



Autumn Edition
March 2010

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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

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

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Who Knows HoNOS?

How do you know that your mental health is improving? Everyone has their own ways of deciding whether they are recovering or not. It may be that feeling less anxious, sleeping better, being able to go back to work, or not hearing voices are your particular indicators of health.

You may not be aware of this, but the ministry of health requires all district health board mental health services to rate your mental health with a questionnaire called HoNOS (*pronounced honnoss*) which stands for Health of the Nation Outcome Scale. The questionnaire is filled in when you start using a service, when you leave a service, and every three months in between.

There are twelve items in HoNOS and they are rated by a "clinician". That means your psychiatrist, psychologist, nurse, social worker or occupational therapist. The aspects of your life given a score in HoNOS include such things as aggressive behaviour, suicide attempts, hallucinations and delusions, depressed mood, relationship problems and many more. Each item is given a rating from zero to four. Zero means there has been no problem with that aspect of your life over the last two weeks. A score of four means that in the clinician's opinion there is a severe problem. HoNOS is a "clinical" tool. It is not done with you present but rather after the clinician has spoken to you. The ratings are strictly based on the clinician's opinion and not necessarily on what you (the most important person in the process?) might believe or say.

So what are these numbers used for? Te Pou is funded by the ministry of health to promote HoNOS use in New Zealand. Te Pou's website says that your mental health service will use your HoNOS scores "...to find out if their service is supporting your recovery." This is simply not possible. There may well be a correlation between improving HoNOS scores and the quality of the service you are receiving. However, your improved mental health may also be due to many other things happening in your life which the doctor is not aware of. **Statistical correlations prove nothing!** For instance, children with larger ears are better at maths. That does not mean we need to provide extra tuition to kids with smaller ears. It just means that those children are on average younger and haven't learnt so much maths yet.

Your ratings may also be used, anonymously, to compare doctor with doctor, service with service, DHB with DHB, in an attempt to decide where the health dollar might best be spent. This may explain why psychiatrists in particular are not enthusiastically complying with HoNOS use. *Continued on page 2*

Who Knows HoNOS? continued.

For example Te Pou reports that only 4% of people discharged from one community mental health team in a three month period last year had a HoNOS completed. Using your data to compare services is also not likely to be valid, given the basic unreliability of the numbers. There is some value in the use of individual HoNOS assessments rather than a change of HoNOS scores over time. If a person's HoNOS score has no items rated greater than zero or one, then clearly the question must be asked as to whether they still need that service. However, we didn't need HoNOS to tell us that people should not be in hospital purely because they don't have a home to go to. Next time you visit your psychiatrist ask politely to see your HoNOS score and ask what it is to be used for. You may get some interesting replies. Perhaps the greatest value of HoNOS may turn out to be in encouraging communication between you and your doctor.

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Catching Culture

One of the early catch phrases from the Like Minds campaign was "Mental illness is not contagious but your attitude is". Recent research from cross-cultural psychiatrists and anthropologists suggests that our attitudes and opinions about mental illness are indeed very catching and that one culture's conceptions can even change psychological symptoms internationally.

Ethan Watters, author of "Crazy Like Us: The Globalization of the American Psyche" says that for many years there has been an Americanisation of the way the world understands both mental health and mental illness. Cross-cultural psychiatrists, says Watters, argue that mental illnesses "...are not discrete entities like the polio virus with their own natural histories." They present strong evidence that mental illnesses have never been the same from country to country, either in symptoms or in prevalence, but "are inevitably sparked and shaped by the ethos of particular times and places."

Catching Culture continued

Watters speaks of a cultural "symptom repertoire". He says that each culture has its own unique range of physical symptoms through which the unconscious mind can express psychological distress. Those who care for people in mental distress inadvertently shape and choose which particular symptoms are legitimate expressions of illness and which are not. "Because the troubled mind has been influenced by healers of diverse religious and scientific persuasions, the forms of madness from one place and time often look remarkably different from the forms of madness in another. That is until recently."

For a generation or more Western and particularly American understandings of mental illness have been vigorously exported. This has been done partly in the name of science, in the belief that our "knowledge" of the biological basis for mental illness dispels the myths of more "primitive" cultures that blame mental illness on evil spirits or emotional dis-harmony. The spread of Western beliefs has also been driven by the marketing forces of big business, with pharmaceutical companies often being accused of medicalising human experience in order to sell drugs.

Over that same generation the prevalence of disorders like depression, bipolar and anorexia has risen dramatically worldwide. Dr. Roger Mulder (*NZ Family Physician, June 2005*) records that the prevalence of depression 100 years ago was less than 0.1%. In the latest figures from the Dunedin Study (*University of Otago Magazine, February 2010*) it is revealed that no less than 17% of the young people in the study have been diagnosed with recurring major depression. The incidence of bipolar disorder has also risen steeply over the same period.

Watters suggests that the rise in mental distress has been largely the result of the export of western "knowledge" about mental illness. He describes how the symptoms of anorexia among women in Hong Kong changed rapidly. Prior to the mid 1990's anorexia was rare in Hong Kong and the usual symptom was a feeling of a bloated stomach. After news reports quoting DSM-IV definitions of anorexia, there began an epidemic of Hong Kong women complaining of feeling fat. Western ideas did not simply obscure the understanding of anorexia in Hong Kong; they also may have changed the expression of the illness itself. How much has American culture driven the exponential rise in mood disorder in this country?

All things by immortal power,
Near and Far
Hiddenly
To each other linked are,
That thou canst not stir a flower
Without troubling of a star."

Francis Thompson

(English Poet and Writer, 1859-1907)

Hippocrates discovered that valerian was an effective treatment for anxiety and insomnia. Valeric acid, a substance found in valerian, was synthesized in 1882 and in the 1960s it was discovered to have anti-seizure properties, and since then its derivatives like Valproic acid and sodium valproate were used as treatments for epilepsy. Medications used for the treatment of epilepsy are called anticonvulsants.

Doctors noticed improvements in mood stability among people with epilepsy who took Sodium Valproate, and because of this it was prescribed for people who did not respond to lithium.

Today, it is often prescribed alone, with lithium, or with an antipsychotic drug to control mania.

Anticonvulsants drugs like Sodium Valproate are known as central nervous system depressants.

Sodium Valproate, which is sold under the trade name Epilim, should be used with great caution in people with liver disease. Epilim is also likely to damage the unborn baby so should generally not be used by pregnant women.

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

Dear Editor

Can you help me as I am confused as to what I am or am not.

I was a patient when I was consumed by my illness, now I am no longer consumed or a patient.

When I visit my Doctor I am his patient, and I consume the medication he prescribes.

I am not using any other medical service except for my doctor.

Am I a patient or a consumer, or a patient consumer?

Perhaps someone could enlighten me.

Yours confused

Dear Confused.

What you are is a human being. Who you are is Mary or John or whatever your real name may be. Try defining yourself by your strengths: you may be a mother, a sister, an employer, a worker. You may be vivacious or reserved or flamboyant. You may be good at painting or golf or looking after goldfish. You may believe in god or an avatar of Vishnu. You may have Maori roots or Icelandic. The sum of all these things is who you are.

It is really important that you do not become defined simply by the diagnosis that a doctor may put on you. Thinking of yourself primarily as a patient or a consumer or bipolar is devaluing and damaging.

Voltaire once said: "Doctors are men who prescribe medicines of which they know little, to cure diseases of which they know less, in human beings of whom they know nothing".

Make sure your doctor knows who you really are. That will give her the best chance of helping you improve your quality of life.

Yours, editor

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

Home Support under threat?

The Otago Daily Times reported this week that the Otago and Southland District Health Boards will soon begin withdrawing housework help for about 2000 elderly people. This comes as no surprise as the DHB's announced last June that they were providing thousands of hours of home help in excess of the national average. Many elderly people believe that a little help with the housework is all that enables them to live at home rather than in a rest home. However, the number of rest home places is also to reduce. The Otago DHB plans to reduce the number of people in rest homes from 763 to 600 over the next couple of years. I guess we will see increasing pressure on families and community to help elderly people over the next few years. Home support is also widely used by people with mental illness. We can only hope that

Second Chance Education Grants for Women

The New Horizons for Women Trust makes awards, to the value of \$2,500 or more, to assist women returning to education or training who did not obtain a tertiary qualification when younger. The grants aren't huge, however it's enough to buy a computer, pay for a broadband connection, help with travel costs or help with childcare costs. Pat Sivertsen, NHWT Trustee says "For many of the women who receive our grants it's as much about the boost in self confidence that comes with having someone believe in you as it is about the money."

Applicants must be women who

- o are aged 27 years or over (on the date at which applications close)
- o have not previously obtained a qualification at NZQA Level 4 (or the equivalent)
- o are studying in New Zealand for an NZQA-approved qualification.

Forms for this year's funding can be obtained from enquiries@newhorizonsforwomen.org.nz and should be returned by May 31. References are required with the preference for one personal and one academic. Evidence is required of being accepted into an NZQA-accredited educational or training course eg copy of fees payment or letter of acceptance.

Lithium making a comeback

Lithium carbonate, the original gold standard treatment for bipolar I disorder, has been losing favour over the last few years due to its toxic effects. Sodium Valproate has been increasingly used as a bipolar treatment on its own to reduce the likelihood of relapse. However, a study reported in the Lancet recently suggests that combining lithium with Valproate is 41% better at preventing relapse than either lithium or Valproate on their own. This may sound impressive but should be taken in context. None of the treatments is particularly effective. In this study, most people had a relapse within two years, whichever drugs they were taking. Of people taking even the most effective treatment, the combination of lithium and Valproate, 59% still had a major relapse of their bipolar symptoms within two years.

Bipolar Support marks 25 years in Otago

A glance through the archives appears to show that the Otago Manic Depressive Support Group, the predecessor of our present trust, came to life in mid 1986. That would make us 25 years old next year. Any suggestions for a celebration to mark the occasion?

Judi Chamberlin has passed away

"The mental health system has learned to speak the language of recovery, but without really accepting what it means in terms of changing practice. Helping people to recover means helping them to fulfill their own dreams, moving away from compliance as a prime value and toward a much more complex kind of service that is individualized and which allows people the dignity of risk."

Judi Chamberlin, Psychiatric Survivor, Author, Consultant, Activist, Speaker/Lecturer



**Our office will be closed for
Anniversary Day on Monday 22nd
March
And the Easter break
From
Friday 2nd April
And
Monday 5th April**



STILL CALLING ALL BOOKS!!!

There are still a lot of books that have been out of our library for months, maybe even a year or two. Please check to see if they are hiding. We would love to have them back to Re-label, allowing them to go to a new reader. Give us a call and we can tell you what book/s you may have.

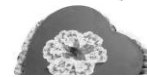
THANKS.

QUIZ for Autumn

Can you sort out these Proverbs?

1. Overstaff the kitchen and ruin the food.
2. Keith Richards stays weed free.
3. Pale core always loses the blonde.
4. Stealing from one apostle to give another.
5. Michael, floundering in the lake, grabs a drinking tube.
6. Lease slumbering Corgis telling untruths.
7. Lenient swap is not a crime.
8. Punctual Purl rescues a single figure.
9. Benevolence begins indoors.
10. Surprisingly stationary rivers dash down low.
11. Hundreds of farm workers get the illumination to operate.
12. Each and every well-behaved articles of equipment arrive as far as the servants.

Something yummy awaits the first person to let us know the correct answers, so get to it!



Thought for the season -
It is better to look forward and dream than
to look backward and regret.

Bipolar Education

Tuesday 16th March

from 10.00 a.m. – 3.00p.m.

A free course open to all being held here in our rooms at 109 Princes Street.

This one-day Education course is for any one with an interest in Bipolar Disorder. It is ideal for family members as well as those who have Bipolar to enable a better understanding of the disorder and how it affects those around us.

- Part one covers our understanding of what bipolar disorder is, who gets it, symptoms and diagnosis.
- Part two, You are the Expert, looks at the things that people with a bipolar diagnosis have found to be useful in their recovery. These include lifestyle changes as well as treatments like psychological therapies and medication.
- Part three is about the ways that bipolar affects relationships of all kinds, and how planning can help to protect and repair relationships

Phone our office on 4772-598 for further enquiries and to register your interest.

Places are limited and booking is essential.

Mornington Men's Probus

Retired men looking to make new friends, who enjoy the mental stimulation provided by guest speakers and who enjoy going on outings each month should consider joining the local men's probus club. It's not just for men- wives are welcome too!

Our club is relatively small with 40 members who come from quite a large catchment. However its size allows members to get to know each other more quickly. Our monthly meetings are held in the Mornington Bowling Club rooms and start off with a cuppa at 10 am followed by an address by a guest speaker. Recent speakers have included historian Professor Erik Olssen, Nurse Coleen Compton, Police Inspector Alistair Dickie, documentary maker Judith Curran and business editor of the ODT, Mr. Dene Mackenzie. Anyone interested is welcome to ring Brian St. John (476-2344) or Brian Robertson (477-8686).

From the archives

In April 2005 our newsletter reported on a new blood test for bipolar disorder with an overall accuracy of 97%. The report was from a New Scientist article which claimed that this test could accurately distinguish between people with people with bipolar, those with schizophrenia and those with no diagnosis. They predicted a practical test would be available to doctors within a few years. A Google search on the topic today shows that the idea has unfortunately never come to fruition.

Never let yesterday take up
too much of today.

Will Rodgers



MARCH 2010

Friday 5th – Ladies’ get together – Picnic lunch at Hoopers Inlet. Meet here at our rooms at 11.30 a.m.
RSVP to 4772-598 if you wish to come.

Tuesday 16th – Daytime Education Course
10.00 a.m. – 3.30 p.m. RSVP to 4772-598 by Friday, 12th March.

Tuesday 23rd – A speaker from the Carers Society will be at our rooms 2.30pm. Please RSVP if you wish to hear the talk.



Remember ladies, The Ladies’ get-together is for you. We welcome suggestions for future meetings. Please remember to let us know here in the office if you intend coming.



APRIL 2010

Friday 9th – Ladies get-together
Baking – bring your favourite recipe.
Let us know if you need any special ingredients beforehand.
(please note change of week ladies)

From early April – Look for our display on the Dunedin Hospital entrance display board.

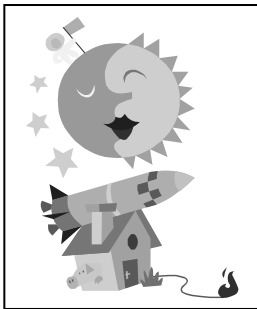
14th, 15th and 16th – Building Bridges conference in Wellington. Three of our staff will be up there. We are also sponsoring, through our Standard Nine service, two consumers to attend.

MAY 2010

Friday 7th - Ladies’ get together at our rooms - 1.00 p.m.

Mother to son as she cleaned up his extremely messy bedroom “M is for Mother - not Maid”. Quick as lightning he came back with “and S is for Son - not Slave”

Winter approaching? Get or make yourself a spaceship and head off to Uranus. This planet has a summer lasting 21 years!!! (probably means their winter is 21 years as well. Not a good place for those prone to seasonal affective disorder. *Ed.*)



Speaking of winter, lack of daylight, circadian rhythms, does anyone have experience of using **melatonin** supplements for bipolar disorder? Melatonin, intricately connected with bodily rhythms, is often suggested as a useful treatment for poor sleep, jet lag and bipolar disorder. There seems to be little good quality research on the topic. Have you tried it? Please let us know.

Garden of Hope

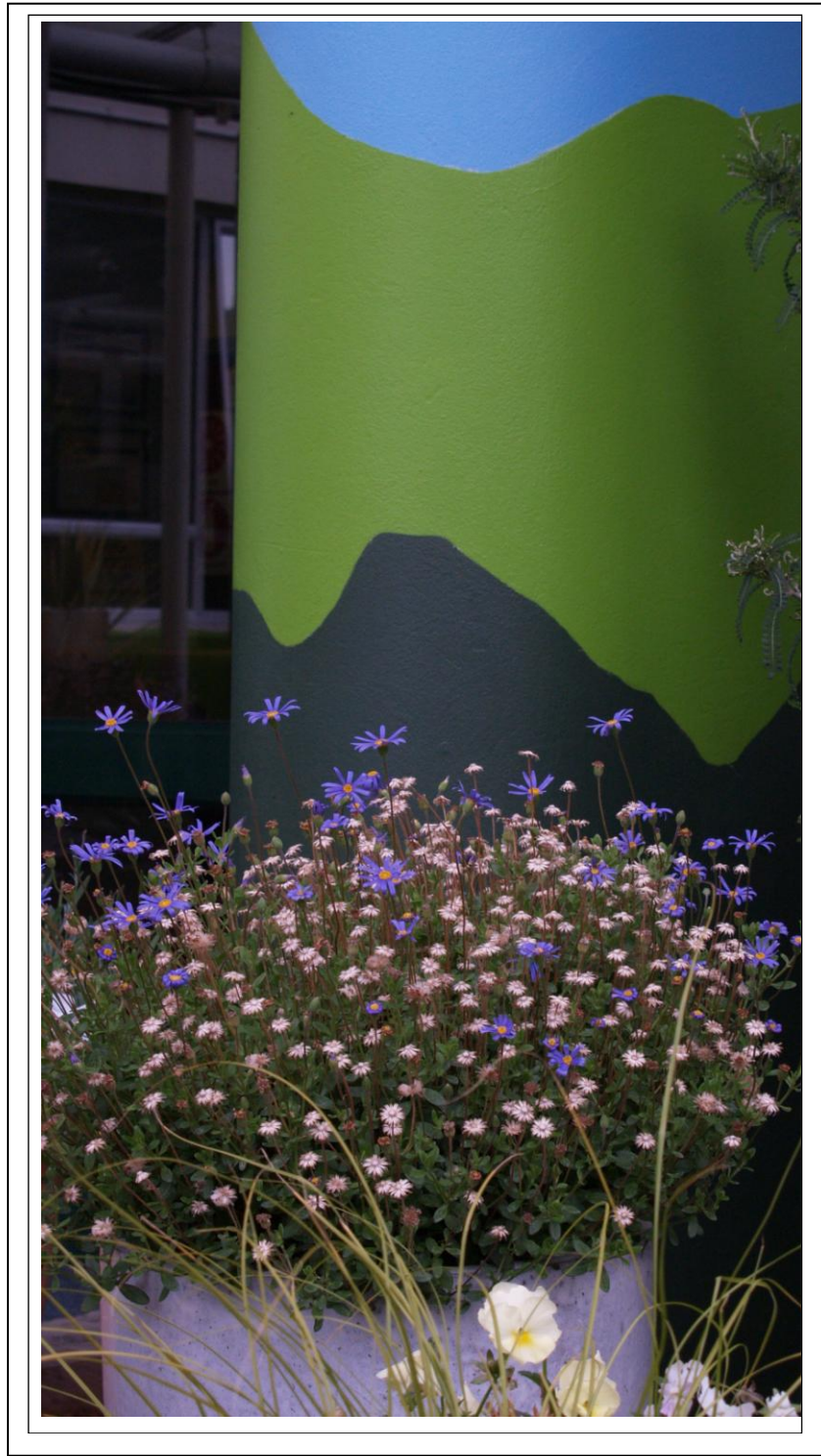
The 'Hope Garden' is located at Wakari Hospital, Dunedin, New Zealand, and was dedicated in October 2009.

The garden was assembled, painted and now maintained by all who are part of our community. Service users, friends, family/whanau, staff and members of the wider community provided all the resources necessary to develop this garden.

“Tumanako” is the name of the Pounamu, gifted to Graham Roper by the Tangata Whenua of the West Coast, South Island, New Zealand. The Pounamu sits on Oamaru stone. The carving brings together Trust, Love, Realisation Dreams and Aspirations which are elements of Hope.

The art work on the building is by the team at Artsenta. The other works are from the PACT 420 Centre.

Graham Roper



Tumanako, the pounamu symbol of hope, sits atop the beautiful Oamaru stone carving by John Kena. The works sit at the entrance to wards 10 and 11 at Wakari hospital, Dunedin

Photos Mike McAlevey

Many thanks to these people for their support:



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