

Mind you

Healthy minds, healthy lives

Oranga hinengaro, oranga wairua, oranga tinana



*Well Wairarapa – better health for all
Wairarapa ora – hauora pai mo te katoa*

No health without mental health



This is a book for everyone. It is for people who are mentally well and those who are not. Why? Because we all experience times in our lives when our mental wellbeing is challenged in one way or

another. And chances are we all know someone who has a mental illness or an addiction, for which they need understanding and support.

There is no health without mental health. Mental health is more than the absence of mental illness or addiction; it's part of our overall health and quality of life. It is vital to individuals, families and our communities.

One in five New Zealanders will experience mental illness or addiction at any given time. Mental illness and addiction take a huge toll on those affected, their families, whanau and society.

As a community there is more we can do to promote wellbeing and prevent mental illness and addiction. We also need to improve our understanding of the nature of addictive behaviours and intervene early to prevent or limit harm.

Many people who live with mental illness do so very well – they have no choice. Some people recover fully, others live successfully with their illness, in recovery. Not all outcomes are good. Some people cannot live successfully with their illness or addiction.

This book does not attempt to provide the answers to the complex questions surrounding mental wellbeing. Nor does it provide information about the different mental illnesses. What it does do is seek to raise awareness of some of the issues facing individuals and the wider community. It also highlights the many ways of maintaining wellbeing from chilling out at the beach, to counselling or simply talking to someone, to medication. It seeks to show that there is hope, and that recovery is possible.

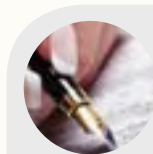
David Meates
Chief Executive, Wairarapa DHB



This booklet has been organised around 5 key themes – the individual (Mind & Body), Community, Roads to Recovery, Support (for individuals and family/whanau) and Help/Services. The puzzle pieces provide a link through the booklet to these interconnecting themes.



To help you find more information, a directory of services is included on the back of this booklet. Please use this book as a resource. Read it, give it away or keep it for reference. If you would like more copies or would like to comment please contact the Wairarapa DHB Communications Unit, PO Box 96, Masterton or phone **06 946 9800**.



Wairarapa people – their stories

This book is centred on the personal stories of Wairarapa people who have experienced mental illness, addiction or serious challenges to their wellbeing. Family members of people with mental illness also tell of their experiences. Names in some of the stories have been changed.

The Wairarapa DHB would like to acknowledge and thank those who willingly shared their experiences with such courage and honesty. Many were motivated to tell their stories so that others could benefit through increased understanding and their messages of hope.



Cover artwork by Nancy Easthope
A Wairarapa District Health Board publication
October 2005
Pictures page 3 & 10: Wairarapa Times-Age

Published by Lisa Sims, Kitching Sims Communications
Contributing writer: Ali Everts
Design & Layout: Central Media
Printing: Printcraft



Mental illness: What is it?

In many ways, mental illness is invisible. Unlike a physical affliction, such as a broken leg, people can't usually look at someone who is mentally unwell and say "uh huh – I know what is affecting that person and I understand something about both the cause and the cure".

Yet in many ways, mental illness is highly visible because of the way it impacts on so many areas of a person's life. It affects the way they think, talk, feel about and behave towards themselves and others.

A mental health problem can be a short-term reaction to a stressful event in someone's life, like losing a loved one, being involved in an accident or failing at something that mattered. Help may be needed if the symptoms or feelings don't ease. While some people are

reluctant to seek help because of the stigma surrounding mental health, addressing the problem early, before it gets too serious is often very effective.

Just as there are many kinds of physical illness, so too are there many kinds of mental illness. While there are often similarities between people's experiences of a particular illness, no two people will experience it in exactly the same way. A lot of information is available about them – see the back of this booklet for some starting points.

Some illnesses appear to have a genetic link. There are also some experiences or events that increase the risk of mental health problems. These include childhood trauma, abuse or neglect, substance abuse, side-effects of some medications, severe stress or trauma and chronic illnesses.

Most people who experience mental illness can overcome it or learn to live successfully with it, if they seek help.

Mental health: What is it?

Mental health refers to our thoughts, feelings, and responses, especially when faced with life's stresses, challenges and changes.

Maintaining our mental health is important because how we think and feel directly affects so many parts of our lives – relationships, confidence, concentration and learning ability, our actions and reactions and even our physical health.

Most of us can look after our mental health in many of the same ways as we can protect our physical health. Strategies include getting enough rest, eating a balanced diet, being physically active and avoiding abusing drugs, alcohol or nicotine.

Being mentally healthy does NOT mean being happy all the time. It does mean being able to bounce back from hard times, take what happens, deal with it and move on.

Being mentally healthy involves being aware of how your mental state is affecting your life and asking for help if the quality of your life is being affected by it.

Wellbeing

Being mentally healthy means more than just not having mental health problems. It also means:

- living in a place you like and can call home
- having something that you believe is meaningful to do during the day
- having at least one person you can talk to about anything
- finding some joy in life and have fun now and again
- seeing that you have choices and are able to make decisions about what you want to do
- liking yourself – mostly
- feeling that you are able to do most of the things you would like to do
- taking a calculated risk now and again
- having found a place in the world and feeling good about it
- being able to make yourself feel better when you feel bad
- having a sense that there is a purpose to life.

Tackling ignorance & fear

- "Look at that crazy cow! She's driving like a lunatic!"*
- "Are you nuts or what?"*
- "What are ya? – mental or something?"*
- "Carry on like that and the men in white coats will cart you off to the looney bin."*
- "Go get yourself some happy pills."*

There are many words and phrases in everyday vocabulary that refer to mental illness – and most of it is fairly derogatory. The nature of these kinds of comments is hardly surprising, given how uncomfortable many of us feel when confronted with our own and other people's mental health issues.

Some of us are just plain scared of "crazy people" and what they might do. Others just don't want to know.

Sadly, ignorance and fear are two of the biggest challenges that people experiencing mental illness have to face on top of the illness itself. Ignorance and fear also prevent us from recognising mental illness in ourselves and taking steps to do something about it. Perhaps they're also the most easily fixed. Yet all too often our ignorance keeps us fearful and our fear keeps us from doing anything about our ignorance.

Here's a few facts to make a start on tackling both of these:

- Fact:** One in five New Zealanders will experience a mental illness or addiction at any given time..
- Fact:** Mental illness doesn't just affect "weak," "sensitive," or "hysterical" people. It can affect anyone at any time regardless of their age, culture, income or gender.
- Fact:** The vast majority of people with mental illness don't commit violent crimes.
- Fact:** People affected by mental illness are generally not "locked up in the looney bin." Most are better off living in the community in a supported way.
- Fact:** Most people with mental illness recover, raise their families, hold down jobs and contribute to their communities.

STRATEGIES

What do you do to cope with times of stress or challenges in life? Often it's the little things that make all the difference. Read on to find out what sort of strategies are used by some well-known Wairarapa people.



Nathan Couch

I talk to someone close to me. If I bottle things up, other parts of my life start to become affected also. I never know what kind of advice I will get from those that care.

Throwing a ball around – whether it is rugby or basketball helps to refocus and put things into perspective.

Spending time with people who are not associated with my stressful moment. Having a balance in friends with different interests helps a lot.



MIND & BODY

Four cornerstones of wellbeing

A traditional Maori health approach acknowledges the link between the mind, the spirit, the human connection with whanau and the physical world in a seamless way.

Takarua Tawera of Te Hauora Runanga o Wairarapa explains. "When we work with a person with a mental illness – our *tangata whaiora* – we work with more than just the individual. We look at their physical needs – health, housing and employment. We look at their whanau – what are their past connections, who are they connected to now, and what new ones do they need to make? We look at their wairuatanga, their spirituality and sense of self. And we look at their mental health – what are they

thinking, what are their perceptions of themselves and others, and what are the effects of their illness?

There's a saying in Te Reo Maori – *Ara te pito ana* which is about how our lifeline, our umbilical cord is always attached to something else, something that nourishes us, something invisible. Those are the connections we look for in our *tangata whaiora*.

A person's *waiora*, their soul or spirituality, is central to our work."

Masterton GP, Rob Maunsell agrees. "We have much to learn from the kaupapa Maori approach because it includes human processes that the traditional medical model discounts or ignores."

The four cornerstones are:

Taha Tinana – Physical Health

The physical dimension cannot be separated from the aspects of mind, spirit and family.

Taha Wairua – Spiritual Health

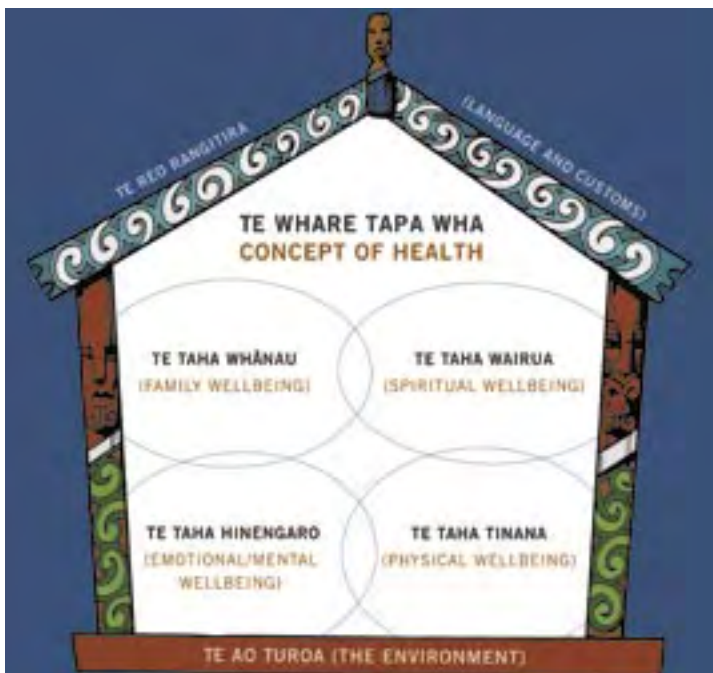
The spiritual essence of a person is their life force. This determines us as individuals and collectively, who and what we are, where we have come from and where we are going.

Taha Whanau – Family Health

Whanau provides us with the strength to be who we are. This is our link to our ancestors, our ties with the past, the present and the future.

Taha Hinengaro – Mental Health

Our ability to communicate, to think and to feel mind and body are inseparable. Thoughts, feelings and emotions are central parts of the body and soul.



Te Whare Tapa Wha artwork kindly supplied by ALAC.

A farmer's story



A Wairarapa farmer tells of his experience of depression, caused by the stress of a physical illness combined with the floods that hit the region in 2004.

I'd been on antibiotics for a long time trying to fix complications from an injury.

Then I collapsed at dinner one night. At the time I thought it was a heart attack but it turned out to be a bug I had picked up. I was then unwell with it for the best part of three years. My whole immune system went on holiday – once I went down everything got affected.

Keeping a complex farming system together when physically unwell was extremely stressful. I didn't get any help. I thought if I wasn't on board everything would fall to bits.

Looking back, that was one of the root causes of the depression that came later.

I worried about the farm and my health and didn't sleep very well. It became a vicious cycle, not much sleep, stress and work. The doctors did their best but not knowing what was going on with my physical health had a big effect. I painted pictures in my mind of having bowel cancer. Lying in bed I thought about my funeral and how my two small kids would cope. I went for a long time only just coping.

For a couple of years I felt physically unwell all the time. I had an operation to try and get to the bottom of the problem.

Then the 2004 floods hit and things got 20 times worse. The scale of damage was enormous and parts of the farm were wrecked. Already struggling to do the basic farmwork. I couldn't see how I was ever going

Moves, food and mood



It would be simplistic and misleading to suggest that you won't experience mental health problems if you have good physical health. Yet, there are some indications that being physically active and eating a balanced diet are proactive ways to promote mental wellbeing.

If your whole body is well, it helps your mood. A body that is tired, run down, and lacking in vitamins and minerals is more at risk to both physical illness and mental illnesses

such as depression. If your body isn't getting the nutrition, rest or exercise it needs you may start to feel flat, lethargic and miserable.

Inactive people are up to twice as likely to have depressive symptoms as active people. Exercise is a great way to increase energy levels which often drop when people are feeling down or experiencing depression. Exercise also helps your body to produce serotonin and endorphins – feel-good chemicals that affect the brain and lift your spirits.



to get things fixed. I'd had all I could take – the result was clinical depression.

I struggled to eat and sleep. I couldn't make decisions and put everything off.

"I didn't get any help. I thought if I wasn't on board everything would fall to bits."

Knowing it was getting worse; I tried to rest but knew things were deteriorating further behind my back. I worried about the stock constantly.

There seemed to be no escape. Lying awake at night I thought about having to get up in the morning and

face it all again. I dreaded hearing the magpies because it meant I had to go to work. Going round the farm and seeing the flood damage every day made me hyperventilate. I could not imagine how it was ever going to be right.

That was when I reached out for some help. I saw a GP – some things helped, others didn't. I became reliant on sleeping pills because I was afraid I wouldn't sleep so I came off them. Anti-depressant medication didn't work for me so I came off that too. I found that talking helped a lot – to my doctor. I could tell he actually cared. Things slowly started coming right again. Making decisions and gradually taking control of the farm situation made a difference. Fixing the

damage helped a lot and I came to realise that the world wasn't going to end and that things could be fixed. The sale of some land did a lot to cut the financial and work pressure. Getting away for a few days was good although at the time I felt like I was running away.

Looking back, I can see I had been under pressure for too long without doing anything about it. It made me realise that life and work when I was physically fit and healthy was easy. If you've always paddled your own canoe – the loss of control and powerlessness is not easy to deal with.

Ironically, 12 months later I thoroughly enjoyed seeing the final flood damage fixed. In the end getting the farm together again was hugely satisfying.

Now, my physical health is better. We're having fun now – there's no stress and I don't owe the bank. I'll never let it get that bad again. I guess the moral of my story is that there is life after things going wrong. And sometimes being wet helps you to appreciate being dry.



When we feel down, we're much more likely to want to sleep than go and get some exercise. However, going for a walk, a bike ride or a swim, or playing a physical game will kill two birds with one stone – you'll not only feel less tired, you'll feel less miserable too.

A healthy diet combined with exercise has been shown to help people deal with stress more effectively. While stress doesn't cause mental ill health, it can trigger or contribute to it. Not enough rest, overeating, under eating or eating a lot of unhealthy food will impact on both your mental and physical health.



Their effects can be eased by eating better and doing some exercise that you enjoy. The exercise doesn't have to be vigorous or long – lots of light to moderate bursts of activity can do wonders to improve your mood.

The social benefits of physical activity may also have a role in maintaining mental health. The social aspects of team and club sports such as touch rugby or squash include positive interactions, shared interests and a sense of connection or teamwork. All are known to be factors that support mental health.



STRATEGIES

Catriona Williams

- Spending time with people who are positive; don't feel sorry for me – just treat me like an able-bodied person.
- Focusing on things I can do rather than those I can't. I may not be able to dance or climb stairs the way I used to but I can still swim, cook and use the computer.
- With things I can't do, asking myself, "what is the problem?" and "what do I need to do to fix it?" When it's fixed it's not a problem any more.
- Remembering that there is always someone who is worse off than me.
- Appreciating simple things more – remembering that doing things makes life better, not having things.



Chicken and egg

Addiction imposes a high cost on individuals, whanau and the wider community. A person addicted to a substance or gambling is affected in many different ways – both physically and mentally.

Alcohol, drugs and other substances affect the way people think, feel and behave. So perhaps it is not surprising that there is a strong link between substance abuse and mental and emotional problems.

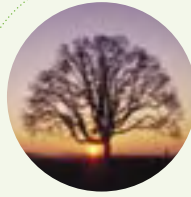
Of course, this doesn't mean that everyone who uses or abuses drugs and alcohol will end up with a mental illness, or that everyone with a mental illness has been involved in substance abuse. But there is a stronger chance, both ways you look at it.

"The relationship between addiction and mental illness is chicken and egg. One can certainly bring on the other," says Takarua Tawera of Te Hauora Runanga o Wairarapa.

"Often the emotional problem or mental illness (depression is a big one) develops first. In an attempt to feel calmer or more cheerful, a person may drink or use drugs. Frequent "self-medication" in this way can lead to dependency on alcohol or drugs. If it does, the person then suffers from not just one problem, but two. Treatment is needed for both."

If you are worried about your own or someone else's alcohol, drug or gambling habits it's time to get some help. Talk to your GP or one of the services listed on the back of this booklet.

Young Addict



At the age of 10, or maybe 11, I started drinking. It was never a major problem. Best of all, it never got me into trouble. Back then, I thought that drugs were for idiots, not knowing I would turn into an addict myself.

I did well and everything was sweet until around 2002 when I lost my close friend in a car accident. That hurt me so much. I started to blame myself for his death. It took me a while to recover from that, but just as I did, I started to get sexually harassed by a man I thought was my friend. I think that's what turned me to the bottle more and I started to get pissed before school which caused me to get into trouble.

I would go out every weekend and try to drink my worries away but it didn't work – I needed something else so I started smoking pot. That was good you know – being so pissed that I couldn't feel nothing and so stoned my lungs would ache.

I was taking all my anger out at school. I soon got kicked out and that made me even angrier. That was it for me. I started popping pills – anything for a buzz, rob the liquor store for a drink. By the time I realised that I was ripping my own stuff off for drugs I didn't care. I felt so much better when I was pissed or high and it suited me fine.

Next thing I knew, the cops were on my case and I was getting arrested and put in the cells for the night because I was so pissed or out of it that I'd go do something dumb like smash in cars or give someone a crack – stupid stuff like that.

It just felt normal I suppose. If I was hurting, why couldn't I make others hurt too? I was always getting arrested for drinking up town and I was found with drug instruments.

I soon realised I was hurting my whanau badly. It hurt me when they would get called to pick me up from the cells, stinking like booze and looking like shit, and going off to the hospital because I'd cut my hand or foot.

After the police discovered I had a problem, they put me on to an Alcohol and Drug counsellor. I thought of it as pathetic at first – you know – "shrinks are for pussies and plus, I don't have a problem."

But I went – and I found out that I did have problems that needed addressing.

"It just felt normal I suppose. If I was hurting why couldn't I make others hurt too?"

After about six months of attending A&D, I knew it wasn't doing me no good. I was into all drugs by then and even found myself getting hooked on glue and fly spray. Having to steal it from the shops was very embarrassing too.

Then one day, out of the blue, my counsellor said something about

rehab. My automatic thought about that was "get f***ed but after a month or so I gave in because I was just getting into too much trouble. My first two weeks were horrible. Detox sux. You feel so weak and vulnerable.

After that, it was great. I completed the programme and I'm such a better and happier person now. It feels so good. I just can't explain how your life can be rock bottom and all of a sudden the best time ever.

The most precious thing in my life now is faith in God – my faith has helped me through my rough times and I just gotta keep that with me always.

I do realise I have a disease – a disease of addiction. It sux. I know it will never go away either. There are a lot of times now that I feel like using. But the person I am today is better than that drunken, naughty girl that I was.

I just hope that I don't turn back into her.





Surviving abuse

"Whether it is remembered or recognised or not, abuse of any kind is a key underlying factor to so many mental health issues," says Dr Rita Middleton, Wairarapa GP and DSAC (Doctors for Sexual Abuse Care) member.

Most abuse, whether it is physical, psychological or sexual, is committed by intimate partners, family members or persons with a close personal relationship with the victim.

NZ research suggests that up to 1 in 4 women experience abuse of one kind or another during their lifetime. Abused women are five times more likely to need mental health services, and three times more likely to need other health services.

Children are the other group most affected, both those who have been directly abused and who have been exposed to violence, especially at home.

Symptoms and consequences

People who have experienced at least one instance of sexual or physical violence are far more likely to suffer from mental health problems such as depression, anxiety, sleeping and eating disorders, substance abuse and suicide attempts.

Everyone reacts differently. Many different feelings accompany abuse of any kind. They include:

- Humiliation, disgust, powerlessness
- Numbness, disbelief, fear
- Guilt, responsibility, blaming oneself
- Isolation, unwillingness to tell others.

Dr Middleton says sexual abuse has a greater impact because it is so central to the core of a person's being. "The trauma of sexual abuse is so intrusive that the victim's development stops at the time of the abuse and won't progress until the issues have been addressed. It takes away a person's ability to trust, their self belief and self esteem, and it takes away their control over themselves. The psychological pain can lead to self harm like cutting or addictions – anything to get away from that pain."

Steps to recovery

"The time to get help is when the victim becomes aware they need it," says Dr Middleton. "They need to feel safe and have a trusting relationship with whoever they are going to tell. They need to take their time to work through their feelings with this person's help. Pushing people into counselling or seeking the wrong kind of counselling can have a negative effect.

If someone has an addiction as a result of abuse, you can't address the addiction until the underlying trauma has been addressed.

The person is often not aware themselves of what that trauma is, especially if it happened when they were young."

If you have been abused or know of someone who wants help there are a range of services available. Talk to your GP or see the list of services on the back of this booklet.

Empowering women

"The work we do here is based around education and self empowerment for women so that they can make good decisions for themselves and their families," says Wairarapa Womens Centre coordinator Yvonne Davey. "It's about giving women hope to do it themselves – not being a minder."

The centre is often the first port of call for women who want help with problems they are facing. "Some come from absolutely dire circumstances including domestic violence and abuse. Often when they come to us they are at the end of their tether," says Yvonne. "They come because they want to be heard and believed."

The centre refers clients to services such as Rape Crisis, Womens Refuge or counselling, while giving women a safe environment where they can be themselves. It also provides educational programmes and workshops, advocacy, support groups, home visits and is a drop in centre for women and children.

Other agencies refer women to programmes run by the Centre like the 8-week Self Awareness programme which focuses on self esteem, body image and assertiveness. The success of this programme has seen it modified and run for groups of secondary school students. "It's great to work with the schools and reach women at a young age to help them develop strategies that they can use for life.

"It's rewarding to see people growing and changing but also frustrating when this doesn't happen," says Yvonne. With the right help early on, most women can rise above their circumstances and go on to enjoy a good life for themselves and their families."

Too drunk to know?

Teenagers who drink so much that they lose control of what's happening to them and are being sexually abused or raped as a consequence is an increasing concern, according to Dr Rita Middleton. Drug-assisted rape is also a big issue.

"The victims are so embarrassed they won't tell anyone and the Police can't investigate because they don't have enough information. The culture is getting to the point where teenagers think this kind of thing is normal.

Young people need to be aware that that this kind of abuse can happen easily when they are drunk. The consequences of the abuse can have huge impact on their physical and mental wellbeing."

If you have a friend who has talked about something like this happening to them – try to encourage them to get some professional help straight away. This may help prevent it happening again but could also to prevent longer term mental health issues which impact on their development.



The 10 things that children need most Does your child or mokopuna have them?

- The basics – food, clothing, warmth, shelter and love
- To feel safe and secure
- Cuddles and good touching
- Lots of smiles
- Praise and encouragement
- Talking
- Listening
- New experiences
- Respect for their feelings
- Your time and care

Source: Child, Youth and Family



Schools – a role to play

School age children spend about one third of their waking hours at school. Maria McKenzie, Social Worker in Schools and Lynne Birch, Resource Teacher of Learning and Behaviour at MIS talk about the link between home, school and children's wellbeing.

"A good, solid home base contributes hugely to security for kids and their mental well being. Then the school can do their job – kids will learn and be successful.

But when there are issues like dysfunction in families, alcohol and drug use at home, or abuse, often the self worth of the children involved is zilch. When there's a gap at home the school needs to help plug that. If it doesn't, the child will miss out on learning which can have a long-term effect in their life.

There are a raft of programmes and activities, formal and informal, being run in Wairarapa schools to help kids address issues and get them into a good space so they can learn and develop."

Lynne and Maria stress the importance for children of a sense of belonging in all settings, a significant person in their life, being able to cope and having a range of positive experiences. Good relationships with teachers are also important.

They also encourage parents to communicate with teachers so the school is ready and can respond to a child's reaction to events like the separation of parents.

Young Wairarapa voices

On what's best about school...

- Lunch, mates, some teachers, Kapa Haka
- Seeing my friends, options and being in a sports team
- The social worker because you can always talk to her

On coping strategies...

- Think about fun things that have happened
- Talk to friends or family I can trust
- Walk my dog or listen to music
- Go to sleep coz it makes me wake up happier.
- Go outside and take out my anger on a ball
- Turn my favourite song on full blast
- Talk to my Mum because she understands

On favourite teachers...

- He's really interested in sport and joins in with games
- He treats me like a student but a friend too
- She's always there if I need to talk about problems
- He makes me laugh and feel good about myself
- She listens to what everyone has to say
- She encourages me with my sport and putting myself out there



Most Wairarapa secondary schools have professional guidance counsellors. Wairarapa College counsellor, Deanne Littlejohn, talks about the role of the school community in maintaining and promoting mental wellbeing.

Q. What are the biggest issues facing college-age kids?

A. Relationship issues with peers and family, sexual issues, alcohol and drug issues, stress, depression, self injury and grief, to name but a few. We're also a point of disclosure for kids about abuse. Once you've built up a relationship with them you are deemed to be a safe person and they feel able to tell.

Q. How do students access your service?

A. We're often the first stop for them. We're here every day, we're free and you don't need transport to get to us. Some of the key referrers in any school are the kids themselves. This often leads to their friends self-referring themselves to the Counsellor with their support. Students just need to ask for help.

Q. What if a student has an issue that you can't handle?

A. We bring other services and agencies into the school and refer kids out to them. Then we support them in learning what the service does and how to use it. We work closely with many services ranging from Alcohol and Drug, GPs, and other counsellors to the Maori health services and the DHB's Child, Adolescent Mental Health Service.

Q. What about parents – what's their role in this?

A. Ideally the student's family is on board with whatever we are doing to support them but if they're not, discretion and privacy are really important. I often field calls from parents who are concerned about their child or need some support with parenting teenagers.

Q. Who else in the school promotes the wellbeing of students?

A. It is very much a shared responsibility. The deans, our on-site nurse and all staff who work with students daily actively look out for signs that something's not right with a student.

Q. What about other activities at school?

A. The health curriculum covers a wide range of issues related to both mental and physical wellbeing. There is a sea of sporting and cultural experiences available for students and these play a huge role in building self identity and self esteem. For example, success on the sports field has a really positive impact on the mental wellbeing of some kids.



Q. What is the role of a school guidance counsellor?

A. The Counsellor is there primarily to provide a counselling service for the students. However a huge part of it is also to know what other help, services and information are out there and then making them available inside the school community. This helps overcome the resistance of youth to seek help from services.

To belong



He's amazed he's still alive. He grew up in an environment where crime, alcohol, drugs, gambling, broken relationships and gang associations were the norm. Wanting to do crimes because that's just how it was. Attempting suicide before he'd realised life is actually worth living. In and out of jail while he was still in his teens. Today Broughton's holding his head high. He's crime and drug free and is building on his dreams for the future. The man he recognises as the encouragement behind his dramatic change in attitude is his uncle, Tere Torea.

"I got into drugs and crime because of the way we were brought up. I just thought it was normal because that's what I saw people doing. But I remember as a kid, always wanting to be with other people when I saw what they had – their flash stuff, the meals they got. I had a friend at school and I liked being at his house. His mum and dad were there and they were caring. They talked to the kids and the family spent time together. I really wanted to stay there with them.

When I was little, I wanted to be a league player. I wanted to play for New Zealand. But as I grew older, I knew I'd go to jail instead. I wanted to go to jail – that's what real men did, they did the crimes and that.

We grew up in Highbury, in Palmerston North, where there were

a lot of gang associations and that – a lot of fights with weapons. But it didn't feel like a dangerous place to me because I was a local. Two of my brothers – they'd got into a lot of trouble too, first they came to live with Uncle. They changed their lives first. I came here after I got out of prison. I've been out for about a year and a half now and living with Uncle. He's shown me a different life, a different way. My brothers have gone back to Highbury but I wish they were still here. I don't want to see them get in all that trouble again, go back to that lifestyle, but it's the choice that they've made.

Living this way now is my choice. Back there, my attitude was that I didn't care about anything. I didn't care about the consequences of what I was doing, or care about anyone

– not even myself. When I look back, I can see not just the harm done to me, but the hurt I did to others through the crimes I committed. At that time I didn't even think about other people. Now I'm learning to care.

Living with Uncle means having him on my back all the time. He's hard on me because he could see where I was going – nowhere. Now I've started seeing things differently, expecting things of myself, and achieving things. Being drug and crime free is a big achievement. I've also started getting back in to sports like waka ama, basketball and rugby. And I'm learning heaps of new things like the guitar and drums. I've got back into doing some education and I'm learning carpentry and helping to build a house. I've got heaps of plans for my future now."

"The foundation of our relationship is truth. There's no place for tutae around here and we have a Number One Rule: Respect others. I always knew this kid had it in him to live a good life. I saw it in his eyes right from when he was young – all he wanted was somewhere to belong. What I've tried to teach him is this: Your life is worth living, worth preserving."

– Tere Torea



Dear Broughton

I enjoyed meeting you on Sunday. You impressed me as someone trying to keep things together but are not sure how to go about it. Don't give up mate. There will be 100 reasons to smoke drugs, drink alcohol, fight and do other stuff but there's a lot more reasons why you should stay straight and keep out of the shit.

You will have a son or daughter yourself one day and you don't want them to have to visit their dad in jail.

It's amazing how if you treat people well, how nice they are back. They want to trust you, to like you but you need to give them reasons. It's all about how you feel about yourself mate. From the short time I was with you I think you've got plenty of reasons to feel good about yourself.

Hang in. I hope I see you again one day with a family you are proud of. Think of where you see yourself. Have a picture of yourself in your head of where you will be when you have succeeded.

It might be living in your own home, walking down the path, taking your son off to footy. Only you know, but get that picture in your head and keep it strong when the times are hard.

Keep strong. Kia ora

Greg O'Connor

President, Police Association

STRATEGIES

Andrew Smith
Head Boy
Wairarapa College

- Trying to look at the problem from a different perspective. Weighing it up against things that could be worse.
- Looking at the positives and keeping a sense of humour.
- Thinking ahead and preparing for different possibilities. Looking for other options.
- Keeping myself busy, playing sport and getting involved in things.



Reducing workplace stress: 10 tips

1. **Build trust** – give employees the freedom to make decisions about their tasks.
2. **Inclusion at work** – share information and a sense of belonging to the team.
3. **Make time & space** – help employees get off the treadmill when overloaded.
4. **Convey what is expected** – what the job is, what the priorities are.
5. **Praise not criticise** – builds job fulfilment.
6. **Share success at work** – and the credit.
7. **Email and voicemail ceasefires** – have a real person at the end of a phone line – at least sometimes.
8. **Provide leadership and a sense of direction** – so employees know where they're heading.
9. **Listen to others at work** – hear not only what others say but understand how they feel and what they need to do their job. Body language means a lot in communication – there's no body language in email.
10. **Redistribute workloads** – hear concerns about too much work and interpret them wisely.

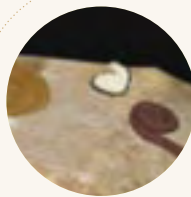


STRATEGIES

Bob Francis

- I have a few friends/mentors with who I can share problems or difficult issues.
- After a hard day, a walk with my wife even late in the evening helps me unwind.
- A recreation or sporting outlet is really important as it allows me to switch off from my primary role as Mayor.

Tangata whaiora – seeking wellness



Translated, "tangata whaiora" means "person seeking wellness". That is part of who Marie is – someone who has sought and found wellness. She explains how a combination of things – a kaupapa Maori approach to wellbeing, strong support networks and medication, have helped her recovery from mental illness.

"I got sick about six years ago. It was a really bad year. There were problems with the whanau and my partner, financial stress and my kids were taken away from me. It was also the year when I found out my parents were not my real parents. When I had the breakdown I felt like I was tasting death. My whanau didn't want to know me.

At first I lived at Richmond Fellowship for a while until I was well enough to live independently.

Te Hauora (Maori mental health service) visited me at home a lot and got me back out and about. We'd go to the park, and on trips, like to Te Papa and other places. Richmond Fellowship also helped me manage my finances – something that had caused a lot of stress for me. Now, if I can't afford it I don't get it.

My medication helped a lot and I was able to gradually decrease the dose and find that I was still OK.

Gaining some understanding of Te Reo also helped to settle me – especially the 'good' words like 'mana' and 'ora'. Relaxation tapes helped a lot and so did mirimiri, a traditional form of healing massage which connects with a person's body,

mind and spirit through the hands.

Since I first got sick, the people I've met along the way – at Richmond, Hauora and now at King Street Artworks, have become my extended family. When I first started going to King Street I would walk in look around to see who was there, and leave again. Now I go whenever I'm not working, do some art and spend time with people who have become family to me. It's great.

In my job I enjoy being able to help other tangata whaiora by talking to them – you can do it well when you've been there yourself.

I'm seeing more of my whanau now that they have accepted my illness. I see my kids often – renewing those connections has been a really good thing. I even get on okay with my ex.

Now I need to do my own whakapapa (ancestry) – I want to look for my real parents because there's a lot untold to me. I want to know why they gave me away. It really hurts when I look at my own kids – I couldn't imagine giving them away.

But mostly I love being alive – my job, having my own flat and the extended whanau that has built up around me have all played a big part."



More than the baby blues



Like all new mothers, Anne's life changed forever with the birth of her first child. And like about 10-15% of new mothers, Anne experienced post natal depression, a condition directly associated with having a baby.

"After I had the baby, I felt a huge responsibility come down on top of me – but there was joy as well. I was 20 and had no immediate family close by. None of my mates were having kids and most of my friends were away at university. I felt really isolated and alone.

I felt like my independence had been taken away. The worst experience was having to ask my partner for money. It ripped my world apart. I felt totally disempowered.

Our house felt like a box that I was trapped inside of. It was hard to go

out; I wouldn't answer the door, wasn't eating properly and was exhausted most of the time. I refused help as I felt my child was my sole responsibility and no one else's. I didn't get time for breakfast and would often throw out my evening meal because it got cold. I lost weight and looking back, my baby probably cried a lot because he was hungry and the quality of my milk wasn't great.

I felt envious of my partner because as I saw it, his life just carried on as normal while I was stuck at

home with no money and no adult company. I only realised later that there was also pressure on him with the loss of my income – he had started working two jobs including nights. Reflecting back I can see that I even started imagining he wasn't at work and was creating things in my mind.

I felt like my independence had been taken away. The worst experience was having to ask my partner for money. It ripped my world apart. I felt totally disempowered.

Everyone thought I was a wonderful mother. I felt that if I told someone I wasn't coping I would have let them down. No one had a clue how I was really feeling. I was just trying to live up to their expectations. I got so clever at covering it up and putting on a brave face.

You end up becoming a person that's not actually you – I think of myself as quite laid back and happy. I wasn't fun to be around. My partner was the only person who saw my despair first hand. But we were both unaware this actually had a name.

I didn't know I had post natal depression at the time. In the end it was my partner who picked it up after eight months. It wasn't until I heard him actually say it out loud that I realised things weren't right.

Luckily for me, my partner understood. He got his family more involved with the baby to give me a break. Talking about it really helped and we found some common ground. We made an agreement to make it work, keeping in mind what the other person was feeling and keeping things in perspective.

There's so much focus on the birth of a baby, especially the first, but not much on what comes next. Accepting and getting support from family and friends is so important. And talking to someone about how you feel.

It's OK to say "I'm not coping with this child" – nobody is perfect. People freak out their child will be taken off them, but if you start talking to people about it you'll find that many parents have experienced times of not coping.

I think the experience of post natal depression has made me a better person and much more non-judgemental. Sometimes going through life changing events can develop you as a person and you come out better for it in the end."

Post Natal Depression:

- affects about 10-15% of new mothers
- usually begins between one month and three months after giving birth
- has been linked to developmental problems in children
- has symptoms similar to those for depression but also involves anxiety about the baby
- is not thought to be related to hormonal changes
- the mother's own psychological and social condition are believed to be related
- risk factors include a history of depression, lack of support and birth complications
- the first line of treatment is visiting your GP, counselling and support.

There are three kinds of post natal mental disorders.

1. Baby blues a few days after delivery which affect up to 50% of mothers who experience just a couple of tearful days of feeling down.
2. Post natal depression which can continue for months.
3. Post natal psychosis, a more serious illness with symptoms of mania, hallucinations, delusions and rapid mood swings.



An everyday person



"I am Steven and I'm an everyday person, just like you. I have schizophrenia, but that's something that affects me, it's not who I am."

STRATEGIES



Erin Morriss
Head Girl, Wairarapa College

- Making time to relax and doing things I really enjoy like sport.
- Talking to people and asking for advice. And talking to my friends.
- Surrounding myself with positive people who don't bring me down.
- Keeping my options open and trying not to stress too much.
- Going out and trying new things.

That's the message that Steven, who lives and works in the Wairarapa, wants to get across about the illness that he lives successfully with. He's found that lack of understanding about his illness sometimes means that others are afraid of people with schizophrenia or discriminate against them. He hopes that by sharing his experience, people will have a better understanding of the illness, and therefore be less prejudiced towards those who live with it.

Steven's come a long way since the onset of his illness. Ten years ago, under immense pressure in his job, he began to experience sleeplessness, strong anxiety and an altered sense of reality. "I started having these crazy thoughts and I could hear voices talking to me, telling me what to do. I felt like everybody was out to get me.

Steven didn't talk to anyone about what was happening to him, as he thought they might harm him if they knew. He was also scared

and thought that nobody would understand. Then, after yet another sleepless night, Steven tried to harm himself. A family member took him to his GP and then to the Mental Health Unit where he was assessed and prescribed medication and provided with a counselling programme.

It's been a long road toward wellness. Treatment has included various medications, education about schizophrenia, counselling and learning coping strategies such as positive thinking, relaxation exercises and distraction techniques. Through all of this, the support of family has been essential.

"I lost a lot of my self esteem and faith in myself when I was sick. So I'm happy with how far I've come and thankful for the support of people who have helped me get here."

"My family's been amazing," Steven says. "They've educated themselves about schizophrenia and stuck with me through thick and thin. They've sat up with me all night, worked with me to make sure I ask for help when I need it, and helped me access the Mental Health Unit when I've needed to go but found it difficult. There have been times when I really didn't want to live anymore, but it's my family that have seen me through. Wanting to watch my nieces and nephew grow up has been a really strong motivating factor for getting well and staying well."

"Well" is how Steven describes himself, even though he is still affected by some symptoms of the illness. He lives a full and balanced life, and these days, schizophrenia is

something that he lives with, rather than something that runs his life. He lives in his own flat, works part-time, plays sport, and generally loves life.

"I lost a lot of my self esteem and faith in myself when I was sick," Steven says, "so I'm happy with how far I've come and thankful for the support of people who have helped me get here. Now I want to give something back. I've got a lot more understanding of people and their problems. I'd really like to become a support person for someone who's just starting out with a mental illness. There's light at the end of the tunnel and I want to make sure they know that."

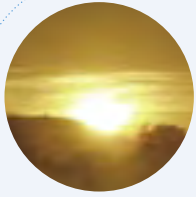
Despite all the gains he's made, Steven still sometimes sees ignorance and fear when he tells people he has schizophrenia. Applying for jobs, he has sometimes been turned down at interviews when he's told prospective employers of his illness. "One interview was going along really well. Then, I told the guy that I lived with schizophrenia. I felt the interview was terminated early due to this".

"It's really frustrating when these kinds of things happen," says Steven's support worker. While she admires Steven's courage in being honest about his illness, she acknowledges that it does not always result in a positive outcome. "Once he tells an employer, they sometimes just hear "schizophrenia" and they no longer see Steven. Then they miss out on a really good employee – one who's honest, reliable and has a really strong work ethic, just because they can't get past the illness."

Steven's message to employers echoes his wider message. "Just give us a fair go," he says. "We're not crazy, we're just like you really. Take a chance and you'll find that out for yourself."



Out of the blue



Jackie has lived with depression for 30 years. For the first 20 years she didn't know she had it or even what it was.

"In my 20s I became very stressed and uptight. I would scream at my kids all the time and hit them sometimes. My kids and husband were walking on eggshells all the time. They knew if they did or said the wrong thing I would fly of the handle. I was a horrible mother.

I had panic attacks like feeling hot and cold and sick while driving over the hill. Or I would wake up at night feeling a strong sense of impending doom. When my husband said everything was all right I wondered what he was hiding.

I thought no one was listening to anything I said. There was a time I got so bad that I stopped talking for four days.

I was always on edge and thought people were talking about me. I blew little things out of proportion every day. I would feel put upon if asked to do

something. When things got really bad it was too hard to have a shower, get out of bed – "why bother?" I thought.

"In hindsight now I can see that all these things were not right but I lived with it for more than 20 years without realising anything was wrong. I didn't tell anyone how I felt. I just got on with it."

In hindsight now I can see that all these things were not right but I lived with it for more than 20 years without realising anything was wrong. I didn't tell anyone how I felt. I just got on with it. I would see my doctor for asthma and other things but we never discussed my mental health.

It was by coincidence that I discovered I had depression. Part of the treatment for a physical condition I had included medication that was similar to that used to treat depression. It made a difference – I felt better. At times I tried not taking the medication but it didn't work. I need to stay on it and I'm fine. There are lots of different medications – it was a case of trial and error to find what worked best for me.

Counselling also helped enormously. It helped me figure out who I was and where I was going in my life.

My employer has been brilliant. They've given me confidence and I've been

promoted to a job that I never imagined I could do. I've apologised to my family and we have addressed the issues together. I know the warning signs when I get stressed now and can deal with it.

I'm not ashamed to tell people I live with depression. They think I seem so "normal" how could I possibly need anti-depressants? Just because you can't see mental illness it doesn't mean it doesn't exist.

Now life is great and the future looks bright and wonderful. The sky is the limit and I know I can do whatever I want."

Bringing out the best

Working closely with her in a mentor role, Jackie's employer encouraged her to take on a new challenge in her job with rewarding results for both parties.

"Jackie had a huge amount of ability but had never found anyone who believed in her enough to bring it out. A new role had arisen in the business and I saw that Jackie had the potential to do it very well. However her lack of self confidence kept her from believing she could deliver.

I could see she had the best skills for the new job but at first she didn't believe she could do it. I believed strongly that she could and that when she looked back she would be a different person – and I told her so.

After finally convincing Jackie to take the role on I worked with her over the next six months to develop her skills and her belief in herself. She listened and adapted but found it very difficult at times. Reaffirming the positives and nurturing her through those times was important. Jackie responded really well and came to realise that she was very capable and calm about handling things that previously would have seemed like huge issues.

Jackie has some very tangible results to show for her efforts. It's hard to believe the person who once sat in my office shaking with panic is the same person now – thriving in a job that is hugely rewarding for her, as well as for her employer."





SUPPORT

Support v.t., & n. 2. enable to last out, keep from falling, give strength to, encourage.

Talking is relief

In a small community like the Wairarapa the suicide of a single person can have a great effect on their family, whanau, friends and the wider community.

Masterton Hospital psychiatrist, Dr Zarko Kamenica, explains the effects on those left behind and what can be done to help.

"When someone is lost through suicide you can't assume only the immediate family/whanau are impacted. The loss of a mate can be equal to the loss of a sibling. A common reaction by those left behind is guilt that they somehow failed to prevent it. Grief, self-blame, and constantly asking "why?" can result in problems with sleeping, eating, alcohol and drugs, depression and their own thoughts about suicide. The best thing people can do is talk to someone. Talking, crying and showing emotions are relief. Emotions have to get out somehow. If they don't they will come out in some other shape or form later.

Generally people can talk about other causes of death like car accidents and cancer freely and gain support openly. Suicide is a cause of death and needs to be talked about in a similar way.

Getting some professional help through a counsellor or the mental health service is a really good idea. One of the reasons why people don't seek help is because of the stigma surrounding mental health. These services are there for everyone."

HAVING SUICIDAL THOUGHTS?*

It is not uncommon to feel this way.

Lots of people have suicidal thoughts and have worked through them.

It can feel much worse if you are alone. You don't need to be.

There are people who are willing, able and available to help you.

Talk to someone who you trust or ask for help from services listed on the back of this booklet.



Warning signs

Most people who commit suicide have given warning signs beforehand.

Help should be sought where a person:

- Threatens suicide or talks about wanting to die
- Uses drugs or alcohol recklessly
- Shows sudden changes in behaviour, appearance and mood
- Expresses feelings of hopelessness and helplessness
- Has an unexpected drop in academic performance
- Withdraws from friends, family and activities.

These signs may be more serious if the person also has:

- Previously attempted suicide
- Had a recent bereavement or suicide of a friend or family member
- Had a recent relationship break up
- Recently got into trouble with the law
- A history of depression, self harm or other mental health problems.

If you're concerned about someone's immediate safety:

- Remain with them until appropriate support arrives
- Remove any obvious means of suicide
- Call the Hospital Crisis Team on **0508 432 432**

Common misunderstandings*

It can be very hard to understand why some people have suicidal thoughts, but we're all unique and will react differently. Here are some common misunderstandings about suicide to keep in mind.

People who talk about suicide won't really do it.

FALSE. Almost everyone who takes their own life gives some clue or warning. Never ignore suicide threats. Take people's suicidal thoughts and feelings seriously and help them find effective help.

Anyone who tries to end their life is 'crazy'

FALSE. Most suicidal people are likely to be extremely distressed, despairing, depressed, grief stricken or in emotional pain – and are not 'crazy'.

If a person is determined to take their own life it is because they want to die.

FALSE. Even the most determined person has mixed feelings about death, moving back and forth between wanting to die and wanting to live. Above all, most people want their pain to stop. With help, a person can be supported back towards wanting to live.

Talking about suicide might give someone the idea.

FALSE. Studies prove that bringing up the issue of suicide with a suicidal person and talking openly about it is one of the most helpful things you can do. When someone talks about suicide it is a cry for help and not a wish to die. Help must be given. Talking together about what the person is feeling lets them know you care and that you want to support them.

People who think about suicide are just being selfish.

FALSE. At times it might feel like the person is being selfish, but mostly they are so overwhelmed by their emotional distress that their ability to manage things is not what it usually is. What they really need to help to come back into balance again.

STRATEGIES

Angie Pourau



- Ring a friend and have a cuppa and korero – talk things through.
- Throw a stick around the back yard with my dog and companion, Girl.
- If that doesn't work I go and hack a few weeds out of the garden.
- Going to the gym.
- Social time at housie once a week is a good stress reliever.

* Source: New Zealand Guidelines Group. *Having suicidal thoughts? Information for you, and for family, whanau, friends and support network.* Wellington: 2005.

Offering support*

It's difficult to always know what to say or do to support a person who is distressed enough to think or talk about ending their life.

Things to do...

- Believe them and respect them
- Let them know you realise this is very hard for them
- Let them talk honestly about how they think and feel
- Listen well
- Tell them you know their thoughts and feelings are real
- Help them get help
- Try to keep calm
- Show care and encouragement

Things to avoid...

- Judging or making them feel guilty for feeling as they do
- Laughing at or shaming the person
- Ignoring them
- Getting angry at them
- Daring them to do it
- Telling them to snap out of it
- Minimising the problem
- Leaving them alone or without support (support doesn't necessarily have to be provided by you.)

A mother's story



"As a parent of a child with a serious mental illness, you go through a huge amount of grieving for that child, though you mightn't recognise it as grief at the time. You grieve for the person you've lost; for the person you thought this child would be; and for your child in their struggle with their illness."

When Emily was young, there was no hint that her life would be turned upside down by mental illness. She was a good all-rounder; popular, talented and had strong relationships. If I had known anything at the time about mental illness, maybe I would have seen signs in her teenage years, but as it was, I missed those that were there.

Emily became seriously unwell when she was 18 years old. Her mind wouldn't stop racing, her thoughts and speech were rapid, and she couldn't calm down or go to sleep. I didn't know what had hit me.

Entering the mental health service was like walking through a minefield – one that I knew nothing about. I needed information not just about the illness itself, but also about the process, the medications, legal services and the language used. My daughter was psychotic? What did that mean exactly?

I found it hard to find out anything about mental illness. The psychiatric staff excluded me from all appointments so they only heard Emily's side of things. Because she was sick, she saw things quite differently than I did. I was offered no education, no inclusion, and no support. A lot has changed in the mental health service, and families can give information and receive it in certain circumstances and can be included in meetings if their loved one agrees to this. But it's a difficult area due to the fraught nature of relationships when mental illness is present.

Emily was treated with medication and her symptoms started to settle. Things would be okay for a while but then the pressure would come on and she'd get sick again. When she was admitted to a mental

health unit in another town, things really changed for me. The staff included me, consulted with me, and supported me. It was a big relief to be part of the process. It's true what they say – having information can help to take the fear away. Having the knowledge was really empowering.

"It's true what they say – having information can help take the fear away."

When you live with someone who has a mental illness, there's always tension. You're walking on eggshells, tight with anxiety, waiting for the crash. Suicide is a very real risk for Emily. She's made a number of attempts – some premeditated, some unplanned. When she's sick she's more likely to do risky things like using alcohol or dope and this can trigger a suicide attempt. Because she's tried to commit suicide I've really had to think about it, learn about it, read about it and talk about it. Through this, I've come to understand her desire to end her life – a terrible understanding to have to come to terms with.

As a mum, I can pick up the signals that Emily is getting sick again, earlier than she can. At first, getting her admitted to the mental health unit felt like a terrible thing to do

– you feel like you're putting your child in prison, because that's how she sees it when she's sick. Even when you know it's the right thing – and when Emily is well she'll admit that it's the best thing for her, it's still an incredibly hard thing to do. As a family, we have a plan for what steps we'll take when Emily gets sick. The trouble is, the plan is based on trust and that's what's lost when she's sick.

When Emily is sick, she says awful, hurtful things to us. Her accusations can undermine our confidence because she's so plausible, so sure that we've done the things she's accusing us of. As a result, it requires huge forgiveness on the part of the family to reconnect with her when she's well. While she can understand it to some extent, the strained relationships with family can be really hurtful to Emily because there's a human being in there, just one who has a mental illness. Sometimes it's hard to separate the behaviours that are part of the illness from the person themselves.

For a person with an illness who is working towards recovery, the support of their family can be a huge part of their success. So it's important for the rest of us that we look after ourselves – our own needs, lives and interests. That way, we can be strong for Emily when she needs us most."





Looking back



Paule is 85. Looking back she realises she has always suffered from depression but wasn't diagnosed with a mental illness until late in life. The supports around her since then have helped her live with her illness and the effects of growing old.

Suggestions for support

- Be honest with me – I know when you're not
- Don't feel sorry for me – it preserves my dignity and pride
- Let me talk about my problems if I want to – talking helps me work through my feelings
- Let me be silent if I want to – your presence alone can be comforting
- Laugh with me, cry with me – allow me to express emotions
- Space your visits and calls – consistent support is very helpful
- Offer to baby sit or mow the lawns – my kids and I need a break
- Support my family – they are suffering too
- Offer to help me with the simple chores – sometimes they're hard to get done
- Continue to be my friend – I'm still me.

"As a young wife and mother I was able to keep the depression in control – it's almost like I was too busy to pay attention to my mind. I didn't know what I was dealing with. I thought it was just 'me'.

At that time, it was the loneliness that was getting to me more than anything else. I was the only French person around and because of my culture I did things and thought about things differently than other people– I had a very different perspective. I felt quite alienated and felt like I had everyone to please.

I went on an extended overseas trip in the mid 1980s and had a breakdown in England. I had absolutely no help from the medical profession there. I was told to pull myself together and that I was just suffering from travel sickness.

Back in New Zealand I was diagnosed with an anxiety disorder and bi-polar. I've never experienced the "highs" of bi-polar, only the enormous lows.

In the 1990s I seemed to even out a bit. Medication seemed to work for a while. The other thing that helped

was having a really good psychiatrist. He had a very calming influence on me and I was able to call him any time day or night, which helped me to manage. My husband, David, was a great support, too.

By that time I had also made one French friend who suffered from depression. She was a great support because she understood. You didn't go around telling people that you suffered from anxiety or had a bi-polar disorder, so it was good to have a friend that I could talk openly with. These supports helped me to live a reasonably full life until 1999.

In 1999, David and I were in France and he had a coronary and a triple bypass operation. I stayed with a cousin for about a week – a cousin who was terribly critical of me and very negative towards me. It was like being a child all over again and while I managed to hold things together while we were there, I simply collapsed when I came back to New Zealand.

I can't really explain it. I felt robbed of all sanity. Nothing could help

me – not my psychiatrist, not my medication.

Eventually I sought help from the mental health services in Masterton. They've been wonderful – you need to be persistent though. The service has helped by monitoring my mental health. I had another wonderful clinical psychologist, a consultant who keeps an eye on my medication, and a visitor who came weekly for three years. Now I have a case worker who sees me in the retirement home about once a month.

Slowing down physically in older age isn't good for your mental health – not having good physical health makes it harder to hold on to your mental wellness. I'm not depressed at the moment, but I feel like it wouldn't take much to dip me into depression. Also, being less active gives you more time to think. I make a mountain out of a molehill and worry constantly about small things. That's all part of the anxiety disorder but sometimes there's not much to distract you from your thoughts.

STRATEGIES

Bernard Lett



- Planning ahead, having routines.
- Prioritising what's most important – spending time together with our four children and supporting their activities.
- Not letting things that you can't control annoy you.

- Having a laugh – you use less muscles to smile than to frown.
- Having a variety of interests – sports coaching and community groups helps take the mind off work.
- Reminding myself of what is important in life.

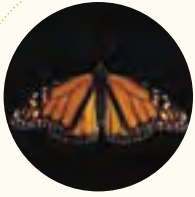
Towards a life of living

"We walk the journey together towards 'a life of living'. That's about someone who is experiencing mental illness living their life rather than just existing." This is part of the philosophy of the Richmond Fellowship, a community health provider that has its Wairarapa base in Masterton.

Up to 12 residents at a time live at Richmond's two residential houses. Each is involved in everyday tasks and chores and staff are available 24 hours a day for support and advice. Consumers move into more independent living as their health improves.

"While pockets of people with mental health issues need long-term residential support, most prefer to live independently," says Richmond's Karen Hoodless. "We encourage our consumers to set realistic goals then

Rebecca's Story



Rebecca is a Wairarapa teenager whose life has been affected by her brother's drug use and mental illness. Here she tells of what it was like for her.

My brother's five years older than me, and I was about ten when things first started getting messed up. Mum had to call the police in heaps of times because my brother would be yelling and screaming, smashing things and breaking down doors. He got heavily into drugs which seemed to trigger his illness.

He started talking to himself; thinking weird things. There were heaps of arguments in our house around that time, mostly about him stealing drug money and alcohol from home. I didn't know what was going on because nobody really told me. I didn't talk to my brother about it either because I was pretty scared of him.

I remember one time he ran out into the street and went and sat up on top of this random car and started raving on about how everyone was out to get him. I just stood there feeling really upset – I really didn't know what was happening or what I should do.

His behaviour and violent outbursts caused heaps of stress in our family

because Mum and Dad couldn't do anything to control him. Then they would take their stress out on me and my other brother.

"I didn't know what was going on because nobody really told me. I didn't talk to my brother about it either because I was pretty scared of him."

My brother's drug use and mental illness also affected our family's relationships with our friends. We'd go on holiday together with a group of families and once, at this campsite, he caused a huge scene at the bar and our family got chucked out. I always felt that the other families looked down on us because of my brother and how he was.

It's weird: In one way we were a close family because we needed each other to cope with what was going

on. Then in another way we weren't close at all – we couldn't be because we didn't know how to talk about anything like this.

My brother's behaviour also affected my choices. I had to change the high school I was going to. My brother got into trouble with some people there, and I was too scared to go

anymore. In the end, it was one of the reasons I moved here.

My brother still does weird stuff and becomes unwell sometimes. Mostly though, things have been much more under control since he got some help. And that makes a difference for everyone.



we work alongside them to work out individual plans based on those goals. Living here helps to foster independence and a sense of worth, value and wellbeing."

The Richmond Fellowship is more than just the residential houses. Community support workers work alongside people in their homes and in the wider community, providing ongoing support with things like housework, medication monitoring, planned and emergency respite and family/whanau and employment support.

A valuable part of the community support service is the planned respite facility – a house where a client or a carer can take some time out. It's not staffed, but the staff can be called at anytime for help or support. One bedroom is available for family/whanau to use and meals are provided.

"We have many clients in rural or isolated areas that need some supported time out," says Karen. "For example it may be used by a solo mum for a few days at a time

when she needs it and that might be enough to keep her well.

Our consumers don't stay here for any set period of time. They tell us when they're ready to move on and we put the supports in place to help them do that. While they're here we help them develop an understanding of what they need to keep themselves well and live independently. What's created from that is a sense of achievement, wellbeing and confidence."





A starting point

How do you get help if you are concerned about your own, a family member or friend's mental health?

Your GP is a good place to start. You may have seen them only for physical health problems in the past but GPs are well placed to identify mental health problems and get involved before things get too serious.

About 20% of us will experience mild to moderate mental health problems at any one time – some emotional, some may be connected to an event or trauma. Commonly it is depression. Many can be adequately cared for by a GP without needing specialist services.

Masterton GP, Rob Maunsell, says that a good relationship between patient and GP is important. "Mental health work requires a 'human' relationship which still recognises professional skills and boundaries. You can't see the signs and produce a diagnosis like say, with an ear infection," says Rob.

"It's important to interact with your GP on a human/ personal level as well as a professional level. Once there's a sense of 'connectedness' then a healing process can begin."

"To be heard"

It is often difficult to identify and manage common mental/emotional health problems in the regular consultation time of busy GP surgeries. A new PHO pilot project underway in the Wairarapa will provide extra supports in primary care for people with mild to moderate mental health needs.

The project, "To be Heard," will provide more frequent, longer GP consultations, and access to a range of therapies and support services for those eligible. The needs of people referred into the service will be assessed by the PHO Mental Health Co-ordinator. This will identify a pathway for their recovery and staying well. The extra services could include programmes to enhance self confidence, physical fitness, nutritional awareness or creativity. Other help could include support with childcare while attending counselling, medication reviews by a nurse or pharmacist, home visits and family support using existing healthcare agencies.



to be heard

The project will also offer training to GPs, nurses and other practice staff on how to improve the recognition and management of common mental and emotional disturbances.

"To be Heard" begins in October and will run until mid-2007 when it will be reviewed. If it's working well then consideration will be given to it being continued.

Easy access to safe, effective mental health services that support recovery is the aim of the Wairarapa DHB's strategy for Mental Health services. So are responsiveness to Maori and improved coordination and partnerships between services.

Over the past year, mental health services have been re-shaped and brought together in a coordinated way so they can better meet the needs of Wairarapa people.

Here we explain the key mental health services provided in the Wairarapa – GPs, specialist Wairarapa DHB services and community-based organisations. See the back of this booklet for a wider list of services.

Many people who experience mental health problems are treated by their GP, Maori health provider or counsellor. However, at any given time, 3% of the population, or in the Wairarapa, about 1,200 people, will need some form of specialist mental health care.

STRATEGIES



Steph Turner
"To be Heard" coordinator

- Talking – to my partner, friends, colleagues. I moan to my mother and cry with my sister.
- I visit my natural environment – sitting by the river and enjoying the quiet or a walk in the bush puts things into perspective.
- Making time for things that give me pleasure like; cooking nice food, out-rebounding my sons on the whanau basketball court, reading a light and fluffy book.
- Doing something creative – painting, embroidery or chucking a lump of clay around.
- I explore the three Ks – karakia, kai and korero.

Wairarapa DHB

Access Centre

A single point of contact and entry, regardless of the issue

Ph: 0508 432 432

This is the first port of call for anyone with concerns about their own or someone else's mental health. It co-ordinates:

- response to mental health crisis
- referrals from GPs and other health professionals
- access to crisis and non-urgent community support options
- planned and crisis respite access for adults and youth
- residential placement in supported accommodation
- psychiatric consultation for Masterton Hospital and GPs.

The Access Centre is open Monday-Friday from 8.00am – 4.30pm. The Crisis team is available 24 hours a day, seven days a week, including public holidays.



Specialist mental

Te Whare Atawhai
Drop-in centre for social activities & life skills

A drop-in centre that promotes health and independence in recovery for those with experience of mental illness. Peer support and advocacy is available from staff members who have all had involvement with mental health services.

Support in the Community Service

Home support

A dedicated support service for Wairarapa people with mental health issues. People living in their own homes are supported to achieve their lifestyle goals, to maintain wellness and to use community services. Referral by a health professional is required.

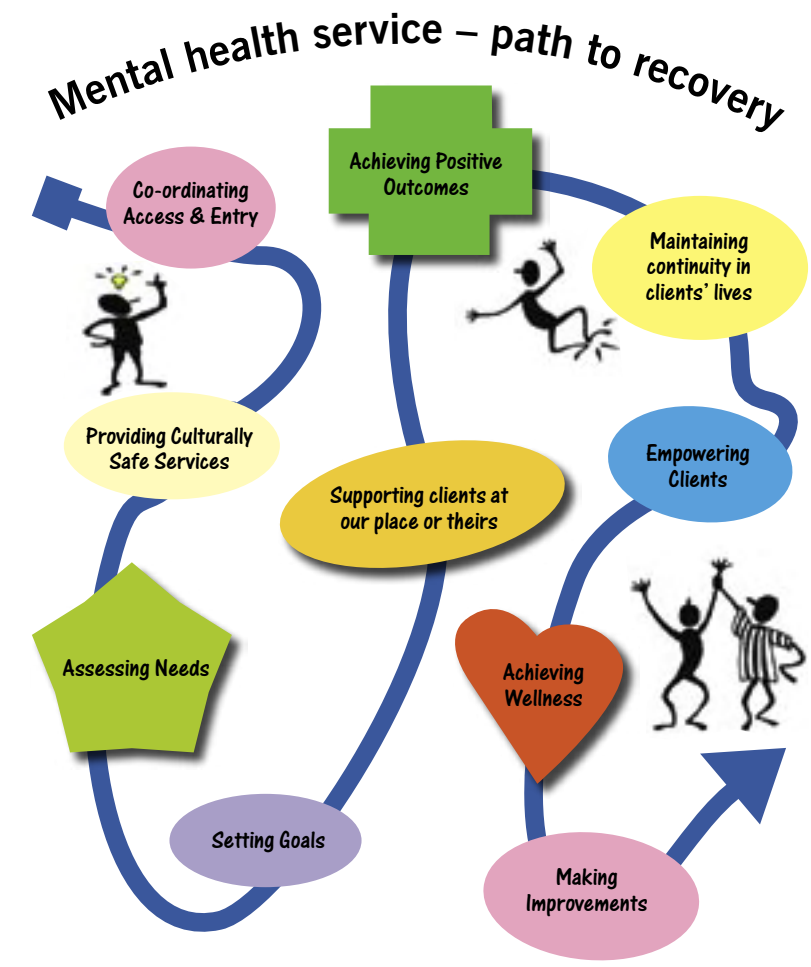
specialist mental health services (All services are free and cover the Wairarapa region.)

Crisis Team
A 24-hour, 7-day a week psychiatric emergency service for adults, adolescents and children. Mobile throughout the Wairarapa.
Phone 0508 432 432

Crisis Respite Service
Provides respite, or 'time out' in a safe setting for people who need a short period of acute care or a higher level of care than can be provided in a community-based service.

Acute Day Service
Provides help and treatment for people needing a short period of acute care or more intensive treatment than can be provided in the community.

Inpatients
Acute/intensive inpatient care is now provided by neighbouring DHBs at Hutt and Palmerston North hospitals.



Community Mental Health Services (adult)
A team of mental health professionals provides a range of services for people aged 18 and over either through home visits, at their hospital base or at another arranged meeting place.

Child, Adolescent Mental Health Service (CAMHS)
A service for young people and their families who are experiencing moderate to severe emotional, behavioural, development and/or relationship problems. Its location at 31 Renall St Masterton makes CAMHS more accessible, especially for youth.

Maori Mental Health Service
A team of Maori mental health professionals meet the needs of Maori tangata whaiora and their whanau while in mainstream services. Offered by both the Community Mental Health Service and CAMHS.

Your rights – when receiving a health or disability service

1. Respect
2. Fair treatment
3. Dignity and independence
4. Proper standards
5. Effective communication
6. Information
7. Choice and consent
8. Support
9. Rights during teaching and research
10. Have your complaints taken seriously

For more information about the Code of Rights ask your service provider or contact the Advocacy Network Services Trust on **06 370 8870**.
You are welcome to bring whanau, a family member or friend with you when you use these services.

health services and support are also provided by other (non-WDHB) organisations

Wairarapa Addiction Services
Community alcohol & drug services (adult & youth)
A confidential community service to assist people who have concerns about their own or someone else's alcohol, drug or gambling use. Counselling, support groups, information and education, methadone and de-toxification services.

SF Wairarapa
Resource, information and family support
Field workers provide support for families of people experiencing mental illness, and assist with education, advocacy and references to other services. A support group for family members meets monthly. A huge range of up-to-date resources containing a wealth of information on mental illness, health and wellbeing is also available at no cost.

Te Hauora Runanga o Wairarapa
Kaupapa Maori mental health, alcohol & drug support
Provides Kaupapa Maori mental health and alcohol and drug addiction support for tangata whaiora and their whanau.

King Street Artworks
A community art workshop where anyone can go to make the most of the art materials, tools, and workshop space. Tutors are on hand to help, there's an open-door policy and it's all free. Masterton weekdays & Featherston on Tuesdays.

Richmond Fellowship
Residential beds, planned respite service, support in the community, support for families/whanau, support in education and employment, home medication support (see page 17)

DIRECTORY OF SERVICES

MEDICAL SERVICES

Carterton Medical Centre	06 379 8105
Featherston Medical Centre	06 308 9220
Greytown Medical Centre	06 304 9012
Kuripuni Medical Centre	06 377 4093
Martinborough Health Services	06 306 9501
Masterton Medical	06 370 0011
The Doctors	06 370 0067
Mental Health Access Centre	0508 432 432

MAORI HEALTH SERVICES

Ko Nga Matua Hei Kaiako Tuatahi	06 377 4897
Rangitane o Wairarapa	06 370 0600
Te Awhina Cameron Community House	06 378 9638
Te Hauora Runanga o Wairarapa	06 378 0140 / 0800 666 744
Wairarapa DHB Maori Health Services	06 946 9800
Wairarapa Whanui	06 370 2053
Whaiaora Whanui	06 370 8145 / 0800 494 246

SPECIALIST MENTAL HEALTH SERVICES

Mental Health Access Centre	0508 432 432
Crisis Team (24 hours)	0508 432 432
Child, Adolescent Mental Health	06 946 9808
Richmond Fellowship	06 377 0401

MENTAL HEALTH & ADDICTION SUPPORT

Counselling services – see Yellow Pages	
King Street Artworks	06 378 9777
Primary Mental Health Coordinator	06 370 8055
Problem Gambling Foundation	06 370 8900 / 0800 664 262
Te Hauora Runanga O Wairarapa	06 378 0140 / 0800 666 744
SF Wairarapa	06 377 3081
Support in the Community Service	06 370 2367
Te Whare Atawhai	06 370 8993
Wairarapa Addiction Services	06 377 3156

CRISIS HELPLINES & SERVICES

Mental Health Crisis Team (24 hours)	0508 432 432
Alcohol Drug Helpline	0800 787 797
Child Youth and Family Services	0508 FAMILY
Gambling Helpline	0800 654 655
Healthline	0800 611 116
Lifeline	0800 111 777
Parentline	0800 432 6459
Stopping Violence Services	06 377 0933
Wairarapa Rape & Sexual Abuse Collective (24 hours)	0800 614 614
Wairarapa Victim Support	0800 842 846
What's Up	0800 WHATS UP
Womens Refuge Wairarapa (24 hours)	06 377 1717
Youthline (24 hours)	0800 376 633

**In an emergency dial 111 for Ambulance,
Police or Fire Service**

FAMILY/PARENT/YOUTH SUPPORT

Barnados Family Daycare	06 378 8270
Family Start	06 370 0603
Greytown Youth Clinic	06 370 2480
Masterton Truancy Service	06 378 8900
Open Home Foundation – Wairarapa	06 378 2195
Plunket Society (Wairarapa)	06 378 7743
Relationship Services	06 377 0920 / 0800 735 283
Strengthening Families	06 378 8900
TIPS Parenting Programme (REAP)	06 377 1379
Social Workers in Schools (SWIS)	06 370 2088
South Wairarapa Truancy Service	06 304 8805
Toughlove Wairarapa	06 379 7105
Turret House Social Services Centre	06 308 8028
Wairarapa Parents Centre	06 378 8855
Wairarapa Youth Choices Trust	06 377 7308
Youth Aid	06 370 0339

COMMUNITY SUPPORT

Advocacy Network Services Trust	06 370 8870
Choice Health	06 370 5020
Featherston Community Centre	06 308 8239
He Rau Wahine Awhina Inc & Maatua Whaangai Justice Service	06 377 3275
Masterton Safe & Healthy Community Council	06 378 8900
Southern Wairarapa Safer Community Council	06 304 8804
Violence Free Wairarapa	06 378 8900
Wairarapa Community Law Centre	06 377 4134
Community Budgeting Trust	06 370 9002
Wairarapa Free Budget Advisory Service	06 377 0017
Wairarapa Organisation for Older Persons	06 377 0066
Wairarapa Womens Centre	06 378 2453
Work & Income	0800 554 004

WEBSITES

www.alcohol.org.nz
www.balance.org.nz (bipolar & depression support network)
www.everybody.co.nz
www.hdc.org.nz (Health & Disability Commissioner)
www.headspace.org.nz (young people)
www.likeminds.org.nz
www.mentalhealth.org.nz (general)
www.mhc.govt.nz (Mental Health Commission)
www.nzdf.org.nz (NZ Drug Foundation)
www.outoftheblue.org.nz (depression)
www.sfnat.org.nz (supporting families)
www.skylight.org.nz (change, loss, grief)
www.spinz.org.nz (suicide prevention)
www.workingwell.co.nz (mentally healthy workplaces)

**For information on the many activities
& clubs available in the Wairarapa contact:**

Citizens Advice Bureau	06 377 0078 / 0800 FOR CAB
REAP	06 377 1379
Sport Wairarapa	06 370 9157