



**LAKES
CAGS
TWO
MONTHLY
NEWSLETTER**

**KIA ORA EVERYONE
By Dinelle Turdeich**

First newsletter for the New Year 2010, time to get back into the swing of things. Everyone is already back to work after a good Christmas break. Hope you all had a wonderful Christmas and new years. Did anyone make any news years resolutions for this year?
Well we all come together in times of need when we are all feeling low or even stressed,

FRIENDS AND FAMILY

What you do makes a difference

Most of us rely on sharing worries and talking things through with a sympathetic family member or friend when we experience times of illness or stress. Imagine if you couldn't do this for fear of being shunned.

Family living with mental illness

Mental illness affects ordinary people. It can affect anyone at any time, regardless of age, culture, income or gender. 47% of New Zealanders will experience mental illness in their lifetime and many more will experience periods of stress or life events such as grief or loss that affect our mental health.

The vast majority of people with mental illness recover, raise their families, work in paid employment, and contribute to society.

The support of family, whanau and friends makes a real difference.

Hopefully this year will be a better year for you with new changes of positivity in your life and all round happy life

**Serious Fun 'N Mind Trust Field worker Lower Lakes
Taupo Turangi Mangakino
By Noeline Kuru**

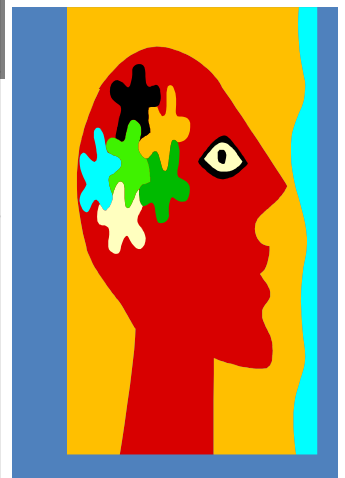
"One of the biggest barriers to recovery is discrimination. That's why stopping discrimination and championing respect, and equality for people with mental illness is just as important as providing the best treatments and therapies." ~ Blueprint for Mental Health Services in New Zealand

Stigma for people is much more wider that those who are already accessing Services

Research the from www.likeminds.org.nz on labelling through the surveys that

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**Serious Fun ‘N Mind Trust Felid worker Lower Lakes
Taupo Turangi Mangakino
By Noeline Kuru
Continued**

showed, that stigma is a barrier for people out their not seeking the right treatment for there experience of mental illness Which is very understandable I have found personally that the more speak I publicly my own journey the more empowered I have become and when I feel that I am getting burnt out or stressed then I step up the self care, take a step back and look at what I doing Recognising my triggers warning signs, before it get to crisis stage. Triggers and warning signs are which I see as a good thing, for when they do come then one is able to tease it out with supports to what’s going on here, maybe new changes workload, whanau etc o and balance that out and getting back on track much quicker, than I use to

Like Minds Like Mine is a integral part to changing or shifting the mindset on Mental Illness over the years I have meet and made many mutual friends who have been diagnosed with extreme Mental Illness, and diagnosed as chronic unwell, and yet in the presence and absence present hold down everyday jobs and living their life well in the presence of Mental Illness , these were my mentors, I today feel very proud to be a mentor to other who experience mental illness if any on is interested in meeting me or would like to contact myself for a workshop please call.

Serious Fun ‘N
Mind Trust
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**HealthcareNZ update
by Belinda Walker**

- Acquisition of ex-motel site in Taupo opens up opportunities for bringing in new business. The property is being refurbished for us and 7 units will be ready by the end of April, and the main house ready to move into at the end of May. We will have units available to rent to other providers needing them. Please contact me if you would like more information.
- We are going with Wild Bamboo Record base for our PRIMHD data submission. We will receive training over the next two days and will go live electronically in Match 2010
- Recent certification audit completed – a comment made by one of the auditors was that we are living the dream of the standards
- Restructuring our entire Lakes teams to better meet our contracts and needs of the clients across the region.
- Have advertised for an RN based in Taupo but response has been slow - If you know of anyone who might be interested, please let me know

**He Tipuana Nga Kakano
by Belinda Walker**

National KPI Project Update

Current Status

Selected DHBs and partner NGOs participating and data submissions made for 2007/08 and 2008/09. Benchmarking Forum was held in June 2009, 2 Sept 2009 and 3 Nov 2009. There is another in February and the Ministry of Health and Te Pou have been invited to join this workshop. The project concludes June 2010.

Test phase indicators

1. Inpatient change in the total HONOS scale
2. 28 day acute inpatient readmission rate

He Tipuana Nga Kakano by Belinda Walker Continued

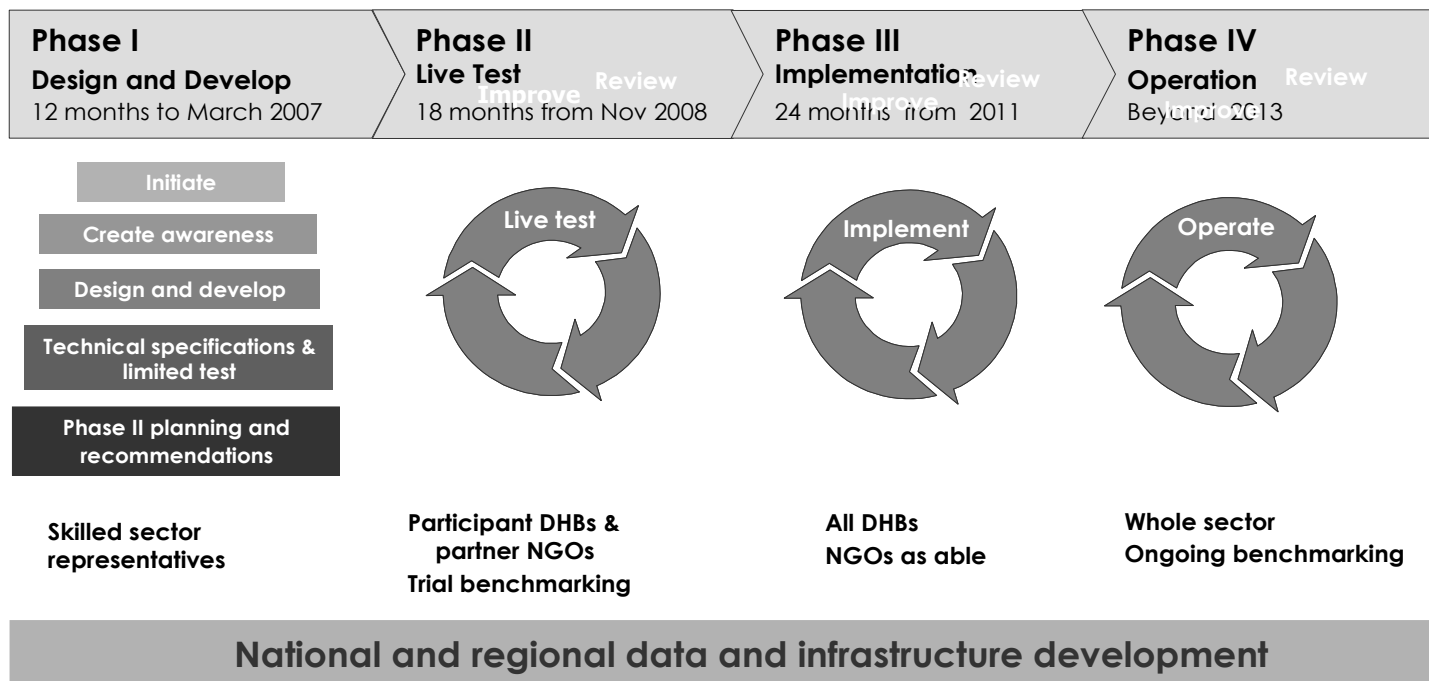
3. Average length of acute inpatient stay
4. Community treatment days per clinical FTE
5. Community treatment days per service user
6. NGO services investment
7. Pre-admission community care
8. Post-discharge community care
9. Total staff turnover
10. Sick leave usage

Participants will use the information to understand their organisations; compare their performance with those of other participants; identify areas for data improvement; identify areas for service improvement; focus areas for change and improvement; and improve outcomes for service users

The role of NGO partners is to provide leadership to the project; provide DHB's with contextual advice when interpreting the data; contribute to quality improvement processes; consider and advise on future NGO data submission and benchmarking activity; and contribute to the development of recommendations for Phase III

Outcomes aimed for are effective use of data to build the indicators at provider level; provider capability to collect, report and use data; indication of the Framework's effectiveness to measure performance and improve quality; established benchmarking forums and resultant use of information for quality improvement; and recommendations for whole of sector implementation

KPI development and implementation lifecycle



Midland Primary Health

Eseta sent out the draft business case in December for feedback.

He Tipuana Nga Kakano
by Belinda Walker
Continued

Until now the focus for mental health and addiction consumers has generally been on a person's mental illness and psychosocial needs, while their physical needs were often unrecognized. This segmented approach provided limited opportunity for the primary care sector to be engaged, and build their capability and capacity to meet the needs of this population.

Good progress has been made in the Midlands region in regard to building primary care mental health and addiction services for people presenting with mild to moderate needs, aided in part by primary care mental health funded pilots.

Anyone who experiences mental distress, mental illness and addiction needs to have services delivered in the least restrictive and most inclusive way and clearly this is best achieved in the community. Work is needed to build the capability and capacity for care to be provided in the primary care setting for people with severe and enduring mental health and addiction issues. Secondary, primary and nongovernment community services must take the journey together in order to provide integrated, better, sooner, more convenient services to the people of the Midlands Region.

The status quo is no longer desirable, sustainable or able to meet WHO guidelines. There is a proposed move in Midland toward Integrated Family Health Centres (IFHC) that are a one stop shop sort of scenario. People will be able to link in with lifestyle programmes that involve making better choices. Longer term they will also provide mobile mental health and addiction services that will go out and see people in environments that they are comfortable to further break down barriers and stigma associated with accessing mental health services.

I believe this is a much more inclusive way of working with people to look at more than diagnosis. I think consumers will have the opportunity to receive services that are more inclusive and easier to access

Lakes Local Advisory Group

Things we have been looking at are

What are the current key issues for Lakes MH&A Services relating to each of the 10 Leading Challenges?

How can these issues be addressed?

What does responsiveness mean to the sector?

How will the sector advance the "Value for Money" imperative?

New Initiatives

The Consumer Self-Assessed Outcomes Measure is out and available on Te Pou's website



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From the Consumer Advisor's Desk
Smokefree Update
By Barbara Hart

Rotorua and Taupo hospitals are both smoke free sites. The mental inpatient unit has an exemption from the policy so patients are allowed to smoke outside the unit in the gazebo. The Ministry of Health requires all mental health inpatient units to go smoke free in January, 2011. A number of mental health inpatient units have already gone smoke free.

From the Consumer Advisor's Desk
Smokefree Update
By Barbara Hart

Our unit will go smoke free on the 4th December, 2010. We began planning last year, In February; we welcomed Tipu Ora on to the unit. They will provide smoke free advice and support to staff, patients and their family/ whanau and support people on the unit. They will be visiting the unit on a regular basis and will provide their service to people in the community as well as in the unit.

I will keep you updated as we get closer to the time. If you have any questions feel free to contact me

Barbara Hart 07 3497955 Ext 8668

Nga Hau e Wha

I attended this meeting in Auckland on the 21/22 of February representing the Midland region. Two people from each of the four regions, Midland, Northern, Central and Southern met to discuss common issues. Deb Christiansen spoke about her work as smoke free co-ordinator and consumer trainer at Counties Manukau DHB. She highlighted the issues the DHB had faced when they went smoke free last year.

We also discussed the use of Tasers by the police and the implications of the new drug testing on consumers who are prescribed benzos.

Finding Our Voice! Ending The Silence
By Mary Ellen Copeland

Speak out! Speak out! Speak out! If I said this a million times it would not be too much. I have been doing mental health recovery education for 12 years now. Through that time I have maintained my focus on simple, safe, non-invasive self-help strategies and skills that will help people to feel better. While doing this work I have held the vision that the mental health system would come to appreciate that people can recover and would work with people to assist them in their recovery. Care providers would come to realize that each person must be in charge of and responsible for their own recovery, that they would see the value of validating a person's experience and of peer support. They would support empowerment, personal responsibility, self-advocacy and education for every person.. And, in fact, some of this has come to pass, in places where wonderful work is being done and progress is being made. There are hundreds of recovery educators, many of whom have been users of services, who are teaching others how to develop Wellness Recovery Action Plans and showing them that there are choices they can make in their lives. Mental health commissioners and systems are changing their focus to recovery. Hard working health care providers are joining the ranks of people who understand that these symptoms are not the "end of the road" but are part of the process. Care providers, family members and friends rejoice in our progress.. But there are still many people who are being forced or coerced into treatments and lifestyles that are not their choice.

Many people continue to be repressed and stigmatized. Many are being physically and emotionally abused. Many are told they have a medical illness or a "broken brain" and then are punished for their symptoms—symptoms which are often extremely painful and terrifying. And many people stop fighting and end their lives.. Meanwhile, many of us remain silent. Perhaps we have been taught to be silent, taught that we have nothing of value to say and that we must let others determine the course of our lives. We may have been taught or feel that those of us who experience psychiatric symptoms are incapable of rational thinking and of speaking out. We may remain silent because we are part of a minority and our views have often been ignored. Some of us may even fear retribution, such as diminishing support and services, separation from our families, homelessness, or worse if we don't do as we are told. Maybe we just don't know what to do or how to begin. Sometimes it's just easier to look the other way and pretend it isn't happening.. So while I continue to teach about common sense recovery systems that have been overlooked far too long, in this newsletter, in my writings and presentations, you will now hear a stronger voice. A voice that says we must stop this injustice now. We must all speak out--and that includes me.. Many of you are already speaking out. But many more voices are needed. Those of you who can speak from experience but have lost your voice, your voice is important. If you feel like you never had a voice, try using it. The more you use it the easier it is. In order for injustice to be overcome it takes many voices. And the voices we most need to hear are

Finding Our Voice! Ending The Silence
By Mary Ellen Copeland Continued

from those of us who have been silenced. It is the only way we can create the change that must happen--many voices speaking as one..

How Do You Find Your Voice??

1. Learn your rights! A list of basic human rights was published in issue 1.2 of this newsletter. These rights include the kinds of things most people take for granted, such as the right to change your mind, to follow your own values and standards, to say no to anything when you feel you are not ready or it is unsafe or it violates your values, to determine your own priorities, to meet your own needs for personal space and time, to decide on your own treatment, to be playful and frivolous, to be in a non-abusive environment, to have the friends of your choice, and to be treated with dignity and respect. If you would like a copy of these rights, please contact the office to request back issue 1.2.

2. Begin practicing using your voice in small ways that feel safe to you. It might be telling someone that you won't give them a cigarette or buy them a beer, that you will do the dishes or take your shower when you want to, that you will decorate your room the way you want it, that "your" treatment plan must reflect your goals and dreams, that if you didn't develop it it is not your treatment plan, that you will decide what you will put in your mouth or do to your body, that you will choose your own friends.

3. When you feel that you have had enough practice, think about something "bigger" in your life that you want and need to address. It might be insisting on a change in medication from one that causes side effects that are making you miserable. It might be finding good housing or getting work that uses your special skills and talents. Lack of self-esteem and fear of authority may have kept you from addressing some issues in the past. Remember, you are as important and special, and probably as smart, as anyone else--even the people who represent authority figures in your life. Regain a strong sense of yourself and the great person you are by 1) writing a paper that lists all your positive attributes, strengths and accomplishments, and reading it over and over, 2) asking people who like you, people that you trust, to make a list of your strengths that you can read whenever you have a chance, 3) taking very good care of yourself, and, 4) working toward meeting your goals and dreams. You deserve the very best that life has to offer!

4. Talk with your supporters about what you would like to do--what change you would like to create in your life or in the world. Plan a strategy, and revise it as you learn more. If your strategy includes talking with an "authority figure" that you feel may be rude or threatening, take a supporter along with you. Then ask for what you want and need. If you are told that you can't have it, tell them again. Keep telling them. If necessary, see someone else. But don't stop until your voice is heard and you get what you need and want for yourself.

5. When you have had some practice with the previous steps, you may feel ready to speak out about more universal mental health issues, like the use of isolation and restraints, abuse, forced treatment, poor treatment, incarceration and keeping people tied into the system who don't need to be there. Get together with others who are working for this cause. You may need to set up meetings and gather people together. If so, please do it. You can work together to strategize as a group about how you will meet this need. Taking action together is very empowering. Visit the National Protection and Advocacy web site at <http://www.protectionandadvocacy.com/> if you feel your rights are being violated or for more information.. Whenever you feel comfortable, start sending e-mails, letters, phoning and meeting with public officials and others who have the ability to facilitate much needed system change. David Oaks, Director of Support Coalition International, can put you on an e-mail list so that you will be advised of issues related to psychiatric injustice that demand response. Then you can join thousands of others who have responded to this need and ended injustice for many. His contact information is:

David Oaks,

454 Willamette, Suite 216, (PO Box 11284)

Eugene, OR 97440, USA.

Toll free: 1-877-MAD-PRIDE

Web address: <http://www.mindfreedom.org/>

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Finding Our Voice! Ending The Silence
By Mary Ellen Copeland Continued

Phone: 541-345-9106. Fax: 541-345-3737.

Keep In Mind As you take up this challenge to speak out, you are certain to meet obstacles. Don't let them cause you to back away. With our collective courage, strength and persistence, we can surmount these obstacles and create a system that works for everyone.

Guidelines For Speaking Out

* Educate yourself about the issues. Read. Explore the internet. Go to meetings. Know the issue. Decide how you feel. Then speak out where you will be heard--contact key officials, go to board meetings, write letters to the editor, call in on talk shows, send e-mails.

* It takes many people to create change, not just one very strong individual. Beware of people who want to be the only one in charge or the only one speaking out. Circumvent them as kindly as possible. * Treat others with dignity, compassion and respect, listening to their views and challenging them when necessary..Insist that others treat you well, even when you are saying things that they don't want to hear.

* Stay as calm as possible when speaking out. If you "lose your cool" you will be accused of being "just another mental patient." You can let out your frustration when you are alone or with good friends.

* As you find your voice, you may be tempted to talk too much--to go on and on and on. This is never a good idea. If you do this, you silence the voices of others who also need to be heard. Strongly and briefly make your point. Then give others their chance to speak. Again, it is the voices of many, not just one, that will make the difference!

Language as a Vehicle of Discrimination
From Like Minds, Like Mind By Dinelle Turdeich

Language both reflects and shapes social reality. Discriminatory language is, therefore, both a symptom of, and a contributor to, various forms of discrimination. Many advocates for social justice have recognized the use of language in reinforcing stereotypes including those addressing the unequal social status of women, people with disabilities and people from various ethnic and racial backgrounds.

Like Minds encourages journalists to think actively about the language they use when reporting on mental illness, and below is a list of some suggestions on how to avoid using discriminatory language that reinforces stigma and discrimination towards people experiencing mental illness.

When writing or talking about people with experience of mental illness, remember to follow these guidelines:

- Avoid the verbs 'is' and 'are' and avoid 'a schizophrenic' and 'schizophrenics' as this is labelling people as their illness. Employ the verbs 'has' or 'have' and name the illness, as in 'Johnny has a diagnosis of schizophrenia' or 'Johnny has schizophrenia'.
- Avoid all adjectives that label people; employ instead substantives, for example, naming conditions or diagnoses as in the example above.
- Avoid the article 'the' as in 'the mentally ill'. Employ first person constructions, as in 'people with...', 'a person with...', and name the specific illness as in 'people with bipolar disorder' or 'a person with depression'.
- Avoid 'mental illness', the singular and employ the plural, 'mental illnesses', as there are many.
- Avoid the use of 'suffering' when describing a person or persons with mental illness. Use instead, 'experience' as in 'supporting men experiencing depression' or 'supporting men with experience of depression', rather than men suffering from depression.