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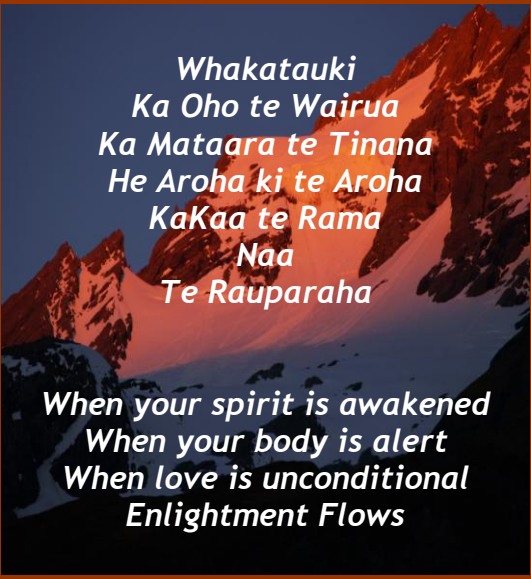
NEWS AND VIEWS ON MENTAL HEALTH

Winter Edition

May 2010

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- Lost in space



Whakatauki
Ka Oho te Wairua
Ka Mataara te Tinana
He Aroha ki te Aroha
KaKaa te Rama
Naa
Te Rauparaha

When your spirit is awakened
When your body is alert
When love is unconditional
Enlightment Flows

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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BUILDING BRIDGES CONFERENCE

Evolving Communities Beyond Services -

Building Bridges is New Zealand's only truly cross sectoral community mental health and addictions conference. It has been held every 3 years since 1997, first in Christchurch then Auckland in 2000, Rotorua in 2003, Christchurch again in 2006 and this year at the Wellington Convention Centre. The conference was initiated as a real way of bringing together the expertise and experience of both providers and consumers in response to the major drivers for change that were occurring in the late 1990's. The first conference produced a surplus and the Building Bridges Trust was formed to use those funds to enable more consumers to attend the conference in future years. This has happened very successfully ever since, with each conference continuing to make a small surplus to put back into the sponsorship fund. For each event a local organising committee is formed to plan and run the event with support from the Building Bridges Trust board.

The Wellington committee provided 75 sponsored consumer registrations to this conference. Consistent solid attendance by consumers and family members as well as providers has enabled genuine cross-community exchange of ideas and development of innovative practice to become the kaupapa of this event in a way that no other conference achieves. As a result it has become the major national opportunity to both highlight and stimulate real community-driven innovation in the sector. **Community Focus in content** Building Bridges has achieved these outcomes over the years with the support from local DHBs and NGO services as well as from the Ministry of Health and other national agencies.

Entitled *Evolving Communities Beyond Services*, the Wellington conference attracted 500 attendees and presented a programme that is more inclusive of the wide variety of services that make up the mental health and addictions system than ever before. While including presentations on innovative practice in mainstream mental health services, the event put focus on primary, youth, addiction and forensic services as well as the increasing range of alternative therapeutic options coming from the consumer, Maori and Pacific communities. Many of the new services in these sectors are demonstrating ways in which many existing services can configure and collaborate more effectively and economically in the future.

Associate Minister for Health Hon. Tariana Turia. opened the conference, Paul Bennet talked about his experience with drugs (the illegal addictive cannabis, LSD and Heroin plus the legal addictive psychiatric drugs of sleeping and anti-anxiety pills)
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Sustaining Peer Support Relationships in the Aotearoa New Zealand Health System

The Otago Mental Health Support Trust was invited recently to take part in a Peer Support Research study about the peer support relationship in the context of the New Zealand health system. The aim of the research is to address the question: “How do we fit the ‘round thing’ that is peer support, into the ‘square hole’ of the New Zealand health system?”

The research aims to address this problem by answering three questions:

1. How are peer support relationships conceptualised by peer supporters in Aotearoa New Zealand?
2. How do peer support relationships affect the lives and recovery of peer supporters?
3. How can a vision of mutual relationships be put into practice by peer support projects, while working within the Aotearoa New Zealand health system?

The research was undertaken by Department of Sociology;
School of Social and Political Sciences

University of Canterbury

The research team was made up of

Dr. Anne Scott: a sociologist of health and medicine, based in the Dept of Sociology at the University of Canterbury. Anne is a mental health consumer and has been a volunteer peer supporter at Warmline Canterbury for almost three years.

Ms. Robyn Priest: a mental health and disability consultant based in Wellington and Alaska with over 20 years experience in the mental health sector. Robyn has lived experience of mental health issues, and has worked in peer/consumer dedicated positions, including at Wellink.

Dr. Carolyn Doughty: a psychologist and epidemiologist, with a background in mental health research. Carolyn is National Coordinator for Balance NZ – a network that links bipolar and depression peer support groups throughout New Zealand.

Prof. Victoria Grace: a sociologist and psychologist with a focus on psychosocial studies and an interest in psychoanalysis. Victoria has extensive experience in health related research.

Mr. Hamuera Kahi: Ngāti Paoa, Tainui. A Kaupapa Maori researcher at the University of Canterbury, with a wide range of research interests.

Anne Scott spent 2 days conducting interviews with 4 staff, The **first** interview focused how you became involved in peer support, on what you feel the ideal peer support relationship to be, and on how peer support has assisted you in your own recovery. The **second** interview focused on on what helps, and what hinders, you in doing peer support in the way you would most like. particularly in how this relates to the New Zealand health system. All that took part agreed that it was an interesting reflective experience and we look forward to the outcome of the research.

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The closing address by Mary O’Hagan highlighted the changes she has seen in the last 20 years campaigning for psychiatric survivors.

Speakers came from New Zealand, Canada and England and ranged from the youth of New Zealand working with youth and sharing their experiences of depression, anxiety, attention Deficit Disorder and addictions to alcohol and drugs.

Tupu Ake-A New Experience

One of the workshops I attended 3 years ago was about a project being run in North America called The Living Room. This was a house that was set up for people who were extremely unwell and would usually be admitted to an inpatient psychiatric ward in the hospital. People can stay here in a place that has no locked doors and a very caring environment, with trained staff (mostly consumers but also access to a clinical team) to support people until they are well enough to leave. Tupu Ake-A New Experience, is the New Zealand equivalent and modeled off The Living Room. This is a peer support led community acute facility which is an alternative to the traditional inpatient setting. Tupu Ake is situated at Papatoetoe South Auckland in a fabulous 1912 villa which was once used as a convent. It is 20 months into a 3 year pilot programme. Denise

“ Lana Frado talked about the consumer/survivor agency she runs in Toronto which specialized in mental health as well as those in the criminal justice system and substance users. Lana talked about the down to earth practicalities of running such an agency and dealing with homeless people who were kicked out of their night shelters during the daytime left to find somewhere where they were accepted by other members and could be themselves plus dealing with welfare and benefit systems. She also mentioned dealing with people who abused the system and who would prey on vulnerable people selling drugs at the agency. Helen

Website worth visiting

www.happyplanetindex.org

Excerpt from the happy planet charter *The future is not the result of choices among alternative paths offered by the present, but a place that is created – created first in the mind and will, created next in activity. The future is not some place we are going to, but one we are creating. The paths are not to be found, but made, and the activity of making them changes both the maker and the destination.*

Japanese Poet Masahide eloquently expresses a resilient outlook

**Barn Burns down
Now I can see the Moon**

Themes of hope and survival

"The sexuality Experiences of women with enduring mental illness was presented by Joanna Davison she spoke of her research with a lesbian who came "out" and someone replied "Oh that's why you have a mental illness!" not realizing the abuse she had suffered resulted in her mental illness. She also commented on the double "coming out" where it was easier for this patient to come out as lesbian compared to the stigma and coming out as a mental patient. Staff reported not feeling comfortable talking about sexuality with clients, it was discouraged or patients were seen as asexual and patients not in a relationship were seen as they had never had one." Helen

Inspired by Stories of recovery

Jacqui Dillon is the national chair of the Hearing Voices Network in England. This is a charity which "...works to promote acceptance and understanding of the experiences of hearing voices, seeing visions...". Jacqui's own voices were extremely disabling and were treated with medication as schizophrenia. In fact they were a direct result of terrible childhood abuse. With the help of therapists, Jacqui learned the meaning of the voices and dealt with them. She is involved with the Campaign to Abolish the Schizophrenia Label. Mike

"Jacqui Dillon travelled from England to present a very powerful and very personal experience on Hearing Voices. I learnt a lot from Jacqui sharing with us her abuse as a child aged 5 from the people she most trusted; her parents and their friends. Jacqui attributed the trauma of her child abuse, neglect, blame and threats to her survival strategy of dealing with real life problems and attaching the voices as a form of disassociation from what she had suffered. Jacqui says she hears the voices of children and her abusers. One way she deals with her voices is to tell them "I'm busy now, can we talk about that later." Jacqui remembers going to see her G.P and telling him about her abuse only to hear the family members denying the abuse ever happened and the G.P telling her " These things haven't happened to you... You won't recover...You don't know what's best for you, we do." I felt for Jacqui when she was in hospital and said " One day I'm going to be on stage." Her psychiatrist replied "You have to watch your grandiosity!" Jacqui knew what she had to do to get out of hospital; she was an actor, white and had to lie to get out of the system. Jacqui now writes, campaigns, is an international speaker and trainer in hearing voices, psychosis and trauma along with being the national chair of the Hearing Voices Network in England." Helen

Reflections

"Building Bridges was a valuable opportunity to hear some inspirational people talk about their recovery journeys. It was also good to share some of the things which we believe we do well with people from other parts of the country. The outstanding presentations for me were from people who are thriving despite horrific experiences of mental illness. " Mike

"Other presentations at this conference were papers such as: mental illness in nurses and being a nurse means you can't really be a patient, but what if you're both? Peer run initiatives - opportunities and barriers. The addictions and mental health sectors: Should ne'er the Twain meet? " Helen

The power of creativity and humour

"The last workshop of the day MUD was storytelling and poetry by Terry Lynch who has discovered throughout his life the power of words. We thought this would be a light hearted way to finish the three 3 days of intense listening, learning and sharing. It was all of that and more. Terry took us on a journey through poetry and skits (gumboots and all) of his life when he was a young boy through to his 20 years working in a freezing works, to where he is today. This was extremely funny at times but also very real. Terry strongly believes that creativity has tremendous power to heal. " Denise

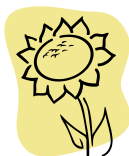
"Creativity and the power of words was evident in Terry Lynch's one-man act titled Mud . I enjoyed and laughed along with Terry's poetry and story telling of his many experiences in Southland from institutions, freezing works to training and gambling on horses." Helen

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

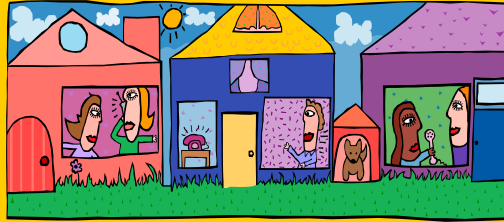
DISCLAIMER

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.



Random Act of Kindness Day 1st September -

Sunny Day
Sweeping the Clouds Away
On my way to where the air
is sweet



The Latin term "communitatus" from which the English word "community" comes, is comprised of three elements, "Com-" - a Latin prefix meaning with or together, "-Munis-" -that means "the link" and "-tatus" a Latin suffix suggesting diminutive, small, intimate or local.. German sociologist Ferdinand Tonnies, defined that "community" is perceived to be a tighter and more cohesive social entity within the context of the larger society, due to the presence of a "unity of will." He added that family and kinship were the perfect expressions of community but that other shared characteristics, such as place or belief, could also result in a community.

Community as we know it has another added dimension with the coming of age of internet. When we refer to community in terms of social networking for lots of people their social network involves people they haven't met in person or people that share a different geographical location.

In mental health the word community is often seen in documentation, and recommendations in context to recovery. Community mental health teams, community integration, mental health in community setting. Therapeutic community. So what is meant by community mental health, living in the community? Does it have something to do with communication, , relationships, meeting people, socializing, mixing with people of different ages. Does it mean being part of the neighborhood you live in . For people entering or returning to a community after ill mental health there are a number of challenges. Some of which are highlighted in Dunedin Community report 2006 (a publication by Family and community services)just over a third of Dunedin's population received an income of \$10,000 or under. While this figure reflects our student population, it also reflects the number of people living on very small incomes; this was backed up by the number of people receiving assistance with food parcels.

The aim of the report was to identify main issues for priority action. One of those issues was, low income, debt and social exclusion.

"A study that looked at the geography of community welfare organisations in Dunedin found increasing gaps in the type and quality of services offered by these organisations depending on their size and funding source. Particularly, the study found a distinction between the type of service offered by larger welfare agencies and the smaller drop-in centre's.

For example, the larger voluntary welfare agencies limited client contact to 30-60 minute timeslots, where smaller drop-in centre's tended to have an average of two and a half hour periods of client contact and delivered their services in a more personal and informal manner.

This study also found that, in larger agencies, access to services was more difficult for those who did not fit their funding contract's target groups."

DARE TO BE DIFFERENT

The DSM is a large book that list: it's considered a mental illness. each edition it has grown fatter - due to be published in 2013 - disorders include



disorders and describes their symptoms. If a condition is in there, it means There have been three versions of the DSM since the first in 1952 and with DSM-IV is seven times larger than the original. Last week, a draft of DSM-V was put on the web and is already proving contentious. New possible

- If you find it hard to throw out things of limited or no value, you could be suffering from **hoarding disorder**.
- '**intermittent explosive disorder**', which involves occasionally becoming very angry suddenly.
- Most bizarre of the proposed additions is one defined as 'getting a thrill at being outraged by pornography'. It was also described as Whitehouse syndrome after the campaigner Mary Whitehouse, who objected to sexual content on TV. The DSM is produced by the American Psychiatric Association and is hugely influential worldwide.

'Once a condition has got a label you've got a better chance of being treated and researchers are more likely to investigate it,' explains Professor David Cottrell, professor of child and adolescent psychiatry at the University of Leeds. But not everybody is so relaxed about including new disorders. In fact, every time the DSM gets updated there is a big row about what should be added and what shouldn't. This time is no exception. Excerpt from "Mail online

Many thanks to these people for their support:



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