Dialogue originated in Finland, Collaborative Note writing and Intentional Peer Support. We have articles on these models in this edition of Enigma. The Consumer movement has had the phrase “Nothing about us without us.” Transparency naturally fits within this goal.

– Grant Cooper - Editor

The following is an article from Service User leader Carolyn Swanson who works for Te Pou:

Let's get together, yeah, yeah, yeah

From article by Carolyn Swanson in Te Pou newsletter Handover Issue 28 – Winter 2014

Service user perspective: *Isn't it time to let the light in a bit and ensure people are involved in what's said about them and can learn about themselves?*

Recently, at a meeting with some local addiction consumer leaders, the subject of participatory notes came up. We were discussing what authentic person-centred or strengths-based services would look like from our perspective, and collaborative documentation definitely comes into that.

One of the enduring issues for people working in mental health and addiction services is finding a decent amount of good therapeutic time to spend with service users amongst all the administration work and tasks that are expected now. It seems to me that collaborative documentation is a viable answer to some of that. Why not write up notes together as part of service delivery? This could provide different opportunities to engage, build rapport and trust, have those clarifying conversations and create meaningful plans with clearly outlined roles and responsibilities.

Good engagement usually involves eye contact and being very present to hear the person, and sitting at a computer or tablet may not seem ideal for this. I had a GP once who did that, fine for embarrassing things but it felt rude otherwise.

However there are solutions – what about using the last 10-15 minutes writing up together what has been discussed, or, using reflective models, listen, reflect, agree, then write?

So much of what is involved in mental health and addiction service delivery has this shroud of mystery and secrecy for the people using services. Why? Isn't it time to let the light in a bit and ensure people are involved in what's said about them and can learn about themselves?

To me it makes sense and embraces true resilience building. The opportunities are wide open for this to be done really well.

Here are a couple of articles that were sent to me that are worth a look.

- [Could collaborative documentation be the next big and effective thing in behavioural healthcare?](#) by Claire Barbetti
- [Boston hospital pilot gives patients electronic access to their therapists' notes](#) by Lena H Sun
Could this become an effective part of modern nursing practices? Are you already doing it? What are the barriers? I would love to hear what your thoughts are. Happy nursing!



Bipolar Support Group for people living with Bipolar disorder. Your family, whanau and friends are most welcome too. Anyone interested please come and join us:

First meeting: Tuesday 7th April 1pm to 3pm

Then... Tuesday May 5th 1pm to 3pm

Thereafter every 1st Tuesday of the month 1pm to 3pm

Where: Otago Mental Health Support Trust rooms
3rd Floor, Queens Building
109 Princes Street (above the Black Dog Café)

For more information phone us on 477 2598 or 0800 364 462

More on Collaborative notewriting...

Collaborative notewriting is simply about mental health services staff writing notes with clients as opposed to for them. It promotes transparency between staff and clients acknowledging and noting all viewpoints. Sometimes these viewpoints can be different and sometimes the same. However if we hide our notes from clients we can be unwittingly promoting distrust.

Collaborative notewriting is also a **requirement** for mental health service providers under Te Kokiri The Mental Health and Addiction Action Plan 2006–2015. So why are not more services doing collaborative notewriting? Maybe services think it does not work? One example of a service that does some collaborative notewriting is PACT. In a news article on their website on 12 September 2014, Recovery Leader Lesley Donner (Pact Helensborough Road) talks about clients accessing their own files and having the opportunity to write in their own notes. Lesley said “We can ask questions and guess, but sometimes we can’t get all the information we need. The clients themselves are better able to express it, either writing it down on paper for us to type it or they can type it in themselves on the iPad.”

The full article is at http://www.pactgroup.co.nz/benefits_from_joint_approach.html



Intentional Peer Support

Intentional Peer Support is a type of peer support that we at the Otago Mental Health Support Trust uses. One of the focusses of peer support is on transparent relationships. The article below contains excerpts from the full article which can be found at: <http://www.intentionalpeersupport.org/what-is-ips/>

*“As peer support in mental health proliferates, we must be mindful of our intention: social change. It is not about developing more effective services, but rather about **creating dialogues** that have influence on all of our understandings, conversations, and relationships.”* – Shery Mead, Founder of IPS

Intentional Peer Support is a way of thinking about and inviting transformative relationships between people. Practitioners learn to use relationships to see things from new angles, develop greater awareness of personal and relational patterns, and support and challenge each other in trying new things.

“Intentional Peer Support is about conversation. It’s about how we know, how we create new “knowing” through dialogue, and about how we as human beings interrelate by beginning to practice the art of connection – with ourselves, the people in our lives, and the people on the planet we may think we have nothing in common with. For me, it is a practice that has no right or wrong. It is always in flux; much like improvisation in music. It is a process of experimentation and co-creation. It assumes that we “play” off each other and create ever more interesting and complex ways of understanding. We see it as a tool for keeping the world on its toes, becoming more comfortable with less predictability as we become less reactive to fear. In other words, it is not another practice that presumes to have the answers but instead, it aims to generate good questions.”

Intentional Peer Support is based on the 4 tasks of

Connection – the core of peer support

Worldview – Helping each other understand how we’ve come to know what we know

Mutuality – Re-defining help as a co-learning experience

Moving Toward – Helping each other move towards what we want instead of away from what we don’t want.

Intentional peer support is also about the 3 principles of **Learning versus helping; Hope vs Fear; Relationship vs Individual**

Open Dialogue – Transparent and Inclusive Conversations

Open Dialogue is an innovative, network-based approach to psychiatric care that was first developed in the 1980s at Keropudas Hospital in Tornio, Finland. In contrast to standard treatments for early psychosis and other crises, Open Dialogue emphasizes listening and collaboration and uses professional knowledge with a “light touch” – rather than relying solely on medication and hospitalization. It comprises both a way of organizing a treatment system and a form of therapeutic conversation, or Dialogic Practice, within that system.

The basic vehicle of Open Dialogue is its radically altered version of the treatment meeting, which typically occurs within 24 hours of the initial call to the crisis service. This treatment meeting gathers together everyone connected to the crisis, including the person at the centre, their family and social network, all professional helpers and anyone else closely involved. Throughout this process there are no separate staff meetings to talk about the “case.” Rather, all discussions and decisions take place in the treatment meeting with everyone present.

Two of the key principles of Open Dialogue are:

- **Embracing uncertainty** by encouraging open conversation and avoiding premature conclusions and treatment plans
- **Creating a dialogue**, or a “sense of “with-ness” rather than “about-ness” with meeting participants by dropping the clinical gaze and listening to what people say – rather than what we think they mean

Studies have shown that the Open Dialogue approach leads to a reduction in hospitalization, the use of medication and recidivism when compared with standard treatments. In one five-year study, for example, 83% of patients had returned to their jobs or studies or were looking for a job (Seikkula et al. 2006). In the same study, 77% did not have any residual symptoms. - See more at:

<http://www.dialogicpractice.net/open-dialogue/about-open-dialogue/#sthash.sQa9CSM2.dpuf>

Cheaper Veges!

A church group in Dunedin is starting a cut price vegetable buying co-operative. As part of this group you can get vege packs of \$3 for one person, \$6 for a couple, or a family of 4 pack for \$12. To find out more you can email them at admin@allsaintsdsn.org.nz or if you have no email, phone them on 479 2212



Incite is a group of interested people who use or have used mental health services. We discuss and take action on issues of interest to consumers. We meet monthly in Dunedin.
For more information phone 4772598.

Women's Group held on the last Friday of every month. A friendly informal meeting giving an opportunity to make new friends, and share experiences.

Next group will be on 27th March 2015

1-3pm meet at our rooms, Queens Building, 109 Princes Street.