

ISSUE

16

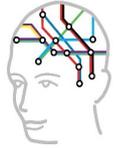
# Momentum

WINTER

2018

together on the road to well-being...

MHAPS  
Mental Health  
Advocacy and Peer Support  
Together on the road to wellbeing



## WE ARE HERE

until Sunday 22nd July

at 826 Colombo St. (cr.  
with Peterborough St.)

from Monday 23rd July

at Unit 4, 357 Madras St.  
(cr. with Salisbury St.).

Phone and email contacts remain  
unchanged but note our new post  
box number is 21-020 Edgware.



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*Momentum is published by*

THE LEARNING EXCHANGE

Editor: Ian Johnson



## Just do this *one* thing

By Ian Johnson, Service Manager, MHAPS

When we are really unwell, possibly highly distressed and not feeling in control, then doing *anything* can feel like a major effort.

If we decide that we need help with what's troubling us –where do we go? How are we influenced in making this decision by our past experiences of seeking help, but perhaps experiencing what feels like dead ends or failures?

Where do we even start, our GP, a counsellor, a therapist? BUT, we have to make an appointment days, weeks or even months ahead. What if we need someone to **TALK to TODAY** because it's **NOW** that feels really urgent or we've finally assembled the energy to do it? We may feel strong enough to *make the appointment today* but that doesn't mean we'll be able to be there at that time on that day as agreed. We might completely lose our nerve, cancel the meeting and have to start all over again. That might feel like failure!

What if doing something was really simple, to the point of being easy? What if we needed **no appointment** and we could freely **choose our own time and day**, without prior notice to anyone? We could sit down and talk **with someone on the very same day** that we felt the need to, and when we had the energy and confidence to walk through the door? What if we could start out with the best of intentions only to discover that, three steps away from crossing the threshold, we just couldn't after all? And that too was okay, we didn't have an appointment anyway and we can reset ourselves to do it anytime. No one, hopefully including you, is going to feel let down, or disapprove.

The **one thing** then is just about coming through our door at MHAPS when it suits you best to. You don't need to explain yourself to anyone, or evidence any diagnosis or 'beat up your symptoms' to look credible because the reality is that **no one** comes through our door unless they have a real need that is broadly consistent with the way we can work together with them.

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## (Some of) Sue's reasons why winter won't suck

Everywhere I look at the moment someone is telling me this is a difficult time of year. Sometimes that "someone" is me!

Well, it's not all bad. There are a lot of things to embrace and enjoy about winter. Sue, one of our awesome peer group facilitators, has made an 8-page list (so far!) of all the reasons why, for her, this winter won't suck.

Sue's inspiration for the list was her 9-year-old niece, who gave a talk to her class for mental health week because she's learning about her aunt's experiences (which, says Sue, is another thing that makes her feel good in winter). With Sue's permission, we share a little of her list with you here:

When the sun comes out it is special

It is a good time for inside projects

I can plan how to use my hoard of wool

I love the sound of rain when I am dry inside

There will be lots of things to look forward to in spring and summer and it's better to look forward than back. Even though living in the moment is the best, anticipation is also fun

I can eat delicious soups every day that I make from scratch

I can go through winter clothes to find ones I like to wear. I like wearing hats and boots and coats if they are awesome

I'll know that underground the bulbs and seeds and tubers will be getting ready for spring

It is an adventure to rug up in warm clothes to feel snuggled against the cold when I walk my dog and then notice how much cosier my house is when I get back.

*continued on page 3 >>>>>>>>>*

## A smorgasbord of thoughts and impressions from a winter place

At the time of writing this the rain and greyness is unrelenting, bringing me to fresh musings about the benefits of hibernation.

**Here at MHAPS we have experienced many big changes** beginning with our birth way back in 2011. Now, we have yet another shift of offices coming up in July. The change feels to me like an evolution, gradual but insistent. This brings its own challenges, including for this editor—trying to find material that feels relevant to who we are, how we are and how we feel right now. And what might this mean for you? Trying to resolve this I have written the lead article myself and so I've come face-to-face with my own feelings of **'imposter syndrome.'** If you don't know what that is there's a link on page 7 to a good **Ted Talk** on the subject.

An article on **Depression** and another about **Highly Sensitive People**, both by **Therese Borchard**, are well worth a read. Even if you don't see yourself in these descriptions they may help you to better understand others who might recognise themselves.

**'The Silent Addiction Killing a Generation of Women'** comes from 60 Minutes Australia. It so closely mirrors my own experience of my meetings with many people who come to see us here at MHAPS. What started out for these people as anxiety has sadly, and over time, morphed into an alcohol or substance dependency and thereby whole new level of challenge is created.

**Three young GP's**, all in their final year as Registrars, came into MHAPS and I was the lucky person who got to meet with them and talk about what we do here; experiencing their questions and learning about their own perspectives and goals. Just before we finished up, one of these people asked me **'What can we do to help?'** What a lot of hope for the future I felt from and for them.

**Sport Canterbury**—amongst other things, they administer the **Green Prescription** programme and I got to meet their team and learn more about what they and we do and where the connections exist with our own work. Plenty it turns out. To find out more there's a link to Sport Canterbury on page 7 in this newsletter.

For a contrarian view to the thrust of this editorial, but not so inconsistent with these messages, is my favourite commentator on issues mental health, **Graham Panther** with his article: **"Just ask for help." Is it really that simple?** If you're not yet reading his stuff I strongly recommend him, here: - <https://mailchi.mp/fa100a1e9493/the-problem-with-just-ask-for-help?e=c581b729f7>

Bring on the sunshine!

*Ian Johnson*

>>>> *continued from page 1*

The most difficult question you encounter from us may then be: - **'would you like a cup of tea or coffee, water or?'** And maybe that refreshment's all you can do today and that too is okay. But perhaps spending 15– 30 minutes talking with one of our **peer support workers** feels just right, right now!

If it does then you're making a meaningful connection that could begin a journey *away from what's not working for you and towards something that will*. The person you're meeting with has his or her own 'lived experience' of some form of mental health distress or alcohol or drug addiction. Their experience and yours taken together begins the journey. But please don't feel this means having to 'bare your soul' to someone you've just met.

If you feel a connection with us and you like what you're hearing, if it feels hopeful and encouraging then let's talk about what might happen next. It could be a link up here to another person, or programme or group. Perhaps you have an issue with another organisation that you're struggling with? It may be that another group in our area is best placed to help you and that we can suggest that to you.

*'Their experience  
and yours....  
taken together....  
begins the journey...'*

If however we do in fact have something you believe would be useful for you here at MHAPS well we're *not* going to treat, or medicate or therapy you. We don't believe that you're full of things that just need fixing. There is simply enough about your present circumstances to cause you discomfort, possibly extreme distress. You probably want something to be different but you may not yet be able to describe what that something is. We can help you uncover this and to move towards it. Or, you may know exactly what you want to do, but you are experiencing difficulties making meaningful progress. Well, let's start there.

Back to the message on the headline **'Just do this one thing.'** If you live in Canterbury come on through our door. We'll meet with you, talk with you. Try to come **between 10:00am and 1:30pm Monday to Friday**. That's when we have a person whose dedicated role on that day is to meet with whoever comes to see us. Usually that means no waiting—barely time to finish that drink at reception!

**Just do this one thing—it really can be that simple.**

Please note that **very soon we're shifting** from 826 Colombo Street to 357 Madras Street— this is where you'll find us from Monday July 23rd onwards.

>>>>>> *continued from page 2*

Sue's list is informed by the practice of **hygge**, pronounced *hoo-ga*. Sue writes that hygge is "the Danish ethos of cultivating contentment, wellbeing, calm and connection through intentioned focus on the simple yet essential pleasures in life: feeling cosy in winter; meaningful conversation with others; self care; enjoying seasonal food with loved ones; and a minimalist Scandinavian aesthetic that values quality and a sense of light and space over consumerism."

Sue points out our mood doesn't have to depend on the weather. She says, "In Denmark it is frosty and snowy in winter, the sun does not rise until 8:45am and sets at 3:45pm. It rains 179 days of the year, and in summer the hottest it gets is about 21 degrees. Yet Denmark is the third happiest country in the world, behind Finland and Norway."

We don't have to feel grey and miserable just because it's grey outside. Winter can be a wonderful opportunity to pause and reflect on the simple things you can do to bring this quality of hygge into your life. Light a candle. Play cards or a board game with a friend. Take a moment to notice and appreciate something beautiful.

My own list of reasons why winter doesn't suck includes, "It's perfect weather for the builders to be working indoors". The builders in question are fitting out MHAPS' new space ready for us to move into on 23<sup>rd</sup> July. We look forward to seeing you there soon – see more details on p14.

**Fiona Clapham Howard, MHAPS' Te Kaihautu / Service Director** (with thanks to Sue Tait!)

# What I Wish People Knew About Depression



**I wish people knew that depression is complex, that it is a physiological condition with psychological and spiritual components, and therefore can't be forced into any neat and tidy box, that healing needs to come from lots of kinds of sources**

**and that every person's recovery is different.**

I wish people knew the depression doesn't happen in a vacuum and is part of an intricate web of biological systems (nervous, digestive, endocrine, respiratory), that depression is about the gut as well as the brain, the thyroid and the nerves, that we would have better health in this country if we approached depression with a holistic view.

I wish people understood that untreated depression can increase the risk of developing other illnesses, that a [2007 Norwegian study](#) found that those participants with significant depression symptoms had a higher risk of death from most major causes, including heart disease, stroke, respiratory illnesses (such as pneumonia and influenza), and conditions of the nervous system (like Parkinson's disease and multiple sclerosis).

I wish people would offer those who struggle with depression the same compassion they offer to friends with rheumatoid arthritis, lupus, breast cancer, or any other socially acceptable illness, that they'd question those discriminations and judgments reserved for disorders that fall under the umbrella of "mental illness."

I wish people knew that depression wasn't something that can be cured by participating in a 21-day meditation series with Deepak Chopra or Eckhart Tolle on Oprah.com, and that although mindfulness efforts can certainly help, it's possible to have consistent, chronic death thoughts even after years of developing a meditation practice.

I wish people knew you could be grateful and, depressed at the same time, that gratitude can coexist with a mood disorder.

I wish people knew that, despite impressive research on neuroplasticity and our brain's capability of changing, it is unfair to expect a person to undo depression by merely thinking happy thoughts, that the science is new and while a person can be mindful of forming new neural passageways, he can't change a lamp into an elephant overnight, just as he can't un-think a tumour from happening.

I wish people knew that medications don't provide all the answers. They can begin the healing process and allow the other hard work to be done, but aren't capable of fixing everything.

I wish people knew that millions of people don't respond to medications, and that, while brain stimulation technologies offer hope for treatment-resistant depression, these persons are dealing with a different kind of beast altogether and should not be blamed for their chronic illness.

I wish people knew that a depressed person is capable of fake laughing for two hours through a dinner only to go home and Google "easiest ways to get cancer," that most depressed persons deserve Academy Awards for outstanding acting, and that it can be practically impossible to pick up on the desperation and sadness in a

person who wants so badly to die because chances are she is the one cracking jokes in a crowd.

I wish people knew that depression isn't caused by constipated energy in the crown (or seventh) chakra or by the possession of demons in the soul, that neither reiki nor an exorcism is likely to cure it.

I wish people knew that the endorphins from exercise are as close as a depressive will get to anaesthesia for pain but that it's possible to swim 5,000 yards a day or run seven miles a day and still be suicidal, that a sad swimmer can fill up her goggles with tears.

I wish people knew that while yoga is helpful for some, a person can walk out of the studio just as depressed as she was before Namaste.

I wish people knew how essential diet was to treating depression, but that you can eliminate gluten, dairy, caffeine, alcohol, and sugar from your diet—you can exist on green smoothies—and still be depressed, that fish oil, vitamin B 12, and a good probiotic could very well improve your mood, but that they aren't magical elements.

I wish people knew that the worst part about depression is the sheer loneliness, the inability to express the anguish that rages within, and that the smiley-face culture we live in worsens that loneliness because depressed persons are so scared to tell the truth.

I wish people knew that persons who struggle with depression aren't lazy, uncommitted, and weak, that they are not trying to get attention.

I wish people knew that depressed brains looked different on high resolution x-rays, that when experts scanned the brains of depressed people, they discovered that the front lobes of the brain displayed lower activity levels than those in non-depressed patients, that there are breakdowns in normal patterns of emotional processing, that depression can be associated with the loss of volume in parts of the brain and can inhibit the birth of new brain cells, which is why renowned psychiatrist Peter Kramer believes it is the "most devastating disease known to mankind."

I wish people knew that taking one's life can feel like sneezing to a severely depressed person, that it can be a mere reaction to the body's strong message, that after fighting a sneeze for years and years, some people simply can't not sneeze anymore, that they should not be condemned or demonized for sneezing.

*'I wish people knew you could be grateful and depressed at the same time .....*

I wish people knew that **the hardest thing some persons will ever do in this lifetime is to stay alive**, that just because staying alive comes easily to some, it doesn't mean arriving at a natural death is any less of a triumph for those who have to work so very hard to keep breathing.

**I wish people knew that the best thing you can do for a person who suffers from depression is to believe her.**

I wish people knew that sometimes depression is triggered by something and sometimes it's not, that **sometimes one small thing is needed to pull a person out of darkness**, and sometimes everything is unable to, that sometimes the only thing you can do is to wait for symptoms to subside.

I wish people knew that depression comes and it goes, and **in its ebb and flow are found pockets of peace that can sustain a person for the journey.**

**continued on page 5 >>>>>>**

# 14 Things To Know If You Love A Highly Sensitive Person

Therese Borchard March 8, 2018



**You might assume that a highly sensitive person is someone who simply gets emotional easily. While that's one aspect of being an HSP, there's more to it.**

Those who possess the highly sensitive personality trait — an estimated 15 to 20 percent of the population — also pick up on subtle changes in their environment; they'll notice if you got a haircut or if the mood in a room has shifted. Loud noises, large crowds and bright lights can be overwhelming to HSPs, so they may need to retreat to a calm, quiet space after a chaotic day. HSPs are often deeply moved by music and the arts, and they make great friends and romantic partners because they're good listeners and empathetic by nature. Anne Marie Rooney — a self-proclaimed HSP who is married to a non-HSP told HuffPost she's grateful that her husband has taken the time to really learn about this aspect of her personality.

"Large crowds really stress me out, I can't stand loud noises, beautiful artwork might make me cry, and having too many unread emails or texts sometimes gives me palpable anxiety," Rooney told HuffPost. "At this point, my husband knows how to identify situations that may cause me HSP-related stress, and I'm very lucky that he's always supportive and does his best to help me alleviate negative feelings in these scenarios."

If you're not a highly sensitive person, it can be difficult to comprehend why your highly sensitive partner reacts a particular way in certain situations. **That's why we asked HSPs what they wish their loved ones better understood about them. Here's what they had to say: -**

1. We get overwhelmed and exhausted more easily than you do.
2. We need alone time to decompress. Don't take it personally.
3. Your moods have a big effect on us.
4. We can open your eyes to things you might ordinarily overlook.
5. When you get frustrated with us, try to put yourself in our shoes.
6. We'll probably need to call it a night before you do.
7. Doing some research about HSPs might help you "get" us. Wellness taking care of.
8. Check in to make sure we're taking care of ourselves.
9. We're very intuitive so we often go with our gut.
10. When we're hungry, we are not the best version of ourselves.
11. Being a highly sensitive man comes with its own set of challenges.
12. Don't bother lying to us. We'll be able to tell something is off.
13. Compromise is key.
14. We'll be loving, supportive partners if you give us a chance.

*'.....they'll notice if you got a haircut or if the mood in a room has shifted.'*

**Get the full article here: - [https://www.huffingtonpost.com/entry/if-you-love-a-highly-sensitive-person\\_us\\_5a9ed2aee4b0e9381c12d793](https://www.huffingtonpost.com/entry/if-you-love-a-highly-sensitive-person_us_5a9ed2aee4b0e9381c12d793)**

>>>>>>> *continued from page 4*

**I wish people knew, more than anything else, that there is hope.** Beyond medication and meditation. Beyond fish oil and vitamin D. Beyond acupuncture and yoga. Beyond mindfulness and biofeedback. Beyond cognitive behavioural therapy and brain stimulation technology. Beyond every action imaginable, **there is hope for depression.** In reaching beyond the self to others who understand the instinct to sneeze. In sharing the familiar yet unique story of one's illness. **In finding a purpose to live for.**

In attaching every piece of the heart and soul to some meaning in this world. In gently turning the pain and the bitterness to love and service.

*Published originally on [Sanity Break](#) at [Everyday Health](#).*

## 60 Minutes: - The silent addiction that's killing women



A 60 Minutes investigation has revealed nearly one in four Australian women aged between 35 and 59 drink excessively to dangerous levels – far out-drinking Australian men.

At their most self-destructive and terrifying, intoxicated mothers are then getting behind the wheel endangering themselves, other drivers and their children.

The shocking revelation comes [as Australian mother-of-two Susan Lung spoke out after being arrested for drink driving when police found her sitting in her car](#), parked in a bus zone, almost incoherent with a blood alcohol reading nine times over the limit.

The 42-year-old, who has been labelled "Drunk Mum" since her November arrest, told 60 Minutes reporter Allison Langdon it was the shock of her 24-year marriage breakdown that led her to "the biggest mistake of her life".

"I stopped on the side of the road and just sat there for about an hour," she told Langdon.

"Just sitting there thinking, 'What's happened to my life? Where did it go wrong?'"

"And then I remembered that I had wine in the back, so I just pulled into the front and just took the first sip, and then from there I think it just went downhill."

In the space of two and a half hours, Ms Lung drank almost two entire casks of wine – nearly eight litres – while sitting in her car.

When found by police, Ms Lung – who has two previous drink driving offences from ten years ago – recorded one of the highest blood alcohol readings in NSW history, nine times over the legal drinking limit.

She was charged with drink driving but there wasn't enough evidence to prosecute and convict Susan.

The charges were withdrawn and she has kept her licence. 'What happened to my life? What went wrong?' is what Ms Lung found herself thinking when she drank two casks of wine in her car.

When asked what would have happened if police hadn't turned up, Lung told Langdon: "I would have probably just slept it off."

"I wouldn't have drove, I know I wouldn't have because I always have my kids on my mind. I wouldn't do that," she said.

Over the past three months in NSW alone, nine women behind the wheel with children in the back seat, have been arrested and charged with drink driving.

Also speaking out on Australia's hidden drinking problem was Talitha Cummins, a former Channel 7 journalist who very publicly shared her high-functioning alcohol addiction in 2016 – an addiction she now fights every day of her life.

"I drank to relieve stress," Cummins told Langdon. "I was working in a career which was anxiety inducing... I came home drinking and found myself drinking multiple bottles of wine every night until that was just the norm for me."

Cummins told Langdon she wasn't at all surprised by recent studies finding the number of middle aged women - mums in particular - who drink excessively has more than doubled in the past ten years. "If you think about it, more women are in the workforce now," Cummins said.

"We're getting the kids out of bed, we're going to work for the day, dealing with the stresses of work, coming home, putting the kids to bed, homework, feeding the family typically and emailing people we didn't have a chance to email during the day.

"[Alcohol is] accepted as a way to relax, as a way to unwind. We use it as a false reward – 'I'll just get through the day and then I'll have a drink.'"

Dr Janice Withnall, expert in alcohol abuse focusing specifically on middle aged women, told Langdon she believes Australia's middle-aged women are in a national health crisis.

"Alcohol in Australia is too destructive, it is a crisis," Withnall said.

"People from overseas think we're mad in how we use alcohol. I don't think there's too many other countries that actually go about purposefully becoming intoxicated."

Withnall says that – unbeknownst to many - 5500 people die of alcohol-related illness and injury in Australia each year, far more than our road toll.

There are 15 deaths and 400 injuries each day related to alcohol use.

One of the leading causes of death amongst middle-aged women, suicide, has been increasingly linked to alcohol consumption.

"Women in their 30s and 40s that are drinking too much alcohol look fabulous, do a terrific job," Withnall said.

"But inside, if you ask them, they're dead. They've used all of their energy in doing and fixing and being perfect.

"We need society looking at the way to self-care without introducing a mind-altering drug."

**This article is drawn from a study of the Australian population however we believe that there would be similar findings in NZ. If you are concerned about your drinking, or want to help someone close to you, you can contact: -**

- Your GP or
- AOD Central : - 03 338 4437 [chchaododysseychch.org.nz](http://chchaododysseychch.org.nz) or [www.odysseychch.org.nz](http://www.odysseychch.org.nz)
- MHAPS: - (03) 365 9479 [reception@mhaps.org.nz](mailto:reception@mhaps.org.nz)

*'.... number of middle aged women who drink excessively has more than doubled in the past ten years.'*

## ARTICLES and LINKS

## Hearing Voices

**Debra Lampshire** joins us in Christchurch hosted by **Hearing Voices Network Aotearoa NZ** to share her invaluable experience as a voice hearer who has had an incredible journey from patient to academic.

Watch her share her story on **Attitude** - <https://youtu.be/UYGNFi2r4ck> and her recent **Tauranga TED talk from 2017** - <https://youtu.be/NjL2dqONlqQ>

Debra is a senior tutor with the Centre for Mental Health Research and Policy Development at the University of Auckland. She is also chairperson for International Society for Psychological and Social Approaches to Psychosis (ISPS) New Zealand.

At the age of 17, Debra was committed to the former Kingseat Psychiatric Hospital in Karaka, having episodes of psychosis, including hearing voices. She was in mental health care for 30 years, 18 of those in institutional care. She then began to take charge of her own recovery and has transferred her own experience to educate others.

She has co-authored scientific papers and co-edited the book **Experiencing Psychosis**.

MHERC has a **Hearing Voices** workshop given by Debra on July 27th 9:30am– 4:00pm. Contact them on <http://mherc.org.nz/contact> for details.

## Everyone is welcome here

**MENTAL** is a growing collection of human stories that explore experiences and aspects of mental wellbeing in Aotearoa. Each story has been written by a New Zealander and shared with MENTAL. Every week or so we'll upload another series of stories and add to the collection. **Anyone from New Zealand can contribute a story at any time.**

The vision for MENTAL is to offer a space for individuals to voice their experiences of the realities of mental health in their own words. Through the preservation, documentation, and sharing of these stories, MENTAL hopes to help reframe perceptions of mental health in Aotearoa. Contributions emphasise the importance of supporting individuals, friends, whānau and communities who have experienced, or know someone experiencing mental illness. Everyone's story matters.

MENTAL strives to be inclusive of everyone, and collect contributions from all ages, genders, ethnicities, sexual orientations and life experiences. These words may encourage a dialogue with the general public, and perhaps leave readers with a better understanding of what it means to experience mental illness. **Click [here](#) to read about the MENTAL team**

## Green Prescription



A Green Prescription is a health professional's written advice to a patient to be physically active, as part of the patient's health management. For more information contact **Sport Canterbury** on 03 373 5055 or go to: -

<http://www.activecanterbury.org.nz/health-professionals/green-prescription.aspx>

## Imposter Syndrome

**Mike Cannon-Brookes | TEDxSydney**

Mike Cannon-Brookes, co-founder of software company Atlassian, is an Australian business success story. In this surprisingly personal talk, **he reveals how he constantly feels like an imposter**, but how he's learned to harness those feelings for his benefit.

Mike Cannon-Brookes is the co-founder and co-CEO of Atlassian, a collaboration software company that helps teams organise, discuss and complete shared work. More than 68,000 organisations – including some of the biggest names in media, manufacturing and technology such as eBay, Twitter, Coca-Cola, Visa, BMW and NASA – use Atlassian's products to work smarter and faster.

Mike has received international recognition for his work, including the "Australian IT Professional of the Year" award in 2004, "Australian Entrepreneur Of The Year" in 2006 and "Australian Business Person of the Year" in 2017. He's also been honoured by the World Economic Forum as a Young Global Leader in 2009 and is currently a member of The Forum of Young Global Leaders.

Outside Atlassian, Mike is an active angel investor and a non-executive director of Tyro, a technology-focused Australian bank. He serves as an adjunct professor at the University of New South Wales' School of Computer Science and Engineering, as well as chair of the Computer Science and Engineering Industry Advisory Board. Mike holds a Bachelor of Commerce in information systems from the University of New South Wales, Australia.

This talk was given at a TEDx event using the TED conference format but independently organized by a local community.

**Learn more here: -**

<https://www.youtube.com/watch?v=zNBmHXS3A6I>

## ARTICLES and LINKS

### THE SECRET ILLNESS

A global creative arts project that explores the realities of living with obsessive compulsive disorder #OCD#OCDFeelsLike.

<https://twitter.com/secretillness?fl=4&cn=ZmxleGlibGVfcmVjcw%3D%3D&refsrc=email>



## We Own Our Emotions - they don't own us

Psychologist Susan David shares how the way we deal with our emotions shapes everything that matters: our actions, careers, relationships, health and happiness.

In this deeply moving, humorous and potentially life-changing talk, she challenges a culture that prizes positivity over emotional truth and discusses the powerful strategies of emotional agility. A talk to share.

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

You can view Susan's talk here: -

<https://www.facebook.com/susandavidphd/videos/10159966862355652/>

## Beneficiary Advisory Service

Beneficiary Advisory Service (BAS) staff are specialists in benefit issues and can offer help with simple queries about benefit entitlements to complex investigations or reviews of decisions and medical appeals.

Email: [bas.cprc@gmail.com](mailto:bas.cprc@gmail.com)

Facebook: [@BeneficiaryAdvisoryService](https://www.facebook.com/BeneficiaryAdvisoryService)

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

## The MSD Family Incomes Package

The Families Package is designed to provide targeted social assistance to improve incomes for low and middle income families with children, and to reduce child poverty. It is part of the Government's focus on ensuring children get the best start in life, and that our welfare system doesn't leave families without support.

The Families Package replaces the previous Government's Family Incomes Package, announced as part of Budget 2017. Benefit to help people with the highest housing costs. Follow this link for full details: -

<https://www.msd.govt.nz/about-msd-and-our-work/newsroom/2017/families-package-qas.html>

## 13 Reasons Why

*13 Reasons Why* is a television show, available on Netflix.com. All 13 episodes of Season 2 were released on Friday, 18 May 2018 and subscribers can watch them at any time.

The show takes place after the suicide of 17-year-old Hannah Baker, and explores the 'reasons why' she may have taken her life. When Season 1 was released in March 2017 it quickly became Netflix's most talked about show.

Season 2 features a trial between Hannah's parents and her school, trying to discover who is most to blame for Hannah's death.

The Mental Health Foundation believes that people, young people in particular, may need support to deal with the issues raised by this programme. You can find extensive resources, including 'Top tips for adults supporting teen viewers' on their page by clicking the link below to: -

[Frequently asked questions](#)



# MORE SMILING

Working in peer support means we meet a lot of vulnerable, sensitive, hurting people but in fact our community is full of smart, creative, warm, funny, helpful people. We just don't always see it. In fact we don't have the chance to focus on what is good because we are bombarded with bad news. Maybe we are meant to be working harder at screening out the constant negative information flow but it is hard. Maybe our friends on facebook are posting jokes but maybe they are sharing videos of floods and hurt puppies. Our world is full of outrage and fury.

This week a man came to the Awareness meeting to introduce us to something he is creating. He described his experience of depression and how frustrating it was when people would say "just get out on your bike" or "go to the gym. You know exercise helps". Yes he knew but that didn't mean he had the energy to do it. But he realised that one of the things he was doing to distract himself was to use his phone for hours. Another thing he noticed was that **when anyone smiled at him his automatic reaction was to smile back even though he didn't really feel like it. And then he felt slightly better.**

He did a bit of research (<https://psychcentral.com/news/2012/07/31/right-kind-of-smile-may-reduce-stress/42426.html>) and sure enough smiling can make you feel better. So, being a clever young person he started to design an app for the phone that provides smiling faces and encouraging statements when you tap it. The beauty of his design is that it is international. We may all be asleep at 2 am when a person feels despondent but they are awake in Argentina and Norway. And when you are feeling better you can be the smiler for someone else. It was a beautiful simple idea and we hope he can get this going. When it is up we will definitely let you know.

So, that means I am asking all of us to look at our friends and neighbours, to give a warm smile when we are able and to accept a smile when it is offered. Can we refrain from contributing to negative gossip and find one good thing to share each day?

This is mine, **Beth**



## Consumer-run mental health show

Saturdays 1.00 pm and Wednesdays 10.30 am

We are having a great year with Quiet Minds. Hope you have kept up with all the great stories we've been able to tell. In particular there has been a lot of talk around the Mental Health Review and the Wellbeing Manifesto. It is great to have a vehicle for informing our community. 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](mailto:mgr.cas@mhaps.org.nz)

### Upcoming Shows

- Sat 30 June 18 Kelly with Awareness plans for next year
- Sat 7 July 18 Lisa A's Personal Story
- Sat 14 July 18 Lisa A re Open Dialogue
- Sat 21 July 18 Damian talks about Recovery Part 1



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.

## A sharper mind: tai chi can improve cognitive function



There are lots of jokes about forgetting where you put your keys, but as you get older, changes in your mental function are no laughing matter. Changes in your brain that start around age 50 can affect your memory, as well as other cognitive functions such as your ability to juggle multiple tasks, process information rapidly, and focus on details. By age 70, one in six people has mild cognitive impairment (which can progress to Alzheimer's disease).

Up until about two decades ago, it was believed that your brain only produced new cells early in life. But research has shown that **the brain has the ability to change throughout your entire life span, growing new cells, making new connections, and even increasing in size.** These changes can improve cognition — and various forms of exercise, including tai chi, can help. In a meta-analysis of 20 studies on tai chi and cognition, **tai chi appears to improve executive function** — the ability to multitask, manage time, and make decisions — in people without any cognitive decline. In those with mild cognitive impairment, tai chi slowed the progression to dementia more than other types of exercise and improved their cognitive function in a comparable fashion to other types of exercise or cognitive training.

In one study, researchers had nearly 400 Chinese men and women with some cognitive impairment perform either tai chi or a stretching and toning program three times a week. After a year, the tai chi group showed greater improvements, and only 2% of that group progressed to dementia, while 11% from the traditional exercise group did.

In another study, tai chi outperformed walking. Following 40 weeks of either tai chi, walking, social interaction, or no intervention, researchers compared MRI images and discovered that brain volume increased the most in the tai chi group. In addition, that group also performed better on cognitive tests.

**To learn more about tai chi, its health benefits and how to learn its movements, buy [An Introduction to Tai Chi](#), a Special Health Report from Harvard Medical School.**

### Mental Health Foundation is looking for people to help review books



Calling all book reviewers! We're extending an invitation to *E-Bulletin* readers who might be interested in reviewing books for us. These will be used in our popular [book review feature](#) and the [Good Reads](#) section for our upcoming Mental Health Awareness Week online toolkit.

What's involved? I send out a list of titles as they become available and you lodge your interest depending on it matching your area of interest and available time.

Reviews are no more than 300 words, with you identifying the book's strengths and weaknesses using your own experience as context. Your assistance, and the knowledge you pass on, will be very much appreciated by us, and by those looking for their next read!

If you would like to be added to our book reviewers' mailing list, please email me at [kim.higginson@mentalhealth.org.nz](mailto:kim.higginson@mentalhealth.org.nz) with a brief description of your areas of interest and expertise.

**TAKE IT FROM US**  
Mental Health Radio

### The Procrastinator's Guide to Killing Yourself, Gareth Edwards

Musician, writer, mentor, researcher, comedian and mental health consultant, Gareth Edwards can now add author to that impressive list of achievements.

His book *The Procrastinator's Guide to Killing Yourself* – yes that's the title – has been released and we talk to Gareth about his five suicide prevention strategies in this book on mental health.

Access this revolutionary book at [gareth.edwards.com](http://gareth.edwards.com)

<http://www.framework.org.nz/take-it-from-us-past-shows/the-procrastinators-guide-to-killing-yourself---a-new-book>



# AWARENESS

## Canterbury Action on Mental Health and Addictions

Hi all,

It has recently been our ACM Annual Celebratory Meeting where we recapped the last year and held elections for the exec committee. We fare-welled Keryn who has been a strong and reliable chairperson for the network over the last year, and is stepping down from the exec this year to focus on independent consultancy work. We will all miss Keryn's input and wish her well with her work continuing to make a difference in mental health.

The leadership of Awareness has been taken on by an enthusiastic new executive committee, including some returning and some new members. We welcome Carol, Bernie, Sue, Harris, Anne and Hinetewai to the exec committee, and will have an update on who will be holding the chair, finance and media spokesperson roles soon.

The biggest area of work going forward for Awareness, and for anyone with personal experience of mental health or addiction challenges who wants to make a difference is the opportunity to contribute to the Government Mental Health Inquiry.

### **What is the Mental Health Inquiry? Why should I get involved?**

The Government Inquiry into the Mental Health and Addictions System has been hailed as a "once in a generation opportunity" to overhaul the mental health system, how services are provided, and to make changes to other government agencies and aspects of society that impact peoples experience of wellbeing and distress.

Though submissions officially closed 5th June, extensions are being granted on a case-by-case basis - to request an extension you can email [mentalhealth@inquiry.govt.nz](mailto:mentalhealth@inquiry.govt.nz) this is also the email address to contact to be added to the email updates list.

Thanks to amazing input from members and people who attended our two workshops on "how to write a submission", Awareness has been able to submit a hefty 20 page submission to the inquiry covering your views on: issues with over-reliance on psychiatric medications, the need for more access to talking therapies and counselling, wanting to see a more community-based mental health system, the need for "trauma-informed services (and wider society), the need to review compulsory treatment, wanting to see more empathetic crisis support, improving funding and diversifying the workforce in mental health, addressing issues with housing, Work and Income, ACC and Prisons, investing in community and family wellbeing as a preventative approach, ensuring social inclusion and physical health. To see a full copy of our submission and recommendations, please feel free to get in touch.

Other opportunities exist for people to have a say - and **Inquiry Panel members are due in Christchurch for public forums and meetings with interest groups on Tuesday 3rd July** - updates will go out on our email list so join if you're keen to be in the loop.

Other dates to diary are: **Saturday 23rd June, which is when Hopewalk is taking place**, advocating for suicide prevention, and late July when Awareness will be moving office alongside MHAPS - check out earlier newsletter content for full details!

### **The Next Meeting**

**Monday 9th July 12.30—2.30 pm**

**MHAPS Community Wellbeing Centre - 826 Colombo Street**

All people who have mental health or addiction experience welcome.

Phone 366 8288 or email [awareness@mhaps.org.nz](mailto:awareness@mhaps.org.nz) for more information  
or come along on the day - afternoon tea provided.

## How to Process Your Emotions

In order to be calm and at ease with ourselves, we need regular periods where we do something rather strange-sounding: process our emotions. Here is a guide to this essential psychological move: -

<https://www.youtube.com/watch?v=b197XOd9S7U>

If you like our films, take a look at our shop (we ship worldwide): <https://goo.gl/GTunD2>  
Join our mailing list: <http://bit.ly/2e0TQNJ> Or visit us in person at our London HQ <https://goo.gl/qMLe4B>

## What happens when doctors change your diagnosis?

For some, a definitive label offers a lifeline and a way to understand their condition. When that is altered, even for the better, the effects can be devastating

**Jules Montague** Mon 11 Jun 2018 08.58

Suzu Syrett suddenly stopped going to her bipolar support group. Nobody had thrown her out, but one day she had bipolar and the next day she didn't.

Her symptoms had begun at university – she withdrew socially, her grades began to fall and her mood was low: “I was essentially struggling with life and not understanding why.” Diagnosed with bipolar disorder in 1994, lithium seemed to help but her support group in Glasgow became crucial, too: “Being among people who shared the diagnosis, it normalised it for me, it gave me a vocabulary to explain to family and friends what was going on.”

Syrett later developed hallucinations and, in 2008, was hospitalised. By the time she was discharged six months later, her diagnosis had been switched to depression with psychosis. The loss of her bipolar diagnosis, one held for 14 years, left her with a sense of grief. “Because I have bipolar” was no longer a way to rationalise her symptoms. “My full understanding [of my illness] and how I framed it in my head had gone, and the support group went too.” She decided not to return, fearful her advice would be dismissed, aware their advice might no longer hold relevance for her.

Nowadays she carries lessons from her own experiences to her role as peer researcher in the department of mental health and wellbeing at the University of Glasgow, most recently helping to complete a study of cognitive-based therapy for psychosis. After all of this time, Syrett brings to others the very support that she once lost herself.

**This article has been edited from the full article that appeared in The Guardian. Newspaper. To access the article go to:-**

<https://www.theguardian.com/lifeandstyle/2018/jun/11/what-happens-when-doctors-change-your-diagnosis>

If you have experienced a change of diagnosis and are troubled by this, talk to your GP or a peer support worker here at **MHAPS**.

## The prime-time TV trick encouraging gambling addiction in NZ

Paula Snowden | Guest writer

JackpotCity gets around NZ laws to advertise on television in a scheme that grooms gamblers, including the young and vulnerable. Authorities need to show the moral muscle to tackle it, writes Paula Snowden.

JackpotCity has navigated its way around our laws and its getting away with it. When an online casino is able to advertise on prime time national television enticing viewers to “discover a world of incredible casino games”, we should all be very concerned.

<https://thespinoff.co.nz/society/21-05-2018/the-prime-time-tv-trick-thats-encouraging-gambling-addiction-in-nz/>

## Mental Health in the Workplace

Resources for Managers from the Mental Health Foundation

There are *huge benefits to creating a workplace culture where it's normal to talk about mental health*. To help you do this, we've launched a range of **free 'Open Minds' resources** including videos, posters, tip cards and FAQs.

**The resources are designed to give managers the confidence and practical skills to talk about mental health in the workplace.** They cover topics including, the barriers managers and employees face when talking about mental health at work, the steps you need to take to have successful conversations about mental health at work and the cost of not talking about it.

Start using these practical resources today to create a workplace where everybody feels supported and safe when it comes to talking about mental health.

*Naku iti nei,*

**Lisa Ducat**

Community Engagement & Health Promotion Officer  
Mental Health Foundation

<https://www.mentalhealth.org.nz/home/our-work/category/40/open-minds>

## PROGRAMMES and EVENTS UPDATE



### *Leverage the Power of Lived Experience!*

MHAPS has recently trained four peer workers to be able to deliver **PeerZone** workshops.

**From August 2018** we will be offering weekly workshops such as 'Understanding Our Distress;; 'Exploring Our Stress;' 'Leading Our Recovery' and more.

If attending these workshops interests you please contact [reception@mhaps.org.nz](mailto:reception@mhaps.org.nz) or **(03) 365 9479**

Or check out **PeerZone** on: - <https://www.peerzone.info/lived-experience>

## WHAT'S ON AT MHAPS?

As well as the programmes profiled here we offer a range of peer recovery groups, plus the **Friday Group** and the **Awareness Consumer Network**

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

or email: - [reception@mhaps.org.nz](mailto:reception@mhaps.org.nz)  
or phone **(03) 365 9479** or call in and see us 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, family, or professional interest, you are welcome to attend.

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

## Mindfulness programme

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

Programme starts **Thursday August 2nd** 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](mailto: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 JULY 18TH 2018**. Workshop are four hours each plus there are two individual coaching sessions through the programme. There are **up to three 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](mailto:reception@mhaps.org.nz)

For more detailed programme information **contact Ian** on [lex-manager@mhaps.org.nz](mailto:lex-manager@mhaps.org.nz) or **(03) 365 9479**.

# NOTICES AND NEWS

## MHAPS IS MOVING.....MOVING.....

from Monday 23rd July we will be at

>>>>> **unit 4, 357 Madras St.** <<<<<<

(alongside **The Heart Foundation's** offices)



Our phone and email contacts remain unchanged but please note that our new post box number is **21-020 Edgware.**

If you have any questions please ask at reception or contact us on **(03) 365 9479.**

## Media guidelines

► Portrayal of people living with mental illness and mental health issues in Aotearoa

Mental Health Foundation  
Supporting the recovery and wellbeing of people with mental health issues

LIVE MINDS. LIVE WISE  
Mental Health Foundation



**Journalists hold great power and can influence public opinion about people with mental illness in positive and negative ways.**

These guidelines will equip journalists with the confidence and understanding to report on mental illness and mental health issues safely, accurately and respectfully. One in five Kiwis will experience a mental health problem this year, and more than half of us will go through distress or mental illness at some point in our lives.

<https://www.mentalhealth.org.nz/get-help/media-guidelines/>

## 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)

**I'm  
thankful  
for my  
struggle  
because  
without it  
I wouldn't  
have  
stumbled  
across my  
strength.**

AUTHOR  
ALEX ELLI

**time to change**

**let's end mental health discrimination**

Mental health problems affect 1 in 4 people every year and no one should feel ashamed. By sharing our experiences, together we can end the stigma.

<https://www.time-to-change.org.uk/personal-stories>

*visit our website and Facebook pages*

**www.mhaps.org.nz**



**Peer Support**

**Peer Advocacy**

**Peer Recovery groups**

**Consumer Participation**

**Latnam 826 programme**

**Recovery programmes**

**Information and Talks**

**Quiet Minds Radio**

**PO Box 21-020 Edgware**

**CHRISTCHURCH 8143**

**365 9479; 0800 437 324**

**reception@mhaps.org.nz**

**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](mailto:reception@mhaps.org.nz) or  
phone **03 365 9479.**

### **IMPORTANT NUMBERS**

**Text or call #1747**

**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

**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**

**IF UNDELIVERED PLEASE RETURN TO: -**

**PO Box 21-020, CHRISTCHURCH 8143**

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