



# ENIGMA

BIPOLAR NEWS AND VIEWS



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### **BIPOLAR NETWORK**

(Otago Mental Health  
Support Trust)

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DUNEDIN.**

**OPEN**

**Monday – Friday  
10 am – 3 pm**

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## Medication or Meditation?

Last month world wide media reported the British study which said those modern antidepressants basically do not work. The Otago Daily Times reports that in New Zealand we spend more than \$30 million every year on antidepressant medication. That is an astronomical amount of taxpayer money. It is extremely important news for the thousands of New Zealanders who take such drugs on the advice of their doctor. The reaction from Pharmac, the government body who approves and funds medications, was surprisingly mild. Don't panic and keep taking the pills is their message. In some ways this is sound advice, given that the media reports had the potential to cause widespread concern about the validity of depression treatments, and the well-documented difficulties encountered by people who abruptly stop taking such pills. Pharmac acknowledges that the study raises serious questions but says "When we're looking at questions about the efficacy of drugs, we should use a measured approach". Perhaps Pharmac could have used a much more measured approach before licensing the use of such drugs in New Zealand instead of blindly following the lead of other countries like the US where drug company influence is endemic.

Two things jump out at me from the reporting of this study. The first is that many doctors have immediately abandoned scientific principles in their support of these drugs. We have been led to believe that these drugs, like all the psychotropic chemicals, have been proven to be effective and safe by powerful, scientifically valid, clinical trials over many years. We know now that, for the SSRI antidepressant drugs this is not true. We know that the drug manufacturers concealed the many trials which showed that the drugs do not work and thereby skewed the evidence. This is disgraceful and should be acknowledged strongly by doctors who have been prescribing these drugs. Have our doctors apologized and suggested how they might begin to treat depression differently in the light of this new information? No! The clear message from psychiatrists to the New Zealand public has been "Do not worry. We, the doctors, know that these drugs work. Medication plays a vital role in treating moderate and severe depression". Without scientific backing, these claims remain as case studies, and have no more validity than deep sleep therapy, insulin coma therapy, or lobotomies.

*Continued next page*

*Medication or Meditation continued.*

There is a second aspect of the antidepressant study which should hold much more interest for both psychiatrists and psychologists. The study showed that most people's depression improves over time, whether they are given an antidepressant medication or a placebo, a dummy pill with no active ingredients. The difference in effect between pill and placebo is virtually non-existent. The most powerful effect seen in any of these trials, much more powerful than any medication influence, is the "placebo effect". There is no money in marketing placebos and consequently no incentive for the drug companies to follow up the single most powerful treatment for depression that their studies revealed. There is clearly something which was done to or with the people in these drug trials which had a beneficial effect on their depression. It was something which was happening to all the trial participants, those taking the drug and those taking a dummy pill. Was it simply that someone was giving depressed people time and attention, a listening ear, encouragement and hope? Did participation in the study give them the impetus and opportunity to review and adjust other aspects of their lifestyle which may have been contributing to their depression? Whatever worked that magic appears to be more related to psychology than to psychiatry, perhaps closer to the realm of meditation than medication. As the last paragraphs in these studies always suggests, more research is needed.

***Evening bipolar discussion groups***

**Psychology versus psychiatry**  
Both these disciplines play a pivotal role in the treatment of our Mental Health difficulties.

**When should you be consulting with your psychiatrist, and when should you be looking for psychological support ?**

**What are the roles and training of the two fields.**

**What can they offer us and what is outside their scope?**

**We hope to answer these and other questions?**

**Guest speakers will be a psychiatrist and a psychologist from the Dunedin area.**

**Thursday 27<sup>th</sup> March**

5.30pm to 7pm

At Bipolar Network Office, 3<sup>rd</sup> Floor 109 Princes Street, Dunedin.

**RSVP to 4772598.**

*May 29<sup>th</sup> Making the most of your GP.*

*July 31<sup>st</sup> Stigma and discrimination.*

*September 25<sup>th</sup> Working with a needs assessor.*

*November 27<sup>th</sup> Nutrition, exercise and mental health.*

All are welcome to these discussions starting at 5.30pm at our rooms.

**\*EVENING EDUCATIONS STARTS ON APRIL 9<sup>TH</sup>**  
**SEE INSERT FOR MORE 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.

## Psychology vs. Psychiatry

“What’s the difference between a psychologist and a psychiatrist?”

### Psychologists:

- Ψ Doctorate or Masters in Psychology (Clinical, Counseling, Social, etc.)
- Ψ Have obtained BA/BSc, MA/MSc in psych degrees before even getting to doctorate training
- Ψ The focus of their postgraduate work is psychology
- Ψ Licensed psychologists (i.e., those who end up working with patients) have obtained at least 3,000 hours supervised clinical experience and passed difficult licensing examinations
- Ψ Can work as clinicians, consultants, university professors, researchers, therapists, etc.
- Ψ Clinicians provide therapy as well as psychological testing
- Ψ Historically were not “allowed” to prescribe medication, but there are huge efforts underway to change this.

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### Psychiatrists:

- Ψ Medical Doctors (i.e., M.D.) who did post grad training in psychiatry
- Ψ Do not necessarily have any other training in psychology/psychiatry except for their on the job training
- Ψ The focus of their doctorate work is general medicine
- Ψ Psychiatrists typically complete 1—2 years training after becoming M.D.s, in which they “shadow” other psychiatrists in hospitals and learn the trade that way.
- Ψ Usually work as clinicians in hospitals
- Ψ Mainly used to prescribe medication rather than therapy
- Ψ Make lots of money! Much more than psychologists ever do...

## CLIMATECHANGE



### FROZEN FUN DS

About \$5 million appropriated by mental institutions from patients' welfare benefits in the 1970s and 1980s will now benefit the people from whom it was taken.

**A FLYER HAS BEEN ENCLOSED IN THIS Newsletter.** (see insert) For any one interested in making a submission it does need to be received **by 31<sup>st</sup> March**, at this stage just a letter outlining idea/project is sufficient.

Should you need support to do this you may contact us on 03 477 2598

### Ponder this

There is a story of a man who was driving his car on a quiet country road late at night when he got a flat tyre. He went to change it but realized there was no jack in the car. He looked around in the dark and saw a light far off in the distance. As he started walking towards the light he saw there was a house and started thinking - What if there is no one at home! What if no one answers the door! What if they don't have a jack! What if they don't like me! What if....Finally he arrived at the house and knocked on the door. As the door was being opened he yelled at the person standing there “I DON'T WANT YOUR BLINKIN' JACK ANYWAY.”

How often do we self-talk ourselves into things and worry about the what-ifs? Often the result is nothing like we imagine and we have worried about all manner of things for nothing. If you are one of these folk, you are not alone, there are many of us out there – the hard thing is to stop.

Try turning the story around – The lights are on, so someone is home. There is no reason for them not to open the door and they don't know me so they should neither like nor dislike me. Living where they do, they must have some kind of vehicle; therefore it is very likely they will have a jack. I will be able to change my wheel and be on my way.

## MUSIC ROAD TRIP

### THE FIDDLE, PIPPA AND ME -

After 40 years of playing the violin professionally and a much interrupted career in classroom teaching, either because of unwellness or because I didn't like it, I decided, much to the bemusement of my three great kids, all going to uni (and missing a place to store their surfboards) that I would sell whatever equity I had left in my house and buy a caravan. At least I don't have to service the mortgage.

And on the 1st January 2008 I started my Quest to Play the Violin in Every Town in New Zealand, in Te Anau, where I played in one of the huge motor camps for a family of four from Sydney who all cheerfully helped me negotiate my caravan into a tight spot. And over the next month I stopped and played somewhere in every town in Southland and central Otago, while dealing with all the problems that arise when you're doing something new.

But my health has been jolly good, and the most remarkable piece of luck came along at the Invercargill SPCA where I discovered a slimly built, quiet but extraordinarily determined and focused 6 month old puppy, Pippa. So she is, I hope, a lucky dog, as she is with me almost all the time every day, and she is so clever that I am going to teach her tricks to accompany my little classroom concerts, which started in Wanaka once schools were settled in. Do you like Bach, Pippa? WOOF, she will say. Like heavy metal? - and she puts her paws up over her ears.

Next it's north up the east coast to Nelson, where I will have a break while visiting all the arty musos I know there, and then over the strait and up to Cape Reinga and then down the other side, to put it simply. If I make it, it'll be a blast. I'll keep you informed from time to time on how I'm getting on!

EXCERPT BY Richard Mackay



Hey do you know that little dog tune?

## The Mural

A big thank you to '420' for inviting us to the Premier screening of 'The Mural' documentary film held in the Rialto picture theatre complex.

It was a cold, wet Friday evening, and I had contemplated staying in as Friday is my day off and it was such a miserable night outside. However, I wrapped up warmly and met my work mates at the arranged time and place and we proceeded on to the Rialto. We were greeted by many familiar and friendly people and there was a feeling of excitement around us. After wine and nibbles, we were ushered into the theatre as the Documentary was about to begin.

Well, am I glad I had made the decision to go. The documentary was great and I was captivated from the very start. The interviews and the stories behind the 1300 tiles of art work which form this amazing mural and the time taken to bring it altogether is a credit to all of you. To think over 80 hours of filming was edited down to 30 minutes of actual viewing time. To be sitting along side so many wonderful budding artists like the man (who claimed he couldn't draw) then transformed a tile into an identikit picture of the zig-zag man copied from a packet of zig-zag papers, together with the students from the Art school was really inspiring. Well done!

Part of the mural can be viewed in the foyer of the Great King Street entrance to the Dunedin Public Hospital. Another part has been installed up the stairwell at the Pact offices in Filleul Street.

Some time in the future 'The Mural' will be screened on television and will be released on C.D.

**For more information you are welcome to ring '420' on 03 4777-638**

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

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