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This newsletter was put together by the staff of the Otago Mental Health Support Trust.

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#### OTAGO MENTAL HEALTH SUPPORT TRUST

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

#### Staff available

Monday –Friday.

Our office is open 10-3pm daily  
(unless all staff out on business)

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#### 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

## Taking Abuse Seriously

A recent landmark court decision against ACC has the potential to radically change the way people are treated for mental illness. The man in the case had been covered by ACC for his history of being sexually abused. However it was his psychiatric symptoms, labelled schizophrenia, which prevented him working. ACC refused to grant the man an independence allowance. The allowance of up to \$84.97 a week is paid to people whose work capacity has been affected by injury or accident. ACC argued that schizophrenia is a brain disease, a genetic biological condition which has nothing to do with life events like abuse. ACC's psychiatrists said in their report:

*"There is no evidence of sexual abuse as an etiological factor in schizophrenia."*

Another psychiatrist, Dr David Codyre disagreed strongly. In his report to the court Dr. Codyre said:

*"With due respect to my colleagues who undertook the prior psychiatric reports . . . their opinion that sexual abuse is not causally related to schizophrenia is not evidence based."*

Codyre gave evidence of the growing body of research which shows that indeed there is a very strong causal relationship between psychosis and childhood physical and sexual abuse. The judge agreed with Codyre and said that the history of sexual abuse was

*"a more compelling and inherently more credible cause of the appellant's schizophrenia".*

Professor John Read, until recently of Auckland University, has been at the forefront of the research presented by Codyre. In a recent presentation in Cork Professor Read revealed that 69% of women and 59% of men patients in psychiatric wards have been sexually or physically abused. He presented results of a Dutch study which found that people abused as children were 9 times more likely to develop "pathology level psychosis". Those most severely abused were 48 times more likely to become psychotic. Of the ACC decision Prof. Read said:

*"the finding would reduce the frequency with which psychiatrists dismissed abuse disclosures as irrelevant or imagined and increased the probability of people being offered trauma-based psychological therapy instead of anti-psychotic medication."*

This finding means that there are likely to be many more people who may qualify for ACC support. Kyle MacDonald, spokesman for the New Zealand Association of Psychotherapists said:

*"For a long time there has been a mindset of how schizophrenia and psychotic disorders are treated, which is that it is a biological disorder which needs to be medicated and managed. The reality is that actually these people are underserved in terms of therapy and psychological intervention. This is a way to get people more therapy and more psychological help."*

*"I just wish they would have said 'What happened to you? What happened? But they didn't."*

See <http://www.stuff.co.nz/national/health/9490650/ACC-to-rethink-abuse-link> and John Read at <http://www.youtube.com/watch?v=Y6do5bkUEys>

## You and I

*A reminder about the words we choose*

I am a resident. You reside.

I am placed. You find somewhere to live.

I am aggressive. You are assertive.

I have behaviour problems. You are rude.

I am noncompliant. You don't like being told what to do.

I have no insight. You disagree with your doctor.

When I ask you out for dinner, it is an outing. When you ask someone out, it is a date.

I wanted to talk with the nice-looking person behind us at the supermarket. I was told that it is inappropriate to talk to strangers. You met your future spouse in the wine department.

I celebrated my birthday yesterday with five other residents and two staff members. I hope my family sends a card. Your family threw you a surprise party. It sounded wonderful!

My case manager sends a report every month to my guardian. It says everything I did wrong and some things I did right. You are still mad at your sister for calling your Mum after you got that speeding ticket.

I am learning household skills. You hate housework.

I am learning leisure skills. Your shirt says you are a "Couch Potato."

After I do my budget programme today, I might get to go to McDonald's if I have enough money. You were glad that the new French restaurant took your credit card.

My case manager, psychologist, PDN, OT, social worker, and house staff set goals for me for the next year. You haven't decided what you want out of life.

Someday I will be discharged . . . maybe. You will move onward and upward.

I have hydrotherapy, and can only use hospital pools. You go swimming, and can use whatever pool you want to - and can choose the one with your desired gender to admire.

I have respite care (and am someone that others need to have respite from). You have holidays, and can choose where to go, and earn enough to have that choice.

I have recreation options. You have hobbies, passions and activities you choose to do.

I have to justify my existence to every badly behaved troglodyte who thinks they have the right to ask me what is 'wrong' with me. You have your privacy that you can take for granted.

I have to be aware of all of this every damn day. You take your dignity for granted, and don't have to be aware that not everyone can do so. (Adapted from Elaine Popovich. Thanks Colette Rafter for the reminder)



## Welcome Louise Brown

Louise Brown will begin work as a peer support worker with the Trust on the 8<sup>th</sup> of April. With more than 60 wonderful applications for the position the interview panel had an unenviable task making their choice. Louise has a clear passion for the work arising from her own experiences, and is eager to start. Later in the year she will undertake the same Intentional Peer Support Training course that the other workers here found so valuable.

Louise says she was born and grew up in Temuka. She lived in Christchurch for 20 years where she and husband Hamish owned and ran a bike and mower shop. Last November they moved to Mosgiel. They have two children, Olivia (21), studying fashion design at Auckland University, and Henry (19) who is farming in South Australia.

*"Looking forward to meeting each and every one of you"* says Louise.

## And Farewell Mike McAlevey

Mike is retiring in April after almost 10 years with the trust. He says "It has been a privilege and a pleasure to walk alongside so many people as they put their lives back together after mental distress. I thank all of you for allowing me to be there. Thank you to all of the staff and board for wonderful support and education over the years. I believe the Trust makes a huge difference by being flexible and open minded and doggedly doing whatever it takes to support recovery. By chipping away and not being afraid to speak out about injustice you gradually effect positive change in mental health services and public attitudes." Mike's last day is Thursday 17<sup>th</sup> April. Anyone is welcome to drop in during the day to say farewell over a cuppa and a nibble.

### Office Closed for Public Holidays

*Otago Anniversary Day Monday 24<sup>th</sup> March*

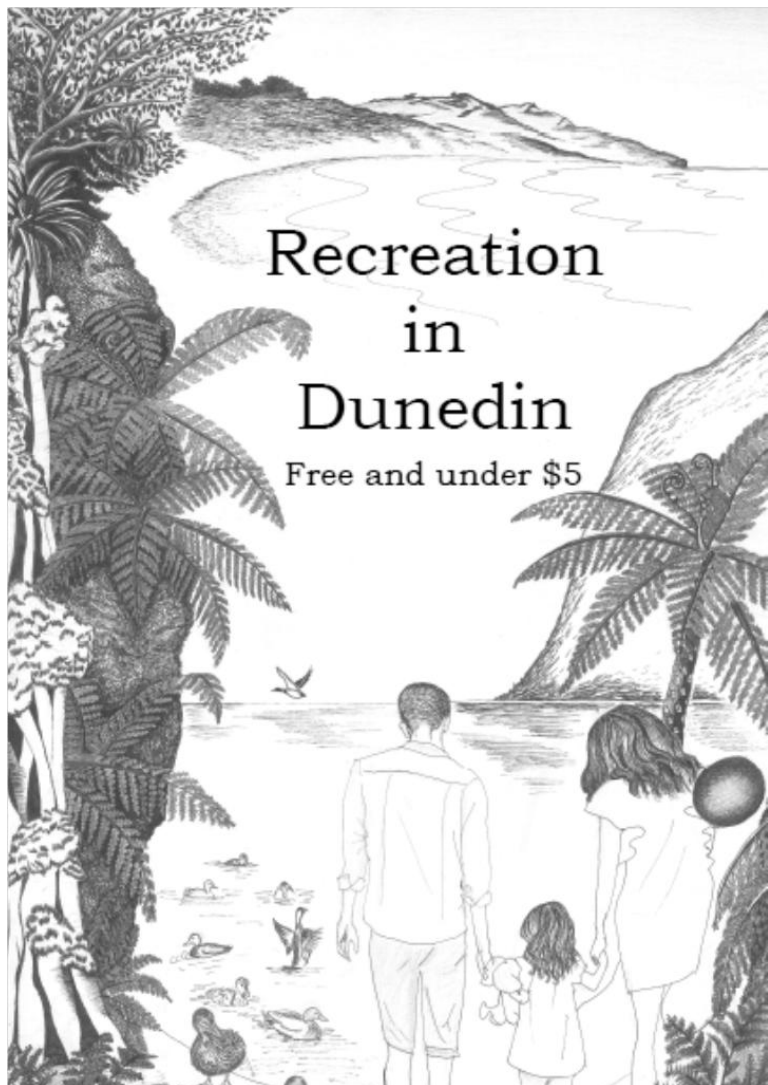
*Good Friday 18<sup>th</sup> April*

*Easter Monday 21<sup>st</sup> April*

*Anzac Day Friday 25<sup>th</sup> April*

**PAMHI-Parents Affected by Mental Health Issues** -Playgroup/support group

\***First Tuesday of every month**, 1.15 at the Hub (on the old Forbury School site, 158 Oxford Street, look for the signs and the green door)\*Gold coin donation-Ph: 021 050 1497(Joce) - [pamihigroup@yahoo.co.nz](mailto:pamihigroup@yahoo.co.nz) or the Hub (466 3407)



Recreation

in

Dunedin

Free and under \$5

## Recreation Book

Our ever popular book on reasonably priced recreation has been revised and re-printed. The original drawings by Doreen Michelle complement an easy to navigate Rob Tigear design. Teresa Mulligan and Ellen Scarrow compiled and updated the contents.

Ring 4772598 for a copy.

**Women's Group** held on the last Friday of every month. A friendly informal meeting giving opportunity to make new friends, and share experience. **1-3pm meet at our rooms, Queens Building**

Phobic Phone Line

**This is a 24 hour a day, seven days 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 – For more information [www.phobic.org.nz](http://www.phobic.org.nz)**



**MindFreedom**

[www.MindFreedom.org](http://www.MindFreedom.org)

### Who We Are

MindFreedom International is a nonprofit organization that unites 100 sponsor and affiliate grassroots groups with thousands of individual members to win human rights and alternatives for people labeled with psychiatric disabilities.

MindFreedom is one of the very few totally independent groups in the mental health field with no funding from or control by governments, drug companies, religions, corporations, or the mental health system. MindFreedom International is a nonprofit under IRS 501(c)(3) that is the only group of its kind accredited by the United Nations as a Non-Governmental Organization (NGO) with Consultative Roster Status.

MindFreedom is where the power of mutual support combines with the power of human rights activism. MindFreedom International is where democracy is finally getting hands on with the mental health system.

### Mission Statement

In a spirit of mutual cooperation, MindFreedom leads a nonviolent revolution of freedom, equality, truth and human rights that unites people affected by the mental health system with movements for justice everywhere.

### MindFreedom Goals

- Win human rights campaigns in mental health.
- Challenge abuse by the psychiatric drug industry.
- Support the self-determination of psychiatric survivors and mental health consumers.
- Promote safe, humane and effective options in mental health.

[www.mindfreedom.org](http://www.mindfreedom.org)



## New Book marks 21<sup>st</sup> Anniversary of the Mental Health Act

This new book edited by John Dawson, Professor of Law at The University of Otago and Kris Gledhill, senior lecturer in law at The University of Auckland, marks the 21<sup>st</sup> birthday of the Mental Health (Compulsory Assessment and Treatment) Act. The 21 chapters describe how the act is being used and consider whether it needs to change.

There are many familiar names among the contributors to the book, including lawyers, nurses, psychiatrists, psychologists and even a chapter by Sarah Gordon, a University of Otago academic who has personal experience of being under the mental health act. Gordon reports on the increased use of long acting antipsychotic injections enforced by compulsory treatment orders despite any good evidence of the drugs' usefulness.

A chapter on compulsory second opinions clearly supports anecdotal opinion that many section 59 and 60 second opinions may be far from objective. *"The diversity of second opinions was remarkable at a qualitative level, ranging from a single word (the name of an alternative medication to that requested), to a three-page formal report."*

The editors suggest four changes that will be needed if our mental health act is to meet our international human rights obligations, such as the UN Convention on the Rights of People with Disabilities:

1. Abolish indefinite compulsory treatment orders
2. Mandatory judicial or tribunal review of status whenever compulsory treatment orders are reviewed
3. A legal requirement that compulsory treatment is 'necessary' at all stages of assessment and treatment
4. 'Incapacity to consent to psychiatric treatment' (or at least significantly diminished capacity) should form part of the legal test for compulsion.

Introduction of the 'incapacity' test would mean, in theory, that anyone who remains competent to make decisions about their health could no longer be held or treated against their will, on exactly the same basis as people with diabetes or cancer or glaucoma. Capacity, however, is a complex concept, discussed at length in chapter 12 by Jeremy Skipworth, an Auckland forensic psychiatrist. Skipworth estimates that perhaps as many as two thirds of people under the mental health act in New Zealand actually have the competence to agree with or to refuse their proposed treatment. Perhaps ominously, Skipworth seems to suggest that the decision as to whether a person is competent or not could be made by psychiatrists.

This book is essential reading for anyone interested in human rights and mental health.

### *Incite*

Incite is a group of interested people who use or have used mental health services. We discuss and take action on issues of interest to consumers.

At present we are considering the very high rate of Electro-shock treatment (ECT) used in Otago and Southland compared with the rest of the country.

We meet monthly in Dunedin. For more information phone 4772598 and ask about Incite.

Many thanks to these people for their support:



DCC Community grants Scheme A.A Jones Trust