

**Kia ora, Haere Mai** you are reading the very first issue of ABOUT US, the new newsletter mainly for and by people who have experience of mental illness and addictions.

Of course we welcome all readers because we know that many people are interested in knowing more about mental health and addictions issues.

Published by the Mental Health Commission, the newsletter has been a long awaited vehicle for providing news and information about mental health issues to the thousands of people who know what living with mental illness is all about.

The image commonly painted of us in the media is one of a community of people who are somehow less than, other than, and even, more dangerous than, every other New Zealander. ABOUT US aims to present a different more accurate picture of who we are.

We are your sister, brother, daughter, son, mokopuna, aunty, whaea, uncle, father, mother, cousin, nephew, niece, workmate, teacher, doctor, friend, neighbour and a thousand other descriptors.

*We are everybody.* We have our life stories and they are as happy, sad, exciting, inspiring and even sometimes as boring as everyone else's (continued on page 2)

## Auckland Consumer Team Wins Award at Perth Conference

A Middlemore based mental health evaluation team has won a major prize at the 19th TheMHS (Mental Health Services Conference of Australia and New Zealand) conference held in Perth last September.

The PER Team (Partnership - Evaluation - Recovery) won a Silver Award in the Service and Programme category "This award recognises the ground-breaking work that the team has achieved since being set up three years ago," says team leader Claire Moore.

She adds, "There's an environment at Counties Manukau which fosters innovation and a commitment to hearing from the people who use mental health services."

Operating under the umbrella of REAMHS (Research-Evaluation-Audit-Mental Health Services) the PER Team's purpose is to evaluate mental health services in the Counties Manukau District Health Board area. The consumer led team is independent of any clinical services.

Claire took the eight hour flight to Perth to attend the conference as a presenter and accepted the award in person on behalf of the four-member team. In an odd twist, the award was presented to Claire by her namesake, Senator Claire Moore, Chair of the Australian Senate Community Affairs Committee! See more TheMHS winners on page 3!

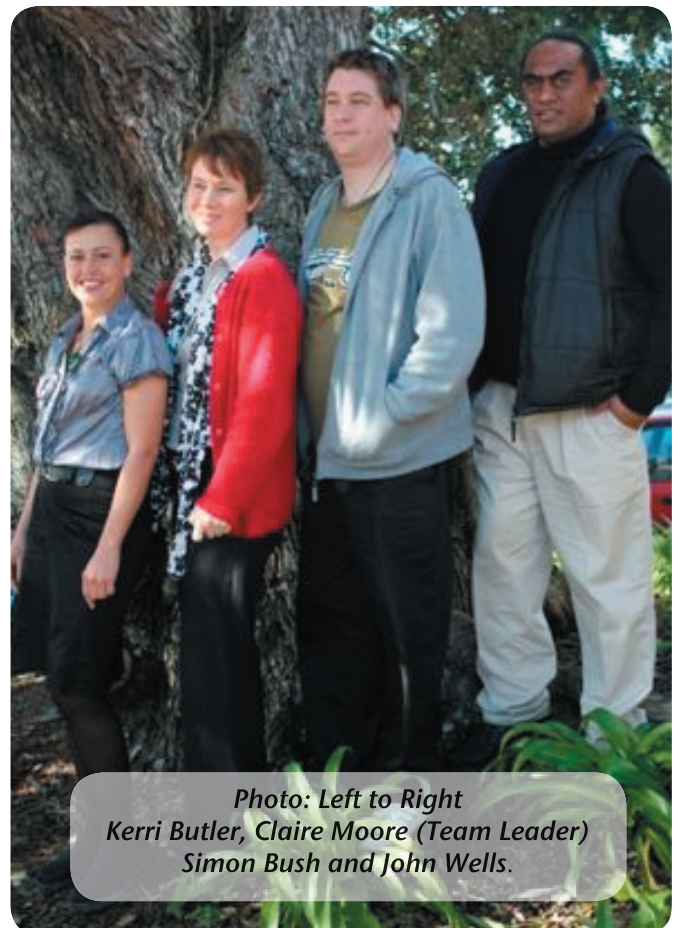


Photo: Left to Right  
Kerri Butler, Claire Moore (Team Leader)  
Simon Bush and John Wells.



... a review of 2009

... You'll read about aspects of some of them in these pages, but hopefully none of the boring aspects!

ABOUT US aims to provide interesting, informative and entertaining reading. It aims to open minds and throw a few enlightening words into them.

It intends to bring up-to-the-minute news about issues affecting mental health consumers or tangata whai ora (people seeking wellbeing).

We aim to bring you notice of forthcoming events and opportunities for learning, networking and entertainment. We want to bring you stories and reviews about art, sport, music, theatre, cinema and books.

A prime objective of ABOUT US is to provide a forum for debate about the issues that fire up people interested in mental health.

There are too few opportunities in our media to

read intelligent comment on mental health matters and we will be publishing regular 'soapbox' opinions from writers in the field.

The first in this issue comes from former Mental Health Commissioner and consumer advocate, Mary O'Hagan. We hope this and future opinion pieces stimulate further comment and we'll be including feedback in a letters column in the next issue.

\*The Mental Health Commission has provided funding for only two pilot issues of ABOUT US. Funding for ongoing publication will depend very much on how well we succeed in attracting readership.

\*And if you can think of a better name, let us know. A free iPod goes to the author of the best suggestion received. So let us know what you think.

Unlike most other publications, we want to know what mad people have to say!

## Keynote Speakers Set Precedents for Building Bridges 2010

### The 5th national Building Bridges Community Mental Health & Addictions Conference is on in Wellington 14-16 April.

The conference theme is *Evolving Communities Beyond Services Whakatipuranga a rohe he Ratonga kei tua ou moemoea*, and brings a strong focus on primary and alternative mental health and addiction services while including a solid core of mainstream service presenters.

The conference organisers appear to have set a precedent in inviting four consumer leaders as keynote speakers. They are: Jacqui Dillon, chair of the UK Hearing Voices Network and a leading campaigner for the abolition of the Schizophrenia label and Lana Frado, director of Sound Times Support Services in Toronto.

Sound Times is a consumer operated mental health agency, providing community support, and services to those involved in the criminal justice system and substance users.

From New Zealand, the Werry Centre's Shona Clarke will be the first ever youth keynote speaker for Building Bridges, setting a tone that acknowledges the influential role that youth services are playing in shaping the future of mental health and addictions services.

Completing the strong line-up will be Karlo Mila-Schaaf. Of Tongan and Pakeha descent, Karlo was awarded Best First Book of Poetry prize at the 2006 Montana New Zealand Book Awards and is presently working on an auto-mythographical novel which blends fiction with memoir to explore experiences of unwellness and recovery.

Every 3 years since 1997, Building Bridges conferences have been staged with strong consumer leadership and as usual, this one will be providing a large number of scholarships to enable mental health and addictions consumers from all around the country to attend without cost.

Organiser Amy Fitzgerald says with a little over two months to go, a large number of registrations have been received but there are still discounted registrations available and applications for the free scholarships are still being accepted.

The exciting programme which has attracted much positive comment is available along with information about how to register at [www.buildingbridges.co.nz](http://www.buildingbridges.co.nz)



# Nutters Take over Radio Live

In recent months, a lively talkback radio show on mental health has popped up on Radio Live at 8pm on Sunday nights.

Hosted by comedian Mike King, a self-acknowledged nutter, "The Nutters Club" includes resident guest psychiatrist David Codyre and invites a different guest with experience of mental illness each week.

The show has developed a wide following already with more than 1500 fans on its Facebook page and receives a good number of calls during each show, many of them from consumers.

Sponsored by the Mental Health Foundation, the show is becoming a significant

tool in spreading awareness of mental health issues and attacking the stigma that dogs anyone who experiences mental ill health.

The Nutters Club's mission is "To forever change the way people, feel, think, talk and behave in relation to our mental, physical, emotional, spiritual, cultural and sexual well being; and in doing so encourage us all to take ownership of our own health and well being."

Programmes are available on podcast. Go to: <http://www.radiolive.co.nz/On-airHosts/WeekendProgrammes/MikeKing/tabid/416/Default.aspx>

## Hearing Voices Network Website goes LIVE

Hearing Voices Network Aotearoa NZ's (HVNANZ) new website is up and running. The site is a comprehensive resource for all those who hear voices and other interested visitors.

You'll find practical information on hearing voices such as coping strategies; research on hearing voices; advice for friends and whanau; cultural perspectives on voices; a blog; newsletters ; weblinks and a forum where you can become part of the network's virtual community.

There are four Hearing Voices Network Support groups; two in Auckland, one in Wellington and one in Palmerston North. Attending these peer support groups can provide welcome relief to voice hearers who are often told just to ignore the voices and so struggle with them alone. They are open groups, all voice hearers are welcome to come along.

You can find out about them at: [www.hearingvoices.org.nz](http://www.hearingvoices.org.nz)



## More Kiwi TheMHS Award Winners

Congratulations to Toi Ora Live Art Trust, from Auckland. The programme won Gold for the Consumer Provided Services Category.

(Read an interview with Erwin Van Asbeck from Toi Ora on the TheMHS blogsite at: <http://themhs.wordpress.com/2009/09/09/themhs-achievementawards-toi-ora-live-arts-trust/>)

Congratulations also to Wellington based Redsky Film & TV, who produced the Just a Little Mad documentary shown on TV earlier last year. Redsky won the award for Broadcast Media.

Arana Pearson of Keepwell, who assisted in the making of the programme, accepted the award on behalf of Redsky director Bryan Bruce.

# opinion



## CONSUMER SURVIVOR LEADERSHIP

Mary O'Hagan

The international mental health user/survivor movement has been around for nearly 40 years. It started as a protest movement but it has over time become more absorbed into the mental health system.

The movement has created leadership opportunities in its independent activities, and the idea of leadership in one's own recovery, but the policy of service user participation in mental health services has failed to deliver consistent participation, let alone service user leadership.

Part of the problem lies with the unequal distribution of power and resources, which is reflected in the lack of an infrastructure to develop peer-run initiatives and the failure to provide service users with tailored training and development, career pathways, standards of practice and so on.

Another part lies with the concept of participation itself. To participate people have to rely on the invitation of others. In the last decade some users and survivors have used a stronger concept of leadership. Unlike participation, leadership assumes people with mental health problems have the power to set the agenda, make major decisions and control resources.

The user/survivor movement arose from the oppressive treatment of people diagnosed with severe mental illnesses. This included forced interventions, damaging treatments, segregation in institutions and social exclusion. In response, the user/survivor movement was founded on the principle of self-determination, in other words the equal distribution of power at a collective level and 'empowerment' at an individual level.

These values apply to power and relationships within the movement, but the movement also advocates for their application in mental health services and in the status people with lived experience have in society. The mental health system was founded on values that are the antithesis to empowerment and equality.

Therefore, user/survivor leadership will only thrive with some seismic shifts in the mental health arena on every level.

Firstly, there needs to be a philosophical shift in the way people view madness from the deficits-based pathology view to the view that madness is a crisis of being that value and meaning can be derived from.

This is essential because the root of all forms of discrimination is the denial that madness is a legitimate human experience; the deficits-based view perpetuates inequality and disempowerment, despite its benign intent.

Secondly, there needs to be a psychological shift within users and survivors themselves from a marginalised disempowered identity to empowered identity. Similarly, some people in the mental health workforce need to change their identities from expert authorities to expert advisors.

Thirdly, there needs to be a political shift from power and resources dominated by professionals and managers to at least an equal power sharing with users and survivors. This is more likely to happen if users and survivors must be in leadership roles at all levels of the system - as bureaucrats, managers, academics and in their professions.

We need position power.

**"The big shake may be decades away, but it will come, and the mental health landscape will be changed forever."**

Fourthly, there needs to be a practical shift that enables services, systems, users and survivors to:

- Create opportunities for users and survivors to collaborate in clinical decisions.
- Define peer run initiatives, their competencies, ethical standards and new practices.
- Plan and fund peer run initiatives.
- Develop the peer workforce.
- Democratised decision making in services and systems.
- Hand over more resources, decision making and responsibility to service users.
- Encourage users and survivors to enter into mental health training and employment.
- Continue to develop recovery-based services that promote hope, self-determination, a broader range of options, and equality for users and survivors in services and in society.

These seismic shifts have rumbled for two decades in New Zealand's mental health system but have been eerily quiet over the last few years.

The big shake may be decades away but it will come, and the mental health landscape will be changed forever.

## Aboriginal Doctor Flies In With Lessons in Cultural Practice



Dr Tracy Westerman (centre) with Valerie Bos of Wellington and Philippa Fletcher of Christchurch at the SPINZ Symposium

You've heard of the yellow card and the red card and you know there's no kudos in getting either of those. But if you provide mental health service in Western Australia and you get the black card, you'll be a hit with your local Aboriginal community.

Dr Tracy Westerman is the only Aboriginal clinical psychologist with a PhD in Australia (and presumably the world) and she was speaking at the recent SPINZ (Suicide Prevention Information NZ) Symposium in Wellington.

Dr Westerman is Managing Director of Indigenous Psychological Services (IPS), a private company based in Perth, Western Australia that she established ten years ago for the purpose of addressing a disturbing inequity.

Indigenous Australians have amongst the highest rates of mental ill health worldwide, but continue to have the lowest levels of access to mental health services.

"We are the most secret culture in the world!" she said describing the challenges involved in attempting to meet Aboriginal mental health needs.

"Most Aborigines live in remote places" Tracy went on, explaining that the culture and language of each tribe can differ remarkably, making it very hard to build the relationship with a community that is necessary for its people to trust you enough to confide their health needs.

Services that do take that time to build the relationship and learn enough of the cultural mores necessary to practice effectively and without offence can be awarded a "Black Card".

The card demonstrates a level of cultural competence and reassures Aboriginal elders that its holder is safe to practice in their community.

But only in that community. The neighbouring tribe may have a completely different set of cultural practices that must be learnt.

Nevertheless, if it is hard gaining the trust of the people who need services, Dr Westerman finds it harder persuading her mainstream service colleagues that there is such a thing as indigenous psychology.

**"If you are Aboriginal and go into mainstream services," she said, "you're most likely to get misdiagnosed, under-diagnosed or over-diagnosed."**

Logically it seems impossible to justify a view that western psychology models could fit such an ancient and distinct society yet there is still very little understanding of how different the cultural psychology of Aborigines is from the prevailing white culture.

For example, indigenous psychosis might manifest as a belief that the subject has done wrong in some way or offended against his/her culture.

"If you are Aboriginal and go into mainstream services," she said, "you're most likely to get misdiagnosed, under-diagnosed or over-diagnosed."

Cultural triggers are not included in mainstream assessment." Sound familiar? Speaking after her presentation, Tracy told me that in Australia she is often followed around by mainstream consumers who recognize that the kind of mismatched service she is describing has a great deal in common with their own experience.

Tracy's address was not surprisingly enthusiastically received by a largely Maori and Pacific audience at the conference whose theme was "Culture and Suicide Prevention in Aotearoa."

Copies of presentations from the conference are available at: <http://www.spinz.org.nz/page/107-SPINZ-National-Symposium-2009+Symposium-coverage+Presentations#tracy>



# Stars Launch Book on Self-Stigma



Some of the contributors to *Stepping Out of the Shadows*, pictured at the launch. L-R: Ruth Jackson (and baby Man-aaki), Sarah O'Connor, Dennis Duerr, Vito Nonumalo, Alex Barnes, Debbie Peterson, Anne Helm, Sarah Gordon and Niki Smith.

"The real stars tonight are the people who have contributed to this book" said Associate Minister of Health Jonathan Coleman at a function in the capital last September, attended by many of the 'who's who' in mental health.

He was speaking at the launch of "*Stepping Out of the Shadows*," a ground-breaking book on experiences of self stigma, as told by mental health and addictions consumers.

The book was edited by Sarah Gordon and Dr Debbie Peterson and has been produced with funding that was notably begun by the Linda Simson Memorial Award presented to Sarah Gordon by the Building Bridges Trust.

The Mental Health Commission, the Mental Health Foundation and Like Minds Like Mine also assisted with publication.

But the writers made it clear that this was a consumer initiated project that involved a great deal of consumer lobbying before sufficient funding was gathered.

Debbie Peterson said, "*Stepping out of the Shadows* was written with a purpose - to explore the concept of self-stigma from the perspectives of people with experience of mental illness.

It describes a model that not only illustrates how self-stigma comes to be, but also how we can combat it.

The authors were given a specific brief: starting with this model, give us some of your insights into self-stigma and madness."

According to Mental Health Commissioner Dr Peter McGeorge they succeeded brilliantly.

"I haven't read a book," he said at the launch, "that is so clear, so beautiful and so representative of the consumer experience."

He went on to say that the Commission had always stood for the kind of sentiment that is expressed in the pages of the book and "it's only through collective efforts like this that we can bring together the voices that are so important for moving us forward."

Mental Health Foundation Chair, Materoa Mar's moving speech began by paying respects to Linda Simson for her courage and the huge contribution she gave to our community.

Materoa believes everyone should read this book. She stated that all of us can take responsibility for examining and changing how we deal with people who experience mental illness. "This book clearly demonstrates the need for that to happen," she said.

With an evocative cover illustration by Wellington artist Valerie Bos, *Stepping out of the Shadows* has already received commendation from international reviewers.

It is available for purchase online from: [www.mentalhealth.org.nz](http://www.mentalhealth.org.nz)

## Stories of Discrimination Shed Light on Workplace Experiences



**Vanessa Cooper**, a Like Minds, Like Mine Health Promoter with the Mental Health Foundation, told the Public Health Association conference in Dunedin last August that discrimination in employment could be very subtle, from being left out of decision making, through to outright bullying.

Vanessa's research, which was a collaborative project with the University of Auckland and Balance New Zealand, and undertaken as part of her Master's degree in Health Sciences, found that many of the research participants had experienced high rates of discrimination resulting in some of them leaving their job.

Said Vanessa: "The advice from participants, who were aged from their late 20s to 60s and who all experience bipolar disorder, was "don't disclose your mental illness".

Their belief, based on past experience was that if colleagues knew they had a mental illness, everything they said and did would be under the microscope and seen through the filter of that illness."

But for these people, she went on, there were high levels of stress and anxiety that their manager or colleagues would find out, which diminished their sense of wellbeing.

**The advice from participants was "don't disclose your mental illness"**

"Many research participants said that disclosing their experience of mental illness was a positive move, but only after establishing some credibility in the job, as they were constantly faced with the stereotypes and myths of associated with the word 'bipolar'.

We need to challenge preconceptions about the abilities of someone experiencing mental illness. More understanding of how to support an employee or colleague with experience of mental illness is also needed. Especially considering that half of all New Zealanders will experience a mental health issue in their lifetime, it's critical that such a huge pool of talent is not wasted through discrimination.

We can't afford to ignore mental health issues in employment and the wealth of contribution people with mental health challenges can and do provide to the economy."

### Te Pou posts Taku Reo, Taku Mauri Ora Consumer Outcome Tool

The NZ developed consumer self-assessed outcome measure tool that has excited international interest is at last to be made publicly available.

Taku Reo Taku Mauri Ora (My Voice, My Life) was researched and developed over five years by a team of experts lead by Sarah Gordon of Case Consulting.

The measure has remained on the ministry's shelf since being completed and presented to Te Pou and the Ministry of Health in September 2008.

Official comment from Te Pou is that "At this stage, the measure is not ready for national implementation. Further testing and refinement is required before it could be implemented as part of a national group of outcome measures."

Unofficial sources say that ministry officials believe there are too many questions in the measure.

The outcome tool had been trialled, refined and re-trialled by more than 500 consumers from a wide variety of services around New Zealand. The survey takes around 20 minutes to complete.

During development the measure was thoroughly evaluated by a team of psychometricians who reportedly rated it as one of the most reliable survey tools they had encountered. Te Pou has now posted the measure on its website, where organizations are free to download and make use of the tool.

Go to: <http://www.tepou.co.nz/files/view/listings/research2/>

## US DEPARTMENT OF JUSTICE CRIES 'FOUL' IN BATTLE OF PHARMACEUTICAL GIANTS

The pharmaceutical industry has developed thousands of medicines that have saved millions of lives and made life much more worth living for millions more.

Yet in the last year three multinational drug companies have come up against the US Department of Justice for unethical marketing of various drugs not approved by the FDA (US Federal Drugs Administration) for the purposes the companies were pushing them for.

"It is illegal to pay doctors to prescribe certain medicines to their patients. It is not illegal to pay doctors to educate their colleagues about a medicine. In recent years, federal prosecutors have accused many drug makers of deliberately crossing that line."

So said the New York Times on 2nd September, commenting on the latest US court decision over Forest Pharmaceuticals' marketing of Lexapro, an SSRI antidepressant.

Forest's 2004 marketing plan obtained and released by the Department of Justice show Forest had budgeted US\$36 million for shouting lunches for doctors as one means of encouraging them, among other objectives to extend the prescribing of Lexapro to children and geriatric patients when there were contra-indicators for these groups.

Other illegally marketed drugs included Pfizer's antidepressant Geodon and Eli Lilly's Zyprexa, the anti-psychotic. While Pfizer's record out of court settlement of US\$2.3 billion sounds like a crippling amount of money for even a healthy company to find, it is put into startling perspective beside the company's US\$8.1 billion profit last year out of a turnover of US\$48 billion.

In total the global pharmaceutical market sits at somewhere between US\$720 billion and US\$800 billion.

## SUPREME COURT CLEARS WAY FOR PATIENTS TO SUE

The Supreme Court has cleared the way for former Porirua Hospital patients to attempt to sue the Government.

It has ruled in favour of a group of six former patients who are among 280 people who claim they were mistreated by staff at Porirua Hospital in the 1960s and 1970s.

The battle has been dragged through a series of courts, with the problem being whether the case can legally be heard in the first place.

The Supreme Court last August overturned an earlier Court of Appeal ruling which means the patients can now take their case back to the High Court.

## NZ PHARMACEUTICAL COMPANY SPONSORSHIP AT RISK?



New Zealand drug marketing may be less aggressive than in the USA but two years ago the Advertising Standards Authority ruled that Eli Lilly's educational book "Lives Moving Forward" was in effect an advertising vehicle for Zyprexa and thus failed to meet strict drug advertising requirements.

Pharmaceutical company sponsorship of mental health conferences is now at risk because of critics whose view is jaundiced by such reports.

April's Building Bridges conference (see page 2), will however continue to welcome Eli Lilly's financial support and will possibly stage a panel discussion on the pros and cons of pharmaceutical company sponsorship.

Conference organizer Amy Fitzgerald says, "We believe that it is a matter of choice whether prescribed drugs are used or not.

But it is important that consumers have all the information they need to make that choice."

## “Re-recovery Model” Promotes Self-healing



Over the past 20-30 years, Dr Patte Randal has been developing a model of recovery based on her own personal experience of 7 acute episodes of psychosis and a 2 year episode of depression, coupled with her clinical work and research in Psychiatry.

Probably the most stigmatising and discriminatory aspect of mental-illness diagnosis lies in the experience for some people of being regarded as “other”; as “them”, rather than “us”.

This model presents the normalising and validating notion that we all, as human beings, are on a journey of “Re-recovery”.

This journey begins in utero and continues through various developmental stages.

We are all born into a family/whanau/culture with resilience and vulnerability. Along the way, we experience different degrees of stress and trauma, which we respond to variously, depending on our own personal mix of temperamental/physiological factors and social/cultural/spiritual factors, including attachment issues.

During life we come up against situations that “remind” us emotionally of situations we have experienced in the past, but have not resolved.

In other words, we tend to “re-recover” the same old ground as we attempt to recover from the stress, trauma and losses that inevitably happen in life.

At each repetition of similarly triggering experiences we may experience being re-traumatised and further damaged - thus decreasing our strengths and increasing our vulnerabilities (the vicious cycle).


This type of experience can be seen as “spirit breaking”, and can be mirrored in mental health settings where diagnosis and treatment can sometimes be experienced as disempowering and invalidating.

Yet we have the opportunity instead (born, often, out of crisis) to increase our strengths and decrease our vulnerabilities, thus creating a victorious, hope-inducing cycle.

We can do this by learning to recognise our triggers, patterns and the changes in our body sensations, thoughts, feelings and actions (ie early warning signs of distress), and the consequences of this ‘chain reaction’ that can lead to risk behaviours. Often it is our understanding of the spiritual context which helps us see purpose and meaning in our suffering.

Dr Randal, who is based at the Buchanan Rehabilitation Centre in Auckland is keen to hear from readers about whether they find this model helpful. She can be contacted at: [patter@adhb.govt.nz](mailto:patter@adhb.govt.nz)

A description of the ‘Re-recovery Model’ has recently been published in the new journal ‘Psychosis’ (Vol 1, no2, August 2009, 122-133). The Model can also be viewed on line at: <http://www.tepou.co.nz/knowledge-exchange/research/view/listing/294/>



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## Southern Consumer Network Folds

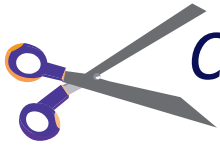
Two years after the Central Regional consumer network (Central Potential—Te Rito Maia) closed its doors the Southern Consumer Network Trust (SCNT) has followed suit.

In a disturbingly similar pattern of events involving board disharmony and financial management woes the six southern DHBs withdrew the SCNT’s contract in June last year and at the Trust’s August AGM there was too

little support for continuing independently.

However Sal Faid, Chair of the Canterbury Consumer Network (“Awareness”) is pledging to continue to maintain connections with all other local South Island consumer groups in an effort to keep some kind of network active.

Her address is on the back page along with other consumer organizations.



## Cutting Edge Conference Sharp as Ever

Running concurrently with the SPINZ Symposium last September and just across town at Te Papa was Cutting Edge, the annual conference for the NZ Alcohol and Other Drugs sector.

As well as a stellar line-up of local speakers the international guests included Professor George De Leon from New York and Dr Steve Onken from the University of Hawaii.

George De Leon is an internationally recognized expert in the treatment of substance abuse, and acknowledged as the leading authority on treatment and research in therapeutic communities.

He also plays a mean saxophone. Steve Onken is a Mental Health Services Research Specialist with the Mental Health Service Research, Evaluation and Training Center and is internationally respected among consumers as 'one of us'.

The keynote speeches of each were powerfully different, De Leon's covering the demanding realities of living and healing in a therapeutic community and Onken's offering a humanising alternative to the impersonal ways that mainstream health systems so often attempt to treat people seeking help.

To this mental health consumer listening to George De Leon, there is a lot that the alcohol and other drug therapeutic community model has to teach mental health services.

Although the problems are different, the need for the AOD consumer to take full responsibility for their own recovery in the context of a supportive peer community has long demonstrated the effectiveness of peer support.

The fact that there are far more openly recovered consumers working in AOD services than in their mental health equivalents is a key factor worth noting.

Onken's theme was "When you change the way you look at things, the things you look at change."

In an address similar to one he delivered at TheMHS in Auckland September 2008 but no less moving, Onken showed graphic examples of the power of recovery in the lives of people who have found themselves at the bottom of society's dehumanising heap.

The TheMHS version of his powerpoint presentation is still available on the Mental Health Foundation website. <http://www.mentalhealth.org.nz/file/>



### Research study finds: Unlocked, mental health consumer-managed, crisis residential program produce better results than locked, inpatient psychiatric facilities.

For adults with severe psychiatric problems, consumer-managed residential programs may be the way to go, a new study suggests.

A recent American Journal of Community Psychology study compared the effectiveness of an unlocked, mental health consumer-managed, crisis residential program (CRP) to a locked, inpatient psychiatric facility (LIPF) for adults for severe psychiatric problems.

Participants in the CRP experienced significantly greater improvement on interviewer-rated and self-reported psychopathology than did participants in the LIPF condition; service satisfaction was dramatically higher in the CRP condition.

Title of Study: A Randomized Trial of a Mental Health Consumer- Managed Alternative to Civil Commitment for Acute Psychiatric Crisis. Greenfield, TK, Stoneking, BC, Humphreys, K, Sundby, E, and Bond, J (2008).

American Journal of Community Psychology  
Additional Information: Article announcing the study:  
[www.medicalnewstoday.com/articles/118619.php](http://www.medicalnewstoday.com/articles/118619.php)

## **Consumer/Tangata Whaiora Organisations in Aotearoa New Zealand**

(This list is by no means exhaustive. To list your organisation in the next issue, contact the editor.)

### **ALCOHOL AND OTHER DRUGS PEER SUPPORT**

**Te Whanau Manaaki O Manawatu Trust.**  
182 Richardson Line, Milson RD8, Palmerston North  
WK: 06-3540043 CELL: 0274518922  
kimhine.twmomt@xtra.co.nz Dedicated AOD peer-led service providing AOD peer support.

**South Island AOD Consumer Advisors & Advocates.**  
Providing independent consumer advice to AOD services in South Island as well as an individual Advocacy Service to AOD consumers.  
Based in Latimer View House,  
215 Gloucester Street, Christchurch  
Ph: (03) 9636810 Mobile: 021881574 Email: margaret.bates@adanz.org.nz

### **DHB MENTAL HEALTH CONSUMER TEAMS**

Most DHB Mental Health Services have **Consumer Advisors** whose role varies from DHB to DHB but broadly is to provide a consumer perspective to the planning, delivery and evaluation of mental health services. Most teams welcome positive input from external consumer networks and individuals to this process to help improve services. To access your local DHB Consumer Advisor contact the DHB or contact :

**National Association of Mental Health Service Consumer Advisers (NAMHSCA)** through:  
Te Wera Kotua TeWera.Kotua@ccdhb.org.nz  
Graham Roper graham.roper@otagodhb.govt.nz

**Partnership-Evaluation-Recovery PER Team**  
Independent Consumer Evaluation Team based at Counties Manukau DHB.  
Contact: Claire Moore MooreC2@middlemore.co.nz  
Ph 09 276 0044 ext 8697

## **MENTAL HEALTH PEER SERVICES & NETWORKS**

**Aspire Incorporated**  
(Formerly Wellington MentalHealth Consumers Union Inc) Peer advocacy & support  
Phone (04) 473 4433 Fax (04) 473 4434  
Mobile 027 244 3595

**Awareness - Consumer Action on Mental Health.**  
Consumer network advocating for better services in Canterbury. <http://AwarenessCanterbury.weebly.com>  
Email [salfaid@clear.net.nz](mailto:salfaid@clear.net.nz).

**Balance NZ Bipolar & Depression Network**  
provides support, education, advocacy & training to people affected by bipolar disorder or depression.  
PO Box 27-545 Marion Square Wellington, 6141  
email: [leo@balance.org.nz](mailto:leo@balance.org.nz)  
For access to all NZ branches: [www.balance.org.nz/](http://www.balance.org.nz/)

**Bo Ai She - Chinese mental health and peer support**  
Ph: 09-9293881 or 021718671  
e-mail: [info@boaishe.org.nz](mailto:info@boaishe.org.nz)  
Peer Support Group for Chinese people

**Case Consulting Ltd**  
Te Kohi Akoako  
Research, Education, Mentoring & Peer Support  
PO Box 27482. Level 6 178 Willis St.  
Wellington 04 385 2103  
[james@caseconsulting.co.nz](mailto:james@caseconsulting.co.nz)

**Centre 401 Trust- Self Help Peer Support, Advocacy Supported Employment**  
306 Tristram Street  
PO Box 1183, Hamilton 3240  
Ph 07 838 0199 -Email: [admin@centre401.co.nz](mailto:admin@centre401.co.nz)

**Hearing Voices Network Aotearoa NZ Te Reo Orooro.**  
Peer Support Groups, information.  
Branches Nation Wide [www.hearingvoices.org.nz](http://www.hearingvoices.org.nz)  
P O Box 78-132 Grey Lynn, Auckland.

**Horizonz - Waiheke Peer Support Creatively and lovingly supporting mental well-being.** Contact Rocky Rhodes 09 3727605, mob 02102732989  
Or phone Rod Davis 09 3726688

**Keepwell Ltd, Motivation for recovery:: education, publishing, inspirational speaking, Nationwide.** [www.keepwell.co.nz](http://www.keepwell.co.nz) PO Box 10771, Wellington 6143

**Key We Way** peer-run residential recovery support - Wellington Region.  
Wellink Trust, P O Box 6516 Wellington.  
Ph: +64 4 801 8500  
<http://www.wellink.org.nz/services/keyweyway.htm>

## **Consumer/Tangata Whaiora Organisations in Aotearoa NZ**

**Mad Pride:** Valuing madness through creative arts Peer Support. Nation Wide. [www.madpride.co.nz](http://www.madpride.co.nz)  
PO Box 10771, Wellington 6143

### **Mind and Body Consultants Ltd**

Peer support, advice and information. Training provider of Certificate in Mental Health (Peer Support), Like Minds, Like Mine, Recovery Principles & Planning  
Ph: Head Office: 09 630 5909  
[admin@mindandbody.co.nz](mailto:admin@mindandbody.co.nz)

West Auckland Branch

Ph: (09) 838 3204  
[penny@mindandbody.co.nz](mailto:penny@mindandbody.co.nz)

Christchurch Branch

Ph: (03) 377 1818  
[chris@mindandbody.co.nz](mailto:chris@mindandbody.co.nz)  
Full details on Website:  
[www.mindandbody.co.nz](http://www.mindandbody.co.nz)

**Oasis Network Inc,** Peer Support, Advocacy & Information. Hutt Valley Ph: 566 1601  
Email: [oasisnetwork@xtra.co.nz](mailto:oasisnetwork@xtra.co.nz)

### **Otepoti Consumer Action on Mental Health Trust**

Contact Pat Tillard Phone:(903)455 292  
Mobile: 027 667 7872 Email: [tillard@xtra.co.nz](mailto:tillard@xtra.co.nz)  
Peer Support, Advocacy & Social Inclusion - Dunedin Wide

**Psychiatric Consumers Trust.** Peer advocacy & support; drop-in centre, Chch & Canterbury  
P O Box 13 167, Christchurch. 4th Floor,  
221 Gloucester St  
Ph: 03 366 8288 fax: 03 366 8276  
E-mail: [pctrust@xtra.co.nz](mailto:pctrust@xtra.co.nz)

**Te Roopu Pookai Taaniwhaniwha:** Kaupapa Maori peer support. Te Whare o Matahauriki,  
213 - 215 Bedford Street, Cannons Creek, Porirua.  
(04) 237 9608, [info@taaniwhaniwha.org.nz](mailto:info@taaniwhaniwha.org.nz)

**The Lighthouse Trust** provides peer support & advocacy through three Community centres in Hawkes Bay. 110 Kennedy Road, Marewa, Napier,  
Ph: 06-8433-952 email : [onetight@xtra.co.nz](mailto:onetight@xtra.co.nz)

### **Pathways to Wellbeing Huarahi Whakaoranga Inc.**

Consumer provided education, networking, advocacy, consultation.  
PO Box 5010 4th Floor Westside Chambers 151  
The Square Palmerston North  
Phone: 06 355 3387 [rightpath@xtra.co.nz](mailto:rightpath@xtra.co.nz)

## **REGIONAL CONSUMER NETWORKS**

### **Auckland Regional Consumer Network**

Resource & networking centre providing informal peer support and advocacy with consumers across the greater Auckland region.  
Office based at 762 Mt Eden Road,  
P O Box 10256 Auckland Phone 09 623 1762  
Email: [office@rcnet.co.nz](mailto:office@rcnet.co.nz)

### **He Tipuana Nga Kakano** –Midland Regional Consumer Advisory Group.

[www.midlandmentalhealthnetwork.co.nz](http://www.midlandmentalhealthnetwork.co.nz)

*Note: there are presently no regional consumer networks for the Central or Southern Regions. However access can be gained to informal networking lists by emailing the following addresses:*

Central Region email:

[info@balancewhanganui.org.nz](mailto:info@balancewhanganui.org.nz)

Southern Region via Canterbury Network  
email c/o [salfaid@clear.net.nz](mailto:salfaid@clear.net.nz).

## **PEER HELPLINES**

**Warmline Canterbury** Free peer support telephone service operating 7pm - 1am, 7 nights a week.

Canterbury Region 0800 899 276  
[warmline@comcare.org.nz](mailto:warmline@comcare.org.nz)

**Warmline Wellington** Free peer support helpline for people who use mental health services.

Operates 7pm - 1am Tuesday-Sunday  
Wellington region 0800 200 207  
[www.wellink.org.nz](http://www.wellink.org.nz)

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