ENIGMA

BIPOLAR NEWS AND VIEWS

February /March 2008

Inside this issue

BIPOLAR NETWORK
(Otago Mental Health Support Trust)

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Queens Building,
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DUNEDIN.
OPEN
Monday – Friday
10 am – 3 pm

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Watch for our next bipolar education course in April

EASTER OFFICE HOURS
Closed Good Friday, Easter Monday and Anniversary Day. Office re-opens Wednesday 25th March

The Seclusion Delusion

"Once Again
Do I behold these steep and lofty cliffs
That on a wild secluded scene impress
Thoughts of more deep seclusion: and Connect
The landscape with the quiet of the sky"
Wordsworth 1798.

For Wordsworth, the seclusion of the Wye valley was inspirational. The place was quiet, remote, and idyllic in form, feature and colour. It helped him to make sense of the universe.

Seclusion in New Zealand's psychiatric hospitals may not inspire quite the same poetic thoughts. Vicky Burnett sets the scene: "A seclusion room is a bare room with a plastic mattress on the floor and a disposable potty that's made out of the same stuff that egg cartons are."

Seclusion is "The placing of a person at any time, and for any duration, alone in an area where he/she cannot freely exit" (Restraint Minimisation and Safe Practice Standard 2001). The Mental Health Act in New Zealand allows the use of seclusion for the purpose of treatment of a patient or protection of other patients.

There appear to be still many people who have a fixed belief that seclusion has therapeutic value. They would suggest that containment in a locked room protects the person from hurting themselves or others, giving the secludee warm feelings of safety and reassurance. They would say it is beneficial to isolate the person from human interactions which are overloading their coping abilities. They would also defend the use of bare rooms, devoid of furnishings, fittings or feelings, as they supposedly result in reduction in sensory input. This may "…calm clients who have escalating psychotic behaviours." (Mental Health Commission report 2004). Defendants of seclusion vigorously deny that seclusion is still used as punishment. However, behaviourists argue that punishment is a legitimate way of changing behaviour and there would appear to be some distinct similarities between the Criminal Justice and the Mental Health "systems" in New Zealand.

Anne Helm is one who rejects any notions of seclusion as therapy. In the New Zealand Herald (6th November 2007) she says "If you are in a seclusion cell you have feelings of worthlessness, of loss of dignity and, at the very time when you are most fragile, you are removed from any human contact. It's counterproductive to what people generally need." In her submission to the review of the standards on seclusion and restraint (August 2007) Anne acknowledges that there are now many clinicians who know that seclusion is harmful and are actively working to reduce the use of seclusion. She argues that eradication of seclusion is at ***"The heart of the paradigm shift to recovery-based practice in Mental Health"***. Maybe the delusion is beginning to fade at last?

New Zealand's Seclusion Statistics

The recently published Annual Report 2006 from the Director of Mental Health reports, for the first time, statistics on the use of seclusion in this country. The figures only cover the last quarter of 2006 but do at least begin to make public the extent of this controversial psychiatric practice.
All of the 21 District Health Boards, except for Wairarapa, use seclusion and are required to report on its use to the Director of Mental Health. The use of seclusion is now to be used as a Key Performance Indicator of how safe mental health services are in New Zealand.
These preliminary figures tell us that 2374 people spent time in New Zealand adult mental health units (not forensic) between 1st October and 31st December 2006. Of those people, 383 were secluded, on average almost 4 times each.
Seclusion was used across all age groups. Young people tended to be secluded more often, but for shorter time periods, than older people. As a proportion of the population, Maori, and particularly Maori men, were three times more likely to be secluded. The report speculates that this may be partly explained by Maori being more severely unwell. The importance of incorporating a cultural dimension into clinician training is also raised.
Males are almost twice as likely to be secluded as females. Maori females are twice as likely as pakeha females to be secluded. The report makes no guesses as to the reasons for these stark imbalances. One might suggest that males in our society are socialised to be more violent and hence more likely to be secluded. This does not explain the huge Maori/pakeha difference for females.
The figures are given per 100,000 population in order to enable comparison between districts. The variation is extreme, ranging from about 6 people secluded per 100,000 population in Southland and Auckland, to 70 people per 100,000 population in Tairawhiti. Some of these differences may be partly due to the short three month observation period. They do send a clear signal that District Health Boards with apparent high seclusion rates will be under much closer public scrutiny from now on and will feel the pressure to reform their services.

No insight? Get some at our new evening bipolar discussion groups

Seclusion and the Mental Health Act
-an interactive forum with discussion led by *Anne Helm* and *Stuart Marks*.

Anne has personal knowledge of the experience of seclusion. She has advocated strongly for the eradication of seclusion as an advisor to the Otago District Health Board. Stuart Marks is a clinical nurse specialist and arguably holds "…the most informed and influential position re Seclusion in the ODHB." This is a rare opportunity to clarify your thinking on this controversial psychiatric practice. All are welcome but please rsvp.

RSVP to 4772598.

Thursday January 31st

5.30pm to 7pm
At Bipolar Network Office, 3rd Floor 109 Princes Street, Dunedin.

Tricky Trivia

Most people will get less than half of them right.
See if you can get five of the ten.

1. Where did Chinese gooseberries originally come from?
2. Where are Panama hats made?
3. How many years did the "Hundred Years War" last?
4. What color is the "black box" in jet airplanes?
5. What was the first name of King George the sixth?
6. Which animals do we get catgut from?
7. When do Russians celebrate the October Revolution?
8. What is used for the bristles of a "camels hair brush?"
9. What animal is thought to be the source of the name "Canary Islands?"
10. What color are purple finches?

Answers on web page
www.bipolarotago.balance.org.nz

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.

Driving and mental illness

Driving can be a risky business at the best of times. If our driving is not up to its usual standard for whatever reason and people are being put at risk, then the risk has to be reduced. Many people with a diagnosis of mental illness find themselves forbidden to drive, with their keys, car or licence taken away. What is the legal position on this in New Zealand? What are our rights and our responsibilities?

Briefly, if a doctor, whether a GP or a psychiatrist or any other doctor, considers that you are not medically fit to drive, then they must advise you not to drive. This also applies to other "health professionals" such as your optometrist or occupational therapist. If the doctor knows that you are still driving despite their advice and they believe that you pose a danger to public safety, then they are legally obliged to report you to the Director of Land Transport Safety.

So, just being treated for mental illness does not automatically mean you cannot drive. The doctor will consider several factors before deciding you are not safe behind the wheel including :

- Are you so slowed down by depression that your reaction times are very slow
- Are you so preoccupied by hallucinations that you could not keep your mind on your driving
- Are you so paranoid about people that you might mis-interpret other drivers' intentions
- Do you have the poor judgement and sense of invulnerability that sometimes go with mania
- Are you suicidal
- Is medication sedating you or slowing you down or blurring your vision
- Are you taking the medication that is prescribed
- Are you able to judge when it is safe to drive and when it is not

You will automatically have your driver licence suspended if you are put under a compulsory *inpatient* treatment order, or if you become a *special patient* (under forensic services). Your licence, if you have it with you, is confiscated and kept by the Director of Area Mental Health Services. This is a legal decision under the Land Transport act rather than something a doctor decides. If you are given leave from the hospital then the doctor can decide to allow you to drive while on leave.

You are also likely to be forbidden to drive if you have a "severe chronic mental disorder". *Cont'd next page*.

Recovery via Internet from Depression (RID) Trial

The RID trial (2006-2010) will test whether a set of web-based self-help programmes work for reducing depression in New Zealand. The programmes are designed to help people manage their depression by providing relevant information and/or working through a number of exercises on the internet. Recruitment is currently underway for people to take part in the trial. The actual trial itself will start in the autumn. The trial is targeted at New Zealand residents who are over 18 and at the time of enrolling for the trial are not receiving professional treatment for depression or anxiety.

People who are accepted into the trial will be randomly assigned to one of three groups on the internet. Each of the three groups will complete slightly different exercises online over four weeks. Trained interviewers will make weekly online contact with participants over the four weeks to answer queries and monitor progress.

After this, participants will be contacted and asked to answer questions online about depression, their related mental health, and recent quality of life at intervals of 5 weeks, 6 months, 12 months, 18 months and 24 months.

The results of the study will be published and summaries will be made available to participants on request. Updates on the study and its progress will be posted on the study web site http://www.otago.ac.nz/rid/ No individuals will be identified.

The trial should not to be considered to be a substitute for professional advice for treatment for depression or anxiety. The RID team is unable to provide advice to people about their personal circumstances.

Driving cont'd.

". These are defined as "…severe and ongoing anxiety or depression; severe chronic schizophrenia and severe bi-polar disease." (1) If you have one of these illnesses and it is serious and ongoing, and does not respond well to treatment, or you do not accept the recommended treatment for it over several months, then a psychiatrist will almost certainly stop you driving for at least six months. A psychiatric assessment will be required before you are allowed to drive again.

So drivers diagnosed with mental illness are not always treated in New Zealand in the same way as drivers with other complaints. As we said above, any driver who is put under a compulsory inpatient treatment order or is a special patient is forbidden to drive automatically. This happens even if they have 20/20 vision, microsecond reaction times, and the coordination skills of a brain surgeon. When a driver is considered to have become mentally ill the doctor is not required to consider their vision, reaction times, coordination etc. as she would if they had lost an eye or had severe migraine. She will be considering much more poorly defined concepts such as behaviour, mood, medication and "insight" and "compliance".

For a more in depth discussion on this topic see our website. www.bipolarotago.balance.org.nz

Would you like *ENIGMA* by email? Let us know. You would get it faster and we would save on postage.

FREE EVENTS

SUNDAY BANDSTAND

OPEN AIR CONCERTS

AT THE DUNEDIN BOTANIC GARDENS 2-30PM

17TH February-Dunedin city slickers
24th February-Dunedin city Jazz Orchestra
2nd March –Salvation Army
9th March-Kaikorai Metropolitan Brass
16th March- Mosgiel Brass

OTAGOFEST

Celebrating all things Otago, a day of fun, performance and activities not to be missed

Sunday 10th February
11-4pm.
Otago Museum Reserve

Visit our Website at:
www.bipolarotago.balance.org.nz
(Thanks to Balance for hosting the site

Christmas Barbeque Friday 21st December was a sizzling success. We have a selection of photos at our office for you to check out.

Many thanks to these people for their support:

AAW Jones Charitable Trust, ACE Shacklock Charitable Trust, Balance, Dempsey Trust, The HealthCare Otago Charitable Trust, John Ilott Trust, Colortronics