

ISSUE

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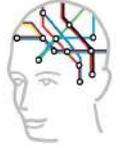
Momentum

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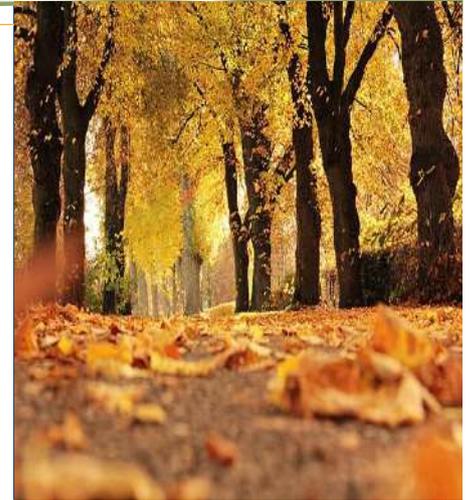
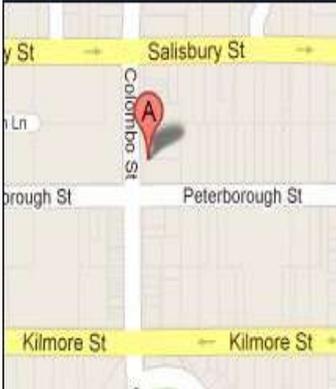
2017-18

together on the road to well-being...

MHAPS
Mental Health
Advocacy and Peer Support
Together on the road to well-being



WE ARE HERE



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THE LEARNING EXCHANGE

Editor: Ian Johnson



Learning to Love Our Jagged Edges

Therese Borchard

My absolute favourite essay on depression is a piece Kay Redfield Jamison wrote for NPR's "This I Believe" collection of testimonies. It's about learning to love our jagged edges.

I believe that curiosity, wonder and passion are defining qualities of imaginative minds and great teachers; that restlessness and discontent are vital things; and that intense experience and suffering instruct us in ways that less intense emotions can never do. I believe, in short, that we are equally beholden to heart and mind, and that those who have particularly passionate temperaments and questioning minds leave the world a different place for their having been there. It is important to value intellect and discipline, of course, but it is also **important to recognize the power of irrationality, enthusiasm and vast energy.** Intensity has its costs, of course -- in pain, in hastily and poorly reckoned plans, in impetuosity -- but it has its advantages as well.

I was dealt a hand of intense emotions and volatile moods. I have had manic-depressive illness, also known as bipolar disorder, since I was 18 years old. It is an illness that ensures that those who have it will experience a frightening, chaotic and emotional ride. It is not a gentle or easy disease. And, yet, from it I have come to see how important a certain restlessness and discontent can be in one's life; **how important the jagged edges and pain can be in determining the course and force of one's life.**

I have often longed for peace and tranquility -- looked into the lives of others and envied a kind of calmness -- and yet I don't know if this tranquility is what I truly would have wished for myself. One is, after all, only really acquainted with one's own temperament and way of going through life. It is best to acknowledge this, to accept it and to admire the diversity of temperaments Nature has dealt us.

Exuberance and delight, tempered by deep depressions, have been lasting teachers. An intense temperament has convinced me to teach not only from books but from what I have learned from experience. So I try to impress upon young doctors and graduate students that tumultuousness, if coupled to discipline and a cool mind, is not such a bad sort of thing. **That unless one wants to live a stunningly boring life, one ought to be on good terms with one's darker side and one's darker energies.** And, above all, that one should learn from turmoil and pain, share one's joy with those less joyful and encourage passion when it seems likely to promote the common good.

One thing on which we can all agree

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".

You'd be forgiven for being confused. These headlines create an unhelpful polarisation of what is actually not a black-and-white issue. The complexity, the nuances and the overall picture are being lost, rather than being explored in a considered way.

However, what is encouraging for us at MHAPS as peer workers is the one message that all the experts seem able to agree on – that **people in distress need human support**, and help to address the things that are adding stress to their lives.

Whatever your experience or understanding about the benefits or otherwise of medication, through peer advocacy and peer support you can find the human connection we all need, and you can get support for dealing with the things that are stressing you out.

A more measured response to the psych meds debate has come from Professor Julia Rucklidge, from the University of Canterbury's Mental Health and Nutrition Research Group: Julia writes: -

"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."

Fiona Clapham Howard, MHAPS' Te Kaihautū / Service Director

Maybe there's nothing 'wrong' with us? Finding your 'tribe.' And 'Big Community'

In an article published on the **Big Feels Club** webpage **Graham Panther** talks about *'.....an unspoken cost to getting help. The mental health system didn't just ask me to swallow a pill. It asked me to swallow a whole way of seeing myself: as a problem to be fixed.'*

But we're not that at all, what we are is a bundle of strengths and aptitudes, skills, knowledge, experience and potential— but with some current 'wiring' challenges.

Graham also says **'What changed my life wasn't getting a diagnosis, or finding any answers really. It was finding other people asking the very same questions. It was finding my tribe.'**

My colleague **Hannah** has recently said much the same about her own journey. Your unique 'tribe' may not be your immediate family, or even regular friendships, but instead a group of people clustered around the same interests or similar life experiences as yours. Maybe keep looking 'til you find it?

Which segues nicely into community, not any community, but what I've discovered recently, **Big Community**. This

idea springs from a belief by some people that we have not continued the movement to **provide resources for recovery and wellbeing that are actually in, or very close to, our communities**. After all, if people have become distressed, that distress has occurred in the community and that's where the emphasis of recovery and renewed sense of wellbeing should happen too. Big Community.

The big, blazing headline and article in **The Press** recently is perhaps the most visibly public evidence of the ongoing debate within the medical community about the impacts on people of their taking anti-depressants. At MHAPS we're taking yet further heart from the strong confirmations in that Press article for the type of work we do here.

RecoveryWorks has now been delivered 32 times! I still get blown away by what people do and say after the programme, like this, for example:-

'Utterly incomprehensible that I should feel this way (confident), but I'll take itso liberating.'

So, at MHAPS we're not asking you to accept anybody's belief about yourself - other than your own. The first question we ask when you come through our door is simply **'What has brought you here today?'**

Ian Johnson, Editor



In narrative therapy: Māori creation stories are being used to heal

Mark Kopua is using Māori knowledge to heal whānau in distress.

CHRIS SKELTON/STUFF

gettyimages: Lonely Planet Images: David Wall Photo

The boy sits there, his head down. He feels stink; he knows all the adults are there to talk about him, about what's wrong with him. He's always been told off for being so fidgety, for not paying attention. He knows it's a bad thing.

But when the talking begins, it's not about how to fix him. They're telling a story about atua, the gods, and one of them sounds exactly like him! He's called Uepoto, and he's always curious. He's full a mischief, a *tutū*.

The boy looks up.

"That's where the healing starts, with an exchange of words," says Poutu Puketapu, 25, a mental health worker at Gisborne service Te Kūwatawata. Only, that's not his title here - in this space he's a Mataora, or change-maker.

And the boy isn't a patient, or client, or even a consumer. He is simply whānau.

"Instead of labelling them and making them feel like they are part of the mental health system, we reach them with these narratives. When they hear the pūrākau (stories) you see a little spark in them."

Mahi a Atua is a form of narrative therapy that focuses on recovery from the trauma of colonisation. Māori creation stories are used as a form of healing, connecting alienated Māori to their whakapapa.

The pilot programme began in August last year as a response to the disproportionate mental health issues among Māori, and is backed by the Ministry of Health's innovation fund and Hauora Tairāwhiti District Health Board.

Māori youth are two-and-a-half times more likely than non-Māori to commit suicide. Māori in general are [more often underdiagnosed](#), and once in the mental health system are more likely to be secluded and imprisoned.

Mahi a Atua is driven by Dr Diana Kopua, an Otago University Māori health academic and clinician who is Head of Psychiatry at the DHB, and her husband Mark Kopua, a tohunga and Tā Moko practitioner.

You can read the full article here or ask us to print you a copy: -

<https://www.stuff.co.nz/national/102115864/in-narrative-therapy-mori-creation-stories-are-being-used-to-heal>

A guide to reducing or stopping mental health medication

For some people, reducing or stopping mental health medication can be difficult.

The purpose of this guide is to give you information that can help you to come off your medication. It does not deal with the decision to reduce or stop taking medication, which ideally should be made in collaboration with your health care workers and key support people.

It is important to discuss whether you should reduce or stop your medication with your doctor and/or pharmacist.

They will be able to give you valuable information about the pros and cons, how to reduce or stop safely and how to reduce discontinuation symptoms.

However, it is ultimately your choice whether or not to reduce or stop your medication, unless you are on a compulsory treatment order.

This guide has been produced by Matua Raki with the support of Te Pou o te Whakaaro Nui and the Equally Well Collaborative.

Where possible, it is based on research evidence. However, as there isn't a lot of research available, much of it is based on the personal experience and clinical opinions of people with expertise in the area.

Everyone's experience of reducing or stopping medication is different, and care must be taken not to assume that one person's experiences and opinion are true for everyone.

<https://www.matuaraki.org.nz/uploads/files/resource-assets/MDS%20web%20version.pdf>

A Little Superficiality Is Good For Depression?

Therese Borchard , January 28 2018

picture: gettyimages



I will always remember the therapy session 12 years ago in which my therapist told me I smelled. "Have you been showering?" she asked me. "Yes," I responded sheepishly. "How often?" she inquired. "I don't know ... a few

times a week," I said. "Well, you should really shower every day, because you have some stink to you, and I'm concerned that you are not taking care of yourself."

When you're depressed, maintaining an attractive appearance is the last thing you are concerned about. Even personal hygiene can fall by the wayside. In fact, these are two classic symptoms used to diagnose a person with major depressive disorder.

However, by washing our hair and applying a little make up we might benefit our mood more than we think. In a 2009 study by the London College of Fashion, students polled 1,026 people and found that 85 percent of women believed that wearing make up helped lift their mood on a bad day. A friend told me this the other day. When her nephew died, she stopped wearing make-up for six months. One morning she made a concerted effort to start wearing it again, and she believes that **helped communicate to her brain a message of optimism and hope**. "It's sort of like the fake it 'til you make it thing," she explained to me.

In another study by psychologists at the University of Hertfordshire, it was determined that **what you wear strongly affects your mood**. One hundred women were asked what they wore when feeling depressed, and more than half said jeans. In a low mood, 57 percent of the women said they would also wear a baggy top. **When they felt good, participants disclosed that they were ten times more likely to wear a favourite dress**.

Professor Karen Pine, lead author of the study, said, "This finding shows that clothing doesn't just influence others, it reflects and influences the wearer's mood too. Many of the women in this study **felt they could alter their mood by changing what they wore**. This demonstrates the psychological power of clothing and how the right choices could influence a person's happiness." Even so-called retail therapy can benefit a person gripped by sadness or anxiety.

In a July 2014 study published in Journal of Consumer Psychology, researchers conducted three experiments that determined that the choices inherent in shopping can restore personal control over one's environment and reduce residual sadness. In a May 2011 study published in Psychology and Marketing, Selin Atalay, Professor of Marketing at Frankfurt School of Finance and Management, and Margaret Meloy, Ph.D., Professor of Marketing and Pennsylvania State University, found that retail therapy has lasting, positive impacts on mood, and **feelings of regret and guilt are not associated with unplanned purchases made to repair a bad mood**.

This has always worked for my sister. She and I have spent the same amount of money: she buys clothes, and I pay for sessions of therapy. In the end, I'd like to believe my counselling and cognitive-behavioral techniques have helped me more than her stylish outfits with matching accessories have helped her. But I can't say for sure, because she always looks great and is generally pretty happy. (Of course, she isn't bipolar and doesn't have the severity of my depression.).

I understand the benefits of a little superficiality. I don't like to admit this, but every time I get hair highlights I feel better about myself and notice a boost in my mood. Sitting in that cushy chair like an alien — with a bunch of tin foil in my hair is absolutely an

'Many of the women in this study felt they could alter their mood by changing what they wore.'

exercise in shallowness. And yet the time spent in the chair and the hundred bucks I fork over for a little blonde could very well be as an effective as my hour in therapy to lift me from depression. Maybe there is something to what Oscar Wilde wrote in The Picture of Dorian Gray: *'People say sometimes that Beauty is superficial. That may be so. But at least it is not so superficial as Thought is.*

To me, Beauty is the wonder of wonders. It is only shallow people who do not judge by appearances. The true mystery of the world is the visible, not the invisible.'

Read Therese's articles on her webpage **Sanity Break**

<http://www.everydayhealth.com/columns/therese-borchard-sanity-break/>

Innovative framework provides new ways of understanding mental distress

Adapted from an online article by John Cromby Ph.D.

When DSM5 was launched in 2013, the British Psychological Society's Division of Clinical Psychology called for a 'paradigm shift' away from diagnosis and towards more consistently psychological ways of understanding distress. Then, in 2017, a report by the United Nations concluded that we should "abandon the predominant medical model that seeks to cure individuals by targeting 'disorders'".

Concerns about psychiatric diagnosis are well-grounded. Both its reliability and validity have been questioned, making it a relatively poor basis upon which to assign treatments or advise on outcomes.

This background makes the recent publication by the British Psychological Society of its '**Power Threat Meaning Framework**' potentially significant.

The Framework invites psychologists to understand distress and troubling behaviour as the product of life experiences as they impact upon people. Imbalances and abuses of power give rise to threats. The meanings of these threats depend upon particular combinations of circumstances and resources, many of which we cannot control.

So the operation of power produces threats. These threats get mediated by different constellations of meaning and give rise to threat responses.

From a diagnostic perspective, many of these responses are called symptoms. Within the Framework, however, they appear as meaningful – if sometimes bizarre or self-defeating – responses to combinations of challenging or adverse circumstances.

They are attempts to adapt, endure, keep safe, survive – even to thrive.

The main aspects of the Framework are summarised by a set of questions which can be applied to individuals, families, or social groups:-

- 'What has happened to you?' (How is power operating in your life?)
- 'How did it affect you?' (What kind of threats does this pose?)
- 'What sense did you make of it?' (What is the meaning of these situations and experiences?)
- 'What did you have to do to survive?' (What kinds of threat response are you using?)

Two additional questions then help psychologists to think about what skills and resources people might have, and how their experiences might best be understood:-

- 'What are your strengths?' (What access to power resources do you have?)
- 'What is your story?' (How does this fit together?).

By identifying answers to these questions, the Power Threat Meaning Framework can help people to create more hopeful understandings of difficulties they may have faced or are still facing. **It helps people avoid seeing themselves as blameworthy, weak, deficient, or 'mentally ill'.**

Instead, it highlights the links between distress and wider social factors (poverty, prejudice, discrimination, inequality) along with traumas such as abuse and violence, and the resulting emotional distress or troubled behaviour. It also shows why those of us who do not have an obvious history of trauma or adversity can still sometimes struggle to find a sense of self-worth, meaning, and identity.

Read the full article at:

<https://www.psychologytoday.com/blog/the-bodies-we-re-in/201801/alternative-psychiatric-diagnosis>

MHAPS is **MOVING** to MADRAS ST in JUNE!

We are excited to announce we have found a new home for MHAPS when our Colombo St lease expires in June 2018. The new space has **good parking, with bus stops nearby too**, and is just three blocks away from our current location.

We'll have **more information available closer to the time** – meanwhile, if you have any questions, just ask us!

Effectiveness of Exercise in Decreasing Depressive Symptoms

Article from Psychiatric Advisor

Image by: gettyimages



Growing rates of anxiety and depression,

along with the associated burden and cost, represent a significant public health problem. However, there is a lack of consensus about how to address these issues. Analyses

suggest that even with optimal treatment for all individuals with anxiety and depression disorders, the overall burden would decrease by only 35% to 50%.

Although attention has increasingly turned toward potential strategies for prevention, many of the “known risk factors for depression and anxiety, such as familial risk, socioeconomic position, and life events, are difficult or impossible to modify,” wrote the authors of new research published in the *American Journal of Psychiatry*: - “There is, however, some emerging evidence that lifestyle factors, such as physical inactivity, may be potential targets for strategies aimed at” prevention.

Cross-sectional associations have been noted between exercise and reduced rates of depression and anxiety, although findings from prospective studies have varied, with some showing a link and others reporting no such link. There is a more established body of evidence that supports the moderate effectiveness of exercise to decrease depressive symptoms.^{5,6} Conclusions are less clear regarding the benefits of exercise as a preventive measure for new-onset depression and anxiety, including the recommended amount and **intensity of exercise**.

In addition, the proposed mechanisms underlying any preventive effects have not been elucidated, although some evidence points to alterations in autonomic nervous system (ANS) activity as one such pathway. “Regular exercise increases parasympathetic vagal tone, leading to physiological changes such as resting bradycardia,” the authors explain in the study. Altered ANS functioning has been found in patients with depression, and vagal nerve stimulation has been shown to treat depression effectively in some cases. Other mechanisms may include social benefits of exercise and improvements in self-esteem and overall physical health.

“Addressing the uncertainty surrounding the relationship between exercise and depression and anxiety is important,” said the authors. “While many agencies are keen to promote the potential mental health benefits of exercise, at present the literature is unable to provide the most basic information needed for effective, targeted, evidence-based public health campaigns concerning depression and anxiety.”

To that end, the current prospective cohort study sought to determine whether exercise protects against new-onset depression and anxiety, and if it does, what the required “dose” and underlying causal mechanisms might be. The initial cohort consisted of 33,908 healthy adults in Norway, with “healthy” defined here as having no evidence of depression, anxiety, or limiting physical illness. These measures were assessed at baseline using the 12-item Anxiety and

Depression Symptom Index as well as through direct questioning. Participants also reported the frequency, duration, and intensity of exercise at baseline.

The follow-up period ranged from 9 to 13 years, and 22,564 of the original participants completed the follow-up assessment, which was the self-report Hospital Anxiety and Depression Scale to indicate symptoms of depression and anxiety from the previous 2 weeks. Various confounding and mediating variables were also considered in the data analyses.

Of the participants remaining at follow-up, clinical symptoms of depression developed in 7.0%, and clinical anxiety symptoms developed in 8.7%. The results demonstrate that regular exercise was associated with reduced risk for new-onset depression but not for new-onset anxiety. A negative relationship was observed between the amount of exercise reported at baseline and the risk for depression developing.

Most of the protective benefit occurred within the first hour of exercise undertaken each week, regardless of exercise intensity. The findings further suggest that if all participants had engaged in exercise for at least 1 hour per week, and if the relationship is causal, 12% of cases of new-onset depression could have been prevented.

‘regular exercise associated with reduced risk for new-onset depression but not for new-onset anxiety.’

After adjustment for confounding variables, the odds for depression developing were 44% higher (95% CI, 17%-78%) among those who indicated no exercise at baseline compared with those who reported 1 to 2 hours of exercise per week. Additionally, there was no evidence of interaction by age or gender in the link between the amount of exercise and the subsequent onset of depression or anxiety.

The physical health and social benefits of exercise were determined to account for a small proportion of its protective effect, whereas biologic mechanisms, such as ANS alterations, did not explain this effect.

This study is the largest and most thorough investigation of the prospective dose-response relationship between exercise and later onset of depression. The present results are in line with previous findings that significant mental health benefits may derive from moderate amounts of exercise.

“Relatively modest changes in population levels of exercise may have important public mental health benefits and prevent a substantial number of new cases of depression,” the authors concluded. As such, “it may be that the most effective public health measures are those that encourage and facilitate increased levels of everyday activities, such as walking or cycling.” Future research should continue to explore the effects of exercise as a potential strategy for the prevention of depression.

Please note: WE have not published the references associated with these studies. For full article paste the following in your browser:

[depressive-disorder depression-may-be-preventable-by-exercise](#)

ARTICLES IN BRIEF

Study Reveals #1 Predictor For Long Life Has Nothing To Do With Your Health!

Almost any story you read about someone who's hit the big 1-0-0 includes the question, "What's the [secret to a long life](#)?" Answers vary depending on cultural backgrounds and experiences, but what's clear is that having good genes and leading a healthy lifestyle add years to your life.

But how much does diet and exercise, which are typically thought to have the biggest impact, *really* affect your life expectancy? Developmental psychologist **Susan Pinker** addressed the topic of longevity during a TED Talk last fall.

During her talk, Susan discussed the results of a longevity study conducted by a researcher at Brigham Young University. Participants were asked about every aspect of their lifestyles, from diet and exercise habits to whether they smoked and made regular visits to the doctor. The researchers then waited seven years before getting back in touch to ask some follow-up questions and collect additional data.

Surprisingly, the lifestyle factors that most people might assume would top the list of factors predicting a long life were closer to the bottom! "Whether you're lean or overweight, you can stop worrying about it," Susan says, pointing out that it's third to last. Exercise is also low on the list, "still only a moderate predictor."

And believe it or not, but quitting smoking and drinking aren't even in the top two predictors of a long, healthy life.

With that being said, though, all of those factors were *nowhere near* as important as **the highest indicators of a long life expectancy — and they both had to do with your social life.**

Developing and nurturing close friendships came in as the second highest predictor of a long life expectancy. They're important because those people are the ones who we can count on during times of stress. Just *knowing* that there's someone to turn to during a crisis can make it easier to handle than if we had to go it alone, Susan explained.

"But also, let's say we're already in the throes of some kind of stressful event, our relationships can also help us cope with it and buffer that reaction to the stress," she added.

Watch Susan's remarkable Ted Talk by typing into your browser: [susan pinker ted talk](#) and help raise awareness by sharing with your loved ones today!

Men (back) at work

POSTED SEPTEMBER 20, 2017, 10:30 AM:

[Matthew Solan](#), Executive Editor, Harvard Men's Health Watch

My father was ecstatic when he retired from the US Postal Service after 30 years. But it didn't take long before he began to miss the pack-like male bonding he took for granted: group lunches, team projects, water cooler banter. When they were gone, it left a big hole in his life.

"Men acquire friends through shared experiences like sports, the military, and work," says Dr. Richard S. Schwartz, a psychiatrist with Harvard-affiliated McLean Hospital. "When one source is eliminated, men tend to lose some of those friends over time and have to find other ways to connect with people and fill those missing gaps."

Men need to recreate their former workplace even more as they age. Loneliness is one of the greatest health risks they face, and much research has linked a stronger social life with a lower risk of heart disease and depression and greater immune function. Work-like engagements also can sharpen the brain skills they used in their former jobs.

A good way to recreate the social circle of work is to join a men's group, such as a walking club, a golf or bowling league (like my dad did), a card or chess club, or a class at an adult education centre. This also helps re-create a work-like environment that emphasizes skills like team building and support, leadership, and performance.

"Find something you enjoy, and odds are there are others who share your interest," says Dr. Schwartz. Also, make sure to give it enough time to enable you to bond with others, and don't get discouraged if you don't feel a connection. "Try another similar club or league, or one with a different focus. Eventually, you'll find like-minded friends."

If you already have friends who could make up a workplace group, but have trouble getting together, take the initiative and schedule a mandatory meeting. "Most men respond well to routine, so set up a regular get-together for coffee or lunch at the same place, ideally a setting that's designed for conversation and discussion," says Dr. Schwartz. "At the end, make sure that the next meeting is already scheduled before everyone leaves."

Another way to stay connected is to **launch a workplace-like project**, suggests Dr. Schwartz. He knows of a group of retired fishermen from Gloucester, Mass, who, once they retired, decided to build a boat together. "The boat was secondary," he says. "They didn't know any other way to get together, so they focused on their common interest and found a project to do."

You can replicate the same camaraderie without it being too technical, like a group volunteer project that doesn't require everyone to have specific skills, like building and maintaining a community garden.

"When people work together, **they almost always begin to share personal thoughts and feelings** says Dr. Schwartz. "They start to know each other and feel known by men they work with. That's something that really matters to almost all of us."

Related Information: [A Guide to Men's Health Fifty and Forward](#)

ARTICLES IN BRIEF

New 24/7 sexual harm information and support line

The Ministry of Social Development (MSD) is pleased to announce a new support line - called **Safe to talk** - is now available in Canterbury.

Safe to talk provides a free, confidential information and support to people affected by sexual harm. People who contact the helpline can remain anonymous and say as much or as little as they would like.

The helpline can be accessed free, 24 hours a day, 7 days a week by:

- freephone 0800 044 334;
- text 4334;

online through the [Safe to talk website](#) including online chat; and email: support@safetotalk.nz.

Safe to talk is staffed by specialists trained in sexual harm support. People will be able to access information, crisis counselling and support and/or be given advice about local service providers.

<https://www.healthychristchurch.org.nz/news/resources-and-information/2018/3/launch-of-sexual-harm-helpline-in-canterbury>

Everything You Think You Know About Addiction is Wrong?

What really causes addiction -- to everything from cocaine to smart-phones? And how can we overcome it? Johann Hari has seen our current methods fail first-hand, as he has watched loved ones struggle to manage their addictions.

He started to wonder why we treat addicts the way we do -- and if there might be a better way.

As he shares in this deeply personal talk, his questions took him around the world, and unearthed some surprising and hopeful ways of thinking about an age-old problem.

This talk was presented at an official TED conference, and was featured by the TED editors on the home page.

To find the full TED talk just copy and paste the heading above into your browser.

Need for *post-quake social services* still in demand

Kaikoura Star

Since the earthquake more than 14 months ago demand for help and counselling from **Kaikōura Health Centre's** recovery and wellbeing team hasn't let up.

People who are still having anxiety problems have until June to get free help and counselling to support their recovery after the earthquake in November 2016.

The team offer therapy, counselling, problem solving solutions, and advice from ongoing effects after the magnitude-7.8 earthquake.

"We'll work with whatever a person needs to help them develop a solution," said clinical lead recovery and well being Rose Henderson.

"After any major event most people will benefit from some sort of social-psycho support and talking to someone neutral.

"This may include people who may be in a big dilemma about how they're going to go forward."

Henderson said it's best if people come early for intervention and don't spend time dwelling on the issues, and change is normal after such a big event.

Get the full article: - <https://www.stuff.co.nz/marlborough-express/news/100949831/need-for-postquake-social-services-still-in-demand>



People are Complicated

Readers will be used to me going on a bit about my personal life. Or, knowing that, they skip this page. I have been thinking because I just returned from a lovely holiday. I am very lucky to have friends who invited me to visit and that I have enough money for a flight to the North Island. I am confronted daily at work with how lucky I am to be able to cope well now with my depression and have some choices that many of our peers do not.

So I went to the far north for the first time. I spent time with really good friends. I was able to go to Cape Reinga and Waitangi and to see so much that educated me about this great country. I enjoyed great, complex conversations. Debates, really, about Aotearoa versus Canada and impacts of European arrival on cultures. We nattered hours on end.

I am truly lucky. So... why was I so happy to get home and have some alone time? Those of you who have met me know I am a really good talker. I can fill many a minute with ideas and opinions. And still.. I like—I need—time alone. People would call me an extrovert but that isn't the true picture because people are complicated.

I often hear people talking of things they have to do that they don't want to. We all have family or work or volunteer commitments that guide our daily planning. We share with each other our dread of going to that event or starting the other task (taxes come to mind!) and seem to spend a lot of our life waiting for our time. I discuss retirement frequently, planning my permissible laziness. Of course there are times in our lives when we really don't have options. People with young families or health challenges are lucky to get any time to relax.

I would like to make the case for a bit of selfishness. I am very appreciative of the good friends I have but after years of ignoring my needs for solitude and suffering the anxiety, low mood and irritation that results I now know to be self protective. I need time alone. And I need good conversation,. And there is no clear time lines around these conflicting needs. I just have to pay attention to how I feel and be responsive. **I encourage all our peers to be self aware and to respect what we learn. No one else can do that for us.**

It is easy to arrange quiet time. The harder thing by far is to sort out time with people when that is what's needed. **We may be cut off from family or new to a neighbourhood or naturally shy but somehow we have to find a way to work other people into our life.** Recent research shows that social connection is more important to living longer than weight loss. Having meaningful relationships pays off better than almost anything else we can do for ourselves. It is possible to do volunteer work or join a book club or help at the local kindy. Each of us will have a different interest but investing in **pushing ourselves out into public has an enormous payoff for our mental health.** Accept that you are complicated. Learn about what you need and push yourself out there to grab some of it. And enjoy!

Beth



Hello

It has been quiet around the drop in lately which gives us a chance for some good conversations. Thanks to Janette and George for a lovely lunch last week

Thanks to members for their 50 cents toward the coffees. We are really enjoying the radio that was purchased out of the last lot. Now it is time to put our minds to what could enhance the programme next? Bring all your ideas, good or bad, to the team next time you're in.

It is coming up Pool Tournament time again. This time it is for the Harraway Cup and the competition will take place on Saturday the 31st of March, on Easter weekend. Wear your lucky socks and come along.

A few people have asked so here is a reminder that we won't be moving until June. There will be maps and signs around when it is closer to the time.

Cheers, **Wendy and the team**

P S: Darryn says to remind you all that he is the most amazing guy here. Please, be careful of his delicate ego.

Please note the Easter hours:

Friday 30 March: - Good Friday	Closed
Sat 31 March: -	Open
Sun 1 Apr: - Easter Sunday	Open
Mon 2 Apr: - Easter Monday	Closed



AWARENESS Canterbury Action on Mental Health and Addictions

Kia ora Awareness members and supporters and welcome to the MHAPS' newsletter contribution from the consumer network. These pages only represent the views of members of the Awareness network .

A CALL FOR SUBMISSIONS

Awareness is proposing to launch a newsletter, with the first issue to be distributed electronically. Until we are able to secure funding for print runs this will be our method of distribution, and our goal is to produce a hard copy magazine for wide distribution to coincide with Mental Health week in October.

We would like the newsletter to foster a sense of connection and community among members: to share experiences that may support others in their recovery journeys; to celebrate our unique talents and promote ways to find value in our individual and collective experiences.

The newsletter will support the work of the Awareness network, and inform members of important initiatives, news, events and research. We will focus on what you can do to contribute to meaningful change to both service delivery and the status of people living with a diagnosis.

WHAT WE ENCOURAGE YOU TO SUBMIT ABOUT, AND HOW, IS: -

- Your creative work: poetry, writing, photographs of your art
- Information about upcoming events that may be of interest to members, or accounts of events you may have attended
- Suggestions: for content you would like to see in the newsletter, whether contributed by you or someone else.

Please send submissions and suggestions to dr.sue.tait@gmail.com

**Mad Poets Society presents
Mad Poetry Summer Series**

Upcoming Open Mic Nights:

Friday 16th March 7pm
Friday 20th April 7pm

Beat Street Care, corner Armagh and Barbados St
For more info contact awareness@mhaps.org.nz



The Next Awareness Meetings

Monday 9th April

Monday 14th May

* Monday 11th June

Monday 9th July

* *annual celebratory meeting*

MHAPS Community Wellbeing Centre
826 Colombo St by Peterborough St

All people who have mental health or
addiction experience welcome.

Afternoon tea provided.

Phone 366 8288 for info. or just come along.

AWARENESS Canterbury Action on Mental Health and Addictions



Inquiry into Mental Health and Addictions

The six-person inquiry team into Mental Health and Addictions will be led by the former Health and Disability Commissioner Ron Paterson, and will hear public submissions around the country. The commission will report back to Government by the end of October 2018.

The catalyst for the inquiry has been increasing concern about mental health service provision, both within the mental health sector and the broader community. The People's Mental Health Report (2017) has highlighted a range of problems, including: access to services and wait times, limited treatment options in primary and community care, compulsory treatment and seclusion practices, ineffective responses to crisis situations and under funding of mental health and addiction services in the face of rising demand.

In conjunction with this, there has been public recognition that **there needs to be a transformation in New Zealand's response to mental health and addiction problems.** There is increasing concern over this country's high suicide rates, growing substance abuse and poorer mental health outcomes for Māori.

Another major concern is that unmet need is substantial, with **at least 50 percent of people with a mental health problem receiving no treatment.** There are two overt reasons for this: individuals may not recognise their own need for mental health support, and if they do there is a profound lack of capacity to meet those needs. There is a long overdue movement beyond the model of the diseased individual, toward recognition of the cultural production of poor mental health. It correlates with poverty, inequality, inadequate parenting, lack of affordable housing, low-paid work, exposure to abuse, neglect, family violence or other trauma, social isolation (particularly in the elderly and rural populations) and discrimination.

It has been well publicised that the purpose of this inquiry is to hear the voices of the community, people with lived experience of mental health and addiction problems, people affected by suicide, and people involved in preventing and responding to mental health and addiction problems, speak to New Zealand's current approach to mental health and addiction, and what needs to change. To do this the inquiry will take full scope of the wide terms of reference that have been allocated to them by the government. This includes the power to require reluctant witnesses to appear, however such people will be given the option to speak anonymously.

Clearly, **it is extremely important that the inquiry does hear the voices of the people,** especially from those with lived experience of mental health and addiction problems. Awareness will offer advice and support for preparing submissions in coming issues of our newsletter.

Leister Monk, Awareness member



Meet Shaun McNeil



National Consumer Engagement Advisor

Mental Health & Addiction from the Health Quality and Safety Commission (HQSC).

Thursday 29th March 2018 from 1:30pm

MHAPS: 826 Colombo St. *(entry off Colombo St, by the post-box)*

Shaun will talk about the Mental Health and Addiction Quality Improvement Programme that the HQSC commenced in 2017. The improvement programme has five Projects of work that will be carried out across the remaining four years, including the first Project, launched in March 2018 – Zero Seclusion – towards the elimination of seclusion by 2020. Subsequent projects will look at Physical Health, Medications, Transitions, and Serious Events.

Shaun has been a mental health consumer for around 40 years and has survived suicide attempts. He has worked in the area of mental health and suicide prevention for over 30 years. He was Chair of the New Zealand's National Depression Initiative, advises the Like Minds, Like Mine campaign and is a subject matter expert on the new Rākau Roroa programme developing emerging mental health consumer leaders, we call "Tall Trees".

MHAPS PEER SUPPORT TEAM

Our peer support team have experienced a number of transitions over the past few months. We have recently said farewell to a number of people in our MHAPS peer support whanau who have contributed a great deal to the mahi over the years. On a positive note though, we have also welcomed new additions to our whanau who have brought with them new experiences and knowledge for the benefit of our evolving and diverse team.

Exciting developments keeping our team busy:-

Setting up and establishing two new peer recovery groups: Tuesday morning and Wednesday evening.

Lots of people coming to MHAPS to access one-to-one peer support with members of our team- sometimes it feels like there are just not enough hours in the day!

Facilitating regular access to peer support for people in the Te Awakura unit of Hillmorton hospital by delivering a ward based group twice a week.

Working alongside the University of Canterbury to set up a weekly peer support group for first year students in the halls of residence this academic year.

Offering a programme of training, co-reflection sessions and support to a number of independent, community based peer support initiatives in Christchurch.

Our team has fully embraced working within an **Intentional Peer Support framework**. This means our intention is to not only offer a service for people at MHAPS but to also support and enable social change within our communities.

Lisa Archibald, Service Manager, Peer Support



“As peer support in mental health proliferates, we must be mindful of our intention: social change. It’s not about developing more effective services, but rather about creating dialogues that influence on all of our understandings, conversations, and relationships.” - Shery Mead

Intentional Peer Support ©2018



Consumer-run mental health show
Saturdays 1.00pm
and Wednesdays 10.30 am

*We invite listeners to consider being involved in supporting this programme in 2018. If you would like to be on the committee that plans the radio show please give Beth a call. Or if you have a recovery story or a service to promote give us a call at **366 8288** or email **mgr.cas@mhaps.org.nz***

Sat 10 Mar 2018: - Deb talks about Dementia

Sat 17 Mar 2018: - Deb and Beth discuss
Psychiatric Medication -part 1

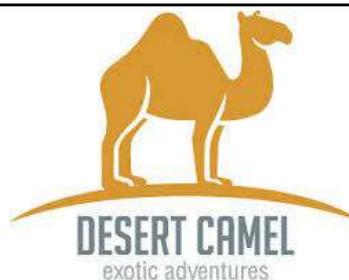
Sat 24 Mar 2018: Deb and Beth discuss
Psychiatric Medication -part 2

You can get podcasts of shows you have missed at <http://plainsfm.org.nz/podcasts/programme/quiet-minds/>

We apologise if the show played does not match this list as a result of last minute changes.



*‘They tried to bury us.
They didn’t know
we were seeds.’*



‘A camel is a horse designed by committee’

Quote from **Alec Issigonis**, British [automobile](#) designer who created the best-selling **Mini** and the perennially popular **Morris Minor**.

PROGRAMMES and EVENTS UPDATE

Workshops for Wellbeing

Each Tuesday from 12:45pm to 2:15pm we have a themed workshop that you can access for \$4 per workshop.

Regular workshops include: -

- **Mindfulness** with Kathy Hughes
- **Art and Creativity** with Ngaire Ginders
- **Yoga** with Karen Stevens
- **Tai Chi** with Rose Guy or **Breathing and Relaxation** with Fiona Young.

No booking is needed. Enquiries to (03) 365 9479

WHAT'S ON AT MHAPS?

As well as the programmes profiled here we offer peer recovery groups, including the **Friday Group**, and weekly **Workshops for Wellbeing** that offer you an opportunity to try things different to see what works.

For a copy of the current month's schedule: - <http://mentalhealthadvocacypeersupport.org/>

or email: - reception@mhaps.org.nz or phone **(03) 377 9665** and ask for a copy.

Themes

FREE talks on mental health and recovery topics

Every 4 weeks we have a subject matter specialist come and talk **about a mental health and recovery topic**. Whether this is for you, a friend or family or professional interest you're welcome to attend.

If you haven't been to **Themes** before please contact reception@mhaps.org.nz or phone (03) 365 9479 to register and get details of our venue, schedule for the year and times.

<http://mentalhealthadvocacypeersupport.org/our-services/programmes/>

Mindfulness programme

Facilitator: Kathy Hughes:- 4 weeks, 7:00 – 8.30pm

Programme starts **Thursday May 10th 2018**

'Tutor was excellent and her knowledge was very good.'

'Everything, the course was great.'

To register for this programme or for a flyer, describing the course rationale, expected outcomes and details about the tutor please contact:

reception@mhaps.org.nz or phone (03) 365 9479

Do you experience moderate or high anxiety?



The next 11 week workshop-based **RecoveryWorks** programme begins **Wednesday MAY 2ND 2018**. Workshop are four hours each plus there are two individual coaching sessions through the programme. There are *a few places* still available on this programme. Over nearly seven years most people who have participated in this programme have made successful and positive life changes.

You can pick up a flyer from our office, or by contacting us on (03) 365 9479 or reception@mhaps.org.nz

For more detailed programme information contact Ian on lex-manager@mhaps.org.nz or (03) 377 9665.

NOTICES AND NEWS

Opportunities for co-reflection on our practice as peers

Intentional peer support (IPS) is a way of thinking about and being in purposeful relationships. In IPS we use the relationship to look at things from new angles, develop a better awareness of personal and relational patterns and to support and challenge each other in trying new things. IPS does not start with the assumption of “a problem”. Instead people are taught to listen for how and why each one of us has learned to make sense of our experiences then use the relationship to create new ways of seeing, thinking and doing. It is about building stronger, healthier communities.

MHAPS is offering community based peer support group facilitators the opportunity to come together alongside MHAPS’ peer support workers and reflect on our practice. We will be creating expertise through a process of learning, practicing and reflecting.

If you feel attending co-reflection would be beneficial, please contact the MHAPS Peer Support Manager on psmanager@mhaps.org.nz or call 03 365 9479 to discuss this.

Upcoming session dates:

Date	Time	Location
Monday 16 th April	9.30 – 11am	MHAPS green room
Thursday 7 th June	1-2.30pm	MHAPS green room

FREE

Cloud 9 ‘Float Club’



Cloud 9 have very generously **donated 9 floatation programmes, each of 8 floats** to MHAPS’ staff and clients.

If you’d like to go into a draw for one of these please contact reception@mhaps.org.nz with Floatation programme in the subject line or phone us on (03) 365 9479.

To see what’s involved in a float or to just go onto their site and appreciate their business go to: -

<https://www.cloud9floatclub.co.nz/>

GET HELP TO GET YOUR OWN BIKE

[Community Focus Trust](#) is pleased to announce that the **BuyCycles’** project is ready to receive referrals.

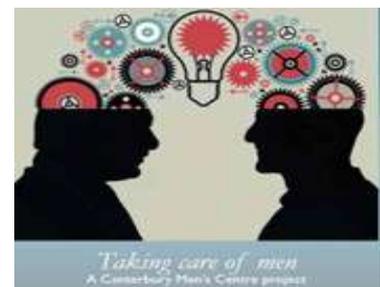
Clients can **own a bicycle through a supported, hire purchase model of finance.**

The project will buy a suitable second-hand bike, within an agreed price range, with your client. The client pays off their debt at a rate that is achievable for them, with no interest.

At any stage of the payback period, should a client experience genuine financial difficulty, there will be room for negotiation on repayment schedules Clients must have a case manager to be eligible for the project.

Referrals can be sent to meg.christie@cdhb.health.nz

TAKING CARE OF MEN



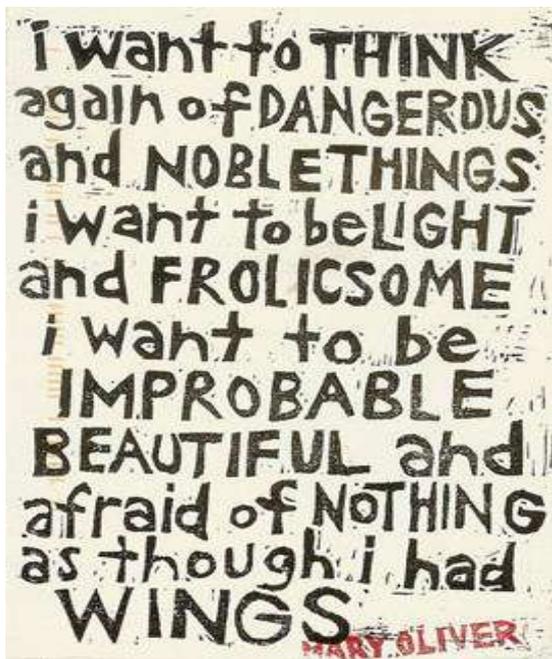
Send us your men!!

The counselling season has begun

We currently see about 90 men a week for counselling at the **Canterbury Men's Centre**. While this is great we'd love to do more.

We hope you can help us out making it clear to men that we are here to give them care during a time of distress and/or growth.

[HTTPS://MAILCHI.MP/A9C415B96B36/SEND-US-YOUR-MEN-THE-COUNSELLING-SEASON-HAS-BEGUN?E=B1A3AB6A4D](https://mailchi.mp/A9C415B96B36/SEND-US-YOUR-MEN-THE-COUNSELLING-SEASON-HAS-BEGUN?E=B1A3AB6A4D)



Farewell

to our valued colleagues.....

Carl Kirk our friend, mentor and colleague. Carl was part of MHAPS before there even was MHAPS, having started many years ago as a worker with the Bipolar support group.

Alice Fletcher began as a volunteer and then peer worker at Latnam House before becoming a peer worker with the MHAPS youth and young adult team. **Ashlin Lundardi** who started in 2016 as a youth and young adult peer worker.

Go well and come and visit with us anytime.

visit our website and Facebook pages

www.mhaps.org.nz

WE HAVE A LARGE LIBRARY OF BOOKS

CD's and DVD'S!!

We have **98 books** on anxiety alone plus a further **30 DVDs and CDs**.

We also have a large number of resources for those experiencing depression, bipolar disorder and other mental health issues.

Make a time to come in and browse.

Email reception@mhaps.org.nz or phone **03 365 9479**.

IMPORTANT NUMBERS

Crisis Resolution 0800 920 092
364 0482 or 364 0640 after hours

24 Hour Surgery 365 7777

Lifeline 366 6743 or 0800 543 354

Healthline 0800 611 116

Alcohol and Drug Helpline
0800 787 797

Youthline 800 376 633

Parentline 381 1040

Christchurch Women's Refuge
364 7306



Peer Support

Peer Advocacy

Peer Recovery groups

Consumer Participation

Latnam 826 programme

Recovery programmes

Information and Talks

Quiet Minds Radio

826 Colombo St.

PO Box 33 332, Barrington

CHRISTCHURCH 8244

365 9479; 0800 437 324

reception@mhaps.org.nz

www.mhaps.org.nz

DISCLAIMER: Please note that the information provided in this newsletter has *not always* been provided by a qualified health or mental health professional. Whilst MHAPS endeavour to ensure the reliability and accuracy of all information, this cannot be guaranteed. Any treatment or therapy decisions you take should not be based solely on information contained in this newsletter. It is important that you discuss first with your doctor, or other professional, any changes you want to make that may affect your health.

FAMILY VIOLENCE
IT'S NOT OK

IT IS **OK** TO ASK FOR HELP

<http://www.areyouok.org.nz>


24-Hour Hotline

Anxiety
New Zealand
TRUST

If you are feeling anxious and need someone to talk to – wherever you are in New Zealand – you can phone our free 24 hour Anxiety Help Line.

0800 ANXIETY (0800 269 4389)

5 WAYS TO WELLBEING



Give
BE ACTIVE
KEEP LEARNING
CONNECT
TAKE NOTICE

MHAPS acknowledges and thanks the following organisations for their continued and valued financial support

CANTERBURY DISTRICT HEALTH BOARD (CDHB)

RATA FOUNDATION (Canterbury Community)

Christchurch Casino; Christchurch City Council

CERT; Christine Taylor Foundation; David Ellison;

Lottery Grants Board; Lion Foundation

Pub Charities; Southern Trust; Working Together More Fund

IF UNDELIVERED PLEASE RETURN TO: -
PO Box 33 332, CHRISTCHURCH 8244

If you no longer want to receive this newsletter or our regular updates 'What's on at MHAPS' please contact Shelly on email: reception@mhaps.org.nz or (03) 365 9479