



ENIGMA

NEWS AND VIEWS ON MENTAL HEALTH



SUMMER EDITION December 2009

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This newsletter was put together by the staff of the Otago Mental Health Support Trust with contributions from lots of other people. Editor Mike McAlevey.

OTAGO MENTAL HEALTH SUPPORT TRUST

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

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Christmas Therapy

The silly season is approaching again and with it the risk of chaos in the lives of some people with a bipolar diagnosis. It is tempting to suggest that the pressure of modern life, the demands on our time, finances, relationships and appearance, the expectation that we should be happy just because it is Christmas, is making people unwell. Today's life pressures can clearly be unhealthy for the vulnerable. However, it has been known since ancient times that some people's unwellness fluctuates with the seasons. Hippocrates wrote about seasonal affective disorder more than 2000 years ago and light therapy for depression was in use by the Greeks and Romans in 100BC (1). At that time also Asclepiades wrote that "...*melancholy occurs in autumn, whereas mania in summer.*" (2). Asclepiades had some ideas for psychiatric treatment which could well be adopted by today's mental health services. He advocated "...*humane treatment of mental patients by such measures as soothing baths, music therapy, rest and sedation.*" Our focus today seems to be too much on the sedation and less on the gentler measures.

I don't know what the commercial pressures on the ordinary people were in ancient Greece or whether that contributed to the increased incidence of mania in summer. However, today we see many people under great stress and consequently at risk of becoming unwell, either manic or depressed, over the summer. For those of us who have a bipolar diagnosis, planning our lives so that we can get through the stressful times without another "episode" of illness ("episode" is a strange term; sounds like we are actors in some play!) can be life-saving. Many of us already use a Wellness Recovery Action Plan or something similar. For those who don't have a WRAP here are a few thoughts, adapted from those of Madeleine Kelly (3), which might help you get through the summer season safely.

- Take great care to keep your sleep / wake routines regular. You might have to leave the party early but it's worth it for your health.
- Don't overdo the alcohol or other drugs. They are flowing freely at this time of year and for some people a binge can lead to unwellness.
- Make a Christmas shopping list which you can afford. Don't buy things that are not on the list. Every big store in town will be targeting you to get into debt over Christmas- resist the pressure.
- Ask a partner or a good friend to help you stick to your budget.
- Keep up the treatment which works for you, whether it is talk therapy, drugs, or just careful life planning.
- Contact your doctor or mental health worker as soon as someone close to you notices symptoms in you. Just check it out even though you don't believe you have a problem.
- Keep away from toxic family members or friends (you know who they are). Spend time with those you know are good for you.

Merry Christmas from all here at the trust.

DSM-V. What will bipolar disorder look like in 2012?

DSM-IV, the psychiatrists' "bible" for diagnosing mental illness, was published in 1994. The book contained a brand new diagnosis, bipolar II, and the following years have seen a huge increase in the numbers of people diagnosed with bipolar disorder. This was partly because the bipolar II category is so broad that any number of irritated individuals with a chip on their shoulder, moody adolescents and naughty children can be conveniently given a diagnosis which absolves them and their parents of responsibility. The brain disease made me do it! The next revision, DSM-V is due out in 2012. Will we see any new varieties of bipolar emerge? Will the old and abused categories like bipolar II be tightened up? The hype in some psychiatric publications gives us hope for some real clarification of bipolar disorder in DSM-V. In the Medical Journal of Australia (2004 vol 181) Mitchell and colleagues tell us:

"There have been major advances in clinical understanding and treatment of bipolar disorder over the past decade."

"Advances in genetics, brain imaging and basic pharmacology are starting to provide understanding of the complex causative processes."

With this wonderful new knowledge we could expect that DSM-V will at last provide clear scientific guidance for labeling people with diagnoses like bipolar. Do these "major advances in clinical understanding" mean we will now have a blood test or scan to back up subjective notions like "mood"? Unfortunately, the reality is that our understanding of mental distress is little further ahead of Asclepiades 200 years ago (see front page story). Bipolar in DSM-V will be no more scientifically defined than in DSM-IV and the worst features will be retained. In "Bipolar Disorder in DSM-V: a Sneak Peek" the committee responsible for re-defining bipolar in DSM-V are quoted. One idea they seem likely to introduce is to add structure of some sort to the bipolar NOS diagnosis. People are diagnosed with bipolar NOS (not otherwise specified) when the doctor is sure you have bipolar disorder but your symptoms don't meet the bipolar definition. Hmmm?

The only other change likely to appear is the idea of "domains of pathology within a syndrome". So it may be that DSM-V adds some extra descriptors like anxiety or obsessiveness to your basic bipolar diagnosis. These do not sound like the "major advances in clinical understanding" of bipolar disorder we have been promised. I guess people with the disorder are still the real experts. The DSM-V sneak peek article did make some good points. It recognised that there is a tendency for people to think that the categories in DSM are all real and separate diseases rather than groupings of symptoms. This leads to self diagnosis and over-use of drugs. They also make the point that psychiatric diagnoses are metaphors with cultural implications. One panelist said "How we redefine bipolar disorder, if we do, will have cultural impact..." How right he is!

References from Christmas Therapy:

- (1) *Archives of General Psychiatry*. 1989;46(2)
- (2) *A History of Great Ideas in Abnormal Psychology* – Thaddeus E. Weckowicz
- (3) *Madeleine Kelly*. ContentBlurb.com

Mental Health Unawareness Week.

The first week in October was Mental Health awareness week and the theme was "Winning Ways to Wellbeing - Be Active • Connect • Give • Learn • Take Notice". The title and message inspire but if you didn't work or live in mental health circles you wouldn't have known that it in fact was mental health awareness week or what the theme was.

There were several events on in Dunedin worth attending. Fleur Kelsey held an exhibition of her work in Rocda Gallery, the title of which was "Bilateral. Two sides - One story". Her multi media work required participation from the viewer, to get up close and read the abstract dimensions of admittance, hospital notes, ECT charts and mind maps dispersed with village maps...people talked amongst themselves and the puzzle unraveled or did it? This exhibition of Fleur's work was sponsored by the Frozen Funds Charitable Trust (2008 round).

On Wednesday the sun shone and the bands played. Artsenta hosted a great musical event in the botanic garden. I spoke to someone who stumbled across this event and was really impressed by the calibre of artist.

On Thursday Karen Chaulk delivered an inspiring workshop in the spirit of the theme "Winning Ways to Wellbeing" which involved practical tips to developing positive ways of approaching life.

Last but not least on Friday 9th (which is also World Mental Health Day) Liz Manson and Larry Matthews organized a candlelit service at St Paul's Cathedral to remember the loss individuals and families experience through mental illness. This event was organized in less than a week and was a reflective moving experience. It encapsulated the need for us to be mindful. It is hoped that this event will be held annually.

All these events in one way or the other represented the theme but the wider population was not well included. Maybe the Mental Health Foundation could look at enhancing awareness by focusing on World Mental Health day, a national mental health day, a free ice cream day? Lets get creative. For mentally healthy inclusive communities we need to connect ,give, learn, take notice, and persist in the battle and journey for wellbeing.

T.Mulligan



The Latest Psychiatric Drugs (thanks Chris Hansen and Vicky Burnett for finding these)

Some especially indicated for women:

Damnitol: Take 2 and the rest of the world can go to hell for up to 8 full hours.

Emptynestrogen: Suppository that eliminates melancholy and loneliness by reminding you of how awful they were as teenagers and how you couldn't wait till they moved out!

St. Momma's Wort: Plant extract that treats mum's depression by rendering preschoolers unconscious for up to two days.

Peptobimbo: Liquid silicone drink for single women. Two full cups swallowed before an evening out increases breast size, decreases intelligence, and prevents conception.

Dumberol: When taken with Peptobimbo, can cause dangerously low IQ, resulting in enjoyment of country music and pickup trucks.

Menicillin: Potent anti-boy-otic for older women. Increases resistance to such lethal lines as, 'You make me want to be a better person.'

Buyagra: Injectable stimulant taken prior to shopping. Increases potency, duration, and credit limit of spending spree.

Jackasspirin: Relieves headache caused by a man who can't remember your birthday, anniversary, phone number, or to put the toilet seat down.

Anti-Talksident: A spray carried in a purse or wallet to be used on anyone too eager to share their life stories with total strangers in elevators.

Nagament: When administered to a boyfriend or husband, provides the same irritation level as nagging him, without opening your mouth.

And some for general use:

Apoxopine: When you're bored by Shakespeare but are afraid to tell anyone.

Taxil: For the anxiety and depression that kick in around tax return time. Take two if you receive an audit notice.

Xanic: For when you get a really bad run of letters at Scrabble.

Dallyum: For chronic procrastinators. Take it long after you said you would.

Klonopinto: When you just spent \$30,000 on a car - and there's a recall.

Flummoxetine: For the perpetually baffled.

Lexuspro: Alleviates the guilt you feel for not having bought a hybrid.

Melbutrin: So you can still love Mel Gibson no matter what he says or does.

Seroquell: When the second movie in a series inevitably disappoints you. (Not indicated for The Lord of the Rings fans.)

Avilify: Because it really is other people's fault.

Busprioni: A treatment for people who deeply love pasta. There's nothing at all wrong with that, so this is actually a placebo.

Zolong: The drug that lets you say good-bye to your shrink.

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

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.

Have you suffered discrimination because of your mental health issues?

I am seeking recent examples of discrimination on the basis of mental health, either blatant or subtle. Please e-mail or post to me at 22 Erin St, Roslyn, Dunedin 9010.

Personal privacy will be protected. Graham Bishop dgbishop@paradise.net.nz

More Money Available for Consumer Networking

Some readers may be aware of the demise of the Southern Consumer Network Trust in Christchurch, and Central Potential Trust in the north island recently. These groups had been funded to support networking among people who used mental health services. They went sadly astray and after not meeting audit requirements their funding was withdrawn. Now the Otago District Health Board has contracted the Otago Mental Health Support Trust to support consumer networking in Otago. Our tasks include surveying people who use or have used mental health services about issues of interest to them or to the district health board planners and funders. Issues that have been raised so far include the accessibility of respite services, and the impending smoking ban on the psychiatric wards. We also support peer support workers and consumer advisors in their roles in NGO's and the hospital services. There is a small discretionary fund which can be used to support individual consumers or consumer support groups who have a project likely to enhance the consumer voice in Otago. We are calling this work *Standard Nine* after the original mental health sector standard on consumer participation. The important thing is that we now have another chance for Otago consumers to have a real influence over the services they use. If you are interested please contact *Standard Nine* on 0800364462.

Being here in the NOW

Mindfulness, a rather old concept, seems to have had a recent revival! Mindfulness practice has been associated with physical as well as psychological benefits. Mindfulness is a practice of being awake and being *fully present* in our lives. It is about letting go of the future worries or the past hurts *even if it for a few moments...* Most of us are constantly thinking about the past and what we "should" have done or our thoughts are focussed on the future. One might consider depression an issue of repetitively focussing on the past and anxiety an issue of repetitively focussing on the future. When we are mindful, we let our thoughts just be - they are thoughts and not necessarily facts, even though they *feel* so true. Mindfulness is also a practice of being more intentional or deliberate in our actions or our choices. Mindfulness can be thought of as **flexible attention**. To me, an important aspect of mindfulness is also about being compassionate towards ourselves and those around us. It is a skill, just like learning to breathe diaphragmatically, that is cultivated with practice. The great thing though is that you don't have to practice for hours on end. Gently becoming mindful, even for a few seconds, may enrich your life.

I am really excited about the 4 day mindfulness based cognitive behavioural therapy intervention I have developed on ward 1a (Acute Inpatients). It has really enriched my life to see people benefit from mindfulness practice and trying different ways of being in the world. I am reminded constantly that we are all in this together and that mindfulness is an attitude as well as a discipline.

A grounding/mindfulness exercise that we frequently use to connect with our environment and get out of our head.

Draw your attention to your breathing and notice the air coming in through your body and leaving your body. Do nothing more than that. Just notice how the air enters and leaves. If your mind wanders, gently bring it back to the breath. Now, look around for two things you can see. Really look, as if you were looking for the first time. Now, switch your attention and really listen as if you were listening for the first time...notice the sounds. Switch your attention to two things you can feel (like fabric against you or a surface beneath you)...for example, you might notice the soles of your feet in contact with the ground. Again, switch and notice two things you can smell....focus again on your breathing and gently become present.

Dr. Kumari Fernando

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Many thanks to these people for their support:



ACE Shacklock Charitable Trust, Balance, Dempsey Trust, , Colortronics. DCC, Pat Sivertsen - Dehaan Travel