# 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

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# Driving and the Mental Health Act.

Does this scenario fit you? You become unwell, are admitted to hospital and are put under an inpatient compulsory treatment order. A few weeks go by, you feel much better and the doctor says you can go on overnight leave from the ward. You retrieve your car and drive yourself home for the night. On the way home you skid on a patch of ice and wreck the car. You claim insurance for the car only to be told you won't get anything because you were driving without a licence! What happened?

The moment you came under the inpatient compulsory treatment order your licence was automatically suspended under the Land Transport Act 1998.

The person in charge of the hospital is legally required to notify the New Zealand Transport Agency (NZTA) that you are under the order. Suspending your licence is not a medical decision. It does not mean you aren't a safe driver. It is a requirement of our transport laws.

When you are given leave from hospital you may be able to drive again but now it is the doctor's decision and they have to certify in writing that you are OK to drive. Make sure you get that doctor's letter because without it your licence remains suspended.

The happy day will come when the compulsory treatment order no longer applies to you, or it is changed to a community treatment order. On that day your licence is valid again unless your doctor still thinks you should not be driving. In that case the doctor is legally required to write to the NZTA and tell them that you should not be driving. The NZTA will then decide when you are able to drive again.

Also to be mindful of is the Land Transport Amendment Act which came into force in 2009, several points are mentioned including New drugged driving legislation from 1st November 2009, it states that:

### Prescription medication.

The new impairment offence treats controlled drugs and prescription medicines the same because both can impair a person's ability to drive safely. The new offence is concerned with road safety risk not with the use of illegal drugs.

For more information visit www.transport.govt.nz

If in doubt check with your GP or person that prescribes your medication to determine any risks or precautions that may need to be heeded.

# What's in a name?

You are probably aware that the services at Ward 1A are to be re-located to the Wakari hospital site from about April 2011. The acute mental health service will then be located at the old intellectual disability Ward 8, which is being totally re-vamped with the assistance of some millions of dollars of central government money.

This move has been forced on the hospital by successive damning audit reports of the Ward 1A service. It is a shame that the opportunity was not taken to look at some more innovative ways of delivering acute mental health care, with more focus on supporting people at home. However, at least consumers have had some voice, through Graham Roper, the mental health Consumer Advisor, in the design of the new ward. All rooms are to be single, with en-suites and windows. There will be no seclusion room, doctors' offices will be off the ward, and the nursing station will be designed to be non-confrontational and to discourage clustering.

A few months ago Graham approached us with the news that consumers were to play a part in naming the new ward. Enigma has surveyed current and potential users of the Ward 1A service and asked for suggestions for a ward name. The responses provide an interesting, clever and insightful comment on people's perceptions and experiences of acute mental health services. Here are the contributions so far (in alphabetical order):

1 Acute Service, A, A Cute Place, A-ward, Commitment, Etc Etc, Glory, Hope and Glory, Last Resort, Mixed Nuts, No View, Nuts and Bolts, Paradiso, Recovery Centre, Recovery Ward, Roper's Return, Section, State A Ward, Swift, Te Papa, The Clover, The Loose Unit, Up the Hill, Wai Whare, Wakari Hilton, Ward 1, Ward of the State.

Please send any further ideas for a name to *Enigma* and we will forward a selection to Graham. Family, Maori and ward staff will also be participating in this process. Words have power so whatever name is chosen for the new ward it can be expected to play some part in setting the culture of the environment which will be so important in the recovery of people's mental health.

Mike McAlevey

# If nothing ever changed, there'd be no butterflies.

~Author Unknown

For Mental Health awareness week in 2007 OMHST with the support of Public Health south introduced Dunedin to Laughter Yoga. The idea being "to focus on mental Health and not mental illness". While the idea was 'outside the square' it was embraced by all the staff which sums up the team spirit.

The newsletter was named Enigma, a fitting title for presenting views on mental illness. Walking a fine line between what may at times have been controversial to being respectful of the audience to whom we serve. A complaint to the advertising authority against Eli Lilly was upheld, and to the press council against The Critic also. This highlighted to me the respect and support we can afford each other when we allow our strengths, beliefs and convictions to shine through.

We moved premises, bought furniture, and re-arranged office space. Wore odd socks to celebrate diversity. We welcomed new Board members. We sadly farewelled some for whom the struggle could not be overcome. Throughout the time I have worked here, one thing remains the same. The dedication, curiosity, healthy skepticism, flexibility and the belief in the people we support.

The future of the Trust is in good hands and good spirits with the appointment of the new manager Noel Tiano.

Keeping up-to-date with the issues facing the people that use mental health services will continue to be the priority of the Trust.

Being mindful, respectful, accepting and believing in people stories in the face of adversity, is what the trust will continue to do well.

In the journey of recovery, the people that reach a destination of choice are those who continue believing in themselves, "believe in yourself and others will believe in you."

Best wishes to all the people I have had the privilege of working with, the Trust Board, the staff, and the wider community

Teresa Mulligan

# Critic Criticized

In May, the Otago University student newspaper Critic published a derogatory article about three Dunedin people. We complained to the Press Council that the article was inaccurate, discriminatory and in poor taste. The Press Council agreed. They said that "By publishing rumour and other details about three easily-identified people without giving them an opportunity to respond, or without making serious inquiries, Critic let itself down badly."

In the same issue, *Critic* published an article based on a student drinking game. Five students were asked which of the three people in the first article they would "fuck, marry or kill" (their words). The Press Council found this to be possibly in poor taste and offensive but not an incitement to violence. Enigma applauds the Press Council for slapping Critic over the hand this time. However their ruling possibly opens the way for even more outrageous articles in the future. Critic's editor wrote that they always try to "tread the fine line between being offensive and writing in an edgy manner that attracts student readers." The Press Council replied that they acknowledge the student newspaper genre to be provocative and offensive and are prepared to "...make allowances for it...". We can only hope that the new editor of *Critic* does not feel the need to be puerile in order to attract readers.

He who knows not and knows not he knows not: he is a fool - shun him.

He who knows not and knows he knows not: he is simple - teach him.

He who knows and knows not he knows: he is asleep - wake him.

He who knows and knows he knows: he is wise - follow him.

The origin of it is hard to track down, maybe an Arabic proverb

#### REALITY OR NOTHING

A few years ago now, in 1996, Cold Lazarus was shown on TV It was the last screen play by Dennis Potter and followed on from another play of his, Karaoke. Cold Lazarus was a sci-fi play set 400 years from now. A drug empire extracts memories from a stored head with the intention of providing viewers with an experience which will lead them to use drugs manufactured by this empire. Cigarettes were a banned substance, and then there is the world of the secret police RON, reality or nothing.

■ In the western world people are now consuming more psychiatric drugs than for any other condition.

An inspiration for the group LAP is a man called Peter Breggin MD, a psychiatrist whose work has led to significant changes within the profession. In the early 1970s, he conducted an international campaign to stop the resurgence of lobotomy and newer forms of psychosurgery. He is the author of many books and along with his wife, has recently set up a new organization which places increased emphasis on caring and effective empathic therapeutic, educational and human service approaches (<a href="https://www.empathictherapy.org">www.empathictherapy.org</a>). When I read of LAP and Peter Breggin I have to applaud their courage to stand up and say 'this is what I believe.'

Article by T.Mulligan

#### **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

#### TIME TO CELEBRATE

The AGM was held on Tuesday 9<sup>th</sup> November.

It was noted that the trust is entering its 21<sup>st</sup> year and has enjoyed another good year expanding our service to include Standard Nine (Consumer Development Network)

Ian Williams was re-elected as Chairman Trust Board members are: Pat Sivertsen, Donna Beck, Annie Coughlan, Kat McBeath, Yvonne Triggs, Beth Evans

# Introducing the Trust's New Manager

Sadly, Teresa Mulligan is leaving her position as manager of the Otago Mental Health Support Trust after nearly five years with us. Teresa has guided the Trust through a period during which we reaffirmed our vision to support those most important people, our clients/customers. It has been a time also for reviewing and strengthening our policies and procedures to ensure that we provide a safe and effective service. It is a tribute to Teresa's leadership that there have been no changes in staff during her time here. We wish her well and hope that she now will have more time to devote to important things like family and the vineyard. Given Teresa's outspoken opinions on contentious issues, I am sure that mental health has not seen the last of her!

We now welcome Noel Tiano, the new manager of the Otago Mental Health Support trust Noel recently completed his social work qualification at Otago University. Before coming to Dunedin, he was the director of the Centre for Ethics at the University of Nevada, Reno and has previously worked in many hospitals and hospices in the U.S. His wife is a nurse at Dunedin Hospital and their sons are finishing their degrees in Wildlife Ecology & Conservation. Noel is very excited to begin his new position at Otago Mental Health Trust and continue its mission in advocacy, education and support for mental health in Otago...

# Fascinating... and true.

Excerpt from UNFORTUNATE FOLKS

Essays on Mental Health Treatments 1863-1992 The Otago Mental Health Support Trust has a copy of this book in our Library and gives a fascinating insight into mental health treatments over the last hundred years. While we can learn something from the past there is no doubt the future brings more hope.

Dunedin Lunatic Asylum -

Between 1873 and 1876, the Asylum did enjoy a high success rate, with 563 patients out of 909 (62 percent), being cured. Every effort was made to reach this result. Dr. Hulme emphasized the need for patients to be admitted to the asylum as early as possible, to prevent their illness becoming of a serious and permanent nature. On admission they were generally given single rooms until their general condition had been observed. Various kinds of medication were administered. Many patients were given alcohol - brandy, gin, port or wine, some having a glass everyday. Epsom salts, castor oil, colcynath pills and morphine were all given out although little explanation is given about their effect on mental conditions. It would appear that the majority of medications were oriented to the digestive problems and physical well being of the patients, rather that primarily to their mental equilibrium. Some records describe patients being given pills with no explanation about their effects, but it is apparent that the use of drugs was fairly limited. There was greater emphasis on the therapeutic properties of comfortable rooms and clothes, good food and plenty of outdoor exercise and employment. This according to the Inspector of the Asylum was the truly scientific means of combating mental disease. James Hume and Duncan Macgregor all shared Pinels views, rejecting torment and chains, using drugs and restraint sparingly and emphasizing the maintenance of a constant routine. Work was *Nature's own cure and the best part of any rational programme of* treatment. James Hulme was convinced that the worst way to treat his charges was with enforced idleness. In 1864, he wrote, "Patience, gentle treatment nourishing diet, cleanliness with light employment or exercise goes far to recover the Lunatic, and in chronic cases, serves to make them comfortable or even happy."



Wishing all our readers a happy,healthy,uncomplicated Christmas and 2011. Our office is closed until 10<sup>th</sup> January 2011



Many thanks to these people for their support:











