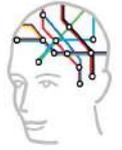


ISSUE

19

Momentum

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



AUTUMN

together on the road to well-being...

2019

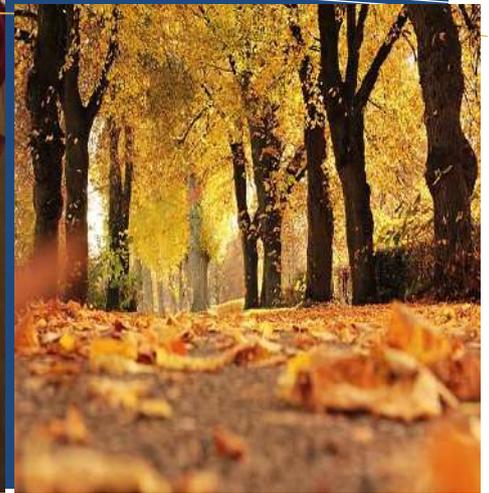
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Momentum is published by

THE LEARNING EXCHANGE

Editor: Ian Johnson



What works and what doesn't: - how a job affects mental health

Eamonn Marra

I have been on some form of benefit through Work and Income for most of the last five years. I have been on the unemployment benefit, the sickness benefit and am now on the Jobseekers benefit. I also suffer from anxiety and severe depressive episodes.

Work and Income was never short of advice in regards to my illness. Whenever I went to my local service centre, I would sit in the waiting room surrounded by quasi-inspirational, but really just condescending posters of smiling people, with phrases such as: "Thinking I couldn't do it was my biggest disability".

Meetings with case managers at Work and Income frequently featured unhelpful and unsolicited medical advice, ranging from exercise to yoga to meditation to eating correctly to doing volunteer work. But by far their most common go to line was "Employment is the best path to recovery".

Employment can have a huge effect on mental health, but we cannot only recognise its positive contribution without admitting it has the ability to be a negative one as well. Work and Income's mantra is not completely wrong; employment has been a huge step in my increasing mental health over the past eight months. However, on the flip-side, an extremely unhealthy work environment in my late teens caused huge damage to my mental health, and contributed to years out of the workforce.

Because after this experience, my esteem dropped completely, and I fell into one of my most depressive and self-destructive periods. I was under the impression that not only was I worthless, unemployable, and had no redeemable qualities... and I was unsure I could ever survive in that world of *whether or not to disclose to your employer*.

No number of inspirational posters on the walls of my local Work and Income could get me out of this rut. I spent over three years not only unemployed, but afraid of work. The idea of applying for a job was enough to send me into a panic attack.

continued on page 3 >>>>>

So you want to be a peer support worker?

Fiona Clapham Howard, MHAPS' Te Kaihautū / Service Director

We get a lot of people asking us how they can get a job as a peer support worker. It's a great option for those who want to use their own lived experience of adversity, distress, and/or addiction, to work alongside others, and to get paid for it.

But is lived experience all you need? Here are some of the things I encourage people looking for peer work, to think about.

Research the role

Peer support comes in many forms, but at its heart are authentic two-way, mutual relationships between people, through 'the kinship of common experience'.

Historically, a lot of peer work has been voluntary, e.g. 12-step groups, or support groups in the community. The approach we use at MHAPS, Intentional Peer Support, started out as a grassroots way of people supporting each other, rather than being part of a "service" with paid staff.

But if you're wanting to be paid for your work (and why not?) then it pays to be informed about what might be expected in the workplace.

There is guidance for peer workers and employers, such as the *Competencies for the mental health and addiction service user, consumer and peer workforce* available here: <https://www.tepou.co.nz/initiatives/peer-workforce-competencies/23>

There's also been some great research done in NZ on the variety of different ways these roles (paid and unpaid) work around the country. Read more in *Peer Support Practice in Aotearoa New Zealand*, here: <https://ir.canterbury.ac.nz/handle/10092/5258>

continued on page 7 >>>>>

TERRIBLE LOSS, SUDDEN CHANGE, FOREGIVENESS AND HOPE FOR THE FUTURE

I feel a great sense of loss following the March 15th killings of 50 peaceful Muslim worshipers at two Mosques here in Christchurch. As a younger person I travelled through a number of countries where Islam was the predominant faith. Without fail I was met with warmth and hospitality. I recall a family sharing their meal with me on a train in Iran. I remember their interest in who we were and where we came from and of learning about our impressions of their country and their culture. I believe that **Aotearoa New Zealand's** loving support for people of their faith here in Christchurch is something they would recognise and value. That and how much more positively visible our Muslim community has become to us.

There are inevitably those people and some media who are quick to try and create a link between one man's murderous actions and mental illness: - *'He must be mad, no sane person could do such a thing.'* This is idle speculation that just creates yet more stigma and discrimination towards people who are mentally ill and who are not in any way a risk to their communities. **Shaun Robertson, CEO of the Mental Health Foundation** published an excellent Press Release on this subject and if you're looking for guidance I urge you to read it.

This Autumn newsletter is focused on **mental health and employment**— and that's a large landscape. For those not employed and wanting to be, but struggling with their health, the whole job-seeking, interviewing, coping with possible rejection and/or then starting work thing can feel overwhelming. And, for some people already employed there may be an everyday question in their minds: - *'just how much longer can I keep on doing this?'*

In this edition are a couple of interviews, one with **Tom who is joining us at MHAPS as a peer advocate**, the other with **Sarah, a client of the Jobconnect** supported employment service. Both of these people share their journeys of what it is like to find and then sustain a job whilst they were experiencing some form of mental distress.

What heartens me is seeing people coming into MHAPS for a First Step meeting—clearly struggling, but then walking away later looking visibly lighter—feeling perhaps that there is hope after all. A common theme in our work is *transformation—often a gradual journey but sometimes it's an 'aha' moment when our potential starts to feel exciting.*

Ian Johnson, Editor

>>>> *continued from page 1*

The thing that I was most afraid of was having to admit to an employer that I had severe anxiety problems and potentially could not meet some of the requirements they expected of me. One cannot casually drop “Managed to attend university one day a week throughout years of anxiety” into the ‘Key Achievements’ section of your CV. I worried that one day I would attend an interview and be asked “So why has this Bachelor of Arts taken you six years?” or “Why do you have such a large hole in your employment history in your early twenties?”

Being open with your situation is vital to live a happy and fulfilling life with any mental health issues, but in order to even be considered for most jobs in this competitive environment we are forced to hide something that is so important to keep out in the open.

But then in June 2013, I managed to get a job at a small cinema in Wellington, purely because my flatmate worked there and they needed some casual staff over the upcoming film festival. Then, luckily, a couple of staff left shortly after the festival finished, and I was able to keep the job.

And over time those posters finally started to make sense: -I could do it. I was very good at my job – and, what’s more, a job in hospitality, which up until then had been one of my greatest fears. I became a great barista. I learned the art of a perfect ice cream scoop. I charmed old ladies. I was appreciated by the customers and my colleagues. And it was mostly because I worked under the best and kindest boss I could hope for.

Unfortunately, a few months into this job, there was a change of ownership and my boss was made redundant, and in came a new manager and more importantly new management technique. Morale at the cinema dropped instantly.

There was no more sharing the ground floor work with the manager; there was no casual and friendly conversation between us. The hierarchy that felt unimportant before was strengthened, and put front and centre in any conversation with the new management. Suddenly I was less comfortable showing my anxiety around work. When you see people like you referred to as being “sensitive” or “fragile” with a smirk or an eye roll, it can make you not want to be open about your own mental state.

My pride in my work dropped. I still loved the cinema; I loved the customers, and they loved me. I was still good at my job. But I was making more and more mistakes. We were also severely understaffed, which sent me into sweaty shaky panics that often left customers asking “Are you all right?” The level of service drastically fell, while my anxiety rose and rose. **I could not leave work behind at the cinema, and it began to interfere with my personal life, my dreams, and my everyday conversations.**

Eventually, after a particularly frustrating shift, I quit.

Work and Income are not happy. I am no longer meeting my work commitments. But I am feeling good again. I have regained some sense of autonomy; I have regained control of my life. **I was lucky to leave before the job wore me down into the kind of state that kept me out of employment for years.**

I was angry, but now I no longer hold my old manager responsible for this; it is his way of dealing with a struggling business. It’s a common management technique, looking at staff purely in terms of financial contribution, a positive and negative on the balance sheet. The fact that management is taught in the commerce departments at universities reflects the huge problem with what we as a society feel is the objective of management: that it is an economic pursuit designed to maximise profit.

‘I was most afraid of having to admit ...that I had severe anxiety problems andcould not meet some of the requirements.....’

We cannot, on one hand, claim that employment can fix our personal problems as in the Work and Income posters, while on the other accept common management practices that treat employment as purely a financial transaction.

Clearly employment is a huge part of people’s lives, and one that gives us a sense of purpose, pride, an idea of who we are. We do not walk away from it unscathed with a pocket full of cash. Everything we do has repercussions on our mental health, but especially areas on which we are financially and emotionally dependent and spend a great deal of our time.

Many of us define ourselves by our jobs, and if we are told by our work environments that we are useless, unworthy or lucky to even be there, that spreads to our senses of self. This is not just an issue for those of us who have mental illnesses – a healthy work environment is essential for all of us. It increases productivity, it minimises the cost of healthcare, and increases a sense of community and care for what we do.

This content is brought to you with funding assistance from New Zealand On Air. Get the full article here: -

<https://www.radionz.co.nz/news/the-wireless/371490/what-works-and-what-doesn-t-how-a-job-affects-mental-health>

EDITOR: - If you are wanting to re-enter the workforce but struggling with anxiety and lack of confidence come and see us at MHAPS or ask your Work and Income person to link you with a supported employment service – free to use and funded for you by MSD.

Working through workplace stigma: - Coming back after an addiction

POSTED JANUARY 05, 2018, 6:30 AM

[Peter Grinspoon, MD](#)

My first day returning to work after being treated for a severe opiate addiction was one of the most daunting moments of my life. Everyone in the office, from my manager to the administrative assistants, knew that forged prescriptions and criminal charges were the reason I had been let go from my previous job. My mind was spinning. What would my co-workers think of me? Who would want to work alongside an “addict”? Would they ever come to trust me? Did I even deserve to be here?

When my life was crashing and burning due to my addiction (detailed in my memoir *Free Refills: A Doctor Confronts His Addiction*), a return to work seemed like a distant prospect, barely visible on a horizon clouded by relapses, withdrawal, and blackouts. My finances, my professional reputation, and my family life were in terrible shape due to my drug-seeking behaviour. Working was not a tenable option until I received treatment and established a solid track record of recovery, which a potential employer could rely on.

The fact that I was now in recovery was a great development, and it was further ratification of my progress that I had landed a job and was returning to work. So, why wasn't I feeling overjoyed?

How stigma affects the return to work

As it turns out, the transition back to work after someone is treated for an addiction can be profoundly stressful. **People recovering from addiction already tend to suffer disproportionately from guilt, shame, and embarrassment**, and these feelings are often brought to the forefront during the unique challenges of returning to work.

Stigma is what differentiates addiction from other diseases, and is primarily what can make the return to work so difficult. If I had been out of work to receive chemotherapy or because of complications from diabetes, I certainly wouldn't have felt self-conscious or self-doubting upon resuming my employment. With addiction, due to the prejudices that many people in our society hold, **the return is psychologically complex and anxiety-producing**.

As I entered my new office, I was walking right into the fears, preconceptions, and potential disdain that my

new officemates might share toward people suffering from a substance use disorder. For all I knew, I was the “dirty addict” that they now, against their wishes, had to work with.

“Bring your body and your mind will follow”

What I was taught in recovery, to deal with situations like this, is to “just keep your head up” and to “put one foot in front of the other.” Or, “bring your body, and your mind will follow.”

When I first heard these phrases, I thought that they were mere platitudes, phrases without content, provided to motivate us through dark times. Now, I think they hold a great deal of wisdom.

As I walked through the door on my first day back, I did feel everyone's eyes on me, and I did wonder if they were judging and criticizing me, but I made it to my desk without incident, and managed to power through my self-consciousness and get into the flow of my work. Every day, it became easier as I did a good job, deepened my connections with my colleagues, and accumulated good will, which would eventually replace any negative images that may have accompanied my arrival. Within weeks this was a non-issue, though at office get-togethers, my co-workers still somewhat awkwardly don't know whether to put a wine glass at my place setting.

With all I had learned in recovery about communication, about humility, about connecting with others, **I feel that I was in a better position to thrive in my workplace than I was before my addiction started in the first place**. As more of my brothers and sisters in recovery return to employment, and as we succeed, the more difficult will it be for people to hold on to their negative attitudes and prejudices about substance use disorders. We can defeat the stigma by confronting it, putting one foot in front of the other, one step at a time.

<https://www.health.harvard.edu/blog/workplace-stigma-addiction-2018010513040>

EDITOR: - Talk to us here at MHAPS if you're struggling with how to return to work after a sustained period of unemployment.

‘Every day, it became easier as I did a good job, deepened my connections with my colleagues.....’

Highly Sensitive People in the workplace – *from shame to fame*

janine.ramsay Founder 2nd Jan 2014



This article was written by Janine Ramsey, founder of Sensitivity Style, a new model supported by scientific research that's designed to help people with differing levels of sensitivity live and work together more respectfully and successfully. Her article is a follow-up to our interview with Elaine Aron, who pioneered the concept of Highly Sensitive People (HSP).

In a world dominated by automation, computation and systemisation, the need for people with intuition, creativity, empathy and superior sensory perception and processing abilities has never been greater. Unable to be reproduced by technology, the capabilities of such people are rare and valuable and offer the potential for unique points of difference amongst competing organisations. Fully leveraged, such people can make the difference between organisational survival and failure in these turbulent times.

Daniel Pink's '**A Whole New Mind**' speaks of the future belonging to right-brained people, people with what he calls "high concept" and "high touch", capabilities of intuition, empathy, compassion, creativity, ability to see the big picture; functions based in the right side of the brain.

The research of Dr Elaine Aron and others shows that HSP have many qualities of great value to the workplace. "They are intuitive visionaries, able to see the big picture, creative, aware of and thoughtful to the needs of others, good influences on the social climate, vigilant with quality, highly conscientious, loyal, able to pick up on subtleties in the environment and in interpersonal communications, and are often gifted. In short, they are ideal employees", says Dr Elaine Aron in *The Highly Sensitive Person*, 1991. Basically, every quality that Pink states is required for success in the Conceptual Age into which we have now shifted.

Tragically however, in what is arguably one of the greatest human resource wastages of our time, many organisations are missing out on utilising their highly sensitive persons (HSPs) because they can't see past our out-dated, cultural bias towards people who present as more sensitive than others.

As Pink says, people with these abilities have been, and continue to be, highly undervalued in our

'the health and wellbeing of your sensitive people is a good indicator of the status of the working environment...'

The highly sensitive employee has often endured a lifetime of being taunted, teased and shamed because of their sensitivity. Well meaning parents, teachers, colleagues and bosses think they can 'fix' the highly sensitive person, who is clearly *deficient*, by telling to toughen up, get over it and generally shaming them into thinking there is something wrong with them.

Toxic work environments, lack of awareness of the trait of high sensitivity, cultural prejudice towards sensitive people, and the fore-mentioned poor people management skills are among the causes for this spike.

All employees are affected eventually, but those with higher sensory perception and processing abilities are affected sooner. This is significant because it means that the health and wellbeing of your sensitive people is a good indicator of the status of the working environment, thus providing valuable information for leaders who can then take action to improve conditions before all employees are impacted.

This is similar to the way the rosebush provides protection for the vineyard.

If you want to know what needs to be done to create a healthy workplace environment that will bring out the best in all your people, ask your highly sensitive people! They will tell you things you may never have thought of, including details about the aesthetics of the environment, provision of quiet spaces and reflection time and ways to create a more caring and supportive workplace culture.

Get the full article here: -

<https://www.hrzone.com/perform/people/highly-sensitive-people-in-the-workplace-from-shame-to-fame>

EDITOR: - *If this article describes your own experiences talk to MHAPS about how we or other services can assist you.*

Your Intention Is Enough

by [Therese Borchard](#)

If I seem like I've been writing about mistakes a lot, it's because I feel like I'm making a lot of them and am trying my best to sift through the uneven emotions felt in their aftermath. Fortunately, I'm in good company. On my post [The Value of Our Mistakes](#), a reader wrote:

'My beginning might not be as humble [as the examples you provided]. But my falls have been devastating. I'm trying to climb back from a lifetime of failure that peaked 7 to 10 years ago. Those that haunt me most are interpersonal, not occupational or financial, although there are plenty of those. Not aiming for greatness. I learned more from the interpersonal failures, but am still finding more every year. I want to climb out to relish sunshine on my face and swell my heart. Keep trying, I guess. How do I get there from here?'

'I responded: 'From what I can read, you are already well on your way. I have made my share of interpersonal and professional blunders this year, so I feel your pain. I'm trying my best to move forward, as well. I do believe we are rewarded for that somehow, some way. We just don't see it yet. Here's wishing you see the gold behind your failures soon.'

Defining integrity

In other words, I believe that his intention is enough. I can tell how hard he is trying to be a better person. I sense his compassion and goodness. They are the same qualities I identify in myself. Even though my mistakes seem to be accruing faster than teenage gym socks with no matches, I have never questioned my intentions or what lies in my heart. I know that I am a good person who intends to be a devoted wife, a caring mother, an honest worker, and a loyal and inspiring voice to readers. I try to exercise integrity in everything I do. And yet, at least a few times a week, I fall short of that. Pain takes over and I make a stupid decision. I do things and say things that are not consistent with my truth. As the saying goes, "Hurt people hurt." Even when they have good hearts.

Having integrity, I have learned, isn't so much about getting everything right the first time, and being able to perfectly align your beliefs with your actions. It's about starting with the right intention, and following through as best you can – even if your success rate is around 70 percent some days. Moreover, integrity doesn't mean that you won't feel the fear that comes with following your intention. It means that you proceed anyway, despite the panic.

'.....integrity is to match our intentions with our beliefs and actions as much as possible.....'

On truthfulness

The same definition could be said of truthfulness. In his book, *Mere Morality*, Lewis Smedes writes:

'Truthfulness is a straight line between what we say and what we are as much as between what we say and what we think. It touches our being as it touches our thinking. We all draw profiles of ourselves with the messages we send to others—no matter whether the media be words or actions. The moral question is whether we intend the profile to look like what we really are. Truthfulness about what we are may be even more important than truthfulness about what we think....Pretending is making believe we are what we do not intend to be.'

Smedes goes on to say that feelings are different from intentions or truthfulness. We need always make that distinction. He writes, "I may intend to be hopeful, positive, and helpful, but at any moment I may feel like a hopeless, negative person and want to help no one but myself. What I must be true to is my intention, not my feeling."

Towards integrity

Truthfulness and integrity are more complicated than abiding by a code of conduct. Aligning all the parts of us to speak one universal message of love is a struggle that some of us bump into a few times a day. That's why we must remember that our intention to do the right thing, to love deeply, to be trustworthy is enough. **To have integrity is to match our intentions with our beliefs and actions as much as possible, exercising some self-compassion when we fall short.**

[Therese Borchard](#) | February 18, 2019 at 4:29 pm | URL: <https://wp.me/p6fUft-1uX>

So you want to be a peer support worker?

>>>> continued from page 2

Research the employer

If you're focussing on a particular employer, take the time to find out what they do. Read their website. Talk to someone who works there already. Find out how the organisation prefers to recruit new workers and then follow their process.

For example, people often contact MHAPS and want to give us their CV to hold, so we can contact them when a vacancy comes up. We prefer not to hold your information, but we will encourage you to join the Canterbury consumer network **Awareness** – when we do have a job vacancy to advertise, it gets sent out to Awareness members first.

<https://awarenesscanterbury.com/>

Other organisations, however, might have a vacancies section on their website, or advertise via Seek. Whatever their preferred process is, you're off to a good start if you can follow what the employer has in place.

Pay equity

Most of the paid roles in the peer workforce these days are funded through a government agency such as a District Health Board. If this is the case for the role or the employer you're looking at, then you need to be aware of the pay equity settlement for care and support workers. This was extended to mental health and addictions care and support workers in 2018, and means employers need to pay eligible workers according to a set scale. <https://www.health.govt.nz/new-zealand-health-system/pay-equity-settlements/mental-health-and-addiction-support-workers-pay-equity-settlement>

The pay scale is tied to a specific qualification – a 120-credit, NZQA Level 4 New Zealand Certificate in Health and Wellbeing. The difference between having the Level 4 certificate and having no qualification is \$5 an hour, so it's well worth having! An agency called Careerforce assesses other qualifications to see if they are equivalent to this Certificate. You can check any existing qualification you have to see if it is equivalent here: <https://www.careerforce.org.nz/pay-equity-and-qualification-equivalencies/qualifications-assessed-for-equivalence/>

The pay equity settlement also requires employers to try and get all employees qualified within 2 years of

starting work. So if you don't have this Certificate already (or something that has been assessed as equivalent), be aware your new job will come with expectations of you taking on study as well.

Getting experience

It's a bit of a Catch-22 often in employment that you can't get the job without experience; but you can't get experience without getting the job.

Some organisations may take on volunteer peer workers; or you may get some experience through an unpaid role to start with, perhaps in an established community group. Being a participant in a peer support group is also a great start for learning the ropes.

“Our life experiences of mental distress, mental illness, and addiction may have disadvantaged us in many ways, but can also be the source of our greatest strengths and wisdom.”

A volunteer role will ideally come with training opportunities – it's important to have a framework to guide your peer practice. It's easy to take on too much if we don't know how to reflect on our work, and how to make sure we're not just rescuing people, for example. Training also helps to keep us on track with how we share our own stories of distress and adversity, how much to share, when, and why.

The Intentional Peer Support approach used at MHAPS (and in many other services), is all about relationships. We are unlikely to take on volunteers that we have no prior connection to – so getting to know us, perhaps by participating in a group and finding out what we do, will help you get a foot in the door towards further opportunities.

You can find out more about Intentional Peer Support here: <https://www.intentionalpeersupport.nz/>

Our life experiences of mental distress, mental illness, and addiction may have disadvantaged us in many ways, but can also be the source of our greatest strengths and wisdom. Peer work gives the chance every day to use our experiences for good, to keep learning, and ultimately to change the world for the better – one connection at a time. Good luck!

SHORT ARTICLES and LINKS

More articles about mental health and the workplace

Workplaces across New Zealand ask job applicants for their mental health details
<https://www.radionz.co.nz/news/national/377842/job-applicants-face-mental-health-discrimination-greens>

What does employment mean for people with mental illness?

<http://www.scoop.co.nz/stories/GE1602/S00060/what-does-employment-mean-for-people-with-mental-illness.htm>

Workplace Wellbeing Resources from the Mental Health Foundation

<https://www.mentalhealth.org.nz/home/our-work/category/27/workplace-wellbeing>

How to deal with highly sensitive people in the workplace

<https://www.cbc.ca/news/canada/british-columbia/jennifer-newman-sensitive-workers-1.3702723>

SUPPORT FOR COPING AFTER A MAJOR DISASTER

After a traumatic event it is normal to feel distressed and to experience symptoms of stress.

These kinds of feelings and symptoms are part of our normal reaction to a major disaster or a traumatic event, and for most people they pass over several days or weeks. To help your recovery:

Spend time in places that feel safe and comfortable as much as possible.

NEED TO TALK?

Tell yourself that how you are feeling is a normal reaction and will pass – it is nothing to be afraid of.

1737

**free call or text
any time**

Reach out to your usual supports – family and whānau, friends, workmates – sharing how we feel, and offering support to others, is important for recovery.

Keep to usual routines – mealtimes, bedtime, exercise, and so on.

Keep active – going to work, doing usual leisure activities, seeing friends, and so on, can distract us from any distressing feelings, and is also helpful.

Limit your exposure to the event – talking about the details repeatedly or being constantly reminded of it e.g. via social media, has been shown to increase distress and to delay recovery.

If over the following days and weeks, distress or stress symptoms are escalating, or you feel you are not coping, early access to help and support is important. Your GP is a good starting point, or for support with grief, anxiety, distress or mental wellbeing, you can call or text 1737 – free, anytime, 24 hours a day, 7 days a week - to talk it through with a trained counsellor.

More resources, including in languages other than English, are available here:

<https://www.health.govt.nz/our-work/mental-health-and-addictions/mental-health/mental-health-advice-coping-after-traumatic-event>

DISASTER-SHOCK HANDBOOK

HOW TO COPE WITH THE EMOTIONAL STRESS OF A MAJOR DISASTER

This book from the Center for Child & Family Development at the University of San Francisco is available free on-line. It is intended to help you and your family to cope with disaster-shock and to reduce disaster-related stress. Part 1 describes ten effective and evidence-based methods you and other adults can use to reduce stress. Part 2 describes stress reduction methods you can use with your children. Teachers and other adults working with children will also find Part 2 useful.

<https://www.usfca.edu/education/centers-institutes/child-family-development/resources>

SHORT ARTICLES and LINKS

Is New York's Mental-Health System Listening to the Peers Who've Lived It?

In the sixties, seventies, and eighties, it would have been unconceivable for people with serious psychiatric histories to be employed within the mental health system.

"The reason that I have a job in the mental health system is because there was a mental health Recovery Movement that basically started from this idea that people with mental illnesses can recover," says Sascha Altman DuBrul, an organizer with a psychiatric history who trains peer specialists at the New York State Psychiatric Institute's Center for Practice Innovations.

As part of his role as a trainer for the Psychiatric Institute, DuBrul interviewed many peer specialists working within New York City and found that problems including low pay, a dearth of career advancement options and lack of opportunities for training, were widespread.

<https://citylimits.org/2019/02/13/cityviews-is-new-yorks-mental-health-system-listening-to-people-whove-lived-it/>

Online Communities for Psychiatric Drug Withdrawal: What Can We Learn?

One treatment focus for online communities is complicated withdrawal from psychiatric medications. This article discusses this phenomenon in relation to the well-established forums of benzodiazepine and antidepressant withdrawal.

<https://www.psychiatrictimes.com/addiction/online-communities-drug-withdrawal-what-can-we-learn>

Welcome to Family Drug Support Aotearoa New Zealand

Assisting families/whānau & friends to deal with alcohol and other drug misuse in a way that strengthens relationships and achieves positive outcomes.

Family Drug Support Aotearoa is a New Zealand wide organisation set up to support family/whānau & friends impacted by the alcohol and other drug misuse of people they care about. The aim is to provide support based on science, compassion and human rights. We support a harm reduction model.

<https://fds.org.nz/> Call **0800 FDSupport** or **0800 337877**

Government approves \$79m for Christchurch mental health upgrade

Mental health services stuck at Christchurch's derelict Princess Margaret Hospital will shift to new, purpose-built facilities, six years after other services at the old facility were moved.

Construction will start next year, and is due for completion in 2022. The buildings will house inpatient services for children, adolescents and their families; eating disorders; mothers and babies; and long-term rehabilitation.

<https://www.stuff.co.nz/national/health/110921815/prime-minister-jacinda-ardern-announces-funding-for-new-christchurch-mental-health-facilities?clid=IwAR3KyZbLF6Y9D-yFhvM1ZKwiVP0KfijU39d3GO9r7dvwNaSd47e2ukcz-4>

The truth about anxiety –without it we wouldn't have hope

In a world so full of uncertainty it's little wonder so many of us feel stressed. But understanding it can change how you feel [Oliver Burkeman](#)

'The simplest way to deal with stress is to tackle whatever's bothering you head on' Illustration: Javier Jaén

Why do so many people these days seem so stressed out and anxious? It's a common question, among mental health professionals and laypeople alike, but there's a case to be made that it's exactly upside down. How come there's anyone who *isn't* paralysed by anxiety, every hour of every day? After all, anxiety thrives in conditions of uncertainty – and nowadays the world is full of potential threats we don't fully understand and can't control.

All anxiety contains a kernel of good news: you wouldn't feel anxious if there weren't the chance of things going well.

Get the full article here: -

<https://www.theguardian.com/lifeandstyle/2019/feb/02/truth-about-anxiety-without-it-we-would-not-have-hope>

Sarah's story— evidence that yes, you can work again - and you can thrive!

Sarah has worked with her Jobconnect EC's for nearly three years and in this time, Sarah has built on her skills and experience in animal care to a point where she is now a highly sought-after employee.

'I entered the mental health system 20+ years ago and was told I could stay on the invalids benefit till retirement, I never expected to get off it.'

*Today I have a job, I belong to my local community patrol and I work at my local community centre. I am chairman of the board of a community group. I love my life. My biggest step was coming off the benefit approximately two years ago. I don't remember when or why I first went to **Jobconnect**; I know I had no belief that I could ever get work. Initially Jobconnect supported me to do a Pre-Health (animal bias) course at Community college.*

Jobconnect helped me to get the work experience I needed to pass the course, writing to and approaching vet clinics. I ended up graduating top in the class. Next, with Jobconnect help I got work at a kennels and cattery - sole charge position. Cold calling really pays off! Meanwhile I entered polytechnic studying animal care. I managed to pass this course towards the top of the class.

After a while I felt like I wanted a change. I looked for a job in client relations, believing I would have to give up my work with animals. Then the ideal job came along; client relations at a busy vet clinic. I love it. I work with a great team and play an important part in the running of the clinic. I keep wondering when the novelty will wear off. Maybe everyone feels like this when they work, or do I feel it more because I know what it's like on the other side? I believe that having a job is crucial to one's well-being and to being a valued member of society.

'...I had no belief that I could ever get work...'

No matter what someone's ability or disability there is something out there for everyone. Voluntary or paid, part time or full time or casual work as able. I know that my attitude and motivation has contributed to my success. But the support I have received has contributed to my attitude and motivation'.

Throughout this time, Jobconnect has continued to support Sarah and remained available to her employers. For both Sarah and her employer, this level of ongoing support has assisted a smooth transition into each job

Sarah recently re-engaged with Jobconnect to explore training options so she can upskill further.

Interview with Tom Lamb, MHAPS' Peer Advocate

Tom joined MHAPS in March this year. I asked him about his journey with mental distress and how that led him towards this new vocation in life.

Ever since he was very young Tom has been fascinated by politics. Working in government seemed to meet his search for a purpose. Yet it was this need for purpose that over the years 2013-2017 led him towards a crisis.

He describes his years at university as 'tough' however in late 2015 he got employed with Immigration NZ. Initially his work was in an administrative role, however nine months into this work he noticed that.....

...he'd lost confidence in himself and was struggling to make decisions.

Tom then accepted a new frontline role as an Immigration Officer. Despite experiencing the distraction that inevitably goes with a new position Tom also had periods of depression and suicidal thinking. He describes hitting 'rock-bottom' in late 2016 and in 2017 his employer agreed

to his taking a 3-month extended leave. Although this break was a welcome relief he developed concerns that he may not be able to work again.

Returning to work later in 2017 was therefore a huge challenge for Tom. He experienced anxiety and felt vulnerable. Ultimately however this became the biggest reward and he describes that : -

'Once I discovered I didn't have a choice I decided to go out and talk about what was happening to me...'

Tom credits Immigration NZ and particularly his immediate Line Manager, as having been very supportive and a strong advocate for him. With INZ's encouragement he became involved in a project to raise awareness within the department about the impacts of mental distress. Tom feels very positive about this project whilst understanding that its rollout was constrained by the resources needed.

In his role with MHAPS Tom wants to work with employers and others to help raise awareness of mental distress and to effect positive change.

Interviewed by Ian Johnson

DIVERGENCE

a festival of madness

March 30–April 6, 2019

Divergence is a week-long Festival of Madness. It aims to provide a space for Mad people, to connect, celebrate, showcase and share the richness of their lives, to one another and also the wider community. We want sane folk to have an opportunity to witness our diversity and have an opportunity to see what we as divergent people bring to the world. We want to invite all people whose lives are touched by Mad experiences, regardless of how they identify these experience, across culture, age, gender, basically for everyone to join in the celebrations.

why is this important for Canterbury?

Christchurch is a city that has and continues to undergo huge stress. The earthquakes have had a significant impact on the lives of the city's citizens, and while the earth has for the most part stopped shaking, the impacts continue to ripple through the community.

The children of the city have lived through much stress and challenge, and there is discussion within the community of the impact that this has had on their development. Conversations around childhood anxiety and stress disorders are on many lips. We potentially have a generation of children who, if the current paradigm of pathology remains unchallenged, will grow up to believe that the earthquakes made them broken, diseased, and non-functioning. If a counter option to make meaning from was to become became available, these same children would be more likely to grow up seeing that they adapted in incredible ways to survive what was a stressful time in their lives. They may see that their responses were wise given the context and can be celebrated as a way of living that is valuable, understandable and vital for surviving hardship. This creates a more supportive internal foundation for these young people to live boldly in the world.

We at **Thriving Madly** believe there's an opportunity for Mad adults to start to role model to children and young people alternative narratives to that of the pathology view, to show that living outside the box does not make you deficient. To instead show that you bring a rich and valuable colour to the world, one that is vital. We can also provide visible examples that despite mad experiences feeling overwhelming at times, there is hope, as they will pass and we can learn to live fully and to thrive in their presence or absence. We believe that these stories are not just vital for those people post-earthquakes but also for all people experiencing trauma and stress.

Get updates on events here: – <https://www.facebook.com/divergencenz/>

or go to the website: – <https://www.divergencenz.com/>

THANK YOU, ARCHIBALDS!

MHAPS were one of the ten finalists in Archibalds' 'Drive For Good' initiative.

Drive For Good was Archibalds' way to celebrate 100 years in the motor vehicle industry in New Zealand. They made \$100,000 available and then asked the general public to vote for the top three charities to share this donation between them.

Archibalds' staff chose MHAPS as a finalist from nearly 50 charities—to be one of the ten that the public was invited to vote for.

As a result of public feedback Archibalds' added a further \$50,000 to their donation, thereby ensuring that none of the ten charities went away empty-handed.

MHAPS is delighted to have been gifted \$7,200.00.

We are looking at how we can use the funds in a way that will best honour Archibalds' intentions for community good.



photo : MHAPS' Service director Fiona Clapham Howard receiving the grant.

Expert calls for rethink of traditional therapy as NZ faces severe shortage of mental health workers

For every 312 people in New Zealand affected by mental health issues, there is only one psychologist.

In order to meet the recommendations of the Government's mental health and treatment report, New Zealand needs to quadruple our workforce that deals with mental health.

Professor Roger Mulder of the University of Otago says it's not feasible to meet that kind of demand and we need to explore a range of options rather than focusing on just patient to psychologist therapy.

"We have to look at alternative therapies, we have to look at the causes of mental distress rather than just look at - are we just going to patch everyone up with brief clinical interventions?" Professor Mulder told TVNZ1's Breakfast.

He says access to treatment has been an issue and possible **alternatives that would work equally well would be E-therapies, group counselling and encouraging peers to help.**

One-on-one therapy may not always be feasible, "for certain conditions, particularly the milder end of depression and anxiety, computerised therapies may be helpful," he said.

He says there is international evidence that *increasing the amount of therapists doesn't necessarily work that well.*

"Group therapy is more efficient in situations where people have encountered post-traumatic stress, for example after the Christchurch earthquake."

Professor Mulder also says encouraging good parenting helps avoid early childhood events which can become a contributor for mental health problems later in life.

MHAPS SERVICE UPDATES

WHAT'S ON AT MHAPS?

We offer peer-to-peer advocacy and a range of individual and group peer support options.

For a copy of our service updates go to: -

<http://mentalhealthadvocacypeersupport.org/>

Email reception@mhaps.org.nz

Phone (03) 365 9479

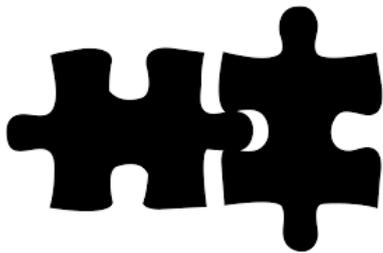
Or a pick up a hard copy from our office at 357 Madras Street

Themes

FREE talks on mental health addictions and recovery topics

On the second Tuesday of each month. You don't need to be an active MHAPS client, just have an interest in the topic, whether for yourself, a friend, family member, from your professional interest.

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 and a schedule for the 2019 year.



Here's how to **connect with MHAPS**

We provide individual peer support and advocacy, multi-workshop recovery programmes and purposeful discovery groups

ALL OF US at MHAPS have our own lived experience of a mental illness or addictions issue. In practical terms this means we are able to make rapid connections with people going through something similar. To connect with us you don't need to have a formal diagnosis—but if you do that's fine too—just the fact that you're distressed and struggling is enough. *Our core services are free of charge.*

To begin with you **don't need to make an appointment**, instead just come into our office Monday to Friday, preferably between 10:00am and 1:30pm. We have someone rostered to greet and meet with you. We start by asking you **what has brought you to come and see us** and then we move on to talk with you about who we are and what we do. This usually leads to our discussing with you what we do and then probably a suggestion about which of our services may be the right place to start. If you like what's being suggested then we will follow up with you later, usually within a week.

You'll find us at **unit 4, 357 Madras Street** (next to the Heart Foundation). You can also contact us on phone **(03) 365 9479** email reception@mhaps.org.nz or go to our website <https://www.mhaps.org.nz> where you can get a copy of 'What's On at MHAPS' to find out more about us.

MHAPS COMMUNITY UPDATES



Awareness Consumer Network

Awareness is a network of people with personal experience of mental health or addiction challenges who meet to improve the health system and wider society

Friday 29th March: – **Mad Poetry Open Mic Night** at Beat Street Café, Corner of Barbadoes and Armagh 7 pm

Friday 5th April: – **Special Mad Poetry Event** for Divergence @ XCHC Café, 376 Wilsons Rd.

check it out at <https://www.divergencenz.com/>

Saturday 6th April:– **Telling Our Stories to Effect Change** workshop. Waged \$10, Low/unwaged \$5.

Limited spaces so contact awareness@mhaps.org.nz to register

Monday 8th April: – **Awareness Meeting** 12.30 at MHAPS, 357 Madras

Monday 13th May: – **Awareness Meeting** 12.30 at MHAPS, 357 Madras.

Monday 21st May: - **Equally Well Forum**: - Addressing our physical health needs and inequities.

Monday 10th June – **Annual Celebratory Meeting** 12.30 at MHAPS, 357 Madras St

If you're interested in joining Awareness or in knowing more about us contact Kelly on (03) 366 8288 or go to our website: - <https://awarenesscanterbury.com/>



Consumer-run mental health radio show Saturdays 1.00—1.30 (repeated Wednesdays 10.30 am)

Welcome back to the consumer radio show for another year. It is great to have a vehicle for informing our community. If you have a recovery story or a service to promote please give us a call at **366 8288** or email mgr.cas@mhaps.org.nz



Upcoming Shows: -

- | | |
|---------------|---|
| Sat 30 Mar 19 | Kat discusses creativity |
| Sat 6 Apr 19 | Bernie re. effects of concussion on mental health |
| Sat 13 Apr 19 | Bruce re. effects of Brain Injury on the family |
| Sat 20Apr 19 | Fiona Clapham-Howard talks about MHAPS' 'Point of Difference' |
| Sat 27Apr 19 | Fiona discusses The Mental Health Enquiry and NGO funding |
| Sat 4th May | Deb and Beth: - 'What to do when the unthinkable happens.' |

We apologise if due to last minute changes the show played does not match this list.

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

Awareness has an exciting workshop opportunity coming up for people with personal experience of mental health or addiction journeys

'Telling Our Stories to Create Changes' gives people knowledge and confidence in creating a narrative from the experiences we have been through, one that feels safe enough to share and powerful enough to make a difference – be that in our social circles, written into a submission to government or the DHB, told at a conference or training event, or worked into a poem or short story. There are so many avenues for using our stories for good, come along and find out how to do just that!

Saturday 6th April 10.30am to 12.30pm : - Venue to be confirmed with those who RSVP

<https://www.facebook.com/events/351130285493809/>

There is a small cost to attend of \$10, or \$5 for low or unwaged folk. Please bring this along on the day if you come. We will provide tea, coffee and some light nibbles.

RSVPS are essential as we have limited spaces and would love to see you there!
Get in touch by email to RSVP or with any questions, or give us a call at 366 8288.

Visit our website and Facebook pages

www.mhaps.org.nz

<https://www.facebook.com/mhapschch>



Peer Support

Peer Advocacy

Peer Discovery Groups

Consumer Participation

Latnam 826 programme

Recovery programmes

Information and Talks

Quiet Minds Radio

PO Box 21-020 Edgeware

CHRISTCHURCH 8143

Unit 4, 357 Madras St

365 9479; 0800 437 324

reception@mhaps.org.nz

www.mhaps.org.nz

THIS IS YOUR **LIFE.**
DO WHAT YOU LOVE,
AND DO IT OFTEN.
IF YOU DON'T LIKE SOMETHING, CHANGE IT.
IF YOU DON'T LIKE YOUR JOB, QUIT.
IF YOU DON'T HAVE ENOUGH TIME, STOP WATCHING TV.
IF YOU ARE LOOKING FOR THE LOVE OF YOUR LIFE, STOP;
THEY WILL BE WAITING FOR YOU WHEN YOU
START DOING THINGS YOU LOVE.
STOP OVER ANALYZING, ALL EMOTIONS ARE BEAUTIFUL.
WHEN YOU EAT, APPRECIATE
LIFE IS SIMPLE. EVERY LAST BITE.
OPEN YOUR MIND, ARMS, AND HEART TO NEW THINGS
AND PEOPLE, WE ARE UNITED IN OUR DIFFERENCES.
ASK THE NEXT PERSON YOU SEE WHAT THEIR PASSION IS,
AND SHARE YOUR INSPIRING DREAM WITH THEM.
TRAVEL OFTEN; GETTING LOST WILL
HELP YOU FIND YOURSELF.
SOME OPPORTUNITIES ONLY COME ONCE, SEIZE THEM.
LIFE IS ABOUT THE PEOPLE YOU MEET, AND
THE THINGS YOU CREATE WITH THEM
SO GO OUT AND START CREATING.
**LIFE IS LIVE YOUR DREAM
AND SHARE
SHORT. YOUR PASSION.**

THE HOLSTEE MANIFESTO ©2009 WRITTEN BY DAVE, MIKE & FABIAN DESIGN BY RACHAEL WWW.HOLSTEE.COM/MANIFESTO

IMPORTANT NUMBERS

Need to Talk?

Free call or text 1737 anytime

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 0800 376 633

Parentline 381 1040

DISCLAIMER: The information provided in this newsletter has come from a variety of sources with sometimes diverging views of what is effective and safe for recovery and wellbeing. Whilst MHAPS endeavours to ensure the reliability and accuracy of all information, this cannot be guaranteed. Any treatment or therapy decisions you may take should include your GP. It is especially important before making any changes, including additions, to any prescription medications, programme or treatment you are using that you discuss your intentions with your GP or whichever health professional you have used.

FAMILY VIOLENCE IT'S NOT OK | **IT IS OK TO ASK FOR HELP**

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



24-Hour Hotline

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)

Now, every time I witness
a strong person,
I want to know:
What dark did you conquer
in your story?
Mountains do not rise
without earthquakes.

-Katherine MacKenett

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

CANTERBURY DISTRICT HEALTH BOARD (CDHB)

RATA FOUNDATION (Canterbury Community);

CERT; One Foundation Ltd;

Christchurch Casino; Christchurch City Council;

Christine Taylor Foundation; Frozen Funds Charitable Trust;

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 Shelley on email: reception@mhaps.org.nz or phone (03) 365 9479