



ENIGMA

Otago Mental Health Support Trust News and views on mental health

AUTUMN 2018 EDITION

This newsletter was put together by the staff of the Otago Mental Health Support Trust. Editor: Grant Cooper

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**3rd Floor, Queens Building,
109 Princes Street, DUNEDIN.**

Phone: (03) 477-2598 or

Toll free on 0800364462

E-mail: info@omhst.org.nz

Website: www.omhst.org.nz

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

We welcome your feedback on our newsletter. See above for contact details.

Like Enigma by email? Let us know.

Mental Health – we need to do something different

The Mental Health Inquiry is up and running. This is your opportunity to have your say about what YOU want mental health support in NZ to look like. Please feel free to contact us if you would like support to have your say. You can also email the inquiry directly at mentalhealthinquiry@dia.govt.nz or go to <https://www.dia.govt.nz/Mental-Health---About-the-Inquiry> to find out more.

Much talk is about our current mental health system and the issues there are. Whilst there are people that have benefited from support from mental health services, there are too many people that have not had their needs met. To my mind if mental health support was a house it needs to be redesigned and rebuilt, not just repairing the cracks. The articles in this edition offer some insights that would contribute to how we can redesign our 'house.' I also liked the comments that Julia Rucklidge of the Mental Health and Nutrition Research Group said below re medication.

The bottom line is that "More of the same is just not good enough"

Grant Cooper - Editor

Julia Rucklidge - Mental Health and Nutrition Research Group

Christchurch Press front-page headline on Wednesday Feb 28th: Antidepressants "don't work".

Christchurch Press front page headline on Thursday March 1st: Mental health drugs "do work"

Julia's response in the Press:

While the experts increasingly polarize the issue and throw personal attacks, what gets lost is that not enough people are getting well in our community and the statistics on mental illness are getting worse. Prozac and other antidepressants have had over 30 years to help address the mental health crisis and reduce rates of mental illness. At what point can we declare that this approach hasn't helped enough people and we need to address some fundamental social issues like poverty, poor diet, trauma and abuse? If a drug for tuberculosis was put on the market in 1987 and 30 years later we had more cases of tuberculosis, would our community say that the drug was working? There are people who have benefited from taking these psychiatric drugs, there are people who have been harmed, and there are those who have no response. But when the evidence suggests that not enough people are recovering from mental illness, then it is time to seriously question how effectively our mental health system (and our society in general) is addressing these serious problems and recognize that more of the same is just not good enough. That's where the focus should be.

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Mental Health in Crisis?

A series of conferences to discuss a perceived crisis in mental health was recently held around New Zealand and Australia. Speakers included Professor Peter Gøtzche (www.deadlymedicines.dk), Robert Whitaker (Anatomy of an Epidemic),

Maria Bradshaw (who lost her only child to SSRI induced suicide), Professor Roger Mulder (Otago Medical School), Dr. Niall McLaren (Australian psychiatrist) and several others. Without exception these speakers seemed to agree that the current practice in psychiatry of prescribing long term use (beyond a few weeks) of psychotropic drugs has no scientific basis and is in fact causing great damage to people. They ask why the greatly increased provision of mental health services over recent years has not reduced the prevalence of mental disorder.

The conference organisers noted that the Royal Australian and New Zealand College of Psychiatrists was invited to participate in this conference. Emails went unanswered. The SDHB did send one representative. It will be interesting to hear the SDHB response now that they are aware of the concerns of these eminent speakers.

Read more about the speakers and their presentations at <https://www.mentalhealthcrisis.co/>

A recurring theme in the discussions was harmful myths being perpetuated by some in psychiatry. Professor Gøtzche colourfully dispelled some of these myths:

- 1. Mental diseases are caused by a chemical imbalance in the brain** *"We have no idea about which interplay of psychosocial conditions, biochemical processes, receptors and neural pathways that lead to [mental disorders](#) and the theories that patients with depression lack serotonin and that patients with schizophrenia have too much dopamine have long been refuted."*
- 2. It's easy to go off [antidepressants](#) any time you want to** *Gøtzche points to drug trials involving people suffering from panic disorder, who were not depressed. Fifty percent of the patients found it difficult to come off antidepressants even though they were gradually reducing their doses. It could not be that the patients saw their depression returning, as they were not depressed to begin with.*
- 3. Psychotropic drugs are to mental illness as insulin is to diabetes** *"When you give insulin to a patient with diabetes, you give something the patient lacks, namely insulin. Since we've never been able to demonstrate that a patient with a mental disorder lacks something that people who are not sick don't lack, it is wrong to use this analogy."*
- 4. Psychotropic drugs reduce the number of chronically ill patients** *"In 1987, just before the newer [antidepressants](#) (SSRIs or happy pills) came on the market, very few children in the United States were mentally disabled. Twenty years later it was over 500,000, which represents a 35-fold increase. The number of disabled mentally ill has exploded in all Western countries."*
- 5. SSRIs don't cause suicide in children and adolescents** *"The companies and the psychiatrists have consistently blamed the disease when patients commit suicide. It is true that depression increases the risk of suicide, but happy pills increase it even more, at least up to about age 40, according to a meta-analysis of 100,000 patients in randomized trials performed by the US Food and Drug Administration."*
- 6. SSRIs don't have side effects** *"Patients care less about the consequences of their actions, lose empathy towards others, and can become very aggressive. In [school shootings](#) in the United States and elsewhere a striking number of people have been on antidepressants."*
- 7. SSRIs are not addictive** *"The worst argument I have heard about the pills not causing dependency is that patients do not require higher doses. Shall we then also believe that cigarettes are not addictive? The vast majority of smokers consume the same number of cigarettes for years."*
- 8. The prevalence in depression has increased a lot in recent history** *Gøtzche points out that this is difficult if not impossible to determine, as the criteria for being diagnosed as clinically depressed has been drastically lowered over the last 50 years.*
- 9. The main problem is not overtreatment, but undertreatment** *"In a 2007 survey, 51% of the 108 psychiatrists said that they used too much medicine and only 4 % said they used too little. In 2001-2003, 20% of the US population aged 18-54 years received treatment for emotional problems."*

Mental Health in Crisis? (continued)

10. Antipsychotics prevent brain damage “Some professors say that schizophrenia causes brain damage and that it is therefore important to use antipsychotics. However, antipsychotics lead to [shrinkage of the brain](#), and this effect is directly related to the dose and duration of the treatment.”

Of the psychiatrists present at the Christchurch conference, not a single one challenged the data presented. This gives hope that DHB's around New Zealand may be willing to examine their mental health practices in the light of the issues raised in these conferences. It gives hope also that the Mental Health Review team will take these issues into account as they look at the dire state of our mental health services.

- **Mike McAlevey**

John Henden workshop in Dunedin.

Life Matters Suicide Prevention Trust recently had the pleasure of hosting John in Dunedin for a two-day workshop, on Preventing Suicide Using the Solution Focused Approach – a unique approach to working with the suicidal person which reduces both suicidal thinking, and the sense of burden on the helper. This workshop was held in February with sixty participants from across all health sectors in the South Island and also our local community.

We all know by now that over 600 New Zealanders take their lives every year, with countless more experiencing suicidal ideas or acting on these thoughts in the form of non-fatal suicide attempts.

Interestingly, studies have shown that around 60% of those who die by suicide, speak to a helping professional in the weeks prior to their death. All human services professionals need a framework for assessing and intervening with suicidal clients, to ensure that these opportunities for intervention are utilised for the maximum benefit of their at-risk clients.

John's workshop specifically aims to reduce suicide rates amongst those contemplating suicide and to teach the basic tools and techniques of the solution-focused approach to those working with suicidal persons, or those directly supporting suicidal persons. They also provide tools and skills, that can be implemented immediately, that reduce the sense of burden on those supporting the suicidal person.

John believes that no-one should die alone and in despair in health care.

The Life Matters Suicide Prevention Trust always does a survey at the end of our workshops, to get feedback, and to improve our services. One participant commented “Well worthwhile. A pity more did not come especially psychiatrists and psychologists.”

We all agreed that John Henden was a great presenter.

Corinda Taylor – Life Matters Charitable Trust

What to do in an emergency

If you're seriously concerned about someone's immediate safety:

- call 111 or take them to the Accident and Emergency Department (A&E) at your nearest hospital
- phone your nearest hospital, or your district health board's psychiatric emergency service or mental health [crisis assessment team](#)
- remain with them and help them to stay safe until support arrives.

Helplines

- Need to talk? ([1737](#) – free call or text)
- The Depression Helpline ([0800 111 757](#))
- Healthline ([0800 611 116](#))
- Lifeline ([0800 543 354](#))
- Samaritans ([0800 726 666](#))
- Youthline ([0800 376 633](#))
- Alcohol Drug Helpline ([0800 787 797](#))

You are invited to come and support tp Sharman's book launch!

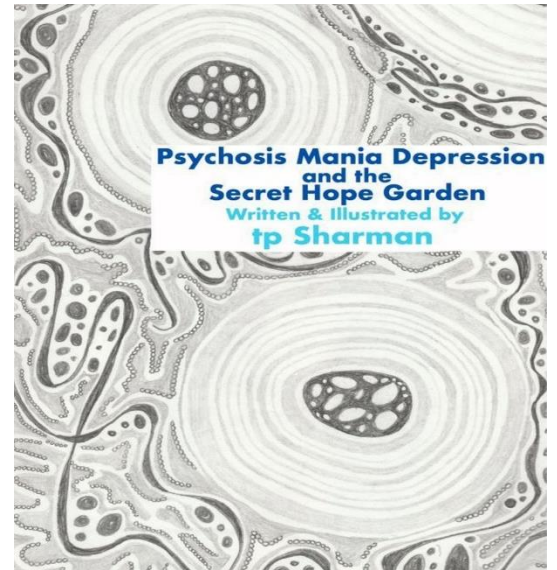
Date and Time: Thursday 19th April 7pm to 8.30pm

Place: Otago Mental Health Support Trust, 3rd Floor, Queens Building, 109 Princes Street (above the Black Dog café)

Hear the author discuss her inspiration for the Secret Hope Garden located in Woodhaugh and what inspired the book and illustrations

Please RSVP by 13th April to Otago Mental Health Support Trust by calling 477 2598 as space is limited.

Her book is available for \$30. Cash only



growing mental health leaders

www.changingminds.org.nz/rakauroroa



Mental distress is a common experience and is more than the labels of depression or anxiety. It includes people's experiences of feeling isolated, lonely, being overwhelmed by stress and feeling unable to cope.

If you are looking for an opportunity to create a meaningful difference for other people who are going through difficult times then apply!

This is a unique opportunity to learn and engage with other people who also want to make a difference. You will be supported through the whole Rākau Roroa process by mentors who have been selected based on their experiences and knowledge. And best of all it is completely free thanks to 'Like Minds, Like Mine' and the NZ Health Promotion Agency.

We are looking for people to apply now to be participants (Tall Trees), to take part in May/June 2018.

For more info and to apply check out www.changingminds.org.nz/rakauroroa

Applications close on Friday 6th April 2018,

any questions people can go to www.changingminds.org.nz/rakauroroa or email rakauroroa@changingminds.org.nz

Women's Group is held on the last Friday of every month (although not December). This is a friendly informal meeting giving an opportunity for women to make new friends, and share experiences.
1-3pm meet at our rooms, Queens Building, 109 Princes Street Dunedin.

We wish to thank the following for their financial support:
Bendigo Valley Trust, COGS Coastal Otago/Waitaki, Dunedin Casino Charitable Trust, Dunedin City Council, HealthCare Otago Charitable Trust, Lotteries Otago/Southland Community, Ministry of Social Development, Otago Community Trust, Southern District Health Board

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