



SUPPORTING FAMILIES in Mental Illness

JUNE
2011

Manawatu

Update from our Chairman



I would like to take this opportunity to once again thank Elizabeth for her years of unparalleled service to Manawatu SF, also to wish Linda well in her future endeavours away from our organisation and again to thank her for the load she has carried. Also a warm welcome to Paul Cooper, who seems to be settling in to his role.

As a Board, we are in the process of reviewing our strategic plan and setting its course for the next four years. Manawatu Supporting Families' new strategic plan will provide new guidelines for both the board and staff on how to efficiently and effectively provide our services. While our past work has made a significant impact, now we are looking to strengthen our profile and services, 'to raise the bar' by following our guiding principles.

As consultation on our draft Strategic Plan is still an ongoing process we will circulate our draft plan in the near future for further discussion and any changes that require a mandate will be put forward at the next AGM.

Again we have had a busy time at Manawatu SF so thanks to Christine and all the staff for all their commitment and hard work.

BRUCE MCGARVEY, CHAIRMAN

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If you no longer wish to receive this newsletter, please let Paul know and he will take you off the mailing list.

DATES FOR FAMILIES

PALMERSTON NORTH

Hearing Voices – Ron Coleman

WEDNESDAY 1 JUNE @ 7.00 pm

Public Forum, convention centre.

FEILDING

See you at Drovers

THURSDAY 23 JUNE @ 6.30 pm

Come along to say farewell to Linda who is leaving us this month. Have a drink, a meal or just dessert and coffee ... the pizza's excellent!

LEVIN

Palmers' Garden Café

THURSDAY 16 JUNE @ 10.45 am

A catch up for families at Palmers Garden Café with Lloma and Luciana. Please phone the Levin office if you would like a ride.

DANNEVIRKE

Lunchtime Discussions

TUESDAY 28 JUNE @ 1.00–2.00pm

This month's discussion is entitled "What are the roles in this community for mental health".

Held at our Denmark Street office.

Bring your lunch, we will provide the tea and coffee. The floor is open and you can send any questions prior to attending so we can target discussions to your areas of interest. Ideal for family members and the whole community. All welcome.

Coming up –

"Children and mental illness" (Tues 26 July),

"Medications" (Tues 30 August).

Scrapbooking

WEDNESDAY 13 JUNE @ 1.00–2.30pm

Held in our offices at 21 Gordon Street, Dannevirke. Susan Forbes, MSF's peer support co-ordinator at the Palmerston North office has been invited to share her scrapbooking hobby with you. If you have your own projects already started then bring them with you. Don't be shy; it's fun. Susan is looking forward to meeting you.



New beginnings

As well as marking the start of a new year, Matariki also signals other new beginnings.

Traditionally, Matariki was the time to plant trees, prepare the land for planting crops and renew associations with whanau. The New Year is also a good time to reflect on your place in the world, to re-awaken old skills or try out new ones, and to set new goals.

This year, why not try some of these new beginnings:

✦ **Get fit.** Look at your diet and exercise and see if there are any improvements to be made. If you smoke – give it up.

✦ **Get your finances in order.** Now's a good time to set yourself a realistic budget and stick to it. Don't forget to allow for unexpected expenses.

✦ **Examine your relationships with your family.** Do you know what your children are really interested in? Is there a relative you haven't kept in touch with?

✦ **Start or update your family history.** Whakapapa is our history, who we are. Matariki is a great time to learn about the deeds and actions of our ancestors and how they have shaped who we are today.

✦ **Learn a new skill or revive an old one.** Brush up on your Maori language. Perhaps you could dust off the old guitar or piano. Enrol in a course you've always wanted to do – learn something you can pass on to others.

✦ **Make a wish for the New Year** when you see the new moon.

Farewell from Linda • Hello from Levin



Hello everyone,
Although it is sad for me to write this farewell to all the wonderful people I have met through SF, I am looking forward to working from home once again and I certainly won't miss the half hour trip each way into Palmerston North from Feilding.

I have learned a lot from my three and a half years with SF and will never forget all the families who I have walked alongside. I have always been very proud of the work we do and the difference I have seen in many people's lives as a result of the support available here at SF.

I wish my successor all the best and I am sure you will all be well looked after.

Don't forget, families, my last Feilding support group will be at 6.30pm at Drovers in Feilding on 23 June and I hope to see many of you there. Palmerston folk also welcome of course.

Linda

Hi from Tararua



Tena koe,
We are having wonderful weather and the farmers are happy with all the lovely green grass. Families are being challenged and it

always impresses me how family members pull together in times of hardship and overcome what seem impossible situations. I feel privileged to be in this work to support those families.

I am sure winter will be here soon so everyone wrap up warm and remember self care is important.

Claudia



Tena koutou,
Many thanks to the organisations that supported our speed network day; I won't say names in case I miss someone. The idea was "where to after mental health services, and what is in our community to support our families". No reira tena koutou katoa.



We would also like to thank Lorraine Wilman very much for speaking at our education session about medications. All who attended appreciated her time and expertise on a subject that bewilders many families.

I recently read a article in the *Sunday Star Times*, dated May 15, 2011, "The damage done". A Cantabrian woman, Donna Moore, talks about the death of her husband, suicide of one son and the imprisonment of the other. Graeme Watson, assistant manager of the Familial Trust, which helps families of people with drug and alcohol addictions, say the first thing the mental health system should do is involve families. "Until Families are recognised as the experts on their family members, people are going to die and people are going to be murdered by people on alcohol and drugs with mental health issues, but we can do a lot better than what we are."

We will meet with families for morning tea at Palmers Garden Café on 16th June at 10.45am. If anyone needs a ride, please ring the office.

Lloma and Luciana

WANTED ...

- Knitting wool
 - Knitting needles (old size 8/new size 4)
- So we can make peggy squares for blankets at the Centre for the Canterbury SPCA. Unfortunately we had no response from our plea last month so we are trying again in the front of the newsletter this time.



Report by the Health and Disability Commissioner highlights importance of adequate discharge planning

Reproduced below are extracts from a recent report by the Health and Disability Commissioner in relation to an incident which occurred in this country largely as the result of inadequate discharge planning. As an agency supporting families of the mental ill in our community we see such potential “recipes for disaster” occurring more often than we would like. Rather than being the fault of specific individuals it appears that there is something lacking in our “system” that allows our consumers to slip through the cracks once discharged from services. It is hoped that reports such as this may go some way to changing a system that currently fails both consumers and their families.

“Executive summary

Background

1. Mr B came under the care of Auckland district Health Board (ADHB) mental health services having had symptoms suggesting a major mental illness for about two years. Mr B had ongoing contact with ADHB mental health services, including admission to the inpatient mental health service (the Unit). His care in the community was managed by Agency 1 and Agency 2.¹
2. In early 2007, Mr B was admitted to the Unit, via another hospital in Auckland. In the second week of this admission, it was planned to discharge Mr B. However, Mr B was found smoking and consuming alcohol in his room, and he was advised that he was to be discharged the next day. Mr B stated that he intended to travel south of Auckland. He was given a summary of his admission to present to the mental health unit at the public hospital in that region, if necessary, and a prescription for medication. Mr B had no further contact with the ADHB mental health team (except for a phone call to the Crisis Team when he reported being on the street and cold) but there was some contact with his family. Mr B was arrested a few weeks later in relation to a serious event.

Summary of findings

3. The Commissioner found there was an inadequate assessment of Mr B during his admission to the ADHB inpatient mental health unit in 2007, he was discharged without adequate discharge planning, and there was ineffective communication between the teams involved in his care.
4. These failings were, in part, the result of clinical decision-making but also the result of systemic issues, the lack of clinical governance and quality structures.
5. Clinical Director and Team Leader, psychiatrist Dr C’s assessment of Mr B, and his evaluation of Mr B’s risk, were superficial and incomplete. In addition, he did not adequately record his assessments. Dr C therefore breached Rights 4(1)² and 4(2)³ of the Code of Health and Disability Services Consumers’ Rights (the Code).

Recommendations

Auckland District Health Board

177. I recommend also that ADHB take the following actions:

1. Develop clear performance criteria and processes for review of performance of the Unit’s Clinical Director and all mental health service medical staff.

¹ These agencies are part of ADHB’s mental health services.

² Right 4(1) of the Code states: “Every consumer has the right to have services provided with reasonable care and skill.”

³ Right 4(2) states: “Every consumer has the right to have services provided that comply with legal, professional, ethical, and other relevant standards.”

2. Develop a clear mechanism to resolve any disagreement between and within the community and inpatient teams in relation to proposed treatment or discharge plans, including when clinicians have markedly different views.
3. Develop a system whereby a “red flag” appears in the electronic record when a patient comes to the attention of one of the mental health services because of a relapse or non-adherence to treatment, and whose historical pattern and clinical records indicate a history of risk or violence.
4. Contract an independent reviewer to critically appraise the appropriateness of the changes made to ADHB mental health services as a result of the recommendations arising from the 2007/2008 reviews, in particular the:
 - discharge protocol;
 - interface between the Unit and Agency 1 regarding discharge planning;
 - interface between mental health and addition services;
 - inpatient management model;
 - observation procedures;
 - criteria for triggering a complex case review;
 - training for senior medical and nursing staff regarding diagnosis, assessment and management of clients with comorbid substance use disorders; and
 - Unit leadership.
5. Provide evidence that internal auditing and monitoring processes have been introduced to audit compliance with ADHB mental health services policies and procedures. ”

COMMON REMEDIES MAY AFFECT ANTI-DEPRESSANTS

“Anti-inflammatory drugs such as aspirin could interfere with drugs taken for depression.”

Aspirin and other anti-inflammatory drugs taken for pain relief may reduce the effectiveness of anti-depressants such as Prozac, a United States study suggests.

As many as one in five people are affected by major depressive disorders, but about one-third of them are resistant to anti-depressant drugs, says the study, published in the *Proceedings of the National Academy of Sciences* recently.

Researchers at Rockefeller University in New York examined the most widely-used type of anti-depressants, selective serotonin reuptake inhibitors (SSRIs), when taken in combination with ibuprofen, aspirin and naproxen.

Some well-known drugs in the SSRI family include Prozac, Paxil, Lexapro and Zoloft.

In experiments on mice, researchers tracked brain levels of cell-signalling protein molecules called cytokines, which are boosted by SSRIs, and found that they were counteracted by anti-inflammatory drugs.

The Rockefeller researchers found that 54% of patients not using painkillers responded to anti-

depressant therapy but only 40% of those using anti-inflammatory drugs did.

“The mechanism underlying these effects is not yet clear. Nevertheless, our results may have profound implications for patients, given the very high treatment resistance rates for depressed individuals taking SSRIs,” said co-author Jennifer Warner-Schmidt.

The findings may have particular relevance to patients who are trying to manage both chronic pain and depression.

“Many elderly individuals suffering from depression also have arthritic or related diseases, and as a consequence are taking both anti-depressant and anti-inflammatory medications,” said co-author Paul Greengard. “Our results suggest that physicians should carefully balance the advantages and disadvantages.”

Previous studies have suggested that anti-inflammatories may boost the potency of two less common types of anti-depressants, known as tricyclic or noradrenergic anti-depressants.



TENA KOUTO KATO A ...

Welcome to our June newsletter. Winter is now upon us. I hope everyone is keeping warm and well. It is with sadness that we say goodbye to Linda this month; we plan to have a special lunch for her on the 16th June so do come and join us.

I look forward to seeing you all this month, it's nice and warm up here and the water is nearly always hot and ready for drinking. – Susan Forbes



For Tararua consumers – SCRAPBOOKING in Dannevirke



Hello, my name is Susan Forbes and I am the peer support co-ordinator in the Palmerston North office of Manawatu SF. Claudia has invited me to share my scrapbooking hobby with you. I will bring what we need to get started. If you have your own projects already started then by all means bring them with you. Don't be shy, it's fun and I am looking forward to meeting you at 21 Gordon Street, Dannevirke.

Consumer Activity Programme

Stomach

Mondays @ 1.30 pm

Come to the Stomach for a jam session. Meet at the Centre at 1.00pm or we'll see you there.

CONSUMER MEETING

Tuesday 28 June @ 11.00 am

Consumer meeting. "Win a Subway voucher". See you all there.

Board Games

Tuesdays from 2.00–3.00 pm

Bring your own game or join us with ours.

Bipolar/Depression Group

Every Wednesday 1.30–3.30pm

Popular support group at the Centre.

Scrapbooking

PLEASE NOTE THE CHANGE

Every Thursday 10 am–12 noon

Work on a scrapbook or make a greetings card.

Make a Cake

Wednesday 15 June @ 1.00 pm

Come and help me make a chocolate gateaux for Linda's special lunch.

SPECIAL Ezi Cook Lunch

Thursday 16 June @ 11.00 am

This month's Ezi Cook meal will be special as we say goodbye to Linda and thank her for her support and care. It would be great if you could please bring a plate of sweet food to share for dessert.

Poetry/Writing Group

Thursdays 1.00–3.00pm

Join Ross and get your creative juices flowing.

Art Lessons

Fridays from 10 am to 12 noon

Friendly group of artists with a great tutor.

Please don't forget to check the whiteboard for any changes to the programme – sometimes things happen that we cannot foresee.

JUNE 2011

CONSUMER ACTIVITY PROGRAMME
MANAWATU S.F.
151 THE SQUARE, PALMERSTON NORTH

SUNDAY	MON	TUES	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
			1 BIPOLAR/DEPRESSION SUPPORT 1.30-3.30 PM	2 SCRAPBOOKING/CARD MAKING 10.00-12.00 POETRY/WRITING GROUP 1.00-3.00 PM	3 ART 10.00 AM-12 NOON	4
5	6 CLOSED	7 BOARD GAMES 2.00-3.00 PM	8 BIPOLAR/DEPRESSION SUPPORT 1.30-3.30 PM	9 SCRAPBOOKING/CARD MAKING 10.00-12.00 POETRY/WRITING GROUP 1.00-3.00 PM	10 ART 10.00 AM-12 NOON	11
12	13 SCRAPBOOKING IN DANNEVIRKE 1.00 PM-2.30 PM STOMACH 1.30-2.30 PM	14 BOARD GAMES 2.00-3.00 PM	15 MAKE A CAKE 1-2 PM BIPOLAR/DEPRESSION SUPPORT 1.30-3.30 PM	16 SCRAPBOOKING/CARD MAKING 10.00-12.00 POETRY/WRITING GROUP 1.00-3.00 PM EZI COOKING 11-12.300	17 ART 10.00 AM-12 NOON	18
19	20 STOMACH 1.30-2.30 PM	21 BOARD GAMES 2.00-3.00 PM	22 BIPOLAR/DEPRESSION SUPPORT 1.30-3.30 PM	23 SCRAPBOOKING/CARD MAKING 10.00-12.00 POETRY/WRITING GROUP 1.00-3.00 PM	24 ART 10.00 AM-12 NOON	25
26	27 STOMACH 1.30-2.30 PM	28 CONSUMER MEETING 11.00 AM BOARD GAMES 2.00-3.00 PM	29 BIPOLAR/DEPRESSION SUPPORT 1.30-3.30 PM	30 SCRAPBOOKING/CARD MAKING 10.00-12.00 POETRY/WRITING GROUP 1.00-3.00 PM		

The views expressed in this publication are not necessarily those of Manawatu SF. Comments, letters and contributions on all aspects of mental illness are welcome.

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our members.
Community Grants Foundation, Telecom NZ and donations from the general public and of course
NZ Community Trust, Rehabilitation Welfare Trust, Eastern & Central Community Trust, Box Trust,
Ministry of Health, Lotteries, COGS Manawatu, Community Services Council, T.G. McCarthy Trust,
We gratefully thank the following for the funding we receive:

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MANAWATU SUPPORTING FAMILIES

PO BOX 5010

PALMERSTON NORTH

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