



ENIGMA

NEWS AND VIEWS ON MENTAL HEALTH

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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.
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OTAGO MENTAL HEALTH SUPPORT TRUST

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

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All Shook Up

*"My hands are shaky and my knees are weak
I can't seem to stand on my own two feet"*

Elvis had it easy. He was feeling the effects of falling in love. In contrast, our friends and families in Christchurch are in the midst of a tragedy that would test the resilience of the strongest amongst us. There may be a temptation to assume that people affected by mental illness will be the worst affected by such a traumatic situation. *Enigma* is confident that the earthquake will actually be an opportunity for many people who might usually be marginalised by society to stand up, contribute and be valued. We look forward to hearing stories of calm, connectedness and community.

The Canterbury consumer network *Awareness* has added a useful Quake page to their website. This is a list of Christchurch mental health services, their operational status, and when they expect to be back in service. One service, which is in full swing with extended hours, is the Warmline, a telephone peer support service for people experiencing mental illness in Canterbury and the West Coast.

Kia kaha Christchurch!



Silver Anniversary

This year we are celebrating the 25th anniversary of the origins of our Trust. We don't have a specific founding date so will just have to celebrate all year! The earliest record we have is a letter dated the 14th of July 1986 from the Manic Depressive Society in Christchurch to Kerry Hand. From the letter it seems clear that Kerry had been asking for information about setting up a support group for people with bipolar disorder, or manic depression as it was then known. Please get in touch if you have any information about the early days of the Trust or would like to help plan the celebration.

What's the plan?

A strategic plan to guide mental health and addiction services in Otago and Southland does not exist. Without a plan, providers, funders and customers have no certainty about what services will be available from year to year, and there is little opportunity for change and innovation.

The new team at Planning and Funding for the Southern District Health Board is intent on real action for mental health services. They have started the process that will launch a five-year draft Mental Health and Addictions Plan later this year. In their words, the difference between this plan and those of the past is that the "...difficult decisions will be made, and limited resources allocated, using an agreed framework that will be geared towards achieving the best possible mental health for people living within the Southern DHB." They mean business!

The group responsible for developing the draft mental health plan has already begun work. They represent a very wide range of views but are expected to work as one to produce a plan to best support people who need mental health services in Otago and Southland. The members of the group are:

Regan Butt, RN, Community Mental Health Team, Southland

Louise Carr, CEO, Pact Group

Elaine Chisnall, General Manager, Mental Health and Community Services Directorate, Otago

Dr. Janice Clayton, Primary Mental Health Clinical Manager, Otago, Southern PHO

Alix East, Fieldworker, Supporting Families Central Otago

Deb Fraser, Director, Mirror services

Key Frost, Interim Manager, Pacific Island Advisory and Cultural Trust

Kerry Hand, Manager, Miramare

Dr. James Knight, Medical Director/ DAMHS/ Clinical Director Youth Specialty Service, Southern DHB

Robert Mackway-Jones (Chair), General Manager Funding & Finance, Southern DHB

Barbara Payton, Manager, Otago Youth Wellness Trust

Louise Travers, General Manager- Mental Health Directorate, Southland, Southern DHB

Val Dockerty, Moving Forward Southland Consumer Council

Mike McAlevey, Standard Nine Consumer Networking Service

Graeme Thompson, Te Oranga Tonu Tanga Kaiwhakahaere, Cultural Advisor Mental Health Wakari Hospital, Southern DHB

Ministry of Health nominee- to be confirmed

The draft plan produced by this group will go out for public consultation before it is put into action.

'It's a Mad Mad World'

Screens on TV3 and Freeview TVNZ 7 on Saturday 12 March at 9.30am. This half-hour documentary, made with some wonderful people was created to de-mystify and destigmatise people with personal experience of mental disorder. The documentary shows how these 5 people, all working professionally in the field of mental health are better parents, partners, friends, actors, poets, musicians and employees because of their experiences, not despite them. If anyone you know still has fears, misconceptions or unhelpful attitudes towards people with an experience of mental ill health, urge them to watch this - it will change their minds forever. Made as part of the Open Door series and funded by NZ on Air.

From Mental Health Foundation e-bulletin

Peter Bullimore Rules, OK? (adapted from psychminded.co.uk)

"Peter Bullimore has a story which might both send a chill down your spine and inspire you. In 1991 he was a family man and successful businessman handling turnovers of £1m. By 1992 he was an overweight, self-confessed down-and-out psychiatric patient. For the next eight years he became a revolving door patient. Diagnosed with schizophrenia, he said he was once threatened with life in a secure unit.

But Bullimore found a path to recovery. It was not via a new wave neuroleptic, but a basic - albeit painful - re-appraisal of his life initiated by contact with those he met through the Hearing Voices Network, perhaps the most influential self-help organisation for people diagnosed with psychosis."

It was through mutual support and self-help methods that Bullimore found his route to recovery. Moreover, against all his doctor's advice he successfully came off his cocktail of medication. It took two years.

"Imagine anxiety. If you times it by 10, that's what the effects of coming off the medication was like," he recalls.

Bullimore, aged 43, still hears voices. But he says he is control of them, rather than vice versa. "It's all a power thing," he says.

Bullimore suggests the following eleven key rules for mental health workers to apply to assist in people's recovery. They seem good advice for anyone working in mental health, from support workers to psychiatrists.

Autonomy I WILL STOP TRYING TO CONTROL THE SERVICE USER'S LIFE

Professionalism My professional success is based on the service user's recovery progress

Trust I will listen to, believe and value what the service user says

Respect I will not treat a service user differently to anyone else

Expertise I will have an in depth knowledge about and sympathy for the service user's disability

Autonomy I will not allow a service user to become overly dependent on me

Hope I can give a service user hope or helplessness, it is my choice

Potential I can always see potential in the service user

Relationship I serve as a coach not as an authoritative mental health professional

Attitude I will not become discouraged when a service user fails, or rejected if he or she succeeds

Self care I will take care of my whole being - Dealing truthfully and realistically with the spiritual, mental, emotional and physical aspects of my life

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.

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

Ketamine: Innovative Care or Clinical Research?

You may recall our Spring Enigma article on the use of ketamine as a rapid acting antidepressant in Dunedin. Unfortunately the doctor concerned has not responded to further requests from Enigma for information about this interesting and innovative treatment. The hospital, however, ensures us that this use of ketamine is not part of a clinical trial but is “...off-label prescribing of a drug treatment to patients who have given informed consent”.

This raises further interesting issues. What is the process for getting genuine informed consent from people who are desperately unwell in a psychiatric ward? What are the safeguards for those people? Was written consent required or obtained?

Secondly, where is the boundary between innovative care and clinical research? We expect our doctors to be lateral thinkers, to find us the very best treatment for our particular condition. We expect also that there will be research into new and promising treatments. Whether we are receiving a treatment as part of our care or as part of a research project we expect that our rights will be rigorously protected.

Doctors in New Zealand are bound by the Medical Association Code of Ethics. The code recognises that “Boundaries between formalised clinical research and various types of innovation have become blurred to an increasing extent”. The code requires that where a doctor is using an innovative treatment (such as ketamine for depression) on their own initiative, he or she must fully inform their patient about the drug, including the fact that it is unorthodox. They must also consult suitably qualified colleagues before offering the drug to any patient, and they should “...carefully consider whether such treatments should be subject to formal research protocols.”

Without doubt ketamine is an interesting drug and it may lead to better understanding of depression. It may also lead to effective and fast acting treatments. There has been research recently into its use in hospital emergency rooms where people are acutely suicidal. There is also a Dunedin study about to get under way to study the use of ketamine in people with terminal cancer. There is, perhaps understandably, a high rate of depression in people who have been told they have cancer and not long to live. The usual antidepressants which take weeks or months to have any effect are of little use to someone with weeks to live. A drug which relieves depression within hours may be of great benefit to those people. Unfortunately, this particular study seems unlikely to be of scientific value. The subjects do not necessarily have a DSM-IV diagnosis of depression so the data will be difficult to compare with other studies. People who are already trying other antidepressant treatments are not excluded from the study so the effects of those treatments will not be distinguishable from that of the ketamine. Ketamine is also used for pain relief. Will the researcher know whether someone is feeling better because they are in less pain rather than less depressed? *Enigma* will continue to take an interest and keep you informed.

Many thanks to these people for their support:



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