



# ENIGMA

## NEWS AND VIEWS ON MENTAL HEALTH

www.bipolarotago.balance.org.nz

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This newsletter was put together by Teresa Mulligan, Mike McAlevey, Jan Idour and Denise Kent with contributions from lots of other people.

### OTAGO MENTAL HEALTH SUPPORT TRUST

- Bipolar Network
- Information
- Education
- Peer Support
- Advocacy
- Resource centre for Tangata Whaiora

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## Navigating the Mental Health Act

Being placed under the mental health act can be scary. Even if you have been through the process before, there will be times when you are not entirely sure what the act is about or what the roles of the various people involved are. It is important to remember that, despite the fact that you may have to appear before a judge, having a mental disorder is not a crime. Though it may not always appear that way, the intent of the act is to protect you and the public from harm.

According to the Family Court website:

“The [Mental Health \(Compulsory Assessment and Treatment\) Act 1992](#) defines the circumstances in which a person may be required to undergo compulsory psychiatric assessment and treatment. This Act aims to ensure that both vulnerable individuals and the public are protected from harm. It defines the rights of patients and proposed patients and aims to protect those rights.”

“Anyone over the age of 18 who believes that a person may be suffering from a [mental disorder](#) may apply in writing to the [Director of Area Mental Health Services](#) for an assessment of that person. The application must state the relationship of the applicant with the person and the grounds on which the applicant believes the person to be suffering from a mental disorder. The application must be accompanied by a certificate issued by a medical practitioner stating that the medical practitioner has examined the person within the last 3 days and considers there are reasonable grounds for believing the person may be suffering from a mental disorder. A person **cannot** be required to undergo compulsory assessment or treatment by reason **only** of:

- Political, religious or cultural beliefs;
- Sexual preferences;
- Criminal or delinquent behaviour;
- Substance abuse;
- Intellectual handicap”

(For people with an intellectual disability there is a very similar act, the Intellectual Disability (Compulsory Care and Rehabilitation) Act 2003)

Let's have a quick look at the scope of the act and the roles of some of the key players.

The mental health act is about compulsory assessment and treatment of “mentally disordered” people. To have a mental disorder means two things:

*Continued on the next page*

## Truehope EMPowerplus

Has anyone tried this nutritional supplement? It is being used as a treatment for bipolar disorder in many countries. Please let us know if you hear of anyone using it.

### *Mental Health Act continued.*

- You must have an “abnormal state of mind” by which is meant you have delusions or hallucinations or a mood disorder or something similar, and...
- Because of that state of mind you must be a serious danger to yourself or others or else your ability to look after yourself is seriously reduced.

If you come under the act you lose your right to refuse treatment, in fact it can be forced on you. You cannot choose who is treating you and you can be forced to stay in a hospital.

Treatment does not have to be in a hospital however. When a judge makes a compulsory treatment order against you it must be in the community unless there is a very good reason why you should be an inpatient. The act also requires that any person involved with your treatment, or with administering the act, must respect your cultural and ethnic beliefs. There are also some special rights and protections set out to protect people who come under the act. You retain the right to access a lawyer and you also have the right to get a second opinion about your condition from a psychiatrist of your choice. Many of your rights under the Bill of Rights and the Privacy act still apply. However, you may lose some control over the choice of people who can visit you in hospital, or ring you, or write to you, if a doctor believes they would be bad for your health. Under an inpatient treatment order you will have your driver licence suspended until the doctor believes you should have it back.

There are many important people involved in the administration of the mental health act. The most important of these people of course is you. You are the only one who really knows the distress you are feeling and how much freedom you are losing. Here are some of the other key people in the process:

#### *Director of Area Mental Health Services (DAMHS)*

This is the person in charge of the mental health services for a district health board. She or he is appointed by the ministry of health.

The DAMHS is the person to whom someone will apply for you to be assessed under the mental health act.

*Duly Authorised Officer(DAO)* The DAO's are usually psychiatric nurses. If someone is concerned about your mental health they can talk to a DAO, often through the emergency psychiatric services or a GP. They will provide information about services available and about the mental health act processes. They are also the people who make the arrangements for a doctor to initially assess people under the act. The Ministry of Health describes DAO's as “the front line operators of the Mental Health Act.”

*Responsible Clinician* This is your psychiatrist, the doctor responsible for your care and treatment. He or she is appointed by the DAMHS.

*District Inspector* The District Inspectors are lawyers who are appointed by the Ministry of Health as independent “watchdogs” to ensure that the Mental Health Act is being applied properly. If you have been assessed under the Mental Health Act a District Inspector will visit you and ensure that you are aware of your rights. They can help you find a lawyer. If you do not have a lawyer then they will appear at your court hearings to ensure your rights are upheld. However they are not your lawyer but more like an ombudsman. If you wish to complain that your rights under the act have been breached, such as not being allowed visitors, then the District Inspector is the person who investigates your complaint.

*Family Court Judge* While the initial assessments under the Mental Health Act are made by Psychiatrists, any longer term treatment such a Compulsory Treatment Order must be made by a judge of the family court. The court hearings are usually held in a reasonably informal setting in a room in the...  
*Continued next page*

*Mental Health Act continued.*

...hospital. This does not make the experience any less daunting for the person being treated.

**Review Tribunal** If you wish to contest a psychiatrist's decision that a compulsory treatment order should continue, then you can go to the Review Tribunal. This is a specialist court of three people, a lawyer, a psychiatrist, and a person from the community, appointed by the Minister of Health. If you don't like the Tribunal's decision then you can appeal to the family court. This can be all pretty traumatic stuff to go through for a person who has not actually broken any law.

The Tribunal's other main role is to hear complaints that your rights under the Mental Health Act have been breached. Your rights include things like being informed about what is going on, having contact with the world outside of hospital, having your culture respected, and the use of seclusion. Your complaint is made initially to the District Inspector but if you don't like the outcome you can ask your lawyer to take it to the Tribunal.

To quote Dr. Jeremy Skipworth of the ministry of health: *"Mental health legislation only applies to those mentally unwell persons who pose a serious danger to themselves or others, or are seriously incapable of self care, and treatment can only be mandated if it is deemed to be in the interests of the patient."*

**W**hat has your experience of the mental health act been?

Do you feel that your rights and the public's rights were protected?

Did you feel that the judge listened to you as well as to the doctor?

Do we actually need a mental health act or does it do more harm than good?

*Let us know your thoughts.*

A useful website is:

<http://www.moh.govt.nz/moh.nsf/0/5545DDD31CAE4BCACC256D7E0077407E>

## RECOVERY PLANS, CRISIS PLANS AND ADVANCE DIRECTIVES - WHAT'S THE DIFFERENCE?

A wellness recovery plan addresses a wide range of things that help recovery. Wellness recovery plans are usually developed in discussion with a mental health service provider.

A crisis plan is mainly for when things are not going well, though it can also be about avoiding crises. Crisis plans normally cover things such as warning signs, actions to prevent a crisis from getting worse and important information about care of children, or pets or property. A crisis plan may include information about treatment preferences. Crisis plans are usually developed closely with mental health service providers.

An advance directive is only about health care and it only applies when a person is not competent to make all the decisions that are needed about their health care.

An advance directive does not need the approval of a service provider, but it is better to have a doctor sign that the person is competent.

### MORE INFORMATION

The Mental Health Commission and the Health and Disability Commission have a pamphlet 'Advance directives in mental health care and treatment: Information for mental health service users'. You can get a copy from the Mental Health Commission website.

The Health and Disability Commission has information about the Health and Disability Code of Rights, which applies to all health services.

Contributors

*This article was downloaded from Mental Health Commission website. To read more on advance directives visit their website*

**DON'T HAVE A COMPUTER?  
INTERESTED IN CHECKING OUT INTERNET ARTICLES?  
WE HAVE A COMPUTER IN THE RESOURCE AREA OF OUR  
OFFICE FOR YOU TO USE.**

## *A Real Life Storm*

*The following passages are part of the life story of an Otago woman diagnosed with bipolar disorder. We thank her for sharing her experiences and hope to bring you more in future editions.*

### *Forward*

I shall begin my tale by telling you this - I have been alone, I have been lonely, I have been afraid, I have been mad and I have suffered. However, I have always been alive and for that I am grateful.

I read One Flew Over the Cuckoo's Nest and wished myself insane. Prayed for madness and an escape from my melancholic yet manic adolescent reality. And my prayers were granted, I promptly lost my mind... Oh, and my self esteem, my friends, my home and then was committed to Ward 9B.

It was then that my life as a young, frightened, newly christened manic-depressive began. From day 1 it hurt too much and I hated it. I was sexually, mentally and emotionally abused by patients, and the doctors and nurses didn't seem to care. I imploded.

I have dwelt amongst the mad and now I have been forced into the Storm again. The Storm of "Real Life" posing just as many difficulties; more happy times and fewer ups and downs, than hospital living - though it remains almost unfamiliar.

### *Chapter One*

They'd sign my papers and I'd be inside for a month or two. If they ever try to get me again I won't fight my diagnosis. I will say: "Yes I'm a manic depressive, thank God! Got any good drugs?"

Mania - The paradox: it hurts, but its heaven. The resolution: it's heaven, but it hurts too much.

My first Depression hurt, really hurt. I turned on my best friend - me myself and I.....

*Fuschia*

## Mental as well as Dental?

Not everyone agrees with the addition of fluoride to our drinking water. If some scientists have their way we may also have lithium in the water supply in the future. This is the opinion of a Professor Allan Young, quoted on the Royal College of Psychiatrists website. The comment came after the publication of a Japanese study which measured the amount of lithium in drinking water in various parts of Japan. The study found that the areas with the highest levels of lithium also tended to have the lowest levels of suicide. Lithium does occur naturally in drinking water around the world and the levels vary widely. The levels are extremely low compared with the levels in the bloodstream of people taking lithium for bipolar disorder. It is important to note that the Japanese study does not show that the lithium really had anything to do with the lower suicide levels in some areas. The effect could be due to many other factors such as differences in poverty level.

A study in the US about 20 years ago also studied lithium in drinking water and showed that areas with less lithium had higher rates of burglary, thefts, suicide, homicide, rape and hard drug use. Again, this study showed a correlation, not a causal link, and the lack of lithium may indeed have nothing at all to do with bad behaviour. Statistics such as the results of these studies have their uses but must be examined critically. As George Canning said, you can prove anything with statistics except the truth. Let's hope the guardians of our drinking water think very critically before rushing to add yet another chemical to our water.

<http://bjp.rcpsych.org/cgi/content/abstract/194/5/464>

### **Office closed!**

Sometimes when you call, our offices are closed. We do not do this readily, but there are times when all staff need to be out at the same time. Please leave a message and someone will get back to you.



## From our Archives

### “Ten Warning Signs of Normality”

We found this delightful advice attached to our 1995 newsletter. It seems just as relevant today. Here are some examples of what to watch out for if you suspect that someone is suffering from normality:

*Cool:* You're cool, you hold everything in and always put a “good face on it” – you never cry or laugh much, or show emotion in any way, especially in public. Your psychiatric label is “*tearlessness*”.

*Nice:* You always act nice even if you can't stand the person to whom you're talking. You never say what you're really thinking. Your diagnosis: “*inappropriate smiling*”.

*Serious:* You always do the proper thing – never anything unusual, playful, spontaneous, “different”, wild or creative, if you can help it. You believe playing and being silly are beneath your dignity and only for children. You have a psychiatric label of “*stiff upper lip*”

*Gullible:* You believe that the doctor always knows best, that the media is telling the truth (major newspapers always print the facts, right?), and that the medical model of “mental illness” has been proven scientifically. Your diagnosis is “*normal naiveté disorder*”.

*Right:* You always do everything right- wear the “right” clothes, say the “right” thing, associate only with the “right” people- you know there is only one right way and it's your way. You are diagnosed as “*conformity prone*.”

*Obedient:* You always try not to offend anyone, especially those in authority- your security seems to depend on that. So therefore you are willing to put expediency before principles. Your psychiatric label is “*adjustment prone/ adjustment reaction*.”



### MENSLINE

Mensline is a free and confidential telephone counselling service specifically for men and staffed by male only counsellors.

Monday to Friday 6.30pm to 10.30pm  
0800 636 754

**THANK YOU** to all who made donations to the trust, from

- Individual contributions
- “Thank-you’s in the way of book vouchers
- DCC for rates relief grant
- Bendigo Valley with grant toward re-print of recreation in Dunedin for under \$5
- Dempsey Trust for assisting people with having phone connected, and being able to have dental work carried out
- We have also received a cordless phone and wireless router. If any one is interested in either of these please call us at the office

The Trust also received a bequest from the estate of Margaret Roberts (see page 7)

### The Link Clinic early intervention mental health service

Well Dunedin PHO's Link Clinic is a service providing brief mental health interventions for people who are experiencing mild to moderate mental health issues. The most frequent mental health conditions of patients who are benefiting from the Link Clinic are anxiety, depression, and/or substance abuse.

The Link Clinic offers Well Dunedin patients, aged 18 years and over, up to six free 50 minute consultations with a trained mental health practitioner.

Patients are identified and referred by the general practitioner or practice nurse to a member of the Link Clinic team. The mental health practitioner then works with the patient to gain control of their current situation, assisting them achieve the changes they want and in the development of good coping strategies that utilize their personal strengths.

The Link Clinic early intervention mental health service is not currently available at all Well Dunedin PHO General Practices. Please contact your General Practitioner for further information.

## ***Brain Awareness Week***

***is an international effort promoted by leading neuroscience organisations around the world to promote public awareness about brain and mind disorders and the benefits of brain research. It ran between March 14<sup>th</sup> -22nd***

**University of Otago neuroscientists are some of the best in the world.**

**The Neurological Foundation and University of Otago held a free public open day to raise awareness about neurological disorders and research as part of Brain Awareness Week.**

I was excited to spend a Saturday in St. David's Lecture Theatre complex for Brain Day 2008. Between the four lectures, there were many stalls from brain health support groups to browse, among intellectually stimulating company. The lectures were well-delivered to both professionals and general public. Significant topics were Alzheimer's Treatments, Parkinson's Treatments, Stem Cell Therapies, and Adolescence: "**My Brain Made Me Do It**". All had an open floor for questions. I want to tell you a bit more about two of them.

Brian Hyland delivered the Parkinson's lecture, and talked about a new caffeine-based medication [which was funny, as I had come into his lecture late while waiting for my takeaway coffee]. Caffeine appears to be neuroprotective, and while too much of it is bad for the body, it does not overexcite or kill neurons like I had suspected. A joyous discovery for not just myself, I am sure. Hyland explained that adenosine is a molecule in the brain that sticks to the ends of specific neurons and makes them fire, [i.e. a neurotransmitter]. Its effect in the brain is actually to slow down the firing of other neurons. Caffeine can block the receptors that adenosine normally sticks to, preventing its calming, steadying effect on us.

We get jittery and attentive. Also, this gives the receptors a rest, and allows adenosine to accumulate. After the caffeine gets sick of the receptors and drifts away, the adenosine can again effectively calm/control neural activity or maintain a state of sleep. [As someone who is often apathetic/agitated till the early afternoon, I find that one morning coffee will restore happiness, and also that I sleep better that night, probably because of having had a more productively active day. However, exercise also has this effect, and is cheaper/healthier.]

The new Parkinson's drug that he talked about mimics the brain effects of caffeine without affecting the body. There are two different types of adenosine receptors, one which attenuates brain function and protects neurons, and another that causes the physiological bodily effects of increased metabolism and dehydration. The medication [temporarily] blocks only the first kind of adenosine receptor. I also asked about antipsychotic-induced Parkinsons at the end, and was told that the symptoms are not permanent but disappear in the absence of antipsychotics.

The Adolescence Psychology lecture was fascinating. Did you know that adolescence can extend from eight to twenty-five years old? Adolescents are more sensitive to the rewarding action of dopamine in the brain, the 'pleasure kick' of addictions. Harlene Hayne, who delivered this lecture, said it was a revelation to her as a university lecturer that she was effectively dealing with teenagers, and put their antisocial and media-attracting behaviour in a new light.

It was a great day; I left with a lot of information, a book about the frontal lobes, and several useful neuroscience research contacts.

*Kat McBeath*

*The neurological foundation website is worth a visit: [www.neurological.org.nz](http://www.neurological.org.nz)*

## ***New website!***

**A brand new website [www.outoftheirminds.co.nz](http://www.outoftheirminds.co.nz) produced by Mind and Body Consultants, features successful artists, performers and thinkers with experience of mental distress, exploring the value of their experiences, and what comes out of their minds.**

The twist is that the artists actually interview themselves. Ben Cragg from The Benka Borodovsky Bordello Band interviews himself as several of his onstage personas. Award winning author, Judith White, interviews herself in a written exchange between her and some impatient characters from her latest unfinished novel.

"Madness is an experience utterly unique to any individual, so it makes sense people speak about it entirely on their own terms. Plus it's more interesting that way. And that's kind of the point - madness and mental distress can of course be really tough, we hear about that all the time, but there's more to it than that, and that's what this site will help show people." says Graham Panther from Mind and Body.

If you'd like to contribute to this site with a profile of your own and you think you fit the bill, contact Graham on [likeminds@mindandbody.co.nz](mailto:likeminds@mindandbody.co.nz)

**Reminder**—in our office we have both a Benefit Fact File and Legal Resource Manual which have just been updated. Should you need any information regarding either of these, please ask a staff member. We are only too happy to assist.



**NEW BOOKS NEW BOOKS NEW BOOKS**

As I write this the snow is falling from my office window. Skies are winter, grey. A good day to be indoors with a good book.

We have just purchased a selection of new books for the Library. If you feel inclined after you have read one, we would welcome your review.

**Overcome panic and anxiety by Linda Manassee Buell**- 121 tips, advice and resources for calmer living

*"Linda Manassee Buell offers many helpful guidelines for overcoming panic and agoraphobia based on her own personal experience of recovery. Her book is simple, concise, reader-friendly and bound to help a lot of people."* Edmund J. Bourne, author of Anxiety and Phobia Workout.

**Aspirations-8 easy steps to coach yourself to success by Andrea Molloy**-*"put on your seatbelt. You are in for a wonderful ride"*-Linda Berman Fortgang

**The power of Now- a guide to spiritual enlightenment by Eckhart Tolle** *"one of the best books to come along in years, every sentence rings with truth and power"* Deepak Chopra

**Living with Bi-Polar by Lesley Berk, Michael Berk, David Castle and Sue Lauder** – a guide to understanding and managing the disorder – *"living with bi-polar provides essential and practical information for people with bipolar disorder, their families and friends"*

**Depression explained- How you can help when someone you love is depressed by Gwendoline Smith (M.Soc.(Hons)Dip Clin Psych)**- *"This is a down to earth book with a very clear audience and well defined objectives. I found it clear, practical, funny, informative, compassionate and riveting"*.

**Being Happy- a handbook to greater confidence & security written and illustrated by Andrew Matthews** *It is a book about understanding yourself - being able to laugh at yourself - becoming more prosperous and being able to forgive yourself. It also discusses understanding nature's laws so we can better deal with our own natures. As the name implies - IT IS A BOOK ABOUT BEING HAPPY.*

**OBITUARY****HENRIETTA MARGARET ROBERTS**

Margaret, as she was known to her many friends and to us here at the Bipolar Network, passed away on the 19<sup>th</sup> August 2007. She was a member of our Trust board in the early days and was a loyal supporter of any initiative to enhance the quality of life for people with bipolar. Those of you who attended the pub lunches of old, will remember Margaret for her fun and witty remarks while enjoying a good lunch. Margaret did love her food. She was an avid supporter of Women's group and enjoyed many an outing, even as she became less mobile, Margaret liked to be included and would take part as much as she was able.

Margaret spent the last years of her life in the care of Leslie Groves Hospital and a visit from a fieldworker from Bipolar Network was always welcome. Our newsletter was enjoyed until the end, although often there would have been room for improvement we were told in no uncertain terms.

Margaret formed a Trust making the Otago Mental Health Support Trust the sole beneficiary. We are grateful to Margaret for this and will endeavour to use this as Margaret herself would have wished.

Thanks Margaret for the memories.

*Jan Idour*

**Phobic phone line**

This is a 24 hour a day, seven day a week free phone line staffed by volunteers. It is to help people who are experiencing panic attacks or OCD thoughts and need to talk to someone.

0800 142694389

**Who said it?**

**"Marriage is a great institution, but I'm not ready for an institution yet"**

Visit our website for the answer



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.

## 2009 Dunedin Midwinter Carnival to be held Saturday 20 June in the Octagon starting 5.30pm

Celebrate the longest night and the shortest day with us at the 2009 Dunedin Midwinter Carnival. This spectacular event is in its 12th year and is a highlight of Dunedin's events calendar. Over 5000 people attended the 2008 event held in the heart of the city on a clear winter's evening.

Carnival night features a stunning procession of lanterns and performance. The Carnival event also features fireworks, food stalls and music. The Midwinter Carnival is an awesome all age event that reclaims the city and celebrates the place that we live and a special time of year. A special feature of the event is the giant lanterns carried in the Carnival Procession on Saturday 20 June. These are renewed each year by talented local artists. The theme for this year's Procession is 'The Winter Garden' and will feature enormous flower lanterns. Anyone can be part of the Carnival by attending the Lantern Making Workshops prior to Carnival night. These are held in central city locations and involve constructing a lantern from toe stalks and tissue. This year there will be two types of workshops – standard and advanced. Everyone who makes a lantern becomes part of the Carnival Procession. Carnival staff also work with community groups to bring the procession to life with song, dance and performance. This involves working together to create processional performances and costuming. These collaborations result in a highly unique processional art being developed as part of the Carnival event. To make this all work we need 80+ volunteers to undertake a variety of tasks. We require lantern making helpers, toe gatherers, giant lantern bearers, crowd safety helpers, and procession guides. If you want to be part of this wonderful event come along to one of our volunteer meetings or get in touch with us now. Groups are also welcome. Spread the word.

Contact us on 03 477 3350 or [info@dunedinmidwintercarnival.co.nz](mailto:info@dunedinmidwintercarnival.co.nz).

## THE REAL MCKAY The remarkable life of Alexander McKay, geologist By Graham Bishop

*You may have read Poles Apart, Graham's book on his bipolar experiences. Graham has recently published The Real McKay which has been getting a great reception, both from the scientific community and the general public, and has been nominated for a Montana award. Graham reports Alexander McKay was a Scottish immigrant who arrived in New Zealand in 1863, with no money and only a couple of years of formal education. After 10 years of leading a hand to mouth existence, mainly working on the goldfields of Otago, he got a position collecting fossils for the Canterbury Museum, and subsequently for the New Zealand Geological Survey. He rose to be Government Geologist by virtue of his keen mind and his acute powers of observation. As a sideline he invented the telephoto lens, grinding the lenses from the bottoms of whisky bottles. His life as an enthralling story and will appeal to anyone with a Scottish background, or an interest in the pioneering days of New Zealand history. Borrow this book from our library.*

If you want to write or make a contribution to Enigma send to  
Enigma  
PO BOX 5021 Dunedin or email  
[otagomd@ihug.co.nz](mailto:otagomd@ihug.co.nz)

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, University of Otago Marine Science and Nutrition departments. DCC