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Momentum

together on the road to well-being...

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

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THE LEARNING EXCHANGE

Editor: Ian Johnson

What's happening to communities?

Thanks to Facebook and Instagram, many of us are still nominally in touch with our high-school friends and co-workers from several jobs ago. But in our daily lives, communities are shrinking. From 1985 to 2009, the average size of an American's social network—defined by the number of confidants people feel they have—has declined by more than one-third. We may have hundreds of friends on Instagram, but evidence is mounting that those connections are not the ones that provide us the social balm we need, which is human contact. Instead, the more "connected" we become, the more we seem to let our social relationships atrophy, failing to catch up with an old friend, invite a neighbour over for coffee, or engage in some of life's banal daily rituals—talking with someone on the way to the tube, getting coffee from a cafe where you know the barista's name—which soothe our social needs.

"Humans need others to survive," says Julianne Holt-Lunstad, a professor of psychology at Brigham Young University. "Regardless of one's sex, country or culture of origin, or age or economic background, social connection is crucial to human development, health, and survival."

In 2010, Holt-Lunstad published research showing that people who had weaker social ties had a 50% increased likelihood of dying early than those with stronger ones. Being disconnected, she showed, posed danger comparable to smoking 15 cigarettes a day, and was more predictive of early death than the effects of air pollution or physical inactivity.

You can have friends and family and still feel deprived of community. John Cacioppo, who died last year, pioneered the field of social neuroscience and dedicated more than two decades to studying loneliness. He explained how misunderstood it could be—associated with social isolation, depression, introversion, and poor social skills, when in fact it does not discriminate by income or class, by ethnicity or gender.

continued on page 3 >>>>>

MHAPS community lunch May 10th 2019

Huge thanks to Richard Till and his team who donated the food and their time on a chilly Saturday for the benefit of our community. Around 35 people enjoyed lunch together.

Thank you to Karen, Beth, Lisa, Nicola and Tom who helped with the prep, cleaning up and lots of pot washing on the day. Thank you also to the Latnam members and staff who helped with the table set up and tidy up on the day.

It was great to have Fiona and some friends of MHAPS and the Latnam members join us. The lunch was DELICIOUS!








THE IMPORTANCE OF BEING *MEANINGFULLY* CONNECTED WITH OTHER PEOPLE

Winter can become a time when connection falters and is even lost. Connection however fosters hope whilst isolation can deepens feelings of hopelessness. Regardless of how you enjoy the seasons—*Winter might really be your thing*— it can be a great effort to seek or maintain connection if the weather is bitter and transport is difficult.

The theme for this edition of Momentum is **creating connection** but not just any old connection—meaningful connections. Unsurprisingly there is a lot of research into the negative effects of isolation and the positive effects of connection. There is also a lot of wisdom around this subject and insights into how to achieve connection.

The lead article is **'What's Happening to communities?'** It focuses on the perils of isolation and describes how our technology and our way of life may be unintentionally isolating us from others—even when we have hundreds or even thousands of online 'friends.' These friendships *may feel meaningful* however they can be one-dimensional whereas we are social creatures by nature. **That means *being in the physical presence of others* and therefore taking the risks and opportunities that go along with forming relationships.**

Another unseen and often not understood threat to connection is what happens when, for example, those people responsible for some aspect of our lives discuss us and make decisions about us, but we are neither present nor really considered. This is discussed in the article **'Nothing About Us Without Us'** that starts on page 3. **People Pleasing** may seem like a good way to foster connection, however it's often not sincere and so the connection is shallow rather than meaningful. **Therese Borchard's** article on page 5 makes the case for a different way of being in relationships. There are other articles in this edition that may not have connection as their main theme but the content has **real relevance for making connection effective.**

We are staring to feature stories gleaned from our peer relationships and this edition features **Ofel Epicorus** and the compelling story of her '**A Part of Me'** project ,where she and a colleague interview people about their experiences with distress. A key part of what makes these stories so interesting is Ofel's carefully considered photography.

Finally, if you don't know where and how to make a start with connecting with others have a chat with someone on our team here at MHAPS—connection is a vital part of the work we do.

Ian Johnson, Editor

>>>>> continued from page 1

It is everywhere. Indeed, anyone living in a big city knows this is true: you can have 100 friends and feel lonely. As Matthew Brashears, who conducts social network research at the University of South Carolina, says: "**The problem isn't 'are you socially isolated,' i.e., you have no social contact. The question is, are you experiencing social poverty, inadequate social support?"**

For both the young and the old, the rich and the poor, the answer seems to be "yes." When the BBC conducted a recent loneliness survey, asking 55,000 people about their relationships, they found adults between the ages of 16 and 24 were the loneliest, with 40% responding that they felt lonely "often" or "very often." Meanwhile, 27% of those over age 75 had the same response.

The problem can also cut across cultures. When the Kaiser Family Foundation surveyed rich countries with the *Economist* in 2018, it found that 9% of adults in Japan, 22% in America, and 23% in Britain **always or often felt lonely, lacked companionship, or felt left out or isolated. People crave a sense of belonging.** And yet we focus on how to look better, exercise efficiently, and work effectively, often neglecting to take the necessary steps to build and sustain social ties.

https://qz.com/1570179/how-to-make-friends-build-a-community-and-create-the-life-you-want/

Why 'Nothing About Us Without Us' Matters to Mental Health

Posted Apr 30, 2019

The phrase "nothing about us without us" originated in the disability rights community, and is the title of a seminal 1998 book by James Charlton, in which he argues that people with physical disabilities have been unfairly stereotyped and marginalized, overlooking the untapped potential of millions with much to offer.

In recent years, the phrase has had increasing resonance for people with mental health disabilities. It neatly sums up a radical vision that people with lived experience of mental illness must be meaningfully involved in every domain of mental health activity including service delivery, research, training, and governance.

Such meaningful involvement is considered an ethical imperative, as it can help prevent patronizing and exclusionary policies and actions. However, it also takes advantage of the considerable expertise accrued by people with lived experience of mental illness.

These 'experts by experience' have often navigated complex health systems, developed effective self-care strategies and wrestled with stigma and discrimination. They have been there, done that, and got the T-shirt, amassing substantial knowledge in the process.

In this article, I outline four mental health domains where the 'nothing about us without us' mantra could be better enacted to the benefit of all who care about community mental health.

Mental Health Service Delivery. People making a good recovery from mental illness can use their expertise by experience to help guide, support and instruct other people in the early steps of recovery: an activity known as 'peer support'. This can occur informally within devoted peer support drop-in centres such as Laing House in Nova Scotia, a thriving center for youth with mental illness.

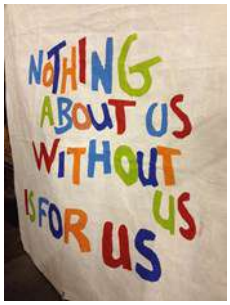
'Sadly, peer support remains an uncommon and under-resourced intervention.'

Peer support can also occur more formally with paid peer support workers attached to official mental health services including emergency rooms, outpatient units, inpatient units, and rehabilitation centres. Research indicates that formal and informal peer support is a cost-effective intervention that can help facilitate recovery among recipients.

Sadly, peer support remains an uncommon and under-resourced intervention. As such, the further implementation of peer support should be considered essential to enacting the "nothing about us without us" maxim.

continued on page 4 >>>>

<<<<<<< *continued from page 3* **'Why Nothing About Us Without Us Matter So Much in Mental Health'**



Mental Health Research. By the same token, much mental health research has been criticized for treating people with mental illness as guinea pigs rather than active participants. This has led to the emergence of new models of '**participatory action research**', **where people with mental illness collaborate as active members of the research team from beginning to end.**

These 'experts by experience' can be particularly helpful in terms of conceptual development, participant recruitment, data collection, and analysis. This is especially so in topics such as stigma and recovery, where their unique experience-based insights can be well-integrated.

Importantly, peer researchers must be offered the appropriate training, support, and rewards for their participation, including fair payment for their work. This must include involvement in the more prestigious and pleasant aspects of academic life; including co-authoring academic publications as well as attending and co-presenting at academic conferences.

Interestingly, numerous peer-staffed research groups have emerged in recent years which are collaborating with academic researchers on various projects. These include World of Difference (University of Otago) in New Zealand and the Service User Research Enterprise (King's College London); important initiatives that could be emulated elsewhere.

Mental Health Governance. Mental hospitals, mental health commissions and the like are often led by an executive leadership team and administered by a board of governors. Some have paid commissioners who take a prominent role in the organization.

Interestingly, more and more organizations are recognizing the importance of having experts by experience in governing roles. For example, the Mental Health Commission of Canada Board of Directors includes several 'experts by experience'. Likewise, the New Zealand Government appointed renowned peer leader Mary O'Hagan as an official mental health commissioner responsible for recovery work.

In addition to high-profile roles, people with mental illness can play a role in intermediate levels of governance and administration. My colleagues and I have been pushing for the inclusion of 'experts by experience' on job recruitment committees for new mental health staff and researchers, believing that their unique insights and experience can help in the assessment of candidates. They can also be integrated into management committees of local services and policy committees.

Resources. Numerous resources are available for individuals and organizations attempting to enact the 'nothing about us without us' mantra. One international organization is PeerZone, which exists to "leverage the power of lived experience." It has produced numerous helpful toolkits and conducts training and consultation across the world. Another is Peer Support Canada, which works alongside the Canadian Mental Health Association to provider mentorship and certification for peer supporters across the country. Other effective organizations exist in other jurisdictions.

Much is happening, but much remains to be done, in enacting the "nothing about us without us" mantra. There is developing consensus that implementing this mantra is essential to providing a just and effective mental health system.

https://www.psychologytoday.com/ca/blog/talking-about-men/201904/why-nothing-about-us-without-us-matters-mental-health?

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

People-Pleasing:

Today Is Not Your Day

Therese Borchard February 18, 2017

Today would have been a good day for me to wear the t-shirt that says, "I can only please one person a day. Today is not your day. Tomorrow doesn't look good either."

As I progress in my recovery, I am a choosier shopper when it comes to friendships–I can now recognize when I'm being treated unfairly, or without respect, and I don't feel as much need to stick around just to prevent causing waves. Nor can I afford to share myself with everyone who comes along. That's too dangerous and wearing–with pieces of your soul left out to dry on too many doormats–not to mention impossible. I need to surround myself with people who are working just as hard as I am at staying well and positive, resisting the plethora of opportunities to turn to the Dark Side and talk trash and gloom.

I feel much like Anne Morrow Lindbergh, who wrote in "Gift From the Sea," "I shall ask into my shell only those friends with whom I can be completely honest. What a rest that will be! The most exhausting thing in life, I have discovered, is being insincere."

However, even as I'm beginning to know what I need and want, saying no and erecting the proper boundaries to get there still feel as uncomfortable and awkward as wearing a too-big wetsuit backwards.

I say that because I recently tried out a used wetsuit I bought online. I asked a group of seasoned swimmers if it fit okay as they were standing around the pool deck.

"Well, I can't really tell when you wear it backwards," one of the guys said. "Turn it around and then try it out in the water. You'll know immediately if it's too big because it will draw in water, and basically sink you.

If it fits right, or even if it's a bit snug, you will love the thing as it will help you sail along."

After I put the thing on the right way and dove in, I knew after two strokes that I had just wasted $50. Two lengths of the pool consumed the energy of about 30 laps. This eBay treasure felt all wrong…cumbersome, bulky, restricting…the way it feels for this stage-four people-pleaser to erect necessary boundaries in some of her relationships. True, I don't want people to walk all over me. However, there are fun memories that make me want to erase the yucky feelings.

'I shall ask into my shell only those friends with whom I can be completely honest....'

When I ran into a former friend the other day for the first time since we "broke up," my mouth opened to apologize and say, "Let's just forget about it, and go on." I searched for words. Finally, "How are you?" came out. The two-second conversation was as stiff and difficult and unpleasant as swimming in that oversized wetsuit. My head was buried somewhere in the chest seams with all the chlorinated water trapped in the suit, bringing me down.

But if I keep on practicing my boundary-building skills, one day I will find that, like a wetsuit that fits perfectly, I am staying buoyant with little effort of my own. The boundaries will assist me in conserving energy for the things I love–moving swiftly and freely in fresh water–all the while protecting me from the nasty jelly fish and the chilling temperatures of the bay (or a bad relationship).

One day I will intuitively know how to say no, and not feel guilty. Maybe that's a stretch. One day my guilt in erecting a boundary will last a day, maybe even a few hours, not the months it does now.

I'm taking baby steps toward becoming a more sincere person. Even in its awkwardness, that feels good.

Originally published on Beyond Blue at Beliefnet.com

Achieving a state of flow

Defined by Mihály Csíkszentmihályi, flow is a state of single-mindedness that harnesses all emotions into one action and produces a kind of rapture. It's a moment of nothingness—when all senses are so focused on an activity that a person isn't able to feel anything in his environment. This suspension of feeling can be experienced as bliss. You become oblivious to the world around you and lose track of time.

According to Csíkszentmihályi, the optimal condition for flow to happen is when the challenge level of a task is high, met by the high skills of the person accomplishing the task. The state of "arousal" borders flow in that a person feels overly challenged, but doesn't have enough skill to push her into flow. In a state of "control," a person feels too comfortable for his skill level. By adding more challenge, he goes into flow.

Is everything you think you know about depression wrong?

Sun 7 Jan 2018 09.00 GMTLast modified on Tue 23 Apr 2019 16.35 BST

If you are depressed and anxious, you are not a machine with malfunctioning parts. You are a human being with unmet needs. The only real way out of our epidemic of despair is for all of us, together, to begin to meet those human needs – for deep connection, to the things that really matter in life.

In this extract from his new book 'Lost Connections', **Johann Hari,** who took antidepressants for 13 years, calls for a new approach

In the 1970s, a truth was accidentally discovered about depression – one that was quickly swept aside, because its implications were too inconvenient, and too explosive. American psychiatrists had produced a book that would lay out, in detail, all the symptoms of different mental illnesses, so they could be identified and treated in the same way across the United States. It was called the *Diagnostic and Statistical Manual*. In the latest edition, they laid out nine symptoms that a patient has to show to be diagnosed with depression – like, for example, decreased interest in pleasure or persistent low mood. For a doctor to conclude you were depressed, you had to show five of these symptoms over several weeks.

The manual was sent out to doctors across the US and they began to use it to diagnose people. However, after a while they came back to the authors and pointed out something that was bothering them. If they followed this guide, they had to diagnose every grieving person who came to them as depressed and start giving them medical treatment. If you lose someone, it turns out that these symptoms will come to you automatically. So, the doctors wanted to know, are we supposed to start drugging all the bereaved people in America?

The authors conferred, and they decided that there would be a special clause added to the list of symptoms of depression. None of this applies, they said, if you have lost somebody you love in the past year. In that situation, all these symptoms are natural, and not a disorder. It was called "the grief exception", and it seemed to resolve the problem.

Then, as the years and decades passed, doctors on the frontline started to come back with another question. All over the world, they were being encouraged to tell patients that depression is, in fact, just the result of a spontaneous chemical imbalance in your brain – it is produced by low serotonin, or a natural lack of some other chemical. It's not caused by your life – it's caused by your broken brain.

Some of the doctors began to ask how this fitted with the grief exception. If you agree that the symptoms of depression are a logical and understandable response to one set of life circumstances – losing a loved one – might they not be an understandable response to other situations? What about if you lose your job? What if you are stuck in a job that you hate for the next 40 years? What about if you are alone and friendless?

Drug companies would fund huge numbers of studies and then only release the ones that showed success

The grief exception seemed to have blasted a hole in the claim that the causes of depression are sealed away in your skull. It suggested that there are causes out here, in the world, and they needed to be investigated and solved there. This was a debate that mainstream psychiatry (with some exceptions) did not want to have. So, they responded in a simple way – by whittling away the grief exception. With each new edition of the manual they reduced the period of grief that you were allowed before being labelled mentally ill – down to a few months and then, finally, to nothing at all. Now, if your baby dies at 10am, your doctor can diagnose you with a mental illness at 10.01am and start drugging you straight away.

'She had seen many grieving people being told that they were mentally ill for showing distress.'

Dr Joanne Cacciatore, of Arizona State University, became a leading expert on the grief exception after her own baby, Cheyenne, died during childbirth. She had seen many grieving people being told that they were mentally ill for showing distress. **She told me this debate reveals a key problem with how we talk about depression, anxiety and other forms of suffering: we don't, she said, "consider context". We act like human distress can be assessed solely on a checklist that can be separated out from our lives, and labelled as brain diseases.** If we started to take people's actual lives into account when we treat depression and anxiety, Joanne explained, it would require "an entire system overhaul". She told me that when **"you have a person with extreme human distress, [we need to] stop treating the symptoms. The symptoms are a messenger of a deeper problem. Let's get to the deeper problem."**

This is an edited extract from Lost Connections: Uncovering the Real Causes of Depression – and the Unexpected Solutions by Johann Hari, published by Bloomsbury. ***Read more here: -***

https://www.theguardian.com/society/2018/jan/07/is-everything-you-think-you-know-about-depression-wrong-johann-hari-lost-connections

Choosing happiness

Choices have consequences. My brother and his wife moved from New York City's Upper West Side to a suburb in New Jersey soon before the second of their four children was born. I pitied them: the commute, the strip malls, the numbing sameness of it all. My brother, then an architect for a big-name firm, saw what I was seeing. "You think it's soul death. It's not," he'd tell me when I would take the train from the city on weekends. He extolled the virtues of space, the yard where the kids could play, the trampoline they could jump on, the strollers that could be left outside. People stopped by to chat or drop off their kids. He had neighbours; they knew the names of one another's kids and the weird things each one was afraid of (spiders; jelly; being barefoot). One shit-boring birthday party at a time, he celebrated the seeming unexceptionality of it all.

I loved venturing out of the train onto Maplewood Ave. especially in the fall with the leaves, electric reds and yellows everywhere, or in winter, where the snow didn't disintegrate to black slush. But for the most part, the whole thing held zero appeal to me. My husband and I were raising our kids in New York City. We took them to Mo Willems book signings and Laurie Berkner concerts, and explored the High Line with babies in tow. We were happy; building our busy lives, welcoming one and then two kids, trying to form the ties that bind.

But on those walks on the High Line, surrounded by early -morning runners, polished traders and bankers, consultants, actors and fashionistas, I craved mediocrity. Where were the haggard humans, the people who walk around in sweatpants and not $100 Lululemon leggings? Where were those too tired to brush their hair, who felt they were failing on all fronts? All I could see was people striving to improve. I am sure many wanted to move beyond their bubbles; many probably did. But mostly, it seemed everyone was busy with being a player in a high-stakes game.

Though I didn't understand it at the time, I was lonely. I didn't think it possible—I had friends, I had kids, I had no time. How could I be lonely?

Loneliness researcher Cacioppo found that many of the things we think will help—improving people's social skills or increasing social engagement—don't.

What does help lonely people is to educate them about how our brains can turn in on ourselves, causing us to retreat into self-preservation mode and be on high alert for social threats. This naturally makes people engage less and feel even more lonely, creating a vicious cycle. He found that learning how to connect required rebuilding certain physical muscles, including learning or re-learning social cues, including tone of voice, eye contact, and posture.

It's also necessary to give to others, so that they will in turn give to us, as Caciopo explained to the Guardian. This can feel hard. It requires being vulnerable at a moment when one feels uniquely unsuited to do that. That's why it's not enough to get help or have a therapist, although these are certainly important. **"We need mutual aided protection," he said. "If you are only receiving aid and protection from others, that doesn't satisfy this deeper sense of belonging."**

'……she found those who focused on connecting more with others were happier than those who pursued self-improvement.'

This idea is backed up by research from Julia M. Rohrer, a PdD candidate at the Max Plank Institute who studied a large group of Germans who said they were committed to trying to become happier. The twist was that some pursued self-improvement goals such as getting a new job or making more money, while others tried spending more time with friends and family. A year later, she found those who focused on connecting more with others were happier than those who pursued self-improvement. "Our results demonstrate that not all pursuits of happiness are equally successful and corroborate the great importance of social relationships for human well-being," her team wrote in the study published in Psychological Science.

The thing that makes us happiest in life is other people. And yet other people are often the first thing to fall off our list of priorities.

Editor: - I can long locate the link to this article and have lost the author's details, so am unable to appropriately attribute it. I'm confident that it came from this site where you can go to view other articles and you can subscribe to future editions.

https://qz.com/1570179/how-to-make-friends-build-a-community-and-create-the-life-you-want/

The Flawed Psychology of

Forcing People to Hit "Rock Bottom"

Brooke M Feldman, MSW Nov 13, 2011

While teaching a class on eminent psychologist Abraham Maslow's human hierarchy of needs theory to aspiring behavioural health professionals, a student raised her hand to ask me the following question: - is *this where the idea of people struggling with addiction having to hit "rock bottom" comes from?"*

This insightful student was looking up on the screen at Maslow's hierarchy of needs pyramid and referring to the all-too-common thinking surrounding people living with addiction. Nearly all of us have heard the notion somewhere along the way that people living with addiction must hit a proverbial "rock bottom" before being "willing" to change their addictive behaviour. Nearly none of us have escaped being socially indoctrinated into the idea that in order to best support somebody living with addiction, we must move out of the way to allow for their inevitable fall to "rock bottom." We have been told that to do otherwise would mean "enabling" the person to continue on with their addiction. Sadly, this thinking has been a poisonous source of tremendous unnecessary harms, the most tragic of which continues to be countless preventable deaths.

As the inquisitive student and remainder of the class looked up at the largely projected pyramid of Maslow's hierarchy of needs, all present could visually see that at the bottom of the pyramid lie basic physiological needs being met such as food, shelter, rest, etc. Closely following the bottom of the pyramid on the second level is basic psychological needs being met such as feeling safe, secure, etc. To that end, the student's question and what she was getting at could be rephrased as: -

"Is Maslow's theory where the idea comes from that people struggling with addiction have to go without food, shelter, rest, safety, security, etc. in order to want to get better?"

I had just taught the class how the task of reaching the highest level of human need that Maslow called *self-actualization*, or achieving one's full potential, was contingent on the majority of other needs in the pyramid being met. We had just reviewed how each level of the pyramid builds off of the last and had just discussed how it is nearly impossible to move up the pyramid if the needs below are not being met. We had just spent some time talking about how Maslow's theory would be relevant in their work as behavioural health professionals, how this theory could serve as a critical key for how to best meet people where they are at.

And so, here we were, with the question at hand essentially being *did the idea of people living with addiction have to go without having their basic needs met in order to reach living up to their potential come from Maslow's theory?*

I asked the class to look at the pyramid and tell me what they thought the answer was, and furthermore, what they thought would bring people struggling with addiction closer to reaching their full potential.

And right there up on the screen, the answer sat plain as day. According to Maslow, "rock bottom" is the furthest place one can be when it comes to having their necessary needs met to reach their full potential. Instead, if we are looking for what brings somebody closer to achieving self-actualization, closer to wellness, closer to reaching their full potential, we see that **it is thru having the psychological needs of belonging, love and esteem being met that people move closer to that place.**

Maslow tells us that in addition to having our basic needs met, it is a sense of security, safety, connectedness, community, acceptance, intimate relationships, being able to give and receive love, etc. which bring people closer to reaching their full potential. Maslow has in fact long told us that having the needs met of self-worth, a sense of purpose, achieving goals, feeling good about oneself, having a sense of accomplishment, etc. are what brings people closer to self-actualization than "rock bottom" ever could.

'....It means to foster social connectedness rather than to force isolation.....to love rather than disdain....'

And so, back to the student's initial question. *"Is this (Maslow's theory) where the idea of people struggling with addiction having to hit "rock bottom" comes from?"*

The answer to that question is that it would only be if somebody did **not** understand Maslow's theory on the hierarchy of human needs that they could ever believe in the idea of people having to "hit rock bottom" in order to get better. Moreover and perhaps more importantly than the answer to that question, the larger lesson this inquiry brought was a deeper understanding of what Maslow tried to tell us way back in 1943. The key to supporting people living with addiction in reaching their full potential is the exact opposite of "letting them hit rock bottom." The key is instead to move the bottom of that pyramid of human needs up so that the needs which are known to bring people closer to reaching their full potential are being met.

-It means to foster social connectedness rather than to force isolation. - It means to practice acceptance rather than intolerance. - It means to fan self-worth rather than to fuel shame. - It means to love rather than to disdain.

Ultimately, there is really no good psychology behind the idea of forcing people into "hitting rock bottom." There is however plenty of good psychology behind what brings people closer to wellness and full potential. It is long past time that the ways in which we view and treat addiction line up less with opinion, personal moral belief and socially transmitted misinformation and instead more with what science tells us about human behaviour and social development. **Interestingly, it seems that it is in the science where we find the compassion, empathy, and understanding that society is still too often lacking.**

Read the full article here: -

https://medium.com/@feldman.brooke.m/the-flawed-psychology-of-forcing-people-to-hit-rock-bottom-448d1344800a

SHORT ARTICLES and LINKS

Government Inquiry into Mental Health and Addiction

He Ara Oranga contained 40 recommendations, which apply to health, the wider social sector and society as a whole. The Government has accepted in principle or agreed to further consideration of 38 of the recommendations.

Some recommendations are for the Ministry alone to progress and implement, some require engagement with other government agencies or non-government organisations, and some are led by other government agencies.

The list of recommendations and the governments response to each of them is here: -

https://www.health.govt.nz/our-work/mental-health-and-addictions/government-inquiry-mental-health-and-addiction?

Campaigning persuades Royal College of Psychiatrists *to change its position on antidepressant withdrawal*

by **Admin** on 30/05/2019 in **News**, **Psychiatric drugs**

Following campaigning by CEP, the All Party Parliamentary Group for Prescribed Drug Dependence and numerous members of the #prescribed harm community, the Royal College of Psychiatrists has today changed its position on antidepressant withdrawal. It has issued a revised policy statement updating its guidance to doctors, and calls upon NICE to update its guidelines as well. This follows many months of work by CEP and its members, including the publication of research which indicates that antidepressant withdrawal is more widespread, more severe and more long-lasting than suggested by current guidelines. Specifically, the College is calling for the following changes:-

There should be greater recognition of the potential for severe and long-lasting withdrawal symptoms on and after stopping antidepressants in NICE guidelines and patient information

NICE should develop clear evidence-based and pharmacologically-informed recommendations to help guide gradual withdrawal from antidepressant use

The use of antidepressants should always be underpinned by a discussion with the patient about the potential level of benefits and harms, including withdrawal

Discontinuation of antidepressants should involve the dosage being tapered, which may occur over several months, and at a reduction rate that is tolerable for the patient

Monitoring is needed to distinguish the features of antidepressant withdrawal from emerging symptoms

Adequate support services should be commissioned for people affected by severe and prolonged antidepressant withdrawal, modelled on existing best practice

There should be routine monitoring on when and why patients are prescribed antidepressants

Training for doctors should be provided on appropriate withdrawal management

Research is needed into the benefits and harms of long-term antidepressant use.

Dr James Davies, co-founder of CEP, says, "We welcome these changes in policy which, if acted upon, will help reduce the harm that is being caused to huge numbers of patients through overprescribing, inadequate doctor training and often disastrous withdrawal management. CEP calls upon the College to follow through with these demands, and help ensure that NICE guidelines in particular are updated to reflect the latest evidence. In addition, we look forward to the publication of the Public Health England report on prescribed drug dependence later this year, **with the hope that the government will also respond to the urgent need for withdrawal support services, including a 24 hour national helpline."**

Te Hurihanga ō Rangatahi
The Youth Hub

The overall purpose of the Youth Hub is to assist the healthy development of young people between 10 and 25 years old who need support. The Youth Hub is not just geographic but also functional and brings together groups addressing youth issues in a shared space both physically and through connections via websites, email and social media. **See more here:** - https://www.youthhubchch.org.nz/about-us/

SHORT ARTICLES and LINKS

Why people are giving up drinking,

even when they don't have a problem

"On a warmer-than-average Thursday evening in February, 40 women gathered in Philadelphia's industrial-chic Front Street Cafe for happy hour — but instead of ordering rosé or craft beer, they sipped artisanal mocktails and locally brewed kombucha. Billed as an event for "sober, sober-sometimes, or sober-curious women," the first 15 minutes or so were stilted. People were nervous, conversations got stuck in small talk mode, and nobody could order a round of shots to fast-track things to insta-party. But before too long, the room was buzzing with conversation and laughter. And yet, nobody was getting buzzed. "I used to think I lost my social anxiety after I had the first drink," says Joy Manning, one of the party's co-hosts. "Now I realize, the first 15 minutes of anything is just awkward. Once I adjust to the environment and start chatting with someone, I relax. And it's amazing to see that happen across a whole room of people who aren't drinking. We've been giving alcohol a power it doesn't really have.""

https://elemental.medium.com/the-rise-of-elective-sobriety

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 and 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**

WHY CEASING TO BE CREATIVE IS A MISTAKE

Many of us stop making art at a young age, convinced, perhaps, that we just don't have the talent for it.

This belief, however, may be wrong, and the benefits that producing art can bring aren't contingent on talent.

Is creating art an activity that all of us should pursue? Can artistic skill be taught?

https://bigthink.com/personal-growth/art-life-skill

Men's cuddling group

aims to redefine masculinity and heal trauma

by Aneri Pattani / March 25, 2019

At a time when traditional ideas of manhood are facing scrutiny and such terms as toxic masculinity are becoming more widely known through the **MeToo** movement, the group aims to provide new ways for men to express themselves. But "if we expect men to be emotionally sensitive to the needs of others, they first need to be able to build an emotional vocabulary," he said.

https://www.philly.com/health/men-cuddling-group-healing-trauma-mental-health-20190325.html

HOW TO LEAD A CONVERSATION BETWEEN PEOPLE WHO DISAGREE

In a world deeply divided, how do we have hard conversations with nuance, curiosity, respect? Veteran reporter Eve Pearlman introduces "dialogue journalism": a project where journalists go to the heart of social and political divides to support discussions between people who disagree. See what happened when a group that would have never otherwise met -- 25 liberals from California and 25 conservatives from Alabama -- gathered to talk about contentious issues. "Real connection across difference: this is a salve that our democracy sorely needs," Pearlman says.

This talk was presented at a TED Salon event given in partnership with Doha Debates. TED editors featured it among our selections on the home page. Read more about TED Salons.

https://www.ted.com/talks/eve_pearlman_how_to_lead_a_conversation_between_people_who_disagree

THE 'A PART OF ME' PROJECT

Scott remembers having learning difficulties since he was eight years old. *Even though his family made an effort to look for answers, the results were inconclusive. The struggles and difficulties carried through the years and the older he got the harder it was for him. "As a kid individuals pick up your struggles and I got picked on a lot," he says. He was always a sensitive person and would often get bullied for that.*

Scott is one of over 20 people who have told their story on the 'A Part of Me' Project, which focuses on people with physical or mental illness. Using portrait photography and written narratives the project tells each person's story. The project is run by a team of two women. Fiona Tate Wordcaster is behind the editing and Ofel Epicorus behind the camera, interviews and storytelling. Their aim is to break the stigma and loneliness around different conditions and raise awareness.

Epicorus (pictured), the project creator, had been dealing with sexual PTSD since her mid-twenties. At the time, it didn't make sense to her. She felt no one would understand why something that happened long ago and didn't bother her had become such an issue all of a sudden. She felt isolated and carrying her loneliness became heavier and heavier. Until one day in 2016, she stumbled upon someone else's story in a Facebook group.

The writer of the post was a 30 year old woman who suffered sexual assaults in her teenage years. She too didn't experience sexual difficulty in the past and her PTSD manifested in her mid-twenties. The only difference to the story was that the writer of the post was able to find the right partner and cope with her condition. Epicorus saw herself between the words and felt hopeful. Knowing there was someone else out there who understood helped her feel less alone and she learned the power of sharing.

In 2018, Epicorus was getting back in touch with her creative self after a long break from photography. She was practicing her skills and started brainstorming ideas. One of which was A Part of Me. The idea was to share inspiring stories about people with conditions that usually isolate us. Using the stories to spread hope and create a connection. Epicorus felt that what she experienced after reading that Facebook post two years prior wasn't unique. She wanted to help others see that they are not alone in what they are feeling and help those around them understand what they are going through.

But while she believed it was important, Epicorus didn't feel she could take on such a demanding project while working full time.

Later that year, Epicorus discovered that her father's best friend chose to end his life. Knowing what an amazing man he was, she was devastated to hear the news. She then learned his anxiety wasn't addressed properly by the health system and that caused him to slip into depression. She was heartbroken and decided the project could not wait any longer. For the following three months she made the time to work on her project alongside her full-time job.

'….The idea was to share inspiring stories about people with conditions that usually isolate us…..'

Epicorus had a good idea of what she wanted; a blank grey back-drop, one light setup, raw emotion portrait and a one page story. She started with a temporary studio setup in her living room that had to be taken down at the end of each photo shoot day. New to interviewing it sure was a learning curve but Epicorus was determined to develop her acquired skill. The interview takes roughly one hour and is recorded. Epicorus takes photos during the interview and later chooses the one that is most suitable to go with the story.

After three busy months the project was launched on the 1st of January 2019 and a story is published every Tuesday. Since then, the project celebrated three months of stories at the XCHC café in March. The Event included a small exhibition and presentation about the project. If you are interested in knowing more about the project and the team behind it, you are more than welcome to join them for their six months celebration. The event will take place at the Halo Venue on the 26th of June.

In 2018 when Scott was 42 he was finally referred to a psychologist and got his diagnosis. After living with anxiety disorder, panic disorder, and depression for most of his life, now he had answers. "When I heard that, I felt a little bit of weight lifted off my shoulders," he says. Since then Scott has learned different coping tactics and finds mindfulness really helps him.

"I was considered a guy that can take care of himself, a guy that had it all going on but ***inside I was a desperate, at time helpless, struggling human being****," he says, "mental illness does not discriminate, mental illness doesn't pick and choose who it goes for - it takes everybody.* ***But how you deal with that and what you do with it is the key."***

You can find these inspiring stories on the Facebook page A Part of Me Project and on Ofel Epicorus' Patreon page. If you have a story to share be sure to contact them via their Facebook page, they are always on the lookout for new participants. You can also support their work by signing up for a monthly membership on Ofel Epicorus' Patreon page. From $1.50 (USD) you will gain access to exclusive content not featured anywhere else.

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**

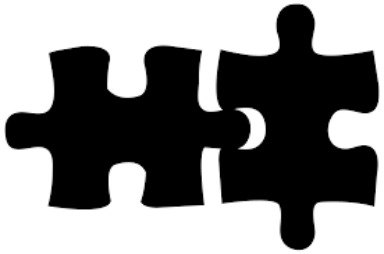
Or a pick up a hard copy from our office at unit 4, 357 Madras Street (next to Heart Foundation)

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 you a friend, family member, from your professional interest.

If you haven't been to ***Themes*** before, or you're coming as apart of a group, please contact reception@mhaps.org.nz or phone (03) 365 9479 to register and get details of our venue and a 2019 programme schedule.



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 SERVICE UPDATES

Hello All from the Advocacy Team and Awareness,

Since our last newsletter the Advocacy Team has had the great pleasure of adding two new member. The sad part is that we had to bid farewell to Kelly, who has returned to study full time. She was a smart, warm, effective advocate and a darned fine person. We still miss her helpful nature (and snazzy dress sense). Travel well Kelly and I know we will be hearing about you in the future. You are going a long way in whatever career you choose. Thanks from your team and all your very grateful clients for the hard work done in your years here. Ka kite ano.

The good news is that Fea and Tom have joined the team. Both bring deep experience of recovery and keeping in balance. They will learn all the details of Work and Income, employment supports, supported living options and dozens of other topics over the next months. It is a delight to share our knowledge with new, keen advocates. Thanks to them both for giving us a go when they hadn't ever used our service or heard about it before the advertisement.

What is new in the world of advocacy? There has been speculation about what the budget's new mental health money will mean on the ground. We have great hopes but there has been a loud call for more clinical services and so we aren't holding our breath for announcements about funding into community programmes. We have seen a great improvement in the relationship people have with Work and Income. The shift to doing a lot of work over the phone has worked well for our clients, especially where anxiety is their issue. Bouquets to WINZ! If, however, it still isn't working for you we can support you with forms (including getting a paper one) and sitting at meetings with you.

Also in the last months there was a refresh of the consumer network. Awareness—Canterbury Action on Mental Health and Addictions is the network of people with lived experience of services and each June there is a celebration of the great work done in the past year and an invitation for new people to join the executive committee that guides the work. Thanks to Harris, Sue and Hinetewai for their work over the years and we hope you enjoy a well earned rest. Welcome Darryn, John and Helena to the team and thanks heaps to Bernie, Carol and Anne for remaining on and sharing all the learnings you have gained over the years. 2019/2020 will be great.

Take care all, **Beth**

'Found' Connections

On page 6 we have published an extract from Johann Hari's book 'Lost Connections' and since this newsletter has connection as its theme let's acknowledge connections that can be 'found.'

I experience new connections this every time we run a Recovery*Works* programme. People who have never met before find themselves in the same space with the knowledge that they are going on a journey together. Because I have the privilege of meeting a talking with everyone before they accept a place on Recovery*Works* I know their stories— where they hurt and why they hurt.

It takes a while for people on a programme to acclimatise to one another and to the Facilitator. Usually this takes about three workshops at which time it becomes apparent that meaningful connections have been made. Sometimes these go on to be friendships that endure outside of the programme.

On the way people feel less and less strange, different or weird. They realise that others in the room are too— including the Facilitator and that it is possible to be broken and hurting and thriving— all at the same time.

The first time I experienced this personally was well before there ever was a MHAPS and my own journey was with a 'major depressive episode.' Along the way I joined the Depression Support group and started to attend their meetings. What I couldn't understand and in fact found disturbing, was the laughter. *People were enjoying themselves*—maybe only in that moment but the meeting dynamic created pauses in their experiences of depression —a place where other ways of being became visible again.

So, it's possible to be broken and hurting and feeling weird and make connections with others and maybe that starts with sharing experiences. We confront the absurdity of life and find that then becomes sharing laughter. SCARY A?

We've even built a whole new programme around the idea that you can be damaged and hurting and leading a meaningful, purposeful existence—all in the same space. But, sadly I don't have the space to tell you more here and now.

The way to learn if there are connections waiting to be found here at MHAPS for you is to just walk through our door. NO, you don't need an appointment and NO you don't need anyone to 'refer' you - just come through the door. YES, bring a friend, family member or other if that will help you to make a start.

Ian, *Service Manager, the Learning Exchange*

MHAPS COMMUNITY UPDATES

Awareness Consumer Network

Monday 10 June saw the Annual Celebratory Meeting of the network. As we are not a Trust or Incorporated Society or any other legal entity we don't have an obligation to hold a meeting but we enjoy reporting annually about the work done and allowing the membership to choose their leadership. A huge thanks to Sue, Hinetewai and Harris who helped this year and have stepped down from the Executive Committee. Your commitment and knowledge greatly enriched the work done. Another thank you needs to go to those other great people who are returning for another year. They are included in the list below of the new Executive Committee for 2019/2020.

Members will have received biography information for those who agreed to be nominated and the Executive ran both an email voting process and another anonymous one for those attending the meeting. We have a great bunch of people who are committing to represent our membership this year. They are:

Bernie G (Chair)	Carol W (Financial Officer)
Anne S	Darryn W
Helena N	John K

We are happy to welcome new members who will bring fresh ideas to the returnees. Thanks all.

The Membership voted a "thank you" to Kelly for excellent support as the Coordinator and we hope to have as great a year coming up. Please check your email for a copy of the Chair's report or email us to receive one if you aren't a member yet.

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

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 Wed 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 22 June 2019	Deb talks to Tom about Mental Health and the Workplace
Sat 29 June 2019	Beth shares a Ted Talk about ADHD and Canterbury resources
Sat 6 July 2019	Deb talks to Hannah about the Divergence festival held in March

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/

More time for urgent mental health calls

Today Canterbury DHB's Specialist Mental Health Services begins a pilot project that aims to strengthen the way it responds to mental health calls after hours.

All phone calls to Canterbury DHB's free mental health hotline (0800 920 092) between 4.30pm and midnight, seven days, will now be answered by Homecare Medical, a national digital telehealth service.

If a caller requires urgent mental health assistance, Homecare Medical will put them through to someone from the Crisis Resolution team who will ensure they receive the timely care they need. If the call is a general enquiry, advice and information will be provided by the registered nurse from Homecare Medical answering the call.

The mental health hotline receives an average of 35 calls per day during this after-hour period. Mental health consumers, family members, general practitioners, and community services all rightfully make use of the service. However, many of the calls are general enquiries and do not require emergency attention. The new triage system will increase the time that Crisis Resolution staff are able to dedicate to the urgent enquiries.

Overall, each caller will have a better experience as they will be listened to and supported, irrespective of the degree of need.

The first responders from Homecare Medical are all registered nurses with mental health experience. They are known for providing warm, friendly, and professional phone support. All staff are fully supported by their management teams and clinical leads on a 24/7 basis. This includes ongoing coaching, training, and de-briefing with team managers.

Homecare Medical manages health calls around the country, taking DHB mental health calls for 11 DHBs, the 1737 line, and Healthline.

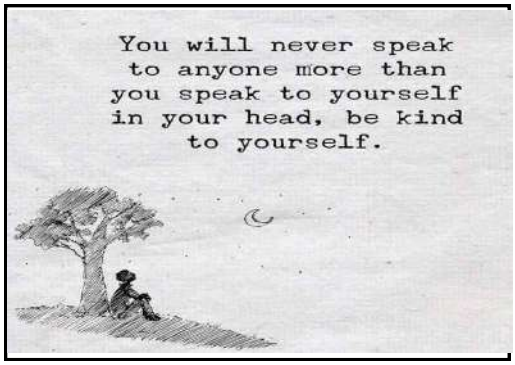
Calls from midnight to 8am will continue to be answered by our Clinical Team Co-ordinators or our Crisis Resolution staff, and the Single Point of Entry (SPoE) Service will take calls between 8am and 4.30pm.

https://issuu.com/canterburydhb/docs/canterbury_dhb_ceo_update_mon_27_ma/14?e=9501145/59360931

Visit our website and Facebook pages

www.mhaps.org.nz

https://www.facebook.com/mhapschch



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

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

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

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)

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