Critiquing WRAP

A workshop of interest was A Critique of **The Wellness Recovery Action Planning (WRAP)** by Anne Scott whom we met last month at our rooms while she was interviewing staff for a research project on peer support within Aotearoa through the University of Canterbury. Anne along with Lynere Wilson who is a mental health nurse who facilitated WRAP planning for six years as manager of the Bipolar Support Canterbury worked on this project together. There was a lot of discussion around Wrap especially for those who Wrap just didn't work for. over the last few years for everyone who uses inpatient mental health services in New Zealand to have a plan to minimize the risk of relapse. Many services have adopted the WRAP as a readymade relapse plan and have been using it with everyone at their services. Anne suggested that there are three drawbacks to this approach.

Firstly it has led to the WRAP being adopted as a "clinical" or professional tool. This has damaged the tradition of the WRAP as a way of doing things which belongs to consumers.

Secondly, Anne said that there is an assumption among clinicians that WRAP works for everyone. When WRAP has been imposed on someone and does not work then that is seen as a failure of the person rather than the tool. Anne drew parallels with other psychiatric language which blames failure on the person rather than on the drug which is prescribed. People are labeled as non-responders or treatment resistant. This blaming language is very destructive to people's self esteem.

Thirdly, Anne suggests a shortcoming of the WRAP model itself. In sociological terms she says people using wrap develop a reflexive habitus. They live their lives as though they are constantly at risk of becoming unwell. They are forever monitoring themselves and their surroundings to forsee triggers to unwellness.

Anne's belief is that cultural changes within WRAP training are necessary to address these issues. She says that it must be recognised that WRAP is not suitable for everyone

Denise Kent- Mike Maclevey

From the archives – **DID YOU KNOW?**

Low fat diets can make you depressed. Research has linked diets that drastically cut down on all types of fat with an increase in systems of depression.

Poultry contain a good source of mood enhancing tryptophan, an essential amino acid which is converted into serotonin – which can be low in people suffering from depression. Turkey, chicken and bananas can produce a mellowing effect on anger.

Caffeine increases mental alertness and concentration and can improve performance. However, too much caffeine (and this will be a different amount for each person) has been found associated with: anxiety, cravings, depression, emotional instability, insomnia, mood swings, nervousness and premenstrual syndrome (PMS).

Contrary to popular belief, tinned tuna is NOT a good source of omega-3 essential fatty acids as the canning process reduces the tuna's fat content.

Vitamins B6 and C, Folic Acid (Folate) and Zinc are all essential good mood nutrients. They are needed to make the feel-good brain chemical serotonin from the tryptophan protein fragment that is found in foods such as meat, fish, beans and lentils.

The romantic associations we have with chocolate may be due to the effects on the brain of a naturally occurring substance called phenylethylamine PEA. PEA can enhance endorphin levels, increase libido and act as a natural depressant. Sugar can also increase levels of the body's natural endorphins and chocolate bars often contain appreciable amounts of sugar. These mood-altering effects of chocolate may be why it is easy to become 'hooked' on chocolate.

Depression – foods containing fatty acid Omega-3, like cold water tuna, salmon, herring and mackerel, have been found to elevate mood. For vegetarians, flax, sunflower and pumpkin seeds are rich sources of essential fatty acids.

Insomnia – Magnesium, a muscle relaxant, can be found in green vegetables. Calcium in milk and cheese.

This article appeared in our newsletter during Mental Health Awareness Week – Mood and Food, October 2005 and is still relevant today.

LOST IN SPACE - Alzheimer's Disease

Alzheimer's disease is a family affair. It affects people like you and me. People like our mothers, our fathers, husbands, wives, partners, and our children.

It was Alois Alzheimer, a German psychiatrist and a neuropathologist, who first noticed those tangles back in 1906. One of his patients was a middle-aged housewife who suffered from profound memory loss, confusion and depression, amongst other things. When she died at the age of only 55, he decided to conduct an autopsy. Looking at tissue under his microscope he discovered two startling abnormalities. The fine nerve fibres inside the brain tissue were twisted around each other, and between the the brain cells were plaques of burned out nerve endings.

Alzheimer's is **not** a result of normal ageing. but is related to a specific disease. A type of brain disorder or dementia that gets steadily worse. No-one has yet identified the cause and to date, there is no definite treatment or cure. Drugs known as cholinesterase inhibitors (*Aricept & Donezil*) as well as memantine (*Ebixa*) seem to help some people retain memory, slowing down the disease and making it easier for them and their families to cope. Cont'd elsewhere…….

ZYBAN or BUPROPION a prescription drug to aid those who wish to quit smoking can have serious side effects, especially to those who have Bipolar Disorder

There have been reports that this drug can cause neuron psychiatric symptoms. In particular, psychotic and manic symptoms have been observed, mainly in patients with a history of psychiatric illness.

Additionally, ZYBAN may precipitate a manic episode in patients with Bipolar disorder.

If you have pre-exsisting or exsisting mental illness let your doctor know .

Answers to Autumn Quiz

1. Too many cooks spoil the broth. 2. A rolling stone carries no moss. 3. Faint heart never won fair maiden. 4. Robbing Peter to pay Paul. 5. A drowning man clutches at straws. 6. Let sleeping dogs lie. 7. Fair exchange is no robbery. 8. A stitch in time saves nine. 9. Charity begins at home. 10. Still waters run deep. 11. Many hands make light work. 12. All good things come to those who wait.

Nobody claimed the yummy prize with this quiz, so you get another chance with the above quiz. Get to it.

QUIZ for Winter

How well do you know your neighbours?

We'll give you the television neighbours, you tell us the show…..

1. Fred and Ethel Mertz
Happy days, Good Times, The Honeymooners or I Love Lucy.

2. Jerry and Millie Helper
My Three Sons, Leave it to Beaver, I Love Lucy or Dick van Dyke Show.

3. Jefferson and Marcie D'Arcy
Married with Children, All in the Family, Family Matters or Full House

4. George and Martha Wilson
Family Matters, Who's the Boss, The Jeffersons or Denis the Menace

5. Rodger and Kay Addison
Bewitched, Married with Children, Mr Ed or Growing Pains

6. Gladys and Abner Kravitz
Little House on thePrairie, The Cosby Show, All in the Family or Bewitched

7. George and Louise Jefferson
The Cosby Show, Bewitched, All in the Family or Sanford and Son

8. Ned and Maude Flanders
Happy Days, Three's Company, The Simpson s or Married with Children

9. Tom and Helen Willis
Different Strokes, Three's Company, The Jeffersons or The Brady Bunch

10. Helen and Stanley Roper
Three's Company, All in the Family, Perfect Strangers or Full House

JULIA CHRISTIE MEMORIAL LIBRARY

At the moment there are ninety-seven of our books out on loan, with only a few being recently borrowed. This leaves a very large number still in the hands of folk who have had more than enough time to read these books. In some cases up to four years. **Please, please** can you search high and low for these in all nooks and crannies, underneath, on top and in between. We would appreciate the return of our 'lost' books. It is costly to replace these books and to this end accounts may be sent out to those who have long-standing overdue books.

CRUISING ON THE MONARCH

Wednesday, **the fifth**, turned out to be a beautiful, chilly yet sunny day, with a calm harbour. A group of around fifty people enjoyed an amazing four hours aboard the MV Monarch.

We motored down to Taiaroa Head, enjoying a very informative commentary delivered by our skipper, Sean.

We then ventured out to the open sea and were treated to some amazing wildlife viewing. Cormorants (shags to the uninitiated) and fur seals with their young pups. A special treat was a large group of Buller's albatross that mistook us for a fishing boat. A very impressive display of taking off and landing again on the water.

We take this opportunity to give a very big **THANKS to Artsenta** for inviting us to join them. Also **THANK YOU** to the management and staff of Monarch Wildlife Cruises.

Myths about Alzherimer's.

Myth: **All old people become senile.** Not all people who age become confused. In fact 85% of those over the age of 65 have minds that, intellectually speaking, function exceedingly well indeed, often better than those younger. Isolated forgetfulness may simply be due to information-overload or the natural memory loss we all face from time to time.

Myth: Only certain types of people get the disease. Alzheimer's is no respecter of persons. Sex, race, age, social position or education – none of this matters. However, keeping your brain active lessens your chances of developing dementia.

Myth: Alzheimer's has something to do with the amount of aluminium in the brain. Higher concentrations of aluminium have been found in the brains of Alzheimer's and other dementia sufferers, but most researchers think it is the result, NOT the cause, of Alzheimer's.

Myth: Alzheimer's is contagious. You can't catch it like Aids or the flu. It is not contagious, it is a specific disease process.

Fact: Downloading material from the Internet or listening to friends can often be misleading.

The word *dementia* literally means 'mind away' – and more than half of all dementia cases are due to Alzheimer's. However, reduced oxygen supply, strokes or multiple mini-strokes can cause mental and physical decline not unlike Alzheimer's. Other diseases, such as Parkinson's and Huntingtons' disease, can also produce Alzheimer-like symptoms.

Diagnosis takes a lot more than one test or one visit to the doctor. As caregivers, we might be the single most important diagnostic tool. Two key words are *change* and *onset*. What are the changes you have noticed over the past weeks, months or years? These changes might be noticed attitude and/or behaviour and can affect conversation and speech.

The knowledge of drugs taken by someone, are a vital factoring diagnosis, as many drugs, prescribed or otherwise, can cause confusion in older people.

Drug toxicity, depression, as well as heart and lung problems, can all produce symptoms, but these can respond to treatment. So a visit to the doctor is an all-important step.

The symptoms and behaviours vary in intensity, with the decline sometimes slow and hard to track, while others behave in ways that are unpredictable and disturbing, even bizarre.

If you are the carer, life can be very daunting as you watch the changes in your loved one. There is a lot of anger, both at the disease and at other family members who seem not to care. There is also a lot of guilt and frustration. Remember too, that the sufferer is also going through as many emotions, much the same as the carer. Coming to terms with all this is difficult but you do not have to do it alone. There are support groups scattered all over New Zealand . They come in all shapes and sizes, and are made up of people who really understand the situation.

Bipolar Education

Saturday 26th June

from 10.00 a.m. – 3.00p.m.

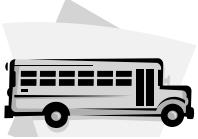
A free course open to all being held here in our rooms at 109 Princes Street.

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

When I was a kid, we walked 10 kilometres to school every day, uphill, often in the rain or snow.
Man, did we feel stupid when we found out there was a bus!



Melatonin treats seasonal affective disorder

In the Summer Enigma we asked for people's experiences with using melatonin to treat the symptoms of bipolar disorder. There were no responses directly related to bipolar but one report,(from Mary, not her real name), of melatonin used for seasonal affective disorder. Mary has used melatonin on and off for some years. She had been concerned that her depressed mood may be related to seasonal affective disorder so she did some research using Pub Med, looking for ways to lift her mood. Mary finds that spring and autumn are the most difficult times of the year for her. As a result of her enquiries Mary asked her doctor to prescribe melatonin. She gets it now through the hospital pharmacy and it costs her about $10 per week. Mary feels that the melatonin has helped lift her mood. She says it also results in better sleep, a more natural sleep than she gets when she uses nitrazepam. Mary says the dose is very important. She finds that 10mg daily helps her, rather than the usual 3mg which people are prescribed. She finds 20mg too sedating.
Mary's observations are interesting because seasonal affective disorder (SAD) is sometimes thought of as being partly due to *too much* melatonin – less daylight during the cooler months results in the body producing an excess of melatonin with the result that we have greater trouble waking up and getting going in the morning. Surely taking extra melatonin would make this worse? The answer seems to be that taking melatonin about 9 or 10pm gets us off to sleep earlier and effectively corrects our biological clock. That internal clock, which we all have, is partly regulated by the light reaching our eyes and triggering the pineal gland. Shorter daylight hours seem to upset the clock in those of us affected by SAD.
Mary had some other observations on SAD. She finds that light bulbs which produce a cold white light suit her better than bulbs with a warmer tone of light. She also mentioned some special glasses with built in lights which people with SAD can use instead of the older light panels which were available. These were used to give people some extra early morning hours of light during the darker months. One manufacturer of the SAD glasses is Solvital in Europe. The glasses have many advantages compared with the old light panels. They only have to be worn for 30 minutes or so. They have batteries built in so you can move around and carry on cooking or watching TV or whatever you usually do without the necessity for staying in one place in front of a panel. They can be worn at home, at work, on holiday, on a plane or wherever you happen to be. Unfortunately the Solvital website has no prices and they have not responded to my emails. Does anyone have experience with these products?