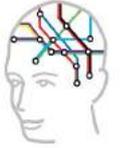


ISSUE

22

Momentum

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



SUMMER

together on the road to well-being...

2019 –20

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Momentum is published by
THE LEARNING EXCHANGE

Editor: Ian Johnson



Rethinking Shame As a Motivator for Change

By Dana Belletiere Last updated: 28 Sep 2019: - *reprinted from an online article*

When individuals begin to see me for therapy, it is very often because they have gotten fed up with some part of themselves that they feel needs changing, fixing, or altogether eradicating. They'll introduce this part of themselves to me as their "stupid anxiety" or "annoying depression" or "ridiculous obsession with eating," etcetera. **They judge themselves mercilessly for whatever their perceived problem or issue is, and often report that they've felt judged by others for it, too.** Maybe a parent remarked that they really need to "get over" themselves already, or somebody told them to "suck it up." So, they land in my office, totally prepared to magically become different people and to get rid of whatever pesky part brought them there in the first place. They are ashamed, and they don't like feeling that way. Nobody does.

Personally, I've tried to think of a time in my life in which shame has motivated me to be or do better, and I've come up with nothing. Conversely, I can think of plenty of times throughout my life in which I was shamed by others to be or do better. When I was a child, a neighbour's dad yelled at me to pay better attention, grabbed a stick that I was holding, and broke it over his knee for emphasis. As an adult, an acquaintance mocked me for becoming anxious in a social situation. In college, a Spanish professor used dismissive language to remark on my ineptitude for learning languages.

Were these experiences intended to motivate me to make personal changes, they failed miserably to do so. I didn't develop better attention skills, I just stopped going over to that neighbour-with-an-anger-management-problem's house to play. I didn't stop being anxious; I made a choice not pursue a friendship with that person. I didn't sharpen my Spanish skills; I dropped Spanish and pursued a minor that spoke more to my natural abilities.

continued on page 3 >>>>>

GROWING IN- TO THE LIGHT

If you've been postponing those things you feel you 'need' to do Summer can be such a contrast to the stillness of Winter or even the gentle growth of Spring. There is an almost unrelenting quality to the days—longer, lighter, brighter and warmer – summer presenting its stark demands. Get out, get on and grow!

For us at MHAPS our Spring has been about the departures of our colleagues Fiona Clapham-Howard ,Lisa Archibald and Kelly Pope.

We reflect on what they brought to us, what did we learn from working with them and what their legacy is – including how they changed us. It is also important that we remember that a vital part of what each of these people came with was their own lived experience of personal distress- whether they describe that as a mental illness or substance addiction. This informed who they are and how they were. One of our hopes is that their journey with us as peer-colleagues has helped them and so they take what they have leaned and gained and continue to add richness to our world.

On the 10th December we will complete the **40th RecoveryWorks programme** and so it will be the programme's **10th anniversary**. Over this time I have been privileged to work with four Programme Facilitators, **Anna Dalzell, Vanessa Harrison, Hannah Whittaker and Nina Fairbairn.**

Each of them has been (and the last two continue to be) exactly the right people at the right time. Recently, in response to an invitation to our planned celebration Vanessa wrote to me to say how much *RecoveryWorks*, her peers on the programme and the staff here at MHAPS mean to her. She drew my attention to her own growth as a person and how the concepts from the programme are amongst those things she still consciously uses in her current work, helping people in other ways.

Everyday through a small 'lawn' of poppies that I have progressively encouraged to form my sense of wonder and awe is renewed. At this time of year they flower, and flower and flower. What's more these flowers are seething with my favourite flying insect –the bumble bee! By every evening almost all of these flowers have dropped and then every tomorrow morning, sometime very early in the day, there is a brand new batch that that have mysteriously materialised. By the time I finally stagger out of bed they are in full and magnificent bloom.

In this edition you will find a much that represents change, growth, moving forward and new purpose. And, challenge!

This is my last confirmed outing as newsletter editor. Editions from 2020 on may be in a different format with a new editor, or maybe a revolving range of editors.

Thank you for reading.

Ian Johnson, Editor

'Hello Michael Hill, jeweller..... '

Recently on National Radio the jeweller, Michael Hill was being interviewed about his life. If you're 40 ish or over you may remember 'Hello. Michael Hill. Jeweller' and 'gold, gold silver, silver chain chain sale, sale.' Simple but so effective that schools felt they had to ban their pupils from chanting it in their playgrounds.

During the interview Hill described the life-changing experience of witnessing his just completed and uninsured house burn to the ground -thankfully no one was in it. At that time he was a very young man whose original ambition was of becoming a classical concert violinist but was instead employed by his uncle in the family jewellery store.

Most people in his situation would have become very risk averse and just doubled down on that safe employment in the family business . Instead, looking into the flames Hill experienced a light-bulb transformation in which he became suddenly aware of his potential and capacities and what he needed to do next. From that experience he created an Australasian-wide chain of stores and completely revolutionised the way jewellery was advertised and sold, including overturning the standard layout of jewellery shops.

This is one of the best illustrations of the saying that **'A crisis is an opportunity riding a dangerous wind.'** Most of us faced with Hill's experience would readily see and experience the full force of the dangerous wind. Hill experienced all of this and he saw the opportunity it represented. Maybe we call learn to do this in our own lives?

LISA ARCHIBALD

Lisa was recruited into MHAPS IN 2017 as Peer Services Manager. A year later she took up a specialist role as Training and Development and Quality Manager.

Across both of these roles Lisa brought fresh perspectives plus great knowledge and skills into MHAPS. This was most evident in her work to successfully embed **Intentional Peer Support** into our way of working, including personally delivering the training programmes to staff.

Lisa introduced MHAPS to **Peer Zones'** programmes and we now have a progressive menu of workshops to provide. She championed **co-reflection** and assisted several staff to enrol into the **level 4 certificate in mental health support.**

We already miss Lisa's broad Scottish brogue and the way her 'r's just rolled across our workplace. We wish her well in her new role as CEO of PeerZone.

>>>> continued from page 1

I have a million more memories like these, because everyone does. Our culture is very intent on making us feel bad about all the things that we don't yet know or don't do well, with some misguided idea that we are somehow going to do them better once we feel that way. Here's the truth: Shame doesn't create change, it creates fear.

And, ask most world religions, step programs, the social sciences, or any life coach worth their salt: Fear is not a good motivator. Self-work must start from a place of love, acceptance, compassion, and gentleness in order to be effective. Fear-based change, if it happens at all, does not last. Eventually, we revert back to whatever we were doing before, or a part of us that's been shamed into a corner re-emerges. As a culture, we need to rethink our use of shame, because it is not a helpful or useful tool. It simply doesn't work.

When clients are coming from a shame-based lens, I encourage them to instead approach the parts of them that they find disagreeable from a place of kindness and neutrality. If any judgments about those parts exist, we ask them to step aside to allow us to work with those parts compassionately, so the parts are better able to hear us, and don't feel bullied into changing (because bullies don't motivate change, either). We hear what those parts want and need from the client, and we let the client nurture the parts based on that information. We don't let the parts run the show, but we let them know that they are welcome and valuable, and not something to be ashamed of. In our cultural climate, I think this is a radical way to approach change. But the results are lasting, and the process is respectful.

Approaching change from a lens a self-compassion can significantly alter the way we think about our self-work. Shame, coming from ourselves or those we care about, should be viewed as something to gently challenge and re-examine – not a jumping-off point.

https://blogs.psychcentral.com/common-humanity/2019/09/rethinking-shame-as-a-motivator-for-change?fbclid=IwAR3ht0xEw6FjEgmDdE2tftTDaSY0nm30OCxTupfl5ioAMnL_9fX_uEjkapE



Farewell Fiona

At the end of November we fare-welled Fiona Clapham Howard, MHAPS' Te Kaihautū /Service Director.

In announcing Fiona's resignation to the sector, MHAPS' Board of Trustees noted that she has been involved with this organisation from the beginning, originally as a Board member for PCT, one of the three organisations that merged in 2011 to form MHAPS. She was one of the first MHAPS' Trustees, and stepped off the Board to take up the peer support team manager's role in 2016.

Then, when General Manager Sue Ricketts retired at the end of 2017, Fiona was promoted to the new Service Director role.

The Trustees commented, "In all these roles over the years, MHAPS has benefited from Fiona's sector knowledge, her expertise in lived experience roles, and her passion for and commitment to peer support."

At MHAPS' annual meeting and open day on 14 November, Fiona spoke of MHAPS as a treasure, quoting the whakatauki "*Ahakoā he iti, he pounamu*" – "although it is small, it is precious".

"MHAPS is one of the only organisations left in the country that can say with confidence it is both peer-led and peer-delivered."

"This is important at a time when we are seeing the language and concepts of peer support and lived experience being co-opted and potentially watered down by others."

Although MHAPS, with 25 staff, is not strictly speaking a small organisation, it is relatively small compared to other NGOs in the mental health and addictions sector. Fiona notes her concerns that large, national providers are increasingly being favoured for DHB peer support contracts elsewhere in the country, at times in preference to existing, smaller peer-run organisations.

"Peer support is so much more than just having staff with lived experience that they share openly," she says. "To deliver peer support with integrity, in my opinion, an organisation needs to understand and actively support the peer kaupapa of addressing power imbalances within service relationships."

"We are lucky at MHAPS to have it written into our Trust Deed that over half of the Board must also have lived experience of mental illness, mental distress, and/or addictions. We also have the luxury of being a stand-alone, self-referral service.

"This means the whole organisation is structured in way that supports us to provide the full transformational potential of the Intentional Peer Support approach that all MHAPS' staff are trained in."

Although Fiona is leaving MHAPS she is not leaving peer support, as she will continue to work with Intentional Peer Support Aotearoa New Zealand. So perhaps strictly speaking this is more "*ka kite anō au i a koe*" ("I'll see you again") than farewell.

Reduce Anxiety When Public Speaking By Thinking About How You're Helping the Audience

Public speaking is something lots of people struggle with. Being on a stage, especially in front of a large crowd, can be stressful for even the most seasoned and confident of speakers. A recent article in the **Harvard Business Review** made an interesting suggestion on how to combat that anxiety: Speak from the perspective that you're helping the audience.

Typically we're anxious when public speaking because there's a spotlight on us and a lot of attention. When you frame the situation as you helping the crowd, you're taking the focus away from yourself.

Showing kindness and generosity has been shown to calm the body's fight-or-flight response. When you think about how the information you're presenting to the audience is going to help them, it can help your body calm down and feel less under attack, ultimately helping to reduce some of that anxiety.

That process starts when you're prepping for that speech. Instead of thinking first about what you're going to say, think about who is going to be in the room and why they are there. Starting by thinking about your audience can help you focus on how to help them with what you plan to say.

When it does come time for that speech, think about that audience again right before you go on stage and what you're going to do to help them. And while you're talking, make eye contact with some of the specific audience members rather than the room as a whole. Eye contact can make sure members feel like they're more a part of the conversation and can make you feel like you're speaking more to individuals in the room than a mass of people.

Together, all that should help calm you down before you go on stage and make that speech or panel go a lot smoother.

<https://lifehacker.com/reduce-anxiety-when-public-speaking-by-thinking-about-h-1838597259>

Emily Price

'.....think about how the information you're presenting to the audience is going to help them, it can help your body calm down.....'

An Anxious World: Children

19 Oct 2018

Anxiety rates in children are skyrocketing with the number of diagnosed cases more than doubling in recent years.

So, what's making our kids anxious – is it our society or our genetic makeup?

Neuroscience educator Nathan Wallis explains the causes – and one family shares their journey to understanding and overcoming their child's anxiety.

<https://attitudelive.com/watch/An-Anxious-World-Children-Part-1>

[An Anxious World: Children - Part 2](#)



**Mad Poets
2019/2020
season
we're back!!!!**

Come and join us for poetry, music, prose and fellowship to celebrate Mad Poets Canterbury's 2019/2020 season.

Mad Poets is by Awareness: Canterbury Action on Mental Health and Addictions

<https://www.facebook.com/awarenesscanterbury?ref=hl>.

If you're interested in coming along feel free to show up on the night! If you'd like more information, please feel free to **contact us at 366 8288 or awareness@mhaps.org.nz**

Initial Mental Health and Wellbeing Commission appointed

The Government has announced details of the initial Mental Health and Wellbeing Commission which will play a key role in driving better mental health in New Zealand.

The previous National Government closed down the Mental Health Commission in 2012.

"We are taking mental health seriously and so did the Mental Health Commission," Prime Minister Jacinda Ardern said.

"It was held in high regard and did a good job of providing leadership and accelerating progress across the sector. We want it back to hold us and future governments to account.

"The initial commission will track our progress on the range of actions we're taking to tackle the long-term challenge of improving mental healthcare across New Zealand.

"It will report back directly to the Minister of Health within one year," Jacinda Ardern said.

The initial commission will lay the groundwork for the permanent Mental Health and Wellbeing Commission in February 2021, following legislation to set up the crown entity.

The initial commission will: -

- * Provide independent scrutiny of the Government's progress in improving New Zealand's mental health and wellbeing

- * Promote collaboration between mental health and wellbeing entities

- * Develop advice for the permanent Mental Health and Wellbeing Commission so it can make swift progress once it has been established, including a work programme, outcomes and monitoring framework

Initial Mental Health and Wellbeing Commissioners

are - Chair – Hayden Wano and commissioners Kendall Flutey, Kevin Hague and Kelly Pope and Dr Julie Wharewera -Mika .

"A key focus for Mr Wano and the initial commission will be looking at the wider range of factors that contribute to people's overall mental wellbeing.

"That includes looking across social welfare, housing, education and justice as well as talking to those with experience of mental health and addiction," David Clark said.

Re-establishing the Commission was a key recommendation of the Inquiry into Mental Health and Addiction and delivers on the Government's commitment in the Speech from the Throne. It was funded in the Wellbeing Budget in May.

Today's announcement follows the release on Tuesday of the Suicide Prevention Strategy and Action Plan and the start of the primary mental health-care roll-out across the country.

<https://www.beehive.govt.nz/release/initial-mental-health-and-wellbeing-commission-appointed>

Expressions of gratitude have a 'rippling out effect'



Gratitude. There's probably not enough of it in the world. The deep genuine type that goes beyond Instagram to real human connection.

According to Lisa Williams, senior lecturer psychology at UNSW, [it's an expression that multiplies](#).

"We see this rippling out effect, both with the feeling of gratitude and the expression of gratitude," she says.

She says someone who receives gratitude is more likely to reciprocate it and more likely to act to the benefit of others, including to strangers. Even witnessing an act of gratitude can have a positive effect.

The depth of gratitude also makes a significant difference. It must be meaningful.

"Sincerity is really important. A flippant 'thank you' your mum makes you say may not do much to benefit social relationships," Dr Williams says.

"The degree to which something is sincere and tied to a particular relationship, the more benefit it has. That carries for both feelings of gratitude and expressions of gratitude."

[When I wrote about my relationship with my dad](#), the huge public response was surprising and unexpected. Spontaneous messages of gratitude poured in.

I [redirected those messages to my dad in an act of positive reinforcement](#). From that, even more public gratitude came back to me.

So it's with this feeling, the series, Thanks, was born.

In Sarahjane's video, you'll see a two-way effect, which I like to call the gratitude feedback loop.

"The more we recognise the value of positive emotions in benefitting relationships, the better off we'll be as a society," Dr Williams says.

And surely, we need more of it.

Posted 1 August 2018, updated 27 August 2019



MHAPS Annual Stakeholders Meeting 14th November 2019

MHAPS was pleased to welcome Kelly Pope, Interim Mental Health Commission Consumer representative to our meeting to discuss what she knows about her new role.

Here are points that Kelly made:

The Interim Commission is looking to establish transparency and good sources for information to lay the groundwork for future the Mental Health Commission.

They were established because thousands of submissions were received and many asked for an agency with an independent watchdog function.

They are hoping to provide a critical lens for how government, society and health are responding to need.

It will be 2021 before the commission for mental health and well-being is established. This is a so bigger programme that the previous ones were and so hope to take a whole society view.

it has been exciting to hear the narrative changing. Also great to be able to add in what police know, society's parameters, what is happening in education etc are doing and to be able to make comment.

right now they are at the very beginning, working on a logo, website and developing the outcomes framework. The scope is taken from the Inquiry report and by talking to politicians and the future includes reporting back to our community and the rest of New Zealanders about how they are going.

They are able to look at the social determinants involved as well such as poverty and housing. A person needs enough money and enough time for the things that support the family's wellbeing.

Questions from the audience:

Is Oranga Tamariki also on the list to look at?

Yes. Also City Councils

What about changes to legislation such as where the benefit is paid to one parent only? Can you look at law changes?

Yes. They are information gathering for now and then their knowledge will be offered to the teams involved for developing the change plan. For instance, a current project is to repeal the Mental Health ACT. For Kelly this feels like a justice issue for our society. It's a breach of human rights and therefore, a very good idea to support that. For now He Ara Oranga, the Inquiry recommendations offers a broad scope across the 38 recommendations and can have a Wellbeing focus but it lives inside Health so there's a bit of discomfort there.

What about mental health and schools?

Schools have to adapt to the mental health needs for children and it is hard to see where the experience and where the money will come from. It has been a surprise to see how siloed government departments are.

Regarding the Mental Health Act and being on Mental health drugs for life it is very frustrating for people.

Agreed. We shouldn't have no options other than that clinical plan. People don't have enough control and involvement in their own care. If they lose hope, they get isolated. The Access and Choice project is looking at better support in the community and some peer input. It is important to know that different Ministries have different limits and can't move across each other's areas. there is no recognition if Health scores good outcomes in a Justice area or Education so shared or collective outcomes should be acknowledged in the future. Rigid structures are not helpful.

An extension into well-being will cover many more than the top 3% but services are already at capacity.

this is true and so there has to be resourcing. Also has to be appropriate data collection. Looking at Outcome Measures now but there's no time to do good data collection. It feels very daunting in these are early days but right now the focus is on what the government wants to look at but later the commission will expand its view. Kelly sees the work of Andrew Beecroft speaking very well and passionately about youth.

Outcomes often have no context. The number of people who attend a programme can be counted but social outcomes are not measured. It can look like there's no success because people aren't "getting better".

Kelly agreed. She was recently reading a study looking at in equity and suicide. Clearly there would have to be a very strong connection.

Fiona thanked Kelly for her insight and invited people to chat more during the break.

Quality of life among older people with a disability: the role of purpose in life and capabilities

Yeung P¹, Breheny M².

1 a School of Social Work, Massey University, Palmerston North, New Zealand. 2 b School of Health Sciences, Massey University, Palmerston North, New Zealand

Abstract

Purpose: Purpose in life and capabilities are two significant individual elements that enhance quality of life among older people. Capabilities refers to the extent to which older people are free to make choices that are important to them. At present, it is not known how purpose in life interacts with capabilities to influence quality of life for those living with a disability. This study examined the extent to which purpose in life and capabilities interacts with health status to affect quality of life, particularly for older people with a disability.

Methods: Self-report data from participants in a longitudinal cohort study of older New Zealanders were analysed. Responses from 452 older people with a disability were compared with 3299 age- and gender-matched older people without a disability on indicators related to health and aging. The associations were tested using hierarchical regression. Mediation impact of purpose in life and capabilities were tested via path analysis. **Results:** Mental health, physical health, purpose in life, and capabilities accounted for a significant amount of variance in quality of life for older people with a disability.

Purpose in life and capabilities were significant unique mediators for older people with a disability.

Conclusions: Purpose in life may help older people with a disability to deal with early onset stressors or changes in

mental and physical health to maintain overall quality of life. The role of capabilities suggests that the social environment and access to resources and choices are important in ensuring that older people aging with or into a disability achieve quality of life in a socially just environment. Implications for rehabilitations Purpose in life and capability are unique mediators of the relationship between health status and quality of life. Purpose in life may act as an effective buffering mechanism to deal with disability in later life while capability can empower older people with a disability to achieve quality of life in a just environment. The notion of successful aging with disability should be re-defined as using psychological, social support, and healthcare resources to live a life consistent with personal values in the context of disability. Rather than emphasizing structural factors and physical functioning in activity participation, older people with disability should be supported to decide and pursue their own preferences. Rehabilitation professionals can work flexibly with older people with disability to maximise their resilience, dignity, autonomy and choice, and positive connection to others.

‘.....work flexibly with older people with disability to maximise their resilience, dignity, autonomy and choice,.....’

Lotta Dann: Recovery walk to dispel stigma around addiction

SIMON BARNETT AND PHIL GIFFORD AFTERNOONS Author [Newstalk ZB](#), Publish Date Fri, 6 Dec 2019, 4:58PM

Saying goodbye to her beloved wine nearly six years ago was the dawning of a new era for Lotta Dann – an author and mum of three from Wellington – one that is free from the relentless preoccupation of whether or not to have a drink.

Simon and Phil caught up with Lotta to chat about the Hikoi, her recovery journey, and how we can all support recovering addicts. <https://www.newstalkzb.co.nz/on-air/simon-barnett-and-phil-gifford-afternoons/audio/lotta-dann-recovery-walk-to-dispel-stigma-around-addiction/>

Constant cravings: is addiction on the rise?

From sex to sugar to social media, people are in the grip of a wider range of compulsive behaviours. But what is driving them – and what can be done? [Amy Fleming](#)

Wed 9 Jan 2019 06.00 GMT Last modified on Wed 9 Jan 2019 19.48 GMT

The range of things people are getting addicted to has increased, including gambling, shopping and internet addiction. Addiction was once viewed as an unsavoury fringe disease, tethered to substances with killer withdrawal symptoms, such as alcohol and opium. But now the scope of what humans can be addicted to seems to have snowballed, from sugar to shopping to social media. The UK's first NHS internet-addiction clinic is opening this year; the World Health Organization (WHO) has included gaming disorder in its official addictions diagnosis guidelines.

The first glimmer of this shift was in 1992, when tabloids reported that Michael Douglas – Hollywood royalty, fresh from starring in the erotic thriller *Basic Instinct* – was holed up in an Arizonan rehab facility with sex addiction. No matter that, to this day, Douglas stringently denies ever suffering from the condition, the way we perceive addiction had begun to unfurl...

READ MORE HERE: - <https://www.theguardian.com/lifeandstyle/2019/jan/09/constant-cravings-is-addiction-on-the-rise>

Disaster mental health expert: Keeping your 'protective bubbles' deflated OK

Paul Gorman 19:36, Mar 24 2019

New Zealanders can choose to re-inflate their "protective bubbles" as soon as possible after the Christchurch shootings or keep them deflated and "see the world as it really is", a disaster mental health expert says.

[Wellington clinical psychologist Dr Sarb Johal says in a blog](#) it will take courage to choose to live in deflated bubbles for longer. But by doing so, Kiwis may be better able to rebuild trust and reshape society. Minimising the risks and re-inflating personal bubbles would be "entirely expected behaviour especially if we think we ourselves are not at risk".

Johal said people's freedom from anxiety and stable sense of continuity helped give meaning to lives "that the world is a safe and stable place, that it is predictable and generally positive, or at least not out to cause us harm".

READ MORE HERE: -

<https://www.stuff.co.nz/national/christchurch-shooting/111509680/disaster-mental-health-expert-keeping-your-protective-bubbles-deflated-ok>

ASK YOUR GP ABOUT BRIEF INTERVENTION

Brief intervention counselling (BIC) clinicians are registered mental health professionals from a variety of backgrounds, who have had specific training as brief intervention counsellors and coordinators.

A BIC clinician can help you with low mood, anxiety, alcohol or substance abuse, and other mental health issues.

There is no charge to see a BIC clinician, but you must first get a referral from a GP. If you meet the criteria for referral you can receive up to five funded therapy sessions with a BIC clinician in your area.

The BIC clinician can give you therapy, advice and

assessment. They can also refer you to other agencies once their sessions have finished. BIC clinicians can normally see patients in the community and often in their GP clinic.

You may have to wait a few weeks before a BIC clinician can see you. If you need more urgent help you can call 0800 920 092.

To assess if you qualify for the funded sessions, your GP may ask you to fill in a short questionnaire and use this to work out a score. If your score is lower than the level needed for a referral to a BIC clinician, your GP will recommend other options for counselling. Your GP will also suggest community agencies that may be able to offer support.

BIC clinicians are available throughout Canterbury.

SHORT ARTICLES and LINKS



In each of the seven episodes of **Out of My Mind**, one person talks to journalist Adam Dudding about their life, and the view from inside their head.

These first person dispatches from the front lines of mental health are moving, yet also full of moments of surprise, tenderness and humour.

<https://interactives.stuff.co.nz/2019/08/out-of-my-mind-podcast/>



DRUG LAW REFORM

The NZ Drug Foundation advocates responsible reforms to our drug laws.

As they put it: - *'We take the lead in Aotearoa New Zealand educating, advising and standing up for healthy approaches to alcohol and other drugs.'*

Please take the opportunity to become well informed about this important issue and be prepared to cast a considered vote at the referendum in November 2020.

<https://www.drugfoundation.org.nz/>

Mental Health Foundation E-Bulletins

Published each week, articles, opinions and useful links.

Here is the url for a current edition and an opportunity to subscribe or you can go through their website www.mentalhealth.org.nz

<https://dashboard.vega.works/MailViewer.aspx?xlInse3=6E5E489F-C359-4A83-8596-410D75ED4DEF>

A day in the life of a mental health helpline

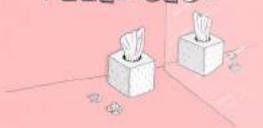
Adam Dudding 05:00, Sep 15 2019

Mental health and addiction counsellors at NTS handle 15000 phone or text sessions a month.

Like most articles about mental health, this story has a list of helpline numbers at the end. But who actually picks up when you make that call or text?

<https://www.stuff.co.nz/national/health/115226468/a-day-in-the-life-of-a-mental-health-helpline>

THE BIG FEELS CLUB



Why can't I slow down, even when I'm exhausted?

About two months ago, both Honor and I fell in a great big heap. And neither one of us has really recovered just yet. As regular readers will know, we spent most of this year pushing. *Hard*.

[The Accelerator](#). [Kinder Mind](#). [Meetings with politicians](#), meetings with potential funders, [Honor advising the Royal Commission into Mental Health](#), to name just a few things. *Woof*. In retrospect, it wasn't surprising we hit a wall. In fact, a different way of saying that would be something like: we both worked our arses off for months on end, achieved more than we would usually manage in two whole years, and then took a much needed break. So why is that never how it *feels*? This issue: that age old duo, productivity and guilt.

READ MORE HERE: - <https://mailchi.mp/b986fb8f65a3/productivity-and-guilt?e=c581b729f7>

Recovery Colleges

Recovery College brings together people with lived experience and their supporters to learn from and teach each other about the skills and ideas that they have found useful while experiencing mental health and/or addiction issues.

Supported by Counties Manukau Health, the AOD Provider Collaborative and DRIVE Consumer Direction, Recovery College sessions are open to everyone within our community who is interested in learning more about skills and ideas that

promote wellbeing.

We value the knowledge and experience of people with lived experience and encourage our community to share their knowledge and expertise with others.

We are committed to real-life learning, together.

Over the next few months, we will be offering four different Recovery College sessions or courses for people living in Counties Manukau.

To learn more about recovery college examples and experiences overseas, go to our report [Recovery Colleges - An overview of the international experience](#)

SHORT ARTICLES and LINKS

Christchurch Social Anxiety Support Group

This is a group for anyone that struggles with social anxiety, Asperger's, autism and general social difficulties. Social anxiety can sometimes be isolating. We are not trained psychologists or speech therapists, but here you can form friendships and find support from people who understand what you are going through.

All ages are welcome. It is free to join this group.

The goal of this group is : -

1. Meet and connect with others in various small, social activities.
2. Practice social skills and build confidence communicating with others

We are interested in playing board games, going to the movies, learning how to cook and bake, escape rooms, bowling, mini golf, arts and crafts, walking and hiking, sports plus lots more.

We are also interested in developing better communication and social skills, self-development and continual learning. We will host workshops, presentations and guest speakers on various topics.

We welcome suggestions and ideas from group members. What would you like to learn, see and do?

We understand that it can be difficult sometimes to join activities or social groups due to the challenges associated with social anxiety but we would love to have you here and build this community together. Everyone is welcome.

Email csasg@hotmail.com

Facebook Page <http://www.facebook.com/groups/362059424469512/>

MHAPS has been asked by the group to publicise their work. This does not represent an endorsement by MHAPS as we have not had the opportunity to meet with and talk with the organisers.

STREET LIGHTING

"As LED technology has rapidly spread across the globe, the focus has been on the visual element and the energy-saving element. Now, scientists, health professionals and the LED industry are working to minimise the blue light in LEDs and create customisable lights that won't harm those suffering from psychiatric disorders."

<https://www.bbcearth.com/blog/%3Farticle%3Dare-led-lights-making-us-ill/>

The long road back from addiction

Mei Leng Wong / NZ Gardener 07:45, Sep 30 2019

Hone Pene views his backyard nursery as a living, thriving symbol of his long journey from alcohol addiction to recovery. That is largely because, he explains, "when I was in the dark side of my life, the last thing I was thinking of was growing trees." Happily, these days, it appears that he can think of little else as he prepares to send 800 native plant seedlings to a nearby reserve for a community planting day.

<https://www.stuff.co.nz/life-style/homed/garden/115849141/the-long-road-back-from-addiction-planting-native-trees-along-the-way?>

What are you supposed to do when a friend is in a mental health crisis?

Felix Desmarais 05:00, Sep 29 2019

The number of people committing suicide in New Zealand is the highest it's ever been and experts say how communities deal with it will ease the pressure on social services. Recalling how his own friends responded to his suicide ideation, journalist Felix Desmarais examines the best way to react when someone wants to die.

<https://www.stuff.co.nz/national/health/115501304/what-are-you-supposed-to-do-when-a-friend-is-in-a-mental-health-crisis?>

People with anxiety may strategically choose worrying over relaxing?

by Katie Bohn, [Pennsylvania State University](#)

Relaxing is supposed to be good for the body and soul, but people with anxiety may actively resist relaxation and continue worrying to avoid a large jump in anxiety if something bad does happen, according to Penn State research.

In a new study, the researchers found that people who were more sensitive to shifts in negative emotion—quickly moving from a relaxed state to one of fear, for example—were more likely to feel anxious while being led through relaxation exercises.

<https://medicalxpress.com/news/2019-09-people-anxiety-strategically.html?>

My anxiety does not look like worry. It looks like indecision, paralysis and agitation

Holly Walker 05:00, Oct 19 2018: ROBERT KITCHIN/ FAIRFAX



Most mothers I know feel compelled, whether by financial necessity or societal expectation, to fulfil the roles of both the domestic and the working woman.

For many years I did not think of myself as an anxious person. I'm not an excessive worrier. I'm not shy. I can get up in front of a crowd or talk down the barrel of a TV camera without breaking a sweat. Someone like me couldn't possibly have anxiety.

The birth of my first daughter, Esther, four years ago, was followed by a series of challenging events. I went back to work soon after she was born, to a stressful and public role as a Member of Parliament. Determined to breastfeed, I was pumping around the clock, expressing between caucus meetings and select committee hearings, feeling as though I was being torn in two every time I left her.

She was not a good sleeper and I was chronically sleep-deprived. Meanwhile my partner, Dave, who had taken time

off work to be her primary caregiver, developed chronic pain and was unable to continue looking after her full-time. I took on the bulk of the domestic work. Things started to feel very hard. It became clear that I couldn't continue as an MP, so after battling it out for six months I stepped down. The pressure eased a little, but the damage was done. I had severe postnatal anxiety.

My anxiety does not look like worrying. It looks like indecision, paralysis, agitation and, if poorly managed, rage and self-harm. But it is still anxiety. I've spent much of the last four years coming to understand this. It's a strange thing, having to revise your ideas about yourself.

'It's a strange thing, having to revise your ideas about yourself.'

For me, it has meant learning, over and over, that I have a new set of limitations. I am an accomplished, high-achieving person. I used to pack a lot into a day. I had an accurate sense of what I was capable of, and I could almost always say yes to a request or an opportunity. Now, every decision weighs heavily on me. Can I write this essay? Can I?

*This is an extract from a new book about anxiety. **Headlands: New Stories of Anxiety** is edited by Naomi Arnold and published by Victoria University Press. p/b, \$30. **Stuff***

IT'S LOVELY SEEING PEOPLE BUT I CANNOT WAIT FOR THEM TO LEAVE SO I CAN BE MYSELF AGAIN AND EAT CRACKERS ALONE IN THE DARK



@RUBYETC

“

Maturity begins with the capacity to sense and, in good time and without defensiveness, admit to our own craziness. If we are not regularly deeply embarrassed by who we are, the journey to self-knowledge hasn't begun.

brain
pickings

—ALAIN DE BOTTON

MHAPS SERVICE UPDATES

WHAT'S ON AT MHAPS?

We offer peer-to-peer advocacy, programmes 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

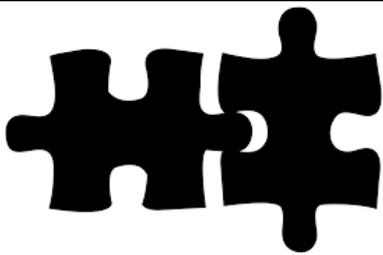
Phone (03) 365 9479

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

ARE YOU WAITING FOR A MHAPS' SERVICE?

You may be waiting to join a group, for place on a programme or for one-to-one peer support or advocacy. When you need help to move forward waiting for that help to materialise can become its own burden, especially if you're already feeling isolated.

MHAPS have a drop-in session facilitated by one of our workers each week on a **Tuesday between 2:00 and 3:00pm**. We're calling this group '**Come and Connect.**' It's a chance to make an early follow up connection with MHAPS staff and with other people. There's the opportunity for discussion, sharing your thoughts and experiences, or you might just want to be there and listen to others. *There's no need to book, just come on the day—if you feel like it.*



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



AWARENESS

Canterbury Action on Mental Health and Addictions

Hi all,

Beth here. As many of you will know, Kelly Pope has moved on from the Co-ordinator role. We thank her for 8 years of excellent work. She has streamlined systems, design forms and processes and kept us all on track when it is so easy to go off on a tangent because there is so much need.

One of the best things that Kelly help set up and run is the Mad Poets Canterbury evenings. With funding from Creative New Zealand each year (THANKS!!) we are able to hold 5 evenings where our community share their

poetry and songs with each other. It is a lovely evening and the quality of the poetry and lyrics is very high. But no good thing can continue without people to do it and Kelly ensured that the members who volunteer to help get the support they needed. We were granted money again this year and so there is a Poetry night on the 29th (which this newsletter will be too late to announce) but there will be others on the 31st of January, the 28th of February, the 28th of March and the 24th of April. Mark you diaries.

Kelly's intelligence and effectiveness have always been evident to us but she has been recognised outside our circle. She has been chosen as the consumer representative on the Interim Mental health Commission. Another recommendation of the Inquiry that the government is honouring is to re-establish a Mental Health Commission and Kelly is on the team that is doing that. Great to know that all her experience with our community in Canterbury will be informing that process.

So right now the MHAPS team and the Awareness

The Next Awareness Meetings is

Monday 10th February 2019 12.30—2.30 pm
MHAPS Community Wellbeing Centre
357 Madras Street.

Executive Committee are tweaking the role description and will advertise soon. It is a fascination role to start out in which enables a person to learn so much about the mental health and addictions sector over time which will create other opportunities.

We have had the Principal Advisor—Lived Experience Lead of the Mental Health and Addictions Directorate, Waiatamai Tamehana come to visit. She came with Dean Rangihuna, who was one of the Commissioners during the Mental Health Inquiry. One of the issues that came up through the year that the Inquiry travelled the country was that we have had meetings before, we have had leaders tell us they were listening before but then not seen change. **It is a sign of how different this exercise is that the Ministry of Health has established a role to cement communication into the response.** Wai and Dean were open and interested in how things are going. Awareness members will have ongoing opportunities to keep them informed which is good news for all of us.

We hope you all have a restful and peaceful holiday season and hope to see you at a future meeting. If meeting are not your thing we still do a lot of work through email and will do even more once we have a new co-ordinator in place. Keep an eye open for an advertisement very soon. If you aren't on our membership list send an email or give a call to me at mgr.cas@mhaps.org.nz or 03 366 8288 to tell me you want notice when the ad goes out.

Take care all, **Beth**

MHAPS COMMUNITY UPDATES

I'm Lonely.....

This isn't something we admit to much, even to ourselves. I know that if I spend 3 or 4 evenings alone in front of the television I start to get itchy, disgruntled. I also know that we do dig in a bit in winter when travelling in the dark is hard. **But each spring I seem to have lost a bit of ground. One less friend to connect with, one less group I am a member of.**

So then I wonder why I am bored, grumpy, irritated. It has only come to my mind recently that what I am is lonely. How did I let this happen? **It would surprise people who know me to think I'd be lonely. I am outgoing and confident and have lots of people I connect to. Book clubs and coffee groups .** And the people in these groups are wonderful: funny and warm. So why am I not growing the time I spend with them instead of letting it shrink?

Some of the reason is lack of confidence. A person is as out loud as I am doesn't seem to be second guessing everything. "maybe they are busy, maybe I am not as interesting as their other friends, maybe I should wait until next week". But don't we all like to connect with others?

So, what am I going to do about it? Well firstly, I will acknowledge that "lonely" has to be as part of my experience. Then I have to risk. I have to reach out and ask someone to meet for a coffee or if they were interested in seeing that movie. I have to be a bit brave because the cost of not being brave is too high. **Can I encourage others to take a risk and connect?**

Beth Nobes, Acting General Manager, MHAPS



Consumer-run mental health radio show

Saturdays 1.00—1.30 (repeated Wednesdays 10.30 am)

Our consumer radio show has been on Canterbury community radio for 15 years! That is a huge accomplishment when the producer and interviewers are volunteers. We really appreciate the commitment made by people over all these years. Especially Debbie who has been solid as a rock and very creative. It is great to have a vehicle for informing our community about what is new and what affects them.

That being said **we are in need of more helpers!** We could use a couple of people who have any broadcasting experience or would like to learn to be an interviewer. Please call Beth at 03 366 8288 for more information

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 14 Dec 19 | Beth and Brett talk about internet resources for Mental Health |
| Sat 21 Dec 19 | Christmas Show |
| Sat 28 Dec 19 | Repeat: Deb and tom talk about Mental health and the Workplace |
| Sat 4 Jan 20 | Deb presents a Ted Talk about "the barber shop where men go to heal" |
| Sat 11 Jan 20 | Deb talks to Helen about Mental Health and Spirituality and being a Quaker |
| Sat 18 Jan '20 | Deb, Beth and Helen discuss 'Fence Hopping' - having more than one role ... |

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/>



Your trauma is valid.

Even if other people have experienced "worse."
 Even if someone else who went through the same
 experience doesn't feel debilitated by it. Even if it
 "could have been avoided." Even if it happened a long
 time ago. Even if no one knows. Your trauma is real
 and valid and you deserve a space to talk about it. It
 isn't desperate or pathetic or attention-seeking. It's
 self-care. It's inconceivably brave. And regardless of
 the magnitude of your struggle, you're allowed to take
 care of yourself by processing and unloading some of
 the pain you carry. Your pain matters. Your
 experience matters. And your healing matters.
 Nothing and no one can take that away.

Daniell Koepke

tinybuddha.com



MHAPS' Christmas Hours

MHAPS will close for the year at 2pm
 on Tuesday 24th December 2019.

We re-open at 10:00am on
 Friday 3rd January 2020

Text to quit smoking

A new [text to quit number](#) allows people to get the support they need to stop smoking without having to talk to a person. Previously a primarily phone-based service, Quitline has launched the **4006** number people can text to access support in their own time, ensuring total privacy.

You can download, print and put up [posters](#) in your workplace showing the 'text 4006' message. You might also share a [short video](#) showing the health impacts of smoking. See: <https://quit.org.nz/>



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



Peer Support

Peer Advocacy

Peer Discovery Groups

Consumer Participation

Latnam 826 programme

Recovery programmes

Information and Talks

Quiet Minds Radio

PO Box 21-020 Edgware

CHRISTCHURCH 8143

Unit 4, 357 Madras St

365 9479; 0800 437 324

reception@mhaps.org.nz

www.mhaps.org.nz

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>



**MERRY
XMAS**

The board and staff of MHAPS
wish you a very Merry Xmas and
a positive start to the New Year.



Anxiety
New Zealand
TRUST

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)

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

CANTERBURY DISTRICT HEALTH BOARD (CDHB)

RATA FOUNDATION (Canterbury Community);

CERT; Christchurch Casino; Christchurch City Council;

Mainland Foundation; Christine Taylor Foundation; Frozen Funds Charitable Trust;

Lottery Grants Board; Lion Foundation; 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