Te Kaiārahi (The Guide.)

1. (noun) guide, escort, counsellor, conductor, leader, mentor, pilot, usher.

"Navigating Mental Health and Addiction Challenges."

Karakia

Ma te hau mahana o te kāhui o te rangi
Me te wairua o ngā tūpuna
Tātau e Tiaki Tātau e manaaki
i ngā wā katoa

"May the warm winds of the spiritual realm
and the spirits of our ancestors' guide and
take care of us always."

Compiled by Thomas Allen Howard.

tom@theculture.nz

Testimonials

Wow fuckn wow sorry bout my language Tom but ur experience your been through and the book is amazing keep up the good work you actually are talented bright man watch your space it's my honour to have read this and now having a copy ngamihi e hoa pai te Mahi ..mana tane.

Ngarangi Raymond Hapimama

What an amazing read Tom! An inspiring journey and love all the different ideas that are in the guide! No suggestions as yet because I was just blown away. Will read again tho in case I think of anything.

Casey Mcconnell

So good aye!! Really enjoyed it.

Bridie Jasmine Allely

You really did absorb what we learnt I feel as if that certificate was only the beginning into your self-discovery as it was mine! I love how insightful you are and how it is clear and precise you are a bright button 😉xox

Leigh Goulton

Hey brother I know it's been awhile since we have talked and I hope you are well. To tell you the truth I have only started going over your book in the last two days and all I can say is WOW. Far out brother It's not what I expected Holly Shit it's amazing 👌 I hope we can catch-up soon for a beer and a chat and p.s. you need put this into print.

Bryan Stanford.

I'm up to page 27. I have learnt sooo much, not just about ailments but about how to seek help. That is what parents are looking for. Thank you Tom. It seems a lost world and then the book directs you. Forever grateful.

Fiona Keys

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My Journey

I didn't know what a Bipolar Disorder was until I had my first manic episode in 2010. I was simply mowing the lawns one hot sunny morning when it happened; it was peaceful and serene, just watching the world go by with absolutely no thoughts in my mind. I remember watching the motor revving and unconsciously counting the revolutions, leaning down and seeing how much petrol was in the tank and somehow 'knowing' that the machine would run out of petrol at a very special spot on my property. I was fully aware that I was not in control of myself; that God consciousness was driving the lawn mower, and I was just a passenger, just an observer, just a witness, just an Avatar. A couple of hours later, after mowing the lawns to absolute perfection, and driving the machine back up to the barn it spluttered to a stop in exactly the spot where I knew it would.

I went to the barn, grabbed the petrol can, put some fuel into the machine and drove it back up to the barn and parked it. I then sat down in a chair outside in the noonday sun and just knew that something wasn't right between my ears. After a few minutes of this extremely uncomfortable and unfamiliar sensation I did something that I'd never done before; I put my hand up and I asked for help. I called a friend and within half an hour he was with me and asking what was going on. I said that I didn't know, but I knew I needed professional help. My friend asked me who my doctor was and called them to ask for advice; they made an appointment for me straight away. After a few minutes of questions, the doctor said that he suspected that I was having a manic episode, and hit speed-dial button number one on his phone to call the mental health unit to make an appointment.

We went to the hospital after a nice cup of coffee which helped to relax me a bit. The team that interviewed me at the acute mental health unit quickly reached a consensus that I was probably having a manic episode and told me that there was a bed waiting for me in the unit.

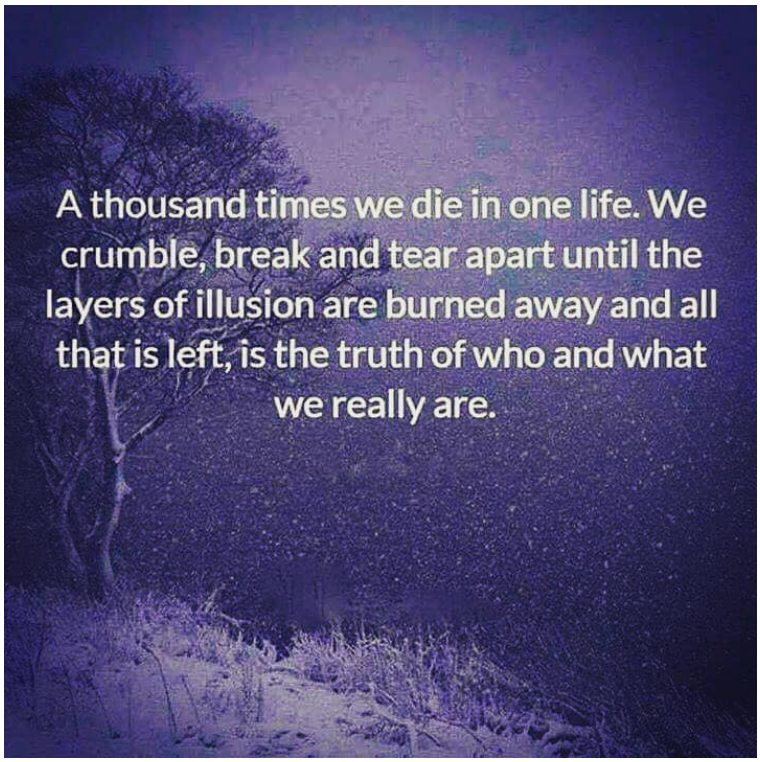
I was shown around the place by a friendly nurse; it was a nice space – deliberately a low-stimulus environment painted in nice subtle shades of green with wood trim and some really interesting artwork on the walls. Finally, I was shown to my room and given some time to myself. After a few minutes the nurse came into the room with a paper cup containing a small yellow pill, and a glass of water. Within a few seconds of swallowing the pill I felt completely normal again.

The most helpful part of my first stay in hospital was when one of the nurses gave me some photocopied pages from a book called the DSM IV – Diagnostic and Statistical Manual of Mental Disorders. This is the reference book that the professionals refer to when diagnosing a mental health condition. He had kindly photocopied the pages on Bipolar Disorder which I read with much interest. I was especially pleased to see the authors' names at the bottom of each page – they

often had more Ph.D. letters after their names than in their names. This filled me with confidence that I was in the right place, being looked after by well trained professionals who care deeply about their clients.

And so I surrendered myself into their care.

My first stay in the mental health unit lasted about 3 weeks until I was released from care and prescribed Epilim and Olanzapine. Sadly, the cure turned out to be worse than the disease; I started having terrible nightmares, and a terrifying sensation of falling horizontally into a deep dark abyss. In my dreams, I died a thousand deaths. When awake, I felt like my Mind was wading through mud – every thought was a struggle. Physically, I felt completely lethargic and unable to function, so I stopped taking the medication and within a few days I felt completely normal again.



And then after a few months my second manic episode happened. This was not such a pleasant experience because I had stolen a hot new Audi from the local dealership and taken it for a bit of a thrashing. Playing on the radio was Kiss – You Were Made for Loving Me – one of my ex's favourite songs, which fed right into the hallucination that we had some sort a telepathic bond. That afternoon the cops arrested me, sussed out that I was being manic and called the mental health unit who quickly visited me in the cells, confirmed that I was manic, and drove me back to the mental health unit.

They asked me why I had stopped taking the medication and I explained about the adverse effect they were having on me. So they put me on Lithium in a pill format. The result was the same – terrifying death nightmares, out-of-body

experiences, falling horizontally into a deep dark abyss, and general lethargy during the day.

Then one sleepless night, I thought ‘fuck it’ and let go; instead of fighting not to fall into the abyss, I threw myself into it. And that’s when I hit the bottom. Do you remember the childhood nursery rhyme of Humpty Dumpty fell off the wall? It was just like that. I threw myself into the Abyss, crashed and burned at the bottom, my ego shattered into a thousand pieces, and then turned around and started walking back up the hill. Only Humpty Dumpty can put himself back together again – with a bit of help from the professionals.

I’ve since learned that the dreams in which we die are representative of ego death. Since I learned that I haven’t had any more death dreams.

It happened one day when I was researching Phthalates – a group of chemicals used to make plastic more pliable. There is now a lot of information online about Phthalates and the effect that they have on the body. They are oestrogen mimicking compounds that are thought to be a significant factor in the rapid decline in male fertility.

It was only at the end of a 40-page scientific paper that I saw a reference in the footnotes which said “Phthalates are often found in the coatings of pharmaceutical pills.” It was a like a light-bulb went off in my head, and so I stopped taking my medications again.

I asked my pharmacist to look into it, and within a few minutes he confirmed that both the Epilim and the Lithium pills prescribed to me did indeed have Phthalates in the coatings of the pills.

Eventually, I ended up back in the ward for a third time. They asked me why I had given up my medications this time, and I explained about Phthalates and the effect they have upon the body, my thoughts about how they affect the mind (my hypothesis is that Phthalates shut down large parts of the pre-frontal cortex,) and I said I would like to have kids one day.

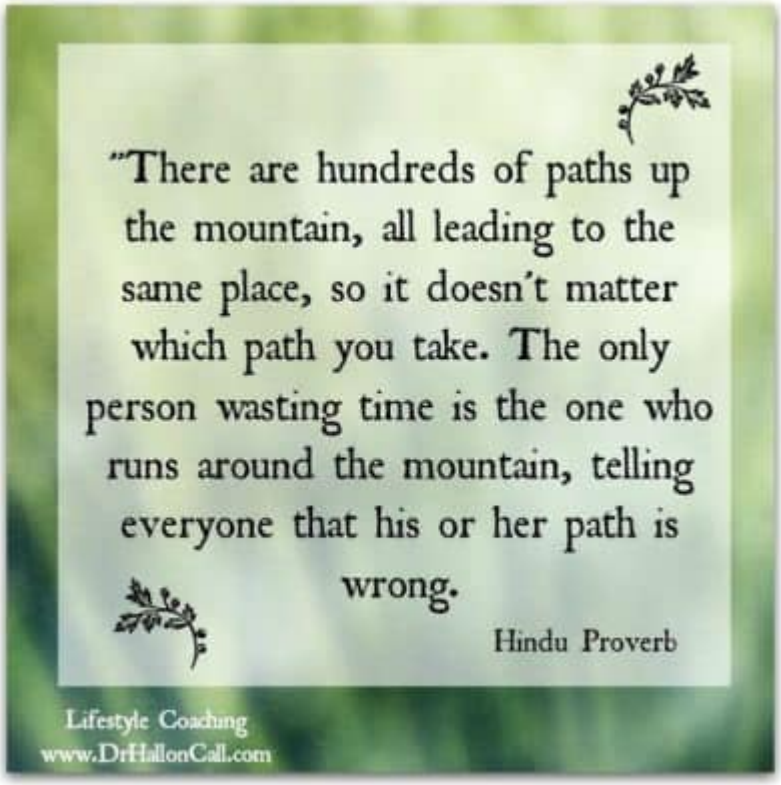
So they prescribed Lithium Carbonate in a gel capsule. (No Phthalates.) The difference was astonishing – nowadays it just feels like I’m taking multi-vitamins. It doesn’t zone me out too much, I have nice, vivid dreams, and I’m able to do a day’s work. If I feel like being creative, I can simply have a smoke, speed my brain up, and be creative again.

Anyway, watch out for Phthalates !!! Sometimes the Medsafe online drug data just says “Enteric Coatings.” If that’s the case you’ll need to dig a little deeper and ask the importer of the medicine (their helpline number or website should be listed on the packaging of your prescription, or in the enclosed data sheet) to let you know if Phthalates are found in the “Enteric Coating” of the pills you have been prescribed.

https://www.medsafe.govt.nz/

There were a number of factors that lead to a successful outcome in my mental health recovery. The most important factor was regular social contact with a community that accepted me as I was, without judgement. Regular contact with my friends was also a significant factor. Finally, I had a kete bag full of Jedi Mind Tricks that I'd picked up over the years from the likes of Tony Robbins who introduced me to NLP (Neuro Linguistic Programming) which I use to take me away from what I don't want in life, and towards what I do want in life.

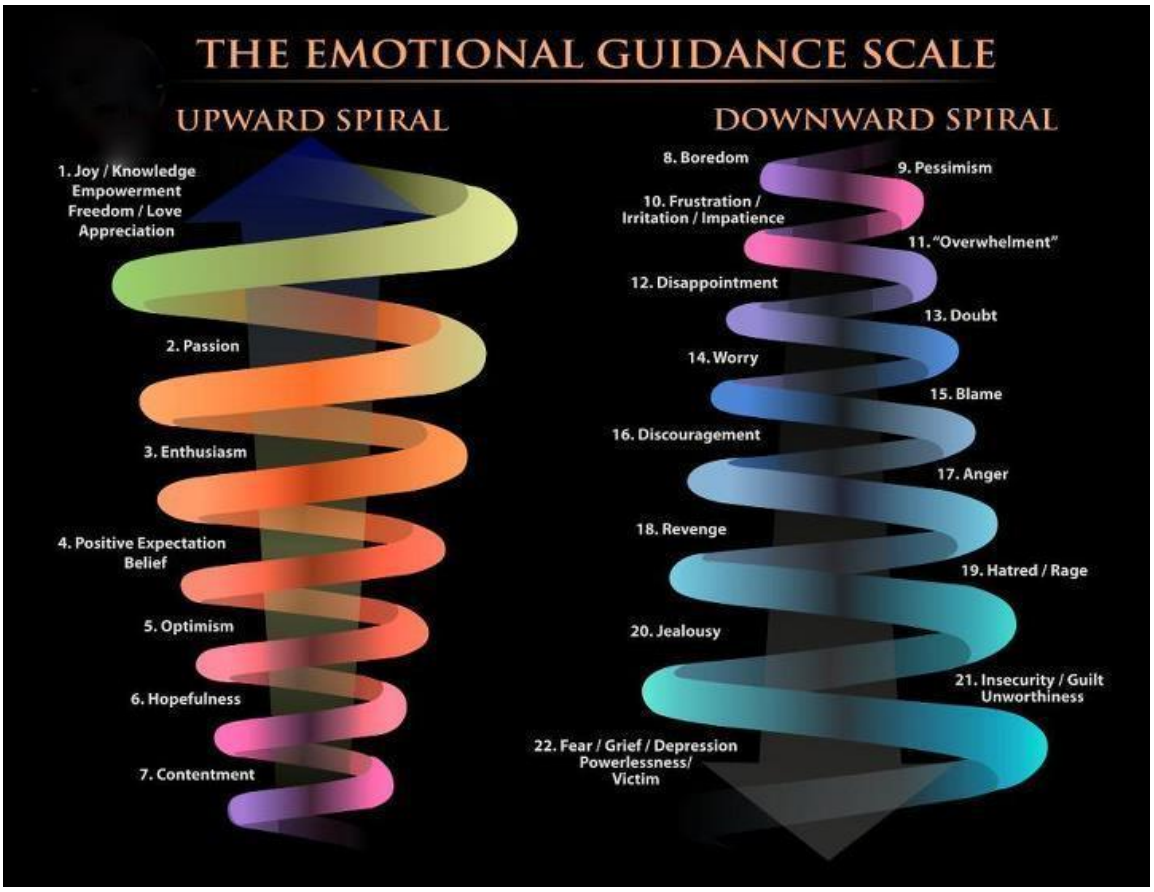
So that was just a brief insight into my 6-year journey through the mental health system, and what I found there. It's important to note – this was my own experience of the mental health system – your own journey is as unique as you are. And there are plenty of paths up the mountain. I hope your experience is just as healing for you as it was for me. Make no mistake – you're in for the ride of your life; you're going to have to face your demons and fight them to the death. That's why you are here. You are a spiritual warrior, and you are fighting for your soul. But relax - you're in safe hands; you're not alone.



I also would like to say that I am eternally grateful to the systems, processes and people that were there for me throughout my darkest days. I'm writing this guide as a way of giving something back. It's the information I wish I'd had right at the beginning of my journey – a guide to being a more informed mental health or

addiction service user, and a guide to help you get well again and to live a meaningful life.

I've now completed my studies and qualified as a Community Support Worker, which means that I have been instructed on how to work with clients with complex issues, and to help them in their quest to become well again. In this guide, I will share with you what some of that training involved, so that you know what to expect from your support worker and your clinical team; you will know the right questions to ask to get a better result for yourself, and for your Whānau.



I found this diagram extremely helpful on my journey. I could easily identify with the downward spiral that my life had become, hitting rock bottom, crossing "The Abyss" – the long dark night of the soul - and the climb back up to wellness. There's a reason it's called the Highway to Hell and the stairway to Heaven.

Let's Get Real

https://www.tepou.co.nz/initiatives/lets-get-real

Let’s Get Real is a document that describes the essential values, attitudes, knowledge and skills we need to deliver effective services in partnership with people who experience mental health and addiction needs, wherever and whenever they are in contact with health services.

Let's Get Real is an important foundation document for the mental health and addiction workforce. Since its launch in 2008, it has been used widely to determine the training needs of people seeking to work in the sector and was updated in 2018 to reflect the goals of the Ministry of Health, tāngata whai ora and their whānau. The changes in 2018 reflect an increased emphasis on te reo Māori me ona tikanga and places a greater focus on relationships with whānau, parents and tamariki.

The New Zealand Certificate in Health and Wellbeing has been developed with this document as it's basis for all content.

The Value of Values

You can expect your support worker to work according to the following values, plus a few of their own personal favourites. The value of values is that values drive behaviours, and behaviours drive outcomes. When we embrace wholesome values in our lives it focusses the mind more on what we do want, and less on what we don't want.

Support Worker Values

Respect We respect people and whānau who are accessing services, their world views, their values and the choices they make. We believe respect is fundamental to all human relationships.

Manaaki We support, care for, tend to and show generosity to others in all that we do. We seek to uphold the dignity and protect and enhance the mana of others through our work. We take time to know people and what is important to them, and to establish positive and authentic relationships.

Hope We believe that hope is fundamental to wellbeing, and that a life that has meaning and value for the person is always possible. We support people to have hope.

Partnership We work in partnership with people and whānau who are accessing services. We listen, hear and respect. We support choice, shared decision-making and equity. We value the strengths and expertise that people and whānau bring. We value the expertise of all colleagues, groups and services, and work in collaboration to support people and whānau.

Wellbeing We focus on wellbeing, encompassing all dimensions of health: tinana (physical), hinengaro (mental and emotional), whānau (social) and wairua (spiritual.) We support wellbeing as a key part of recovery.

Whanaungatanga We believe that a sense of connection and belonging is fundamental to wellbeing. We are in relationship with people and support their relationships with others, to enhance a sense of belonging for all. We value communities and connections to communities.

My Personal Core Values

Integrity	It's about doing the right thing, even if nobody is watching.
Service	The best way to find yourself, is to lose yourself in the service of others.
Responsibility	Responsibility is always taken, never given.
Clarity	I say what I mean, and I mean what I say.
Fun	We're here for a good time, not a long time.
Growth	Education is not something you can finish.

Attitudes

You can expect your support worker to display the following attitudes.

Compassionate	Welcoming, supportive, caring, sensitive, empathetic, understanding, patient, flexible, validating and empowering.
Genuine	Warm, friendly, self-aware, have aroha and a sense of humour.
Honest	Have integrity, professional, accountable, reliable, responsible and trustworthy.
Open-minded	Accepting, non-judgemental, non-discriminatory, culturally responsive.
Optimistic	Hopeful, positive, encouraging, inspiring, enthusiastic, innovative, creative, resilient, positive risk takers.

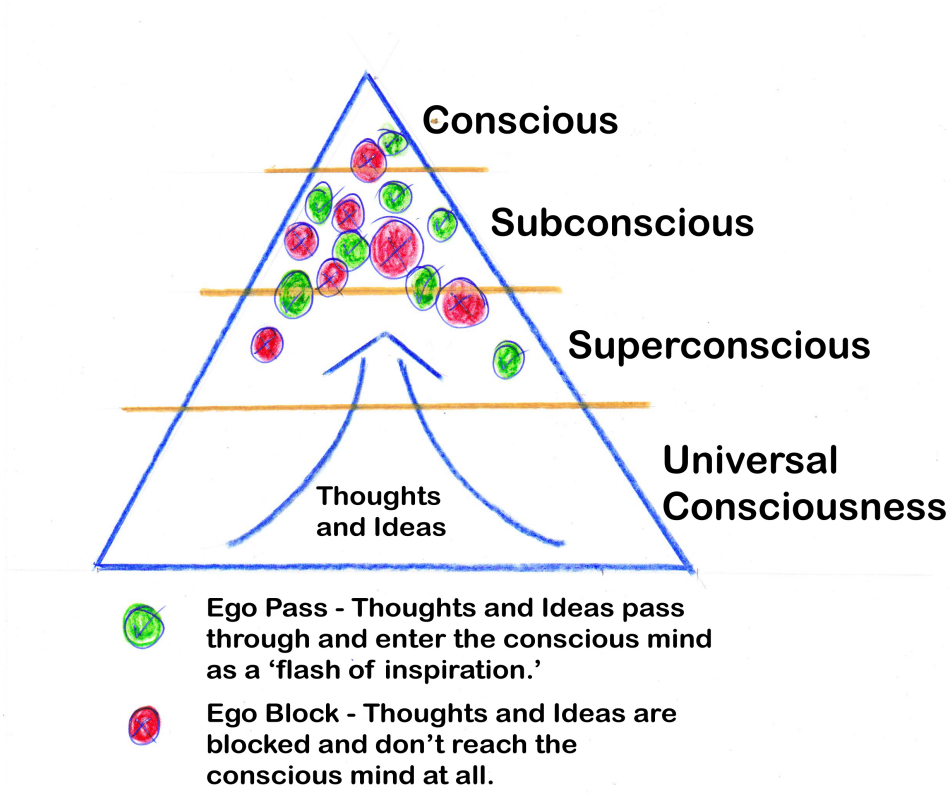
Your Inner World – Becoming Consciously Conscious

Unconsciously Unconscious	You are not even aware of your own awareness.
Consciously Unconscious	You become aware that you are not aware.
Unconsciously Conscious	You become aware, but you don't realise it.
Consciously Conscious	You are aware of your own awareness. (Self-actualised, Transcended, Enlightened.)

Consciousness

For me, spirituality is all about the dissolution of ego; it's about forgetting who we thought we were, and remembering who we really are. It's about looking inwards and discovering what lies within – the absolute divine and untold bliss.

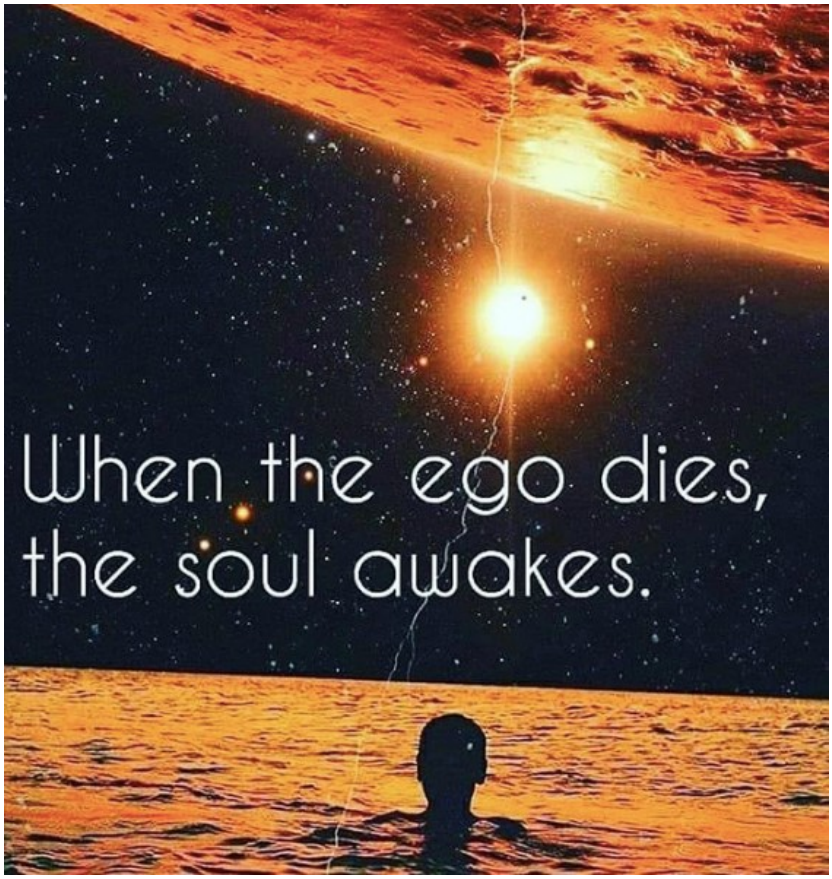
"Enlightenment is a journey that only ever begins; it never ends."



Your Ego.

Ego is a Latin word. It means 'I am' and represents all that you believe to be true about yourself. (Your Self-Concept.) Some egoic beliefs are wholesome and work for us (e.g. 'I am a hard worker') and other egoic programming might not be so wholesome or useful (e.g. 'I am unattractive to others.' The ego is like the operating system of a computer – it will obey every command that you give it (with conviction) which starts with 'I.' If you continue to say 'I am broke' for example, then your ego will do whatever it takes to make this come true. The sorts of ideas that will make it through to your conscious mind might be to buy a dodgy car that continually breaks down, or to buy another pack of cigarettes. If on the other hand you command your ego by saying "I am wealthy" then your subconscious mind will find all sorts of novel ways to make that come true for you – automatically.

Many ego blocks begin as trauma, for example if you were mistreated by strangers as a child you might begin to believe that all strangers cannot be trusted. Over the years this ego block will be engaged more and more until it becomes a significant barrier to trusting anybody at all. The ego also contains helpful and useful programming, such as "I am fit and healthy." The trick is to know the difference between egoic programming that works for us and amplify those beliefs, while at the same time identifying ego blocks that are having a detrimental effect in our lives and negating them. It gets easier with time and practice.



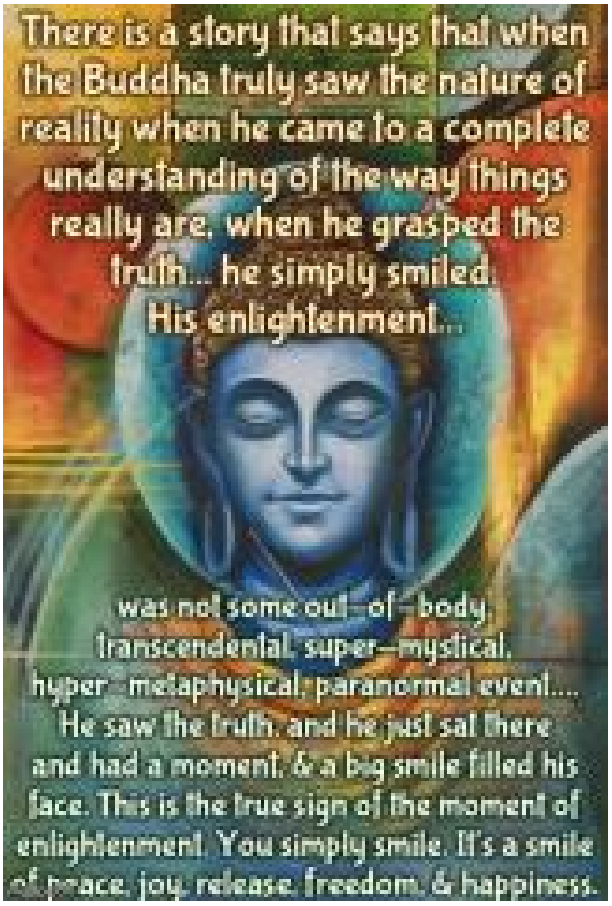
- The ego creates separation,
- Separation causes suffering,
- Suffering destroys ego.

It's like a snake eating its own tail; eventually the ego disappears and your true self is revealed in all its glory; you become enlightened.

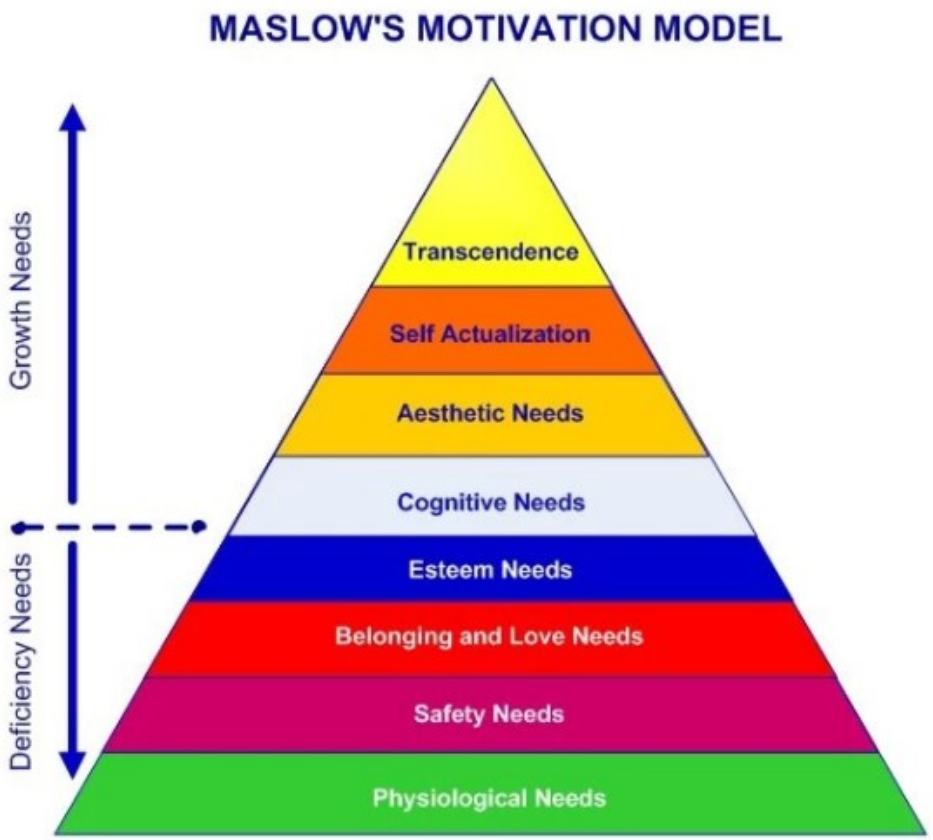
Enlightenment

Enlightenment refers to a state of spiritual or personal awakening and insight. This concept is often associated with Eastern religious and philosophical traditions, such as Buddhism and Hinduism. In these traditions, enlightenment is the ultimate goal, representing a state of profound wisdom, self-realization, and liberation from suffering.

For example, in Buddhism, "enlightenment" is often referred to as "Bodhi," and it is the state of awakening to the true nature of reality and the end of suffering (Nirvana). It is often associated with the historical Buddha, Siddhartha Gautama, who achieved enlightenment under the Bodhi tree.



Hierarchy of Needs



Abraham Maslow was a prominent psychologist who developed the Hierarchy of Needs, which is a theory of human motivation and psychological development. The theory suggests that people are motivated to fulfil certain needs in a hierarchical order, and only when the lower-level needs are satisfied can individuals progress to higher-level needs. The Hierarchy of Needs is typically depicted as a pyramid with five levels, from the most basic to the highest:

Physiological Needs: These are the most fundamental and include basic necessities such as food, water, shelter, and sleep. If these needs are not met, they take precedence over all other needs.

Safety Needs: Once physiological needs are satisfied, individuals seek safety and security. This can include physical safety, financial security, health, and stability in various aspects of life.

Love and Belongingness Needs: After safety needs are met, people desire social connection, love, and a sense of belonging. This includes forming relationships, friendships, and family bonds.

Esteem Needs: Once the lower-level needs are fulfilled, individuals seek self-esteem and the esteem of others. This involves gaining self-confidence, achieving personal goals, and earning the respect and recognition of others.

Self-Actualization Needs: At the top of the hierarchy is self-actualization. This represents the realization of one's potential, the pursuit of personal growth, and the fulfilment of one's unique talents and abilities. It is often associated with creativity, problem-solving, and a deep sense of purpose.

Maslow believed that people strive to move up the hierarchy, and the pursuit of higher-level needs only becomes possible once lower-level needs are reasonably satisfied. However, not everyone reaches the highest level of self-actualization, as it requires a significant degree of personal growth and self-awareness.

Affirmations and Meditation

Affirmations are a powerful way to reprogram our ego. Remember the 3 P's – Personal, Positive, and Present tense. My all-time favourite affirmation is "I am healthy, wealthy and happy."

Meditation is also really helpful when dealing with egoic programming. In fact, that's the whole point of meditation – to connect with yourself. Just sit in a comfortable chair, make sure that you'll have minimal noise or disruptions for half an hour, close your eyes and simply let your thoughts come to a stop. They will start again, and that's OK. Just notice, and again let your mind and thoughts come to a halt. I often like to listen to Ambient Music by David Parsons (on Spotify) which helps to distract my conscious mind. When you finally 'get it' meditation is a blissful experience – when this happens for you, you will know the meaning behind 'one hand clapping.'

Once you have meditated for 20 minutes, keep your eyes closed, and repeat in your mind whatever your current affirmation is for a further 10-20 minutes or so. If you really want to blast some cobwebs from your mind, write your affirmation down on a sheet of paper 50 times just like how your teacher instructed you to write lines in detention. It's an incredibly powerful way to reprogram yourself because it involves the kinaesthetic element of writing, it engages your imagination and also sub vocalization – saying the line in your head as you write it.

"I believe that something wonderful will happen to me today."

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Journaling

Journaling can offer a range of benefits, both for your mental well-being and personal development. Here are some of the key advantages:

- **Clarity and Insight:** Writing about your thoughts and feelings can help clarify your emotions and provide insight into your behaviours and patterns.
- **Stress Reduction:** Journaling can be a form of stress relief, allowing you to process difficult emotions and experiences.
- **Emotional Intelligence:** Regular journaling can enhance your emotional intelligence, helping you understand and manage your emotions more effectively.
- **Goal Setting and Achievement:** Journaling can be a valuable tool for setting and tracking goals, as well as reflecting on your progress.
- **Creativity:** Writing regularly can stimulate creativity and help you generate new ideas.
- **Self-Discovery:** Journaling can facilitate self-discovery and self-awareness, helping you better understand who you are and what you want.
- **Problem Solving:** Writing about challenges and brainstorming potential solutions can help you work through problems more effectively.
- **Memory and Comprehension:** Journaling can improve your memory and comprehension by helping you process and retain information.
- **Healing and Recovery:** Journaling can be a therapeutic tool for healing from past traumas or difficult experiences.
- **Personal Growth:** Overall, journaling can support your personal growth and development by providing a space for reflection and self-expression.

The benefits of journaling can vary from person to person, but many people find that regular journaling can have a positive impact on their mental health and well-being. If you are struggling to start, simply grab a sheet of paper and a pen and start writing the very first thing that pops into your head –and keep going. It doesn't matter if the first thing that pops into your head is a Rainbow coloured Unicorn – just write about that and your thoughts (and writings) will soon turn to more meaningful topics.

My own very private journal is called "Reflections." In it I occasionally record what the Universe is reflecting back to me - which informs me about what I need to work on in myself. Most of the time the Universe brings me in contact with lovely, nice and intelligent people, which is awesome because that means that I am radiating these qualities and values and behaviours myself and they are being reflected back to me. Occasionally the Universe sends me a wanker or two, and that means I have to look at my own demons and give them another beer...

What we like about our friends is what we like about ourselves. What we hate about our enemies is what we hate about ourselves. This is why Buddha says that we have more to learn from our enemies than from our friends

The Psychic Firewall

The main principle behind the Psychic Firewall is that evil does not like its own image. When an evil entity emerges from the aether and sees itself magnified in a concave mirror it will turn around and head back from where it came from at a high velocity. It won't be drawn to you at all – it will be repelled. On the other hand, anything good and wholesome that emerges from the aether will like what it sees in your mirror/firewall and be drawn into your consciousness effortlessly.

Mirror Gazing :: A Great Meditation Technique To See Your Original Face

There are many methods to help you to encounter the unconscious. I will suggest a simple exercise that will help you to encounter it.

At night, before you go to bed, close the doors of your room and put a big mirror in front of you. The room must be completely dark. Then put a small flame by the side of the mirror in such a way that the flame is not directly reflected in the mirror. Just your face should be reflected in the mirror, not the flame.

Stare constantly into your own eyes in the mirror. Do not blink. This is a forty-minute experiment, and within two or three days you will be able to keep your eyes from blinking for the whole forty minutes. Even if tears come, let them come, but still do not blink and go on staring into the eyes.

Within two or three days you will become aware of a very strange phenomenon: your face will begin to take on new shapes. You may even be scared. The face in the mirror will begin to change; sometimes a very different face will be there -- one which you have not known as yours. But all the faces that come to you belong to you. Now the subconscious mind is beginning to explode: these faces, these masks, are yours. And sometimes you may even see a face that belonged to you in a past life.

After one week of constant practice -- staring for forty minutes every night -- your face will be a constant flux. Many faces will be coming and going constantly. After three weeks you will not be able to remember which one is your face. You will not be able to remember your own face, because you have seen so many different faces coming and going.

If you continue, then one day, after three weeks or so, the strangest thing will happen: suddenly there will be no face in the mirror! The mirror will be vacant. You are staring into emptiness; there will be no face there at all.

This is the moment! Close your eyes and encounter the unconscious. When there is no face in the mirror, just close the eyes. This is the most significant moment: close the eyes, look inside, and you will face the unconscious. You will be naked, completely naked -- as you are; all deceptions will fall.

This is your reality, but society has created so many layers in order that you will not be aware of it. And once you know yourself in your nakedness, your total nakedness, you will begin to be a different person. Then you cannot deceive yourself; now you know what you are.

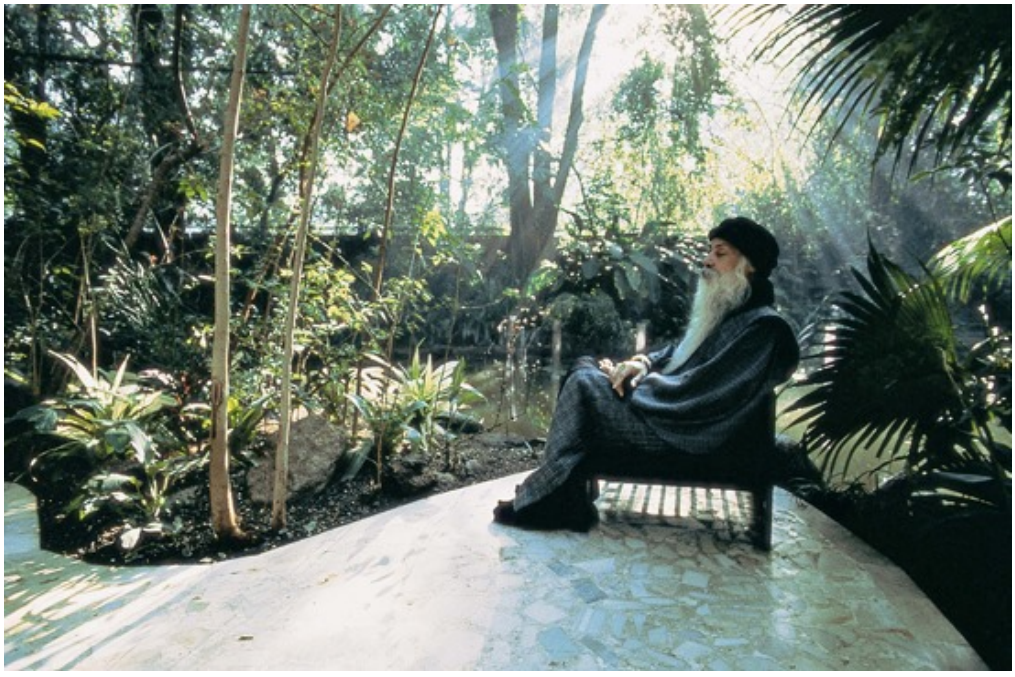
Unless you know what you are you can never be transformed. Only this naked reality can be transformed. And, really, just the will to transform it will affect the transformation.

As you are, you cannot transform yourself. You can change one false face to another false face -- a thief can become a monk, a criminal can become a saint -- but these are not really transformations. Transformation means becoming that which you really are.

The moment you face the unconscious, encounter the unconscious, you are face to face with your reality, with your authentic being. The false societal being is not there: your name is not there, your form is not there, your face is not there. Only the naked reality of your nature is there, and with this naked reality transformation is possible.

This mirror-gazing technique is a very powerful method -- very powerful -- to know one's own abyss and to know one's own naked reality. And once you have known it, you have become the master of it.

- OSHO



Mental Health and Wellbeing

Your most important asset isn't your car, your house, or even your professional expertise; it's your mental health.

The following factors contribute to optimal mental health and wellbeing.

Diet

Food Combining is a diet which essentially recommends that we don't mix proteins and carbohydrates in the same meal. This is because it requires an acid in the stomach to digest protein, and an alkali to digest carbohydrates in the small intestine. When you mix proteins and carbohydrates in the same meal the acids and alkali cancel each other out, meaning that the food is not properly digested and can become rotten and produce toxins, leading to numerous illnesses and diseases such as lethargy, irritability, and skin problems such as psoriasis for example.

Food Combining is a more efficient way to eat food and gives rise to more energy, better sleep, and less digestive problems such as a bloated tummy or irritable bowel syndrome.

Hydration

The brain is composed of approximately 73% water. If we are considering factors that have an impact upon the brain and its chemistry, I believe that it makes sense to start with the quality and quantity of water that we consume. (I sometimes wonder if dehydration was a factor in my first manic episode; it was a hot day.)

"You are not sick, you are thirsty." *Dr. Fereydoon Batmanghelidj*

Exercise

Exercise has an especially positive effect on our overall feelings and positive outlook in life. This is because during exercise the brain releases a variety of chemicals that not only help to relax us, but also lower stress and anxiety levels. The hormones released during exercise include gamma-aminobutyric acid (GABA), serotonin, oxytocin, dopamine, and endorphins. The release of these mood enhancing chemicals, combined with raised levels of oxygen in the bloodstream help to improve our mood and help us to feel good about ourselves.

Connection

Man is a social animal – we suffer when we feel alone and we thrive when we are part of a loving and supportive community. Friendships offer a number of mental health benefits, including increased feelings of belonging and purpose, increased levels of happiness, reduced levels of stress, and improved self-worth and confidence.

Worthy Goals

According to Brian Tracy - a world leading expert in human potential -

"People without goals are forever destined to work for people <u>with</u> goals."

In my experience people can often become focused on what they *don't* want in life. Goal setting, meditation, vision boards, anchors and affirmations can all be used to help people to focus on what they *<u>do</u>* want in their lives.

Oppositional Defiant Disorder

All children act out sometimes, but children who have oppositional defiant disorder (ODD) have a well-established pattern of behaviour problems that are more extreme than their peers. One way to distinguish between typical disruptive behaviour and ODD is how severe the behaviour is and how long it lasts. In order to be diagnosed with ODD kids need to have had extreme behaviour issues for at least six months.

Children who have ODD will have a well-established pattern of behaviour problems, including the following symptoms:

- Being unusually angry and irritable
- Frequently losing their temper
- Being easily annoyed
- Arguing with authority figures
- Refusing to follow rules
- Deliberately annoying people
- Blaming others for mistakes
- Being vindictive

When responding to these repeated behaviour problems, parents are often pushed to an extreme and may become either more permissive or more coercive. Unfortunately, neither extreme will effectively change their child's behaviour, and instead may inadvertently lead to more negative interactions and hostile patterns of behaviour that become routine. One hallmark of ODD is the toll it takes on family relationships.

Some children with ODD may also struggle with disruptive behaviour in school, but it isn't uncommon for a child to only struggle at home with family members.

There is a very high overlap in kids who have ADHD and ODD. Children who have ADHD are prone to be distractible and impulsive, which often sets them on a collision course with behaviour expectations. Repeated patterns of negative interactions with parents and other authority figures can lead to developing ODD.

Children who had a lot of difficulty soothing themselves as toddlers and continue to struggle to manage emotions like frustration and disappointment as they mature may be at risk of developing ODD. Experiencing life stress and trauma can also be a risk factor for developing ODD.

For a child to be diagnosed with ODD a child must have a pattern of disruptive behaviour including at least four symptoms from the following categories:

- Angry/Irritable Mood
- Often loses temper
- Is often touchy or easily annoyed
- Is often angry and resentful
- Argumentative/Defiant Behaviour
- Often argues with adults
- Often actively defies or refuses to comply with requests from authority figures or with rules
- Often deliberately annoys others
- Often blames others for their mistakes or misbehaviour
- Vindictiveness
- Has been spiteful or vindictive at least twice within the past 6 months

In order to be diagnosed with ODD a child must have had a pattern of behaviour problems lasting at least six months and involving at least one individual who is not a sibling.

Clinicians will evaluate the frequency, intensity and duration of a child's symptoms, as well as the impairment caused by them, when making a diagnosis. This will involve taking a detailed history of the child's behaviours in various situations. Since children with ODD may show symptoms only in one setting — usually at home — and are more likely to be defiant in interactions with adults and peers they know well, the symptoms may not be in evidence in the clinician's office.

ODD is typically diagnosed around elementary school ages.

ODD is treatable, usually with behavioural therapy or a combination of behavioural therapy and medication.

Psychotherapeutic: When treating a child for ODD, repairing the parent-child relationship is a priority. This means that parents play a big role in treatment. Parent training programs are frequently recommended to help parents learn to train their child's behaviour through setting clear expectations and consistently praising kids when they follow through and using effective consequences when they don't.

Parent training programs might include sessions with parents and children working together, or just parents alone. Some different programs include:

- Parent-Child Interaction Therapy (PCIT)
- Parent Management Training (PMT)
- Defiant Teens
- Positive Parenting Program (Triple P)
- The Incredible Years

Some children might also benefit from social skills training to improve their peer relationships or cognitive behavioural therapy (CBT) if they are struggling with anxiety or depression. Children struggling with extreme emotional dysregulation may benefit from dialectical behaviour therapy (DBT).

Pharmacological: There is no FDA-approved medication for ODD. However, antipsychotic medications like Abilify (aripiprazole) and Risperdal (risperidone) are frequently prescribed if a child is at risk of being removed from school or the home.

Stimulant medication may be prescribed if a child also has ADHD or is struggling with excessive impulsivity. Children with underlying depression or anxiety may be prescribed an antidepressant (SSRI).

A small percentage of children diagnosed with ODD will go on to develop conduct disorder. Conduct disorder is a more severe behaviour disorder that includes criminal acts like stealing, setting fires and hurting people. Getting treatment sooner rather than later makes this less likely.

Conduct Disorder

Conduct disorder (CD) consists of socially unacceptable, disruptive, and aggressive emotions and behaviours. These behaviours are usually discovered during childhood or adolescence, although they can appear at any age. People with conduct disorder may carry themselves with conviction but can act inappropriately without feeling any remorse. To outside observers, they appear angry, disobedient, and careless, but the behaviour is caused by a mental health condition.

People with conduct disorder are usually aggressive and often refuse to follow the rules. They can be difficult to control and act without considering moral consequences. It is possible that someone with conduct disorder may harm others — for example, by bullying — and excessive drug or alcohol use is also a common concern. The symptoms can be mild, moderate, or severe.

People with conduct disorder have damage to their frontal lobes, the part of the brain responsible for cognitive skills including problem-solving, judgment, and emotional behaviour — essentially, it affects the personality of each individual and how they communicate. If the frontal lobe works improperly, people have difficulty learning from negative experiences and often act impulsively. Damage to that part of the brain can be inherited or caused by an injury.

Apart from genetics, a child or adolescent may develop conduct disorder due to dysfunctional or abusive home environments, sexual abuse, exposure to excessive alcohol or drug use by caregivers, inconsistent discipline from parents, and traumatic events. Children with ADHD, learning disabilities, or mood disorders are also more likely to have conduct disorder.

Males are more often diagnosed with childhood-onset conduct disorder than females, and some issues that arise include poor peer relationships, lying, and destructive behaviour. Left untreated, children with this disorder may develop other problems as they age, which compounds problems with treatment. Generally, symptoms of this type of conduct disorder appear before puberty.

Unlike children, adults with this disorder may not be aggressive and often have normal relationships with their peers. They are also less likely to develop additional mental health issues related to conduct disorder. However, they may have difficulty keeping jobs, develop an antisocial personality, and become involved in risky, harmful behaviours.

Several factors can increase the risk of developing conduct disorder. Neglected children and those growing up in extreme poverty or who are left alone for long periods of time may be at a higher risk. A family history of mental health illnesses can also contribute.

Mental health professionals ask questions to determine whether a client has conduct disorder. The doctor may ask a parent if their child is showing signs of

aggression, lying, or performing harmful acts towards others, including animals. Before a child is diagnosed with conduct disorder, they must have displayed a pattern of unacceptable behaviour in the past 12 months with at least one unacceptable behaviour in the past six months.

Depending on the cause, children who develop conduct disorder due to other mental health conditions may be prescribed medications or placed in foster homes if a negative environment is deemed the likely cause. Usually, a mental health professional uses behaviour or talk therapy to treat children and adolescents with conduct disorder. These therapies are proven to help individuals express their emotions appropriately and manage disruptive or aggressive behaviour.

If aggressive behaviour is not managed or treated properly, it is much more difficult for a person with conduct disorder to adapt to their environment and interact with others. This can lead to poor relationships and difficulty getting or holding down a job. Proper diagnosis and comprehensive treatment of this condition are imperative to the healthy development of people with conduct disorder.

Maintaining a healthy lifestyle is just as important as medical treatment to adults and children with conduct disorder. Physical exercise, including aerobics, yoga, jogging, and other cardiovascular activities, can help. People with this condition should get adequate sleep every night and eat well-balanced meals. Healthy relationships with family and friends are also important.

Borderline Personality Disorder

People who experience borderline personality disorder have a pattern of having very unstable relationships, having difficulty controlling emotions, moods and thoughts, and behaving recklessly or impulsively.

Overall, ten different types of personality disorder have been identified. A diagnosis of personality disorder is only made where the person's problems result in significant difficulty in their day to day activities and relationships, or cause significant distress.

Just as we have physical features that make us who we are, we also have our own distinct personality features. Our personality is the way we see, think about, and relate to ourselves, other people, and the wider world – whether we see ourselves as good or bad, trust or mistrust others, or see the world as a good or bad place.

The term "personality disorder" implies there is something not-quite-right about someone's personality, but that is actually not what is meant by the term. The term "personality disorder" helps health professionals group a set of typical features for people with aspects of their personality that they, and others, may find difficult to deal with.

People experiencing a personality disorder are often out of step with others and with their community or culture and their personal and wider social lives may be considerably disrupted.

Who Gets BPD?

Borderline Personality Disorder (BPD) is diagnosed in around 2% of adults and in up to 20% of people using mental health services. It is more commonly diagnosed in women than men.

It is often assumed that borderline means ‘a marginal but not full-blown disorder’. This is not accurate. People with BPD are frequently in significant emotional pain.

It was originally thought to be on the ‘border’ between psychosis and neurosis – that’s how it got its name. We now understand people with BPD experience difficulty managing their feelings and this impacts their relationships and behaviour.

A personality disorder such as BPD will show up by late adolescence or early adulthood. It remains relatively stable throughout adult life, and can gradually improve with increasing age. This is in contrast to other mental health conditions, which come and go over time, with periods of illness interspersed with periods of wellness.

The risk of suicide in people who experience a personality disorder is significant. It is important that if you are having any suicidal thoughts you seek help immediately.

Signs to Look For (Symptoms)

People with borderline personality disorder may experience mood swings and display uncertainty about how they see themselves and their role in the world. As a result, their interests and values can change quickly.

People with borderline personality disorder also tend to view things in extremes, such as all good or all bad. Their opinions of other people can also change quickly. An individual who is seen as a friend one day may be considered an enemy or traitor the next. These shifting feelings can lead to intense and unstable relationships.

People with BPD experience some or all of the following:

- Frantic efforts to avoid real or imagined abandonment
- Intense fear of being alone
- A pattern of unstable and intense interpersonal relationships
- Impulsiveness (potentially self-damaging)
- Intense anger, that does not fit with the situation, or difficulty controlling anger
- Recurrent suicidal behaviour (about 10% of people with BPD take their own lives)
- Recurrent self-harm (up to 75% of people with BPD self-injure one or more times)
- Ongoing feelings of emptiness
- Experiencing minor problems as major crises
- ‘Black and white’ thinking which often means switching between love and hate in personal relationships
- The use of self-destructive coping mechanisms to express anger, frustration, desperation and unhappiness
- Difficulty trusting, which is sometimes accompanied by an irrational fear of other’s intentions.

The severity and frequency of symptoms and how long they last will vary depending on the individual and their history of distress.

People with BPD may develop other mental health conditions, particularly if stressed. These include eating disorders, social phobia, bipolar disease, post-traumatic stress disorder, depression and drug and alcohol abuse.

It is vitally important for people with personality disorders to learn ways of coping with stress and to seek help early should any of these other conditions arise. It is important to get diagnosis and treatment as early as possible. With the best possible treatment there is evidence to show people with BPD can live well.

If you think you have a personality disorder, or you are worried about a loved one, it's important to talk to your GP or counsellor or someone else you can trust as a first step to getting the important help you or they need.

What causes BPD?

Unfortunately, the causes of BPD are not certain. There is good evidence that development of personality is a combination of our genes and our environment/upbringing.

People with a personality disorder have often experienced trauma or very difficult times, including abandonment, sexual or physical abuse, traumatic experiences, being in an unhappy family/whānau, feeling alienated from people and society, or alienated from their culture or from their faith, or not living up to people's expectations.

Other people with personality disorders cannot identify things that have gone wrong in their lives. They may agree or feel their disorder is genetic. Many believe it is a combination of these things.

It's important to remember that it is not your fault you experience a mental health problem.

Factors that may be important include:

Family history: People who have a close family member (such as a parent or sibling) with the disorder may be at a higher risk of developing BPD or BPD traits

Sensitivity: People who are emotionally sensitive and reactive may be more likely to be diagnosed with BPD. Being sensitive is not a bad thing but people with BPD find it difficult to learn to manage their feelings.

Brain factors: Studies show that people with borderline personality disorder can have structural and functional changes in the brain especially in the areas that control impulses and emotional regulation. It isn't clear whether these changes are risk factors for the disorder or caused by the disorder.

Environmental, cultural, and social factors: Many people with borderline personality disorder report experiencing traumatic life events, such as abuse (sexual, physical and/or emotional), abandonment, or adversity during childhood.

Others may have been exposed to unstable, invalidating relationships, and hostile conflicts. Alienation from culture or faith can be a factor; so can emotional neglect or attachment difficulties in childhood, separation and loss. Similarly, an 'invalidating environment' where the person's feelings are denied, ridiculed, ignored or judged as "wrong" can be factors.

How The Doctor Determines if You Have BPD (Diagnosis)

People with personality disorders such as BPD often do not seek out treatment until the disorder starts to significantly impact their life. Because people with BPD often experience other mental health conditions which may be very similar to symptoms of BPD, it can be difficult to diagnose.

There is no test for BPD. Once you have spent some time talking to your GP, they will refer you to a mental health professional qualified to diagnose and treat people with this condition.

A diagnosis for BPD is made after talking with you about what you have been experiencing, especially around your level of personal functioning and personality traits that may suggest a particular personality disorder.

For this reason, it's important the mental health professional gets a full picture of the difficulties you have had, both from you and your family/whānau or others who know you well if appropriate.

To be diagnosed as having a personality disorder, your pattern of behaviour will be causing you significant distress or difficulty in personal, social, cultural, spiritual and/or work situations. A careful and thorough medical exam can also help to rule out other possible causes of symptoms.

BPD is usually not diagnosed in children.

Aims of therapy

For many people with BPD, important goals are:

- To overcome emotional problems (such as depression, anxiety and anger)
- To find more purpose in life (e.g. by making a positive contribution to their community)
- To build better relationships
- To learn to trust other people
- To learn how to understand, be kind to, and live with yourself
- To re-connect with your culture and/or faith
- To improve physical health.

Therapy options

Treatment of BPD can involve several things, each of which will be tailored to meet your individual needs. Psychological therapies or counselling are generally seen as the best treatment for personality disorders with medication added only if required.

This may include individual, couple, family/whānau and/or group therapy. Successful therapy should:

- Be well structured
- Focus on strengths
- Focus on cultural and faith issues if applicable
- Have a clear focus, whether the targets are behavioural or interpersonal
- Provide a framework for coping with risk and suicidality
- Be well-integrated with other services
- Reduce blame or criticism of clients.

These therapies involve a trained professional who uses clinically researched techniques to assess and help people to make positive changes in their lives. Therapists may come from many disciplines; for example: psychologists, nurses, occupational therapists, psychiatrists and social workers.

They may involve the use of specific therapies such as:

Dialectical Behaviour Therapy (DBT) has been found to be effective for people with BPD. DBT, which was developed for individuals with borderline personality disorder, uses concepts of mindfulness and acceptance or being aware of and attentive to the current situation and emotional state. DBT also teaches skills to control intense emotions, reduce self-destructive behaviours, and improve relationships.

Cognitive Behavioural Therapy (CBT) focuses on overcoming unhelpful beliefs and learning new strategies. CBT can help people with borderline personality disorder identify and change core beliefs and behaviours that underlie inaccurate perceptions of themselves and others and problems interacting with others. CBT may help reduce a range of mood and anxiety symptoms and reduce the number of suicidal or self-harming behaviours.

Counselling may include some techniques referred to above, but is mainly based on supportive listening, practical problem solving and information giving.

DBT and CBT approaches are the most effective but must be continued over a significant period of time, often for a year or more.

Problem Solving/Skill Training

This is often part of an overall approach, but can also be learnt in special skills training groups. They aim to help you learn more effective ways of dealing with problem situations.

All types of therapy/counselling should be provided to you and your family/whānau in a manner that is respectful of you, and with which you feel comfortable and free to ask questions. It should be consistent with and incorporate your cultural beliefs and practices.

Medication

Medication is generally used for treating any other mental health condition that you may be experiencing, (e.g. depression.) It may also be useful as a short-term strategy to help with coping in times of extreme stress or distress.

If you are prescribed medication you are entitled to know:

- The names of the medicines
- What symptoms they are supposed to treat
- How long it will be before they take effect
- How long you will have to take them for and what their side effects (short and long-term) are.

Physical health

It's really important to look after your physical wellbeing. Make sure you get an annual check-up with your doctor. Being in good physical health will also help your mental health.

Other strategies to help BPD

General coping strategies that can help you:

- Talk to your therapist/doctor about treatment options and stick with treatment
- Try to maintain a stable schedule of meals and sleep times
- Engage in mild activity or exercise to help reduce stress
- Set realistic goals for yourself

- Break up large tasks into small ones, set some priorities, and do what you can, as you can
- Try to spend time with other people and confide in a trusted friend or family member
- Tell others about events or situations that may trigger symptoms
- Expect your symptoms to improve gradually, not immediately
- Identify and seek out comforting situations, places, and people
- Continue to educate yourself about this BPD realising that everyone is different.

What Can I Do to Help Myself?

You're the expert in your own mental health and wellbeing. Taking charge of your mental health and doing things that make you feel better, stronger and more in control will help.

Make a list of things that feel good and keep it on your phone, your diary or on the fridge. When you're struggling, check your list and pick one thing you can do right now that might help.

These may include:

- Learning your particular early warning signs or triggers by keeping a mood diary
- Identifying and reducing stressful activities
- Ensuring you are eating healthy food
- Using relaxation exercises, yoga, meditation or massage
- Getting enough sleep (this can be difficult for new parents, but sleeping when you can is important)
- Spending time in nature – even just sitting in the sunshine listening to the birds singing for a few moments can be really helpful
- Getting some exercise
- Peer support (e.g. support groups)
- Support from people with the same background as you (if you feel that is important to you; e.g. age, ethnic group, sexual orientation)
- Getting support from family/whānau, friends, therapists
- Humour: comedies on TV, funny movies

- Cut back on non-prescribed drugs and alcohol
- Fun: Make sure you regularly do things that you enjoy and that give your life meaning
- Being kind to yourself and others
- Practices from your own culture (e.g. Māori or Pasifika therapies)
- Write a ‘relapse plan’.
- Looking after yourself
- Looking after yourself & your family

There are many things you can do towards maintaining your own or someone else’s wellbeing.

Having a “Wellbeing Plan”

Many people find that having a written plan, developed together with your GP/psychiatrist can help you to feel you’re in control if difficult feelings return.

Make sure others (i.e. family/whānau, partners, and community mental health staff) are aware of your plan and what you’d like to happen if you become unwell again.

Plans can detail (in your own words) symptoms, what can trigger these feelings and what things help you. They can also list the numbers of support people, helplines and more, and outline what you’d like to happen if you need professional support.

It’s a good idea for this plan to detail what your support people can tell family/whānau/friends about your health and what treatment you have found helpful in the past. These can all help to ensure that you get the support and professional help that you need.

Important Strategies to Support Someone Else’s Recovery

Family, whānau and friends of someone with a personality disorder such as BPD have found the following strategies important and useful.

- Remember people with these conditions tend to easily take words and actions the wrong way. It’s important to be very clear in what you say, and to be willing to clarify your meaning or intention if you get a bad reaction. It’s also important not to take these reactions personally, but see them as a result of the person misinterpreting you.
- Learn what you can about the condition, its treatment, and what you can do to assist the person.

- Take the opportunity, if possible, to contact a family or whānau support, advocacy group or faith-based or culturally appropriate organisation. For many, this is one of the best ways to learn about how to support the person, deal with difficulties, and access services when needed.
- Encourage the person to continue treatment and to avoid alcohol and drug abuse.
- Find ways of getting time out for yourself and feeling okay about this. It's important to maintain your own wellbeing.
- One of the biggest barriers to recovery is discrimination. This stops many people from seeking professional help. It is also why stopping discrimination and championing understanding, respect, rights, and equality for people with mental illness is just as important as providing the best treatments and therapies.

Anxiety

In stressful situations we all get anxious, and that's completely normal.

If we have money worries or a sick loved one, we feel stressed and worried. If we see an item on TV that is disturbing, such as a terror attack, we feel horror, temporary distress and dismay, yet we continue with our activities and can put it out of our minds. However, some people may see the same item on TV and suffer considerably more distress and worry. They may be up all night worrying about what to do if such an attack came to their town, and this worry can go on for days.

This type of ongoing, all-over anxiety is called Generalised Anxiety Disorder (GAD).

If you experience this level of anxiety, you feel worried about many things. You worry about your finances, your family, your car, your pets, literally anything can cause concern. Sometimes even thinking about how to get through your day makes you feel anxious. This is mentally and physically exhausting.

It's common for people with GAD to have other conditions such as depression, or other anxiety disorders. These anxiety-related disorders can include:

Panic attacks – where you have a sudden and severe surge of anxiety and fear that happens in response to something in particular that affects you (a trigger).

Obsessive-compulsive disorder (OCD) – where you have obsessive, uncontrollable thoughts and perform deliberate repetitive actions (compulsions).

GAD comes on gradually and can begin at any time in your life, though the risk is highest between childhood and middle age.

Anxiety levels in most people with GAD fluctuate – when their anxiety level is mild, people with GAD can function socially and be gainfully employed. When their anxiety is severe, some people may have difficulty carrying out the simplest daily activities.

What Causes Anxiety?

It is unknown exactly what causes GAD. What is known is that the wiring of some areas of the brain are affected in those with GAD and other anxiety disorders, and scientists continue to try to understand what that means and how it could lead to a better understanding of the condition and how to provide better treatment for those who experience it.

There is also a family, or genetic link. A person with a family history of anxiety disorder or obsessive compulsive disorder is more prone to develop this type of problem.

Symptoms

The symptoms of GAD can vary between individuals and, over time, within an individual. You may notice better and worse times of the day. And while stress doesn't cause generalised anxiety disorder, it can make the symptoms worse.

People with GAD will usually:

- Expect the worst
- Worry excessively about money, health, family or work, when there are no signs of trouble
- Be unable to relax, enjoy quiet time, or be by themselves
- Avoid situations that make them anxious
- Be irritable
- Have constant worries running through their head
- Have difficulty concentrating or focusing on things
- Feel edgy, restless or jumpy
- Suffer from stomach problems, nausea, diarrhea
- Suffer from poor sleep
- Need to know what's going to happen in the future.

Children and Young People

If a child has GAD, their worries focus on their family, school and what could happen in the future, especially with their parents. Children and teens with GAD often don't realize that their anxiety is out of proportion to the situation, so adults need to recognise their symptoms.

As well as many of the symptoms that appear in adults, children with GAD may have:

- A fear of making mistakes
- "What if" fears about situations far in the future
- A feeling that they're to blame for any disaster, and their worry will keep tragedy from occurring
- A need for frequent reassurance and approval.

Diagnosis

There is no test to diagnose GAD, and it can be somewhat hard to determine because it does not have some of the more noticeable symptoms of other anxiety disorders.

A diagnosis is made by your health professional, i.e. doctor, psychiatrist or clinical psychologist, based on whether you (or your child) have some or all of the typical symptoms, and the length of time you have had them.

Your health professional is likely to say you have GAD if you've felt anxious most days for over six months. For this reason, it's important that he or she spends time with you to get a full understanding of what has been going on.

Treatment options

Treatment of GAD can involve a number of aspects, each of which is tailored to your individual need.

For most, a combination of medication and talking therapies, such as counselling, can be effective.

Medication

Your doctor may prescribe antidepressants. Finding the right medication can be a matter of trial and error – there is no way to predict which medication will be effective and tolerated (have fewer troublesome side effects) by any one person.

If you are prescribed medication you are entitled to know:

- The names of the medicines
- What symptoms they are supposed to treat
- How long it will be before they take effect
- How long you will have to take them for and what their side effects are (short and long term).

If you're breastfeeding no medication is entirely safe. Before making any decisions about taking medication at this time you should talk with your doctor about the potential benefits and problems.

An assessment by a psychiatrist specializing in child and adolescent mental health problems should be undertaken before medication is prescribed for children and adolescents. Your doctor will help you find an appropriate psychiatrist.

Talk to your doctor if you are considering stopping treatment, and work with them to find some compromise that will ensure continuing wellness but address your concerns about the treatment.

It is very important that any decision to stop medication is made with the input of your doctor.

Looking After Yourself and Your Family

There are many things you can do towards maintaining your own or someone else's wellbeing.

Therapy, Such as Talking Therapies

Talking therapies are very useful for anxiety, especially with children and young people. Your doctor should be able to explain what is available locally and which type of talking treatment such as Cognitive Behaviour Therapy (CBT) is most suitable for you.

CBT looks at two things: how your negative thoughts contribute to your anxiety and what might help you feel better.

Psychoeducation (Providing Education)

Education about GAD can be extremely important to help you, your family/whānau and supporters. Your doctor should give you information about your condition, suggest different ways to handle it, and discuss any complications which could occur.

Also, talking things over with people you feel comfortable with can be useful and may help to define a problem and ways to begin to tackle it.

Complementary Therapies

The term complementary therapy is generally used to indicate therapies and treatments that differ from conventional western medicine and that may be used to complement and support it. Certain complementary therapies may enhance your life and help you to maintain wellbeing.

In general, mindfulness, hypnotherapy, yoga, exercise, relaxation, massage, mirimiri and aromatherapy have all been shown to have some effect in alleviating mental distress.

Physical Exercise

It's also really important to look after your physical wellbeing. Make sure you get an annual check-up with your doctor. Being in good physical health will also help your mental health.

Depression

Depression is a mental health problem that can affect how you feel and behave for weeks or months at a time. When you are depressed, your low mood lasts, affecting your sleep, relationships, job and appetite. Anyone can experience depression – it can be caused or triggered by different things but the symptoms will be similar.

Symptoms

Symptoms of depression usually develop over days or weeks, though you may have a period of anxiety or mild depression which lasts for weeks or months beforehand. Not everyone with depression will complain of sadness or a persistent low mood. They may have other signs of depression such as sleep problems. Others will complain of vague physical symptoms.

Signs to Look for in Yourself or a Loved One Include:

Feeling low, sad or depressed. You might feel sad or empty, you might not feel anything at all. You might experience pain that's hard to describe or locate. You may cry for no apparent reason. Some people feel sad or low all the time, others have periods where they feel better that do not last longer than a day or two. People from non-European cultures might have different words to describe this feeling. If you're Māori, you might think of it as feeling wainuku (really low or down in the dumps), whākama (shame) or whākamaemae (emotional pain or distress).

Loss of interest and pleasure in usual activities. This means you don't enjoy what you usually do – including sex, playing sport, spending time with loved ones or doing hobbies.

Irritable mood. This may be the main mood change, especially in younger people and in men (especially Māori and Pasifika).

Change in sleeping patterns. Sleeping less, finding it difficult to get to sleep, disturbed sleep, waking early. Some people find they need much more sleep than usual. Most people with depression wake feeling unrefreshed by their sleep.

Change in appetite. Most often people do not feel like eating and as a result will have lost weight. Some people (usually those who sleep more than usual) have increased appetite, often without pleasure in eating.

Decreased energy, tiredness and fatigue is common. You may feel that the smallest and simplest things are impossible.

Physical slowing or agitation often comes with severe depression. You may sit in one place for periods and move, respond and talk very slowly; or you may be unable to sit still, pace and wring your hands.

Feeling worthless or guilty involves loss of self-confidence, and this may make you withdraw from friends and whānau. You may also feel you're a bad person, parent, friend or whanau member.

Thoughts of hopelessness and death. You may feel there is no hope in life, wish you were dead or have thoughts of suicide. These thoughts and feelings must always be taken very seriously – seek urgent help.

Difficulty thinking clearly. You may have difficulty in concentrating. You may not be able to read the paper or watch television. You may also have difficulty making even simple everyday decisions.

Who Gets Depression?

Depression can start at any age. It is most common in people aged 25-45. People with depression may also experience anxiety disorders, addiction issues and may engage in deliberate self-harm.

Rarely, very severe depression can result in symptoms of psychosis (loss of contact with reality).

The risk of suicide in people with depression is significant. It is important that if you are having any suicidal thoughts you seek help immediately.

Depression can be treated and most people do recover. The earlier support is given the better your chances of recovery.

What Causes Depression?

Depression can appear out of the blue and the exact cause isn't known. Many things can be considered as factors that make you vulnerable to depression.

These include:

- Stressful events like the break-up of a relationship, financial trouble, work stress, redundancy or interpersonal conflict
- A family history of depression
- Physical illness, such as a stroke or heart attack
- Stressful or traumatic events in childhood can lead to depression later in life
- Certain medications can cause depression in some people
- Social isolation – i.e. having no friends or family near you; and, cultural isolation (being isolated from your culture or a group you identify with e.g. Rainbow groups).

Anxiety Symptoms

These are very common as part of depression, but as the depression is treated these symptoms usually stop. Anxiety symptoms include:

- Excessive worry or fear, with physical symptoms such as muscle tension, pounding heart, dry mouth.
- Panic attacks. Sudden episodes of extreme anxiety and panic with physical symptoms of fear.
- Phobias. Specific fears regarding situations, objects or creatures.
- Excessive concern about physical health.

If your main problem is feeling really down or losing interest in things that you usually enjoy, we call it depression. If your main problem is panic, being on edge and worrying, we call it anxiety.

How the Doctor Determines if You Have Depression (Diagnosis)

Your GP or health professional will need to spend some time with you to determine if you have depression. They will talk to you about how you're feeling and they may get you to fill in a test on paper. If you have difficulty reading or understanding the test, tell them and ask for a different way to understand how you're feeling.

Your health professional should try to get an understanding of what you're going through and, if appropriate for you, this can also involve your family/whānau's perspective.

Management of depression

Management of depression can involve several different things, each of which can be tailored to your individual needs.

Support from whānau and friends is important and, for most, a combination of medication and talking therapies such as counselling can be effective.

Talk to Someone You Trust.

Reach out to a friend, workmate, someone at church or a neighbour and tell them how you feel. Depression is common so many people will understand what you are saying, or will have known of someone who has experienced it and got through.

Medication

Your GP may prescribe antidepressants. Finding the right medication can be a matter of trial and error – there is no way to predict which medication will be effective and tolerated (have fewer troublesome side effects) by any one person.

If you are prescribed medication you are entitled to know:

- The names of the medicines
- What symptoms they are supposed to treat
- How long it will be before they take effect
- How long you will have to take them for and what their side effects (short and long-term) are.

Sometimes people do not take their medication as prescribed – they may either take a lower dose than prescribed or stop one or all medications entirely. People may self-medicate and may change their medications without their GP's knowledge.

This may be because:

- The side-effects are too severe - common ones are feeling 'fuzzy headed', feeling a loss of creativity and feeling 'flat'
- Advice from friends or relatives who may be into 'natural therapies' such as 'You don't need to take medication - it's bad for you'
- Having poor information or a poor understanding about what the medication is supposed to do
- Feeling better on medication so thinking that they are "all better now and don't need to take medication"
- Thinking: 'I'm not/never have been sick; I don't need to be on medication. It's the medication that's making me feel ill!'

If you're considering stopping taking your medication or changing your dose, it's important to talk to a medical professional first. Suddenly stopping some medication can make you feel worse.

Therapy, Such as Talking Therapies

Supportive counselling is a treatment for milder forms of depression and is as effective as antidepressant medication.

More specific therapies e.g. cognitive behaviour therapy (CBT) can be effective for more significant depression. Your GP will explain what is available locally and which type of talking treatment is most suitable for you.

You might be worried you won't know what to talk about with a counsellor. It might help you to make a list of what you'd like to discuss, things that are bothering you, feelings you're experiencing. Bring it with you to your appointment.

The list might include:

- Issues in your family/whānau or other relationships
- Symptoms like changes in eating or sleeping habits
- Anger, anxiety, irritability or troubling feelings
- Thoughts of hurting yourself.

Most counselling and talking therapies are brief and focused on your current thoughts, feelings and life issues. Focusing on the past can help explain things in your life, but focusing on the present can help you cope with the present and prepare for the future.

Education about depression can be extremely important to help you, your family/ whānau and supporters. Visit www.depression.org.nz for more information.

What Can I Do to Help Myself?

You're the expert in your own mental health and wellbeing. Taking charge of your recovery and doing things that make you feel better, stronger and more in control will help your recovery from depression.

When you have depression, it can be hard to find the energy or motivation to look after yourself. Start small – return a text message, open a window, close your eyes and listen to the birds singing. Slowly build up to bigger things and try to notice what makes you feel better.

Make a list of things that feel good and keep it on your phone, your diary or on the fridge. When you're struggling, check your list and pick one thing you can do right now that might help.

These may include:

- Learning about depression and read/listen to stories of other people who have found a way through

- Learning your particular early warning signs or triggers by keeping a mood diary
- Identifying and reducing stressful activities
- Ensuring you are eating healthy food
- Using relaxation exercises, yoga, meditation or massage
- Getting enough sleep (this can be difficult for new parents, but sleeping when you can is important)
- Spending time in nature – even just sitting in the sunshine listening to the birds singing for a few moments can be really helpful
- Getting some exercise
- Peer support (e.g. support groups)
- Support from people with the same background as you (if you feel that is important to you; e.g. age, ethnic group, sexual orientation)
- Getting support from family/whānau, friends, therapists
- Humour: comedies on TV, funny movies
- Cut back on non-prescribed drugs and alcohol
- Fun: Make sure you regularly do things that you enjoy and that give your life meaning
- Being kind to yourself and others
- Practices from your own culture (e.g. Māori or Pasifika therapies)
- Write a ‘relapse plan.’

Physical health

It is also really important to look after your physical wellbeing. Make sure you get an annual check-up with your doctor. Being in good physical health is known to help your mental health.

Myths About Depression

“Depression is a sign of a weak character.”

NOT TRUE The fact is that depression can affect anyone. While some particular personality types are more likely to develop depression, the vast majority of people who develop the condition have been previously healthy and led normal lives.

“People with depression can just 'snap out of it' or just choose to 'pull their socks up'”

NOT TRUE One of the most disabling symptoms of depression is the fact that it saps the will and makes doing anything an enormous effort. Depression is an unpleasant experience, and most people with this condition would (and do) do anything to get well.

Bipolar Affective Disorder

Possibly the best information that I was given about bipolar is that the part of the brain that governs its speed becomes defective, which means that the brain can speed up past a safe limit. My own experience of a number of manic episodes is that I experience reality through the lens of my subconscious mind – my conscious mind was effectively bypassed, and everything that was in my subconscious mind came through – including a desire to save the planet, for example.

People with bipolar disorder find their moods can cycle from overly positive and active (up, also called mania) to very depressed and inactive (down, also called depression).

Bipolar disorder is more than a temporary feeling of being depressed when you are stressed out, or of feeling great when something goes really well.

The difference with bipolar is these feelings can be extreme and continual, and you can either feel really happy, energetic and “high” or really miserable and depressed, or “low”. People with bipolar disorder usually experience more lows than highs.

You may have symptoms on and off throughout your life or you may make a full recovery. With treatment and support you will life a happy, full, worthwhile life.

What Causes Bipolar Disorder?

The exact cause of bipolar isn't known, although there is a family tie (genetic inheritance) to bipolar. If someone in your family/whānau has bipolar, there is an increased chance of developing it. Researchers are still working out exact causes.

In the meantime, we know stressful life events and other factors can trigger bipolar affective disorder in some people. Stresses like unemployment, relationship problems, exams and financial difficulties can be risk factors for some people.

Early trauma (e.g. grief, physical or emotional abuse and neglect), physical illness, lack of sleep and misuse of alcohol, drugs and medications may also be symptoms of bipolar disorder.

Symptoms

The symptoms of bipolar affective disorder fall into three main categories:

- Symptoms of depression
- Symptoms of mania
- Other symptoms.

Symptoms of Depression

Signs of depression may vary. Not everyone with depression will complain of sadness or a persistent low mood. You may have other signs of depression such as sleep problems − difficulty getting to sleep or waking and being unable to get back to sleep as well as feeling constantly tired. Or you might find you eat much less, or much more, than usual.

Depression can cause you to lose interest in usual activities, become irritable, find it hard to concentrate or make everyday decisions. This can also make thinking clearly quite difficult; you may lose confidence, feel excessively guilty for minor wrongs and have thoughts of hopelessness, death and suicide.

Symptoms can include:

- Low or depressed mood
- A sense of hopelessness
- Lack of energy
- Feelings of guilt or worthlessness
- Inability to concentrate
- Loss of interest in/enjoyment of usual activities
- Feeling suicidal or trying to hurt yourself; these feelings must always be taken seriously: get help urgently
- Sleep disturbances
- Eating problems.

Symptoms of Mania

If you experience mania, you might not be distressed by it. You feel fantastic. It’s others around you who see you aren't yourself. Mania symptoms vary, between people and, over time, in one person.

Your elevated mood can be infectious and you might be the life of the party. You'll tell friends you're feeling great or never been better. However, your behaviour will be recognised as excessive by friends or family. You may also be irritable and experience rapidly changing emotions from laughter to tears to anger and back.

You may also find you need less sleep or won't sleep for days, yet be full of energy and have an increased appetite for food, sex or other pleasurable things. Or you might have a sudden need to spring clean the house, mow the lawn and paint a wall − all in one morning. With severe mania there may also be signs of psychosis (loss of touch with reality).

Experiencing mania can also change how you process thoughts, or your ability to concentrate. For example, you may feel like your thoughts are racing and friends may notice you constantly changing the topic of conversation or that you are easily distracted.

With these changes comes an increased sense of self-importance that may start out as increased self-confidence that is not realistically in line with your skills, experience or abilities. For example, you might borrow money and start a business in a field where you have no experience.

If the mania is severe, you may lose touch with reality, believing perhaps, that you have a special relationship with a god, the Queen or a famous person or that you have special powers.

A characteristic and early feature of bipolar is the loss of insight − losing awareness that your behaviour and experiences are due to a mental health problem.

Manic episodes may include:

- Elevated or ‘high’ mood
- Restlessness
- Extreme irritability
- Talking very fast
- Poor judgement
- Racing thoughts and ideas
- Unable to sleep
- Feeling very important
- Risky behaviour (e.g. excessive use of drugs/alcohol and spending money, aggressive or overly sexualised behaviour)
- Doing things very fast and often (e.g. excessive cleaning).

Other symptoms

Symptoms of psychosis – similar to mania, but more extreme

As noted under mania, sometimes your thinking may get confused. You may feel like not only do you have a special tie with a famous figure, but that you can control events in the world or have a destiny to save the world. Sometimes these beliefs or voices may take on a more paranoid form. You might believe you are being persecuted, perhaps because of your special powers or status.

Mixed Mood Symptoms

This is when there is a mixture of symptoms of mania and depression. Mood alternates between high and irritable, and depressed. You may be unable to sleep; be overactive but feel tired; be agitated, and swing between feeling hopeless and feeling overconfident.

When Does Bipolar Disorder Start?

Bipolar generally begins between the ages of 15 and 40 years and occurs equally across all cultures. Diagnosis in children is controversial, but we do know that adults in later life can develop bipolar.

Up to 2% of the adult population are diagnosed with bipolar at some time in their lives and around 5% of people may experience milder, but noticeable mood fluctuations.

Most people return to their usual level of wellbeing after periods of mood changes. Some will have some ongoing symptoms.

If You Are in Crisis

If you are in crisis, you may feel your world has fallen apart, that everything is black, that nothing makes sense or that you are in danger. If you are extremely distressed and need immediate help, you or your family can call the mental health crisis team (which every DHB has) or call 111 for an ambulance.

Either way you will be assessed by a mental health clinician.

Options for care and treatment following a crisis situation are:

- Support in your own home (i.e. medication management)
- Respite care in a house staffed by mental health or peer workers
- Admission to an inpatient psychiatric ward for assessment and management of your symptoms and distress.

Where Can I Get Help?

If you are not in a crisis situation, usually the first person you might see is a GP. It is important to note that to get the right treatment you need to be honest about your moods and what is going on for you. Sometimes this is hard to do particularly if you are worried about what other people think of you.

There is no test to diagnose bipolar affective disorder. A diagnosis is made when you have some or all of the symptoms mentioned above.

For this reason, it is very important for a health professional to get a full understanding of the difficulties you have had, from both you and your family/whānau or others who know you well, if there are any symptoms of mood disorder.

Before bipolar affective disorder can be diagnosed there must have been symptoms of mania for at least one week.

If you have previously had depression, bipolar affective disorder is only diagnosed if you have an episode of mania at some point.

Treatment Options

Treatment of bipolar disorder can take many different forms: medication, talking therapies, self-management (helping yourself), having a plan, whanau support and involvement, complementary therapies, education sessions, peer support, workshops and sometimes respite care in the community is useful. Usually a combination of these is best.

Medication

In treating bipolar, medicines are most often used for making your mood more stable and for helping with depression (anti-depressants). They can also be used to help you sleep.

If you are prescribed medication, you are entitled to know:

- The names of the medication
- What symptoms they are supposed to treat
- How long it will be before they take effect
- How long you will have to take them for and,
- The side effects of the medication.

Finding the right medication can be a matter of trial and error. There is no way to predict exactly how medicines will affect you. Let your GP know if your medication isn't working and work together to find the best option.

Sometimes people do not take their medication as prescribed – they may either take a lower dose than prescribed or stop one or all medications entirely. People may self-medicate and may change their medications without their doctor's knowledge.

There are a number of possible reasons for this:

- The side-effects are too severe – common ones are feeling ‘fuzzy headed’, feeling a loss of creativity and feeling ‘flat’
- Advice from friends or relatives who may be into ‘natural therapies’ such as ‘You don’t need to take medication – it’s bad for you’
- Having poor information or a poor understanding about what the medication is supposed to do
- Feeling better on medication so thinking that they are “all better now and don’t need to take medication”
- Thinking: ‘I’m not/never have been sick; I don’t need to be on medication. It’s the medication that’s making me feel ill!’

If you’re considering stopping taking your medication or changing your dose, it’s important to talk to a medical professional first. Suddenly stopping some medication can make you feel worse.

It is important to note that to date no complementary or alternative therapies on their own are effective for bipolar (though there is good evidence for benefit from a number of complementary therapies as outlined below as an addition to medication).

If you decide to use alternative therapies as well as medication and other strategies, tell your doctor.

Many people do find that an important factor in keeping stable moods is taking prescribed medication regularly.

Talking Therapies and Counselling

Talking therapies (e.g. psychotherapy, or mindfulness therapy or Cognitive Behavioural Therapy – CBT) can be an important part of treatment for bipolar.

A good therapist who you feel you can trust can help you cope with feelings and symptoms, and change behaviour patterns that may contribute to feeling unwell.

Talking therapy is not just “talking about your problems”; effective therapies that help people with bipolar disorder typically involve using tools to help get balance into your thinking and feeling and may also involve working toward solutions or working towards accepting your diagnosis.

Some therapy may involve homework, such as tracking your moods, writing about your thoughts, or participating in social activities that have caused anxiety in the

past. You might be encouraged to look at things in a different way or learn new ways to react to events or people. You might be worried you won't know what to talk about with a counsellor. It might help you to make a list of what you'd like to discuss, things that are bothering you, feelings you're experiencing. Bring it with you to your appointment.

The list might include:

- Issues in your family/whānau or other relationships
- Symptoms like changes in eating or sleeping habits
- Anger, anxiety, irritability or troubling feelings
- Thoughts of hurting yourself.

Most counselling and talking therapies are brief and focused on your current thoughts, feelings and life issues. Focusing on the past can help explain things in your life, but focusing on the present can help you cope with the present and prepare for the future.

What Can I Do To Help Myself?

You're the expert in your own mental health and wellbeing. Taking charge of your recovery and doing things that make you feel better, stronger and more in control will help your recovery.

Learning to recognise the early triggers and warning signs of an upcoming episode and knowing what to do to cope will help you maintain your wellbeing and feel more in control of your mental health.

It is also really important to look after your physical wellbeing. Make sure you get an annual check-up with your doctor. Being in good physical health is known to help your mental health.

It can be hard to find the energy or motivation to look after yourself. Start small – return a text message, open a window, close your eyes and listen to the birds singing. Slowly build up to bigger things and try to notice what makes you feel better.

Make a list of things that feel good and keep it on your phone, your diary or on the fridge. When you're struggling, check your list and pick one thing you can do right now that might help.

These may include:

- learning about bipolar and read/listen to stories of other people who have found a way through

- Learning your particular early warning signs or triggers by keeping a mood diary
- Identifying and reducing stressful activities
- Ensuring you are eating healthy food
- Using relaxation exercises, yoga, meditation or massage
- Getting enough sleep (this can be difficult for new parents, but sleeping when you can is important)
- Spending time in nature – even just sitting in the sunshine listening to the birds singing for a few moments can be really helpful
- Getting some exercise
- Peer support (e.g. support groups)
- Support from people with the same background as you (if you feel that is important to you e.g. age, ethnic group, sexual orientation)
- Getting support from family/whānau, friends, therapists
- Humour: comedies on TV, funny movies
- Cut back on non-prescribed drugs and alcohol
- Fun: Make sure you regularly do things that you enjoy and that give your life meaning
- Being kind to yourself and others
- Practices from your own culture (e.g. Māori or Pasifika therapies)
- Write a ‘relapse plan’.
- Looking after yourself

Having a “Wellbeing Plan”

Many people find that having a written plan, developed together with your GP/psychiatrist can help you to feel you’re in control if difficult feelings return.

Make sure others (i.e. family/whānau, partners, and community mental health staff) are aware of your plan and what you’d like to happen if you become unwell again.

Plans can detail (in your own words) symptoms, what can trigger depression or mania and what things help you. They can also list the numbers of support people, helplines and more, and outline what you’d like to happen if you need professional support.

Keep your plan in a place that's easy to find in a hurry – you might even like to write in on your phone or take a photo of it to keep on your phone.

Family/Whānau Support and Involvement

The level of family/whānau support and involvement you need is up to you.

Family/whānau members may be struggling to know how to help. If there are specific things that would help you, try asking for them. Say: "it would be really helpful if you helped me fold the laundry/washed the dishes/make me some toast/take the kids out for a bit."

Remember it may be difficult and distressing for family/whānau and friends to see you feeling so low, and they may need to:

- Seek support for themselves from friends, family/whānau and/or counsellors
- Educate themselves on bipolar
- Get help with understanding what is happening to you
- Learn to set clear boundaries about behaviour
- Learn to manage their own stress.

Family/Whānau Can Learn to Use Words That May Help You Feel Supported:

"You are not alone in this. I'm here for you."

"You may not believe it now, but the way you're feeling will change."

"I may not be able to understand exactly how you feel, but I care about you and want to help."

"You are important to me. Your life is important to me."

Schizophrenia

Schizophrenia is a serious mental disorder in which people interpret reality abnormally. Schizophrenia may result in some combination of hallucinations, delusions, and extremely disordered thinking and behaviour that impairs daily functioning, and can be disabling. People with schizophrenia require lifelong treatment.

It is a disorder that affects a person's ability to think, feel and behave clearly.

The exact cause of schizophrenia isn't known, but a combination of genetics, environment and altered brain chemistry and structure may play a role.

Schizophrenia is characterised by thoughts or experiences that seem out of touch with reality, disorganised speech or behaviour and decreased participation in daily activities. Difficulty with concentration and memory may also be present.

Treatment is usually lifelong and often involves a combination of medications, psychotherapy and coordinated speciality care services.

Schizophrenia is a challenging brain disorder that often makes it difficult to distinguish between what is real and unreal, to think clearly, manage emotions, relate to others, and function normally. It affects the way a person behaves, thinks, and sees the world.

The most common form is paranoid schizophrenia, or schizophrenia with paranoia as it’s often called. People with paranoid schizophrenia have an altered perception of reality. They may see or hear things that don’t exist, speak in confusing ways, believe that others are trying to harm them, or feel like they’re being constantly watched. This can cause relationship problems, disrupt normal daily activities like bathing, eating, or running errands, and lead to alcohol and drug abuse in an attempt to self-medicate.

The most common early warning signs include:

- Depression, social withdrawal
- Hostility or suspiciousness, extreme reaction to criticism
- Deterioration of personal hygiene
- Flat, expressionless gaze
- Inability to cry or express joy or inappropriate laughter or crying
- Oversleeping or insomnia; forgetful, unable to concentrate
- Odd or irrational statements; strange use of words or way of speaking

While these warning signs can result from a number of problems—not just schizophrenia—they are cause for concern. When out-of-the-ordinary behaviour is causing problems in your life or the life of a loved one, seek medical advice. If

schizophrenia or another mental problem is the cause, getting treatment early will help.

Symptoms

There are five types of symptoms characteristic of schizophrenia: delusions, hallucinations, disorganized speech, disorganized behaviour, and the so-called "negative" symptoms. However, the symptoms of schizophrenia vary dramatically from person to person, both in pattern and severity. Not every person with schizophrenia will have all the symptoms, and the symptoms of schizophrenia may also change over time.

Delusions

A delusion is a firmly-held idea that a person has despite clear and obvious evidence that it isn't true. Delusions are extremely common in schizophrenia, occurring in more than 90% of those who have the disorder. Often, these delusions involve illogical or bizarre ideas or fantasies, such as:

Delusions of persecution – Belief that others, often a vague "they," are out to get you. These harassing delusions often involve bizarre ideas and plots (e.g. "Martians are trying to poison me with radioactive particles delivered through my tap water").

Delusions of reference – A neutral environmental event is believed to have a special and personal meaning. For example, you might believe a billboard or a person on TV is sending a message meant specifically for you.

Delusions of grandeur – Belief that you are a famous or important figure, such as Jesus Christ or Napoleon. Alternately, delusions of grandeur may involve the belief that you have unusual powers, such as the ability to fly.

Delusions of control – Belief that your thoughts or actions are being controlled by outside, alien forces. Common delusions of control include thought broadcasting ("My private thoughts are being transmitted to others"), thought insertion ("Someone is planting thoughts in my head"), and thought withdrawal ("The CIA is robbing me of my thoughts").

Hallucinations

Hallucinations are sounds or other sensations experienced as real when they exist only in your mind. While hallucinations can involve any of the five senses, auditory hallucinations (e.g. hearing voices or some other sound) are most common in schizophrenia. These often occur when you misinterpret your own inner self-talk as coming from an outside source.

Schizophrenic hallucinations are usually meaningful to you as the person experiencing them. Many times, the voices are those of someone you know, and usually they're critical, vulgar, or abusive. Visual hallucinations are also relatively common, while all hallucinations tend to be worse when you're alone.

Disorganized Speech

Schizophrenia can cause you to have trouble concentrating and maintaining your train of thought, which may manifest itself in the way that you speak. You may respond to queries with an unrelated answer, start sentences with one topic and end somewhere completely different, speak incoherently, or say illogical things.

Common signs of disorganized speech include:

Loose associations – Rapidly shifting from topic to topic, with no connection between one thought and the next.

Neologisms – Made-up words or phrases that only have meaning to you.

Perseveration – Repetition of words and statements; saying the same thing over and over.

Clang – Meaningless use of rhyming words ("I said the bread and read the shed and fed Ned at the head").

Disorganized Behaviour

Schizophrenia disrupts goal-directed activity, impairing your ability to take care of yourself, your work, and interact with others. Disorganized behaviour appears as:

- A decline in overall daily functioning
- Unpredictable or inappropriate emotional responses
- Behaviours that appear bizarre and have no purpose
- Lack of inhibition and impulse control

Negative Symptoms (Absence of Normal Behaviours)

The so-called "negative" symptoms of schizophrenia refer to the absence of normal behaviours found in healthy individuals, such as:

Lack of emotional expression – Inexpressive face, including a flat voice, lack of eye contact, and blank or restricted facial expressions.

Lack of interest or enthusiasm – Problems with motivation; lack of self-care.

Seeming lack of interest in the world – Apparent unawareness of the environment; social withdrawal.

Speech difficulties and abnormalities – Inability to carry a conversation; short and sometimes disconnected replies to questions; speaking in a monotone.

Treatment for Schizophrenia

As upsetting as a diagnosis of schizophrenia can be, ignoring the problem won't make it go away. Beginning treatment as soon as possible with an experienced mental health professional is crucial to your recovery. At the same time, it's important not to buy into the stigma associated with schizophrenia or the myth that you can't get better. A diagnosis of schizophrenia is not a life-sentence of ever-worsening symptoms and recurring hospitalizations. With the right treatment and self-help, many people with schizophrenia are able to regain normal functioning and even become symptom-free.

Treatment Basics

The most effective treatment strategy for schizophrenia involves a combination of medication, therapy, lifestyle changes, and social support.

Schizophrenia requires long-term treatment. Most people with schizophrenia need to continue treatment even when they're feeling better, in order to prevent new episodes and stay symptom-free. Treatment can change over time, though. As your symptoms improve, your doctor may be able to lower the dosage or change your medication.

Medication for schizophrenia works by reducing psychotic symptoms such as hallucinations, delusions, paranoia, and disordered thinking. But it is not a cure for schizophrenia. It is also much less helpful for treating symptoms such as social withdrawal, lack of motivation, and lack of emotional expressiveness. Finding the right drug and dosage is also a trial and error process. While medication should not be used at the expense of your quality of life, be patient with the process and discuss any concerns with your doctor.

Therapy can help you improve coping and life skills, manage stress, address relationship issues, and improve communication. Group therapy can also connect you to others who are in a similar situation and are able to offer valuable insight into how they've overcome challenges.

Schizophrenia - The keys to self-help

Seek social support. Friends and family are vital to helping you get the right treatment and keeping your symptoms under control. Regularly connecting with others face-to-face is also the most effective way to calm your nervous system and relieve stress. Stay involved with others by continuing your work or education. If that's not possible, consider volunteering, joining a schizophrenia support group, or taking a class or joining a club to spend time with people who

have common interests. As well as keeping you socially connected, it can help you feel good about yourself.

Manage stress. High levels of stress are believed to trigger schizophrenic episodes by increasing the body's production of the hormone cortisol. As well as staying socially connected, there are plenty of steps you can take to reduce your stress levels. Try adopting a regular relaxation practice such as yoga, deep breathing, or meditation.

Get regular exercise. As well as all the emotional and physical benefits, exercise may help reduce symptoms of schizophrenia, improve your focus and energy, and help you feel calmer. Aim for 30 minutes of activity on most days, or if it's easier, three 10-minute sessions. Try rhythmic exercise that engages both your arms and legs, such as walking, running, swimming, or dancing.

Get plenty of sleep. When you're on medication, you most likely need even more sleep than the standard 8 hours. Many people with schizophrenia have trouble with sleep, but getting regular exercise and avoiding caffeine can help.

Avoid alcohol, drugs, and nicotine. Substance abuse complicates schizophrenia treatment and worsens symptoms. Even smoking cigarettes can interfere with the effectiveness of some schizophrenia medications. If you have a substance abuse problem, seek help.

Eat regular, nutritious meals to avoid symptoms exacerbated by changes in blood sugar levels. Omega-3 fatty acids from fatty fish, fish oil, walnuts, and flaxseeds can help improve focus, banish fatigue, and balance your moods.

Criteria to Diagnose Schizophrenia

The presence of two or more of the following symptoms for at least 30 days:

- Hallucinations
- Delusions
- Disorganized speech
- Disorganized or catatonic behaviour
- Negative symptoms (emotional flatness, apathy, lack of speech)

Other Diagnosis Criteria:

Have had significant problems functioning at work or school, relating to other people, and taking care of yourself.

Shown continuous signs of schizophrenia for at least six months, with active symptoms (hallucinations, delusions, etc.) for at least one month.

Have no other mental health disorder, medical issue, or substance abuse problem that is causing the symptoms.

Schizoaffective Disorder

A mental health condition including schizophrenia and mood disorder symptoms.

Schizoaffective Disorder is a combination of symptoms of schizophrenia and mood disorder, such as depression or bipolar disorder. Symptoms may occur at the same time or at different times.

Cycles of severe symptoms are often followed by periods of improvement. Symptoms may include delusions, hallucinations, depressed episodes and manic periods of high energy. People with this disorder generally do best with a combination of medication and counselling.

Schizoaffective disorder is a chronic mental health condition characterized primarily by symptoms of schizophrenia, such as hallucinations or delusions, combined with symptoms of a mood disorder, such as mania and depression.

Schizoaffective disorder is a mental health condition that causes both a loss of contact with reality (psychosis) and mood problems (depression or mania).

It can be thought of as a mix of mental health conditions.

There can be a wide range of symptoms that occur and, for each person, the experience will be unique. Often, people with schizoaffective disorder will see their doctor for problems with mood, daily functioning, or abnormal thoughts.

Schizoaffective disorder is difficult to accurately diagnose as it contains so many elements of other mental health conditions. Regular and thorough checks with your doctor over time are important to help build a picture of any difficulties you may be experiencing.

If you think you have schizoaffective disorder, or you are worried about a loved one, it’s important to talk to your doctor or counsellor, or someone else you can trust, as a first step to getting the important help you or they need. It’s important to get diagnosis and treatment as early as possible.

With treatment over a period of time there is evidence to show that many people with schizoaffective disorder who have good family or friends support, can greatly improve their quality of life.

Without support, the journey can be more difficult as people with schizoaffective disorder can have difficulties with attending school, maintaining jobs and relationships and may need supported living environments.

The risk of suicide in people who experience schizoaffective disorder is significant.

Symptoms

There are numerous signs that you or a loved one may be experiencing schizoaffective disorder.

If you experience psychosis, the symptoms could resemble schizophrenia, and those symptoms are listed below. The mood problems may mean experiencing feelings of depression and/or manic episodes.

It's important to remember that the symptoms of schizoaffective disorder can vary between individuals and, over time, within an individual.

Psychotic symptoms

These symptoms are not there all the time and may only occur when you are having a severe or acute episode.

They include the following:

Thought disturbances – how you process thoughts or your ability to concentrate and maintain a train of thought may be affected. For example, you may feel like your thoughts are racing and friends may notice you constantly changing the topic of conversation or that you are easily distracted, or you may laugh at irrational times. Your speech may become quite disorganised, and you may use made up words that only you understand.

Hallucinations – this is when someone hears, sees, feels or smells something that is not there. Hearing voices that others cannot hear or when there is no-one else in the room is very typical of psychosis. Sometimes these voices will talk about or to you. They will sometimes command you to do things. For some, these voices can be inside their head; occasionally they may seem to come from within their body, or come from the radio or television.

Delusions – an unusual belief that seems quite real to you, but not to those around you. A delusional person is convinced their belief is true.

Mood Symptoms

Loss of motivation, interest or pleasure in things. Everyday tasks such as washing up become difficult.

Mood changes – you'll tell friends you're feeling great or never better. However, your behaviour will be recognised as excessive by friends or family. You may also be quite unresponsive and be unable to express joy or sadness.

Social withdrawal – people may notice that you become very careless in your dress and self-care, or have periods of seeming to do little and periods of being extremely active.

Other symptoms include subtle difficulties with tasks like problem solving or you may show signs of depression – commonly experienced by people with schizophrenia.

Mania

If you experience mania, you won't complain of problems. You may feel fantastic, creative and energised.

It’s others around you who see you aren't yourself.

Your elevated mood can be infectious and it's as though you're the life of the party. Or, you could be irritable and experience rapidly changing emotions from laughter to tears to anger and back.

You may also find you need less sleep or won't sleep for days, yet be full of energy and have an increased appetite for food, sex or other pleasurable past times. Or you might have a sudden need to spring clean the house, mow the lawn and paint a wall – all in one morning.

Experiencing mania can also change how you process thoughts, or your ability to concentrate. For example, you may feel like your thoughts are racing and friends may notice you constantly changing the topic of conversation or that you are easily distracted.

With these changes comes an increased sense of self-importance that may start out as increased self-confidence. But then, you start to lose touch with reality. For example, you might borrow money and start a business in a field where you have no experience.

If the mania is severe, you may lose touch with reality, believing perhaps, that you have a special relationship with God, Jesus or the Queen, or that you have special powers.

Treatment Options

Treatment of schizoaffective disorder can involve a number of aspects, each of which will be tailored to meet your individual needs. Many of the strategies used to treat both schizophrenia and depression/bipolar conditions can be used.

These include medications, family involvement, and therapy, problem solving training, psychotherapy and treatment for any other problems, such as drug or alcohol abuse (when appropriate).

Talking Therapies and Counselling

These therapies involve a trained professional who uses clinically researched talking therapies to assess and help people to make positive changes in their lives. They may involve the use of specific therapies such as cognitive-behavioural therapy (CBT), which largely focuses on overcoming unhelpful beliefs. These are the most effective, but must be continued over a significant period of time, often ongoing.

Counselling: This may include some techniques referred to above, but is mainly based on supportive listening, practical problem solving and information giving.

Problem solving/skills training: This is often part of an overall approach, but can also be learnt in skills training groups. It aims to help you learn more effective ways of dealing with problem situations.

All types of therapy/counselling should be provided to you and your family/whānau in a manner that is respectful of you, and with which you feel comfortable and free to ask questions. It should be consistent with and incorporate your cultural beliefs and practices.

Medicines

Medicines are most often used for making your mood more stable (anti-psychotics) and for helping with depression (anti-depressants).

If you're prescribed medication, you are entitled to know the names of the medicines; what symptoms they are supposed to treat; how long it will be before they take effect; how long you will have to take them for and understand the side effects.

Finding the right medication can be a matter of trial and error. There is no way to predict exactly how medicines will affect you.

Complementary Therapies

The term complementary therapy is generally used to indicate therapies and treatments that differ from conventional western medicine and that may be used to complement and support it. Certain complementary therapies may enhance your life and help you to maintain wellbeing.

In general, mindfulness, hypnotherapy, yoga, exercise, relaxation, massage, mirimiri and aromatherapy have all been shown to have some effect in alleviating mental distress.

Physical Health

It is also really important to look after your physical wellbeing. Make sure you get an annual check-up with your doctor. Being in good physical health will also help your mental health.

https://mentalhealth.org.nz/

Addictions

Life without alcohol, What? For many of us, alcohol is a means of enjoying life. A beer on the porch on sunny evenings or wine to pair romantic meals with, alcohol has long been associated with fun.

Flashy adverts urge people to drink and construct the idea that drinking is cool or hip. But of course, the adverts are trying to sell a product and will only provide information that is beneficial to their sales.

Alcohol is definitely not a healthy thing. And the sad thing is that alcohol addiction is not immediately noticeable like drugs. You may believe that you are in control of your consumption until one day, you aren't.

Drinking is so common that it affects millions of people worldwide negatively. While it directly impacts your own health, it can also cascade into the lives of the people you surround yourself with. Although it takes some time to accept that you are a problem drinker, it is definitely possible to turn back and climb out of this situation.

It is important to understand that addiction is now often treated as a health issue, and not a criminal issue. It is relatively easy to overcome an addiction; it is not so easy to overcome a conviction. When you are discussing your addiction with a support worker, there is no judgement. It is what it is.

Addiction is an inability to stop using a substance or engaging in a behaviour even though it is causing psychological and/or physical harm.

The term addiction does not only refer to dependence on substances such as alcohol, tobacco, marijuana, methamphetamine, heroin or cocaine. Some addictions also involve an inability to stop partaking in activities such as gambling, eating, or working.

Addiction is a chronic condition that can also result from taking medications. In fact, the misuse of opioids (particularly illicitly made fentanyl) caused nearly 50,000 deaths in the United States in 2019 alone.

However, not everybody who misuses a substance has addiction. Addiction is "fact or condition of being addicted to a particular substance, thing, or activity."

For example, a person who drinks alcohol heavily on a night out may experience both the euphoric and harmful effects of the substance. However, this does not qualify as addiction until the person experiences "chronic, relapsing disorder characterized by compulsive drug seeking, continued use despite harmful consequence, and long-lasting changes in the brain."

There is substance addiction and non-substance addiction. Some examples of non-substance addiction include:

- Work
- Gambling
- Food
- Internet
- Gaming
- Sex
- Music
- People

Someone with an addiction will continue to misuse the substance or activity in spite of the harmful effects it has.

Symptoms

The primary indications of addiction are:

- Declining grades or difficulty at school,
- Poor performance at work,
- Relationship difficulties, which often involve lashing out at people who identify the addiction,
- An inability to stop using a substance even though it may be causing health problems or personal problems,
- A noticeable lack of energy in daily activities,
- Profound changes in appearance, including weight loss and a noticeable abandonment of hygiene,
- Appearing defensive when asked about substance use.

Loving a drug addict or an active alcoholic is the hardest thing you will ever do. Watching someone you love, who has fought so hard to beat addiction, throw everything away and sink back into a life that will most likely lead to jail or death, is one of the hardest things you will ever do. All you wanted was to help them back to a clean and sober life but you realize by doing this, as you have before, will now just be enabling them because it will show them that you will always be there to bail them out. You want to grab and shake them and say "What are you doing?!?!" But, at some point you realize that it wouldn't make a difference. So you sit back and watch the tragedy unfold, as if you are watching a movie.

Feeling helpless to stop it, feeling like you haven't done enough to help, even though you know only the addict can help themselves.

Battling a drug and/or an alcohol addiction is a beast for the person addicted and also for the ones who love them.

There are two main theories about dealing with addiction. The first is Abstinence (e.g. Alcoholics Anonymous) and the second is Harm Reduction, which recognizes that the person is probably going to occasionally relapse and have a drink or a smoke or a bonk, or whatever. The addiction just needs to be managed so that it doesn't bring about negative consequences in our lives.

If alcohol is your challenge, try filling an empty glass bottle of your favourite alcoholic beverage with water. As you reach and grab for the beer bottle, your brain sees your favourite drink bottle, gets primed for a ‘hit’ of your favourite beer or vodka, gets really excited as the bottle reaches your lips, and you get a nice dopamine ‘hit’ when you swish the water around your mouth and swallow. You then realise that actually the water tastes just as good as your favourite beer, wine or spirit. Try it – this simple little trick can work surprisingly well !

Dopamine

Most addictions stimulate the release of dopamine in the brain. Dopamine is a neurotransmitter made in the brain - basically, it acts as a chemical messenger between neurons. Dopamine is released when your brain is *expecting* a reward.

When you come to associate a certain activity with pleasure, mere anticipation may be enough to raise dopamine levels. It could be a certain food, sex, shopping, sports, or just about anything else that you enjoy. The right amount of dopamine usually goes along with a pretty good mood. It’s ideal for learning, planning, and productivity.

Dopamine contributes to feelings of:

- Alertness,
- Focus,
- Motivation,
- Happiness.

A flood of dopamine can produce temporary feelings of euphoria. Certain drugs may interact with dopamine in a way that becomes habit-forming. Nicotine, alcohol, marijuana, methamphetamines or other drugs with addictive qualities activate the dopamine cycle.

These substances can cause a quicker, far more intense dopamine rush than you'd get from (say) double chocolate chip cookies. It's such a powerful rush that you're left wanting more - and soon.

As a habit forms, the brain responds by toning down the dopamine. Now you need more of the substance to get to that same pleasure level.

Over-activation also affects dopamine receptors in a way that makes you lose interest in other things. That can make you act more compulsively; you're less and less able to resist using these substances. When it becomes more of a need than a want, this is addiction. If you try to stop, you might go through physical and emotional symptoms of withdrawal.

Even if you've stopped using the substances for a long time, exposure to the substance may trigger your desire and put you at risk of relapsing. Dopamine doesn't bear sole responsibility for creating addiction. Other things, like genetics and environmental factors also play a role.

Māori

I've been thinking lately - inspired by Paul Goldsmith casually evaluating that colonisation had been 'on balance' good for Māori, I started looking around - and asking - how deep seated is this phenomenon. That an 'educated' man in the position of making laws for this country, simply does not know enough about the history of this very same country, to see what a raw deal Māori have been subjected to for so long. Short answer - this position is incredibly deep seated, widespread, wilfully ignorant and largely unable to recognise itself.

Considering NZ history was purposely omitted from our schools, it's not surprising that so many citizens of this country don't know enough. What is disheartening is that this position of ignorance has turned into intergenerational racism. Want to address intergenerational poverty? How about looking at its root cause.

New Zealand is, 'on balance' racist. It's seen everywhere, it takes the form of aggrieved and concerned citizens, up in arms that a weather forecaster uses the word Aotearoa. It takes the form of Judith Collins, threatening to boycott Waitangi Day unless she is given a stage to speak from, while simultaneously not being able to count to 10 in Te Reo. It takes the form of calling yourself a 'Kiwi' while mispronouncing every Māori word it's possible to. It takes the form of a purported partnership between Māori and Pākehā, turned into full on theft, exploitation and imprisonment against tangata whenua.

Here's some actual history.

1835 - the Northern Tribes of Aotearoa signed a Declaration of Independence - He Whakaputanga o te Rangatiratanga o Nu Tireni. The United Tribes flag was chosen to represent those signatories and all those who wished to join them. Māori were recognised as the sovereign people of this country.

1840 - The Treaty of Waitangi was signed. What isn't mentioned is that NO Māori signatories at Waitangi signed The Treaty. In fact all Ngā Puhi signatories signed Te Tiriti - the Te Reo document. The one that guaranteed Māori ‘tino rangatiratanga’ (full authority) over their land and resources.

1854 - The first parliament was convened in New Zealand. Not one member of parliament was Māori.

1863 - The New Zealand Settlements Act was passed - an act for the Confiscation of land from Māori - without compensation - from any North Island tribe said to be 'in rebellion against Her Majesty's authority'. More than 4 million acres were stolen, including large areas of the Waikato and Taranaki, with many millions more acres to face the same fate in the near future.

1880 - The Māori Prisoners Act was passed - allowing Māori prisoners to be held without trial. Including those like Te Whiti-o-Rongomai who established the pacifist settlement of Parihaka to protest the confiscation of Taranaki tribal lands.

1907 - Tohunga Suppression Act - Making it illegal to practice Māori medicine.

You get the picture. The land was stolen, the culture made illegal, the people imprisoned, the language beaten out of generations, the racism entrenched and endemic in the institutions of this country, the wealth being transferred to Pākehā. This is the balance of colonisation.

White privilege is a thing. In fact, it is the thing that this country was built upon. The one thing we desperately need to see is Pākehā recognising this, honouring their Māori brothers and sisters, and calling out other Pākehā that don't. Give nothing to racism. Educate. Illuminate. Radiate.

The more you learn, the more you will understand what a beautiful world view Te Ao Māori is - here's a little sample - you may have heard the word 'tamariki' meaning 'child'. But originally the phrase was 'tama ariki' 'tama meaning boy, or in more general terms a young person, and the word ariki meaning 'paramount chief / leader / god'. Māori children were seen in this light. Māori women were revered. Whānau units were intergenerational, uplifting and incredible models that we could look to and learn so much from today. This is the culture of manaakitanga, kotahitanga. There is so much we can learn. Spread light, speak up. Tihei Mauri Ora.

Te Whare Tapa Whā

Our physical 'being' supports our essence and shelters us from the external environment. For Māori the physical dimension is just one aspect of health and well-being and cannot be separated from the aspect of mind, spirit and family.

Tinana (Physical)

Good physical health is required for optimal development.

The first time I injured my lower back was when I was bending down to work on my motorcycle's exhaust system. When I stood up a searing pain tore right through me – it hurt like crazy. My doctor prescribed Dihydracodeine as a pain killer, and I spent the next couple of weeks lying in my waterbed with the summer sun shining through the windows, dreaming of being eaten by sharks.

The second time I hurt my back was after I had returned from a 3-week walk in the alps. By that time, I was quite buff from all the mountain passes I'd traversed with my pack weighing in at around 40kg's. My back was slightly sore, and just down the road from my flat was an osteopath, so I made an appointment right away. At the session she manipulated me so that my knees were up to my ears, and all manner of other kinds of stretches to loosen the muscles in my back and legs which were tight from the walk. As I walked back up the hill to my place, the same searing pain I had felt the first time I hurt my back returned. I struggled back to my flat and collapsed on the bed in agony.

In the morning my back was no better so I went to see my doctor who said he thought I might have slipped a disk in my lower back and immediately sent me to the local hospital for an x-ray. When I got there I was in tears the pain was so great. The x-ray showed that I had a ruptured disk pressing on the nerves causing the pain. I spent the next couple of weeks in that hospital high as a kite on Valium until I was ready to leave.

Over the years I've had quite a few more episodes of severe back pain that put me in hospital until I discovered something called Alexander Technique which is all about correct posture. I 'got it' after just two sessions. When the gentleman corrected my posture my back wasn't painful at all, and when my posture was incorrect it hurt like a bastard.

I've always been a passionate believer in psychosomatic healing (pschyo = mind, soma = body) which is all about how our thoughts, beliefs and trauma manifest as illness and pain in the body. It is only recently, after doing some gentle stretching exercises with a friend that I got in touch with a couple of traumatic events that were locked up in the core muscles around my lower back. The first was when I

was about 5 years old and a bunch of older kids called me over to where they were playing. When I got closer to them, one of them threw dirt in my face. I ran home screaming to Mum who carefully washed the dirt out of my eyes. That was the first time anybody had ever been mean to me, but not the last time. All of my life I have been a victim of bullies – my Asperger's means that I often have challenges with social rules and reading subtle facial expressions. Plus, having a cop as a father made me a magnet for playground bullies. It wasn't the easiest of childhoods.

So I knew I had to put my money where my mouth is and release this locked-in trauma from my body. I thought that I might at least get tearful, or maybe even cathartic, but in the end all it took was the insight to know that the root cause was the dirt being thrown in my eyes. My back continues to improve.

Hinengaro (Mental and Emotional)

The capacity to communicate, to think and to feel mind and body are inseparable.

Thoughts, feelings and emotions are integral components of the body and soul.

This is about how we see ourselves in this universe, our interaction with that which is uniquely Māori and the perception that others have of us.

Whānau (Social)

The capacity to belong, to care and to share where individuals are part of wider social systems.

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

Understanding the importance of whānau and how whānau (family) can contribute to illness and assist in curing illness is fundamental to understanding Māori health issues.

Wairua (Spiritual.)

Spiritual health is related to unseen and unspoken energies.

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

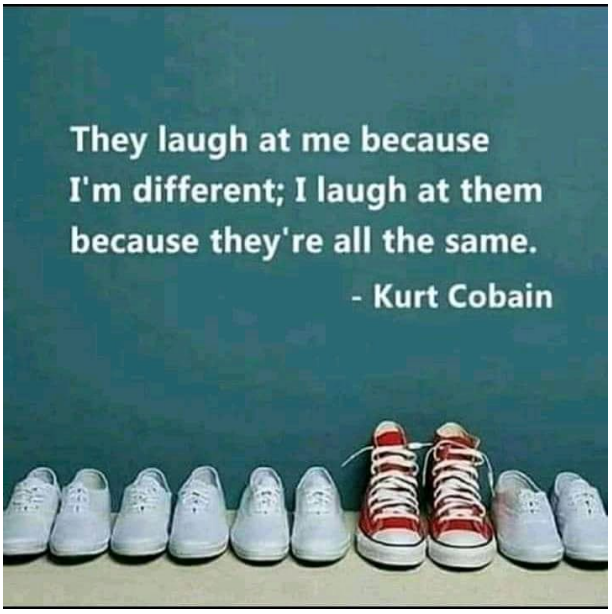
A traditional Māori analysis of physical manifestations of illness will focus on the wairua or spirit, to determine whether damage here could be a contributing factor.

Neurotypical & Neurodiverse

One thing I have learned during my time working in the mental health field is that there is such a thing as Neurotypical and Neurodiverse, which is to say that most people are Neurotypical, and some people are Neurodiverse – autism, ADHD, bi-polar, schizophrenic, etc. Each modality has its own distinctive communications style. Neurotypical people tend to talk about topic A first – to completion, before moving onto topic B, then topic C, and so forth in a linear fashion. Neurotypical people also have a tendency to interrupt each other and talk over each other a lot.

Neurodiverse people tend to talk about half of topic A, then part of topic C, then onto 1/3rd of topic B, then back for a bit more of topic A, and so on. Often, Neurodiverse people need a moment of silence before they contribute to a conversation, which is often misunderstood by Neurotypical people who seek to fill the silence with more words. At this point a Neurodiverse person's train of thought is derailed and we can no longer remember what it is that we wanted to say, so we shut down.

I'm convinced that many of my clients with a mental health diagnosis are in fact Neurodiverse, and grew up in a world not suited to them, and consequently ended up with a mental health diagnosis.



Meet The Professionals

General Practitioner (GP)

Family doctors— also called general practitioners or GPs— work in settings such as physicians' offices and hospitals where they see patients for acute care and general health maintenance. They diagnose injuries, prescribe treatments, order tests, and interpret test results.

Councillor

A mental health counsellor assesses and treats mental and emotional health disorders, relationship issues and life challenges. Through various methods of psychotherapy, counsellors work with patients to develop meaningful behaviour changes. They also offer coping strategies for navigating life's struggles.

Counsellors can provide support and guidance and help to identify triggers, cope with negative emotions and reduce symptoms in order to improve the individual's quality of life.

Counsellors often specialize in certain areas. In general, they're trained to help people with:

- Anxiety
- Depression
- Substance abuse
- Sexual dysfunction
- Eating disorders
- Personality disorders
- Dementia
- Adjustment disorders brought on by a major life change, such as divorce or a new baby

Persistent and recurring symptoms may signal it's time to seek professional help. If you're experiencing any of the following for two weeks or more, consider reaching out to a mental health counsellor for guidance:

- Difficulty sleeping
- Appetite and weight fluctuations

- Struggling to focus
- Losing interest in hobbies or activities
- Inability to carry on with daily routines
- Suicidal/self-harm ideation

Occupational Therapist

An occupational therapist's job is to help people of all ages overcome the effects of disability caused by illness, ageing or accident so that they can carry out everyday tasks or occupations. An occupational therapist will consider all of the patient's needs - physical, psychological, social and environmental.

An occupational therapist is more commonly known as 'OT'. An occupational therapist works with people of all ages who have limitations after suffering from an injury, illness or difficult life circumstances.

They help you get back to your daily activities by using purposeful activities, interventions or equipment so that you can take care of yourself, carry out daily tasks and stay active.

Occupational therapists also work with families and carers to help understand the importance of taking part in their clients' daily activities, as well as helping you participate in social interactions and relationships.

Some occupational therapists are more specialised and have more training in certain areas. These areas include:

- Children and young people
- Older people
- People with physical disabilities
- People with mental health conditions
- People with learning disabilities.

What can an occupational therapist help with?

There are a number of conditions that it may be a good idea to get help from an occupational therapist. These include:

- Arthritis and joint problems
- Chronic pain
- Stroke
- Brain injury

- Dementia
- Cancer
- Diabetes
- Nerve problems
- Multiple sclerosis
- Cerebral palsy
- Spinal cord injury
- Mental health and behavioural problems.

Some specific tasks that an occupational therapist may help with include:

- Eating without the help of others
- Bathing and showering
- Toileting
- Getting dressed
- Moving around
- Doing laundry.

An occupational therapist works with a wide range of clients. You can find them in hospitals, outpatient clinics, prisons, nursing homes, hospices, schools, industrial workplaces or rehab centres.

Pharmacist

Pharmacists dispense prescription medications to patients and offer expertise in the safe use of prescriptions. They also may conduct health and wellness screenings, provide immunizations, oversee the medications given to patients, and provide advice on healthy lifestyles.

Psychologist

Psychologists are experts in human behaviour. These professionals investigate, assess and work with people who have problems affecting their behaviour, thoughts and emotions, and help them to develop their potential.

Many psychologists work directly with those experiencing difficulties, such as mental health disorders including anxiety and depression. They help people to overcome relationship problems, eating disorders, learning problems, substance abuse, parenting issues, or to manage the effects of a chronic illness. Psychologists work in a variety of settings with individual patients, businesses, hospitals, clinics, schools, prisons, communities, the government, the military, and many others.

There are many areas of study in Psychology including:

- Developmental
- Forensic
- Research
- Clinical
- School
- Social

Psychiatrist

A psychiatrist assesses, diagnoses and treats mental health conditions such as depression, eating disorders, anxiety, bipolar disorder, schizophrenia and addiction. Some psychiatrists are more specialised and have more training in certain areas such as child and adolescent psychiatry.

A psychiatrist can prescribe medications as appropriate.

Social Worker

A social worker provides help and support to people with social issues such as housing, employment, financial or other personal issues. They work with people of all ages regardless of their race and ethnicity.

A social worker can work in many different areas. These include:

- Child protection
- Community work and community development

- Diversity specific services (eg Chinese, Korean, Sāmoan, rainbow, spiritually-based)
- Hospitals and primary healthcare
- Housing
- Iwi and Marae-based social services
- Management and supervision
- Mental health and addictions
- Offenders
- Policy development
- Refugees and migrants
- Residential care
- Schools
- Tertiary education
- Women
- Youth justice.

A social worker can help people by:

- Listening to and supporting people in crisis
- Helping people to make decisions
- Helping people to access resources, benefits and accommodations
- helping people to understand their rights and how they can improve their lives
- Advising policy-makers about solutions to social problems
- Working with community organisations to improve services.

As social workers work with a wide range of clients, you can find them in hospitals, outpatient clinics, prisons, nursing homes, hospices, schools or rehab centres.

Community Support Worker (CSW)

Your CSW is trained to:

- Engage and communicate with people, family and/or whānau accessing social and community services in a manner which respects their socio-cultural identity, experiences and self-knowledge
- Relate the history of Māori as tangata whenua and knowledge of person-whānau interconnectedness to own role in a health and wellbeing setting
- Display self-awareness, reflective practice and personal leadership in a health and wellbeing setting
- Actively contribute to a culture of professionalism, safety and quality in a health and wellbeing organisation
- Relate the purpose and impact of own role to the aims of the wider health and wellbeing sector.

Graduates of the Mental Health and Addiction Support course will be able to work alongside people, family and/or whānau in a mental health and addiction setting to support autonomy by using tools and strategies to foster hope, support recovery and build resilience.

The Mental Health Act

The Mental Health (Compulsory Assessment and Treatment) Act 1992 (the Mental Health Act) provides a legal framework for those who require compulsory psychiatric assessment and treatment for people experiencing a mental illness.

The Mental Health Act defines the rights of patients and proposed patients to provide protection for those rights, and generally to reform and consolidate the law relating to the assessment and treatment of person suffering from mental disorder.

'Mental disorder' is defined in section 2 of the Mental Health Act as:

Mental disorder, in relation to any person, means an abnormal state of mind (whether of a continuous or an intermittent nature), characterised by delusions, or by disorders of mood or perception or volition or cognition, of such a degree that it

(a) poses a serious danger to the health or safety of that person or of others; or

(b) seriously diminishes the capacity of that person to take care of himself or herself.

Patients' Rights in the Mental Health Act

The Mental Health Act sets out 11 patient rights. These rights apply as soon as you become a patient or proposed patient under the Act.

Right 1: The Right to Information

Once you become a patient under the Mental Health Act, you have a general right to information. This includes:

- A statement listing your rights as a patient
- Information about your legal status, in other words, whether you are under compulsory assessment or treatment or not
- Information about your treatment, including any likely side effects and the expected benefits of the treatment
- Information about your rights to have your condition reviewed
- Information about District Inspectors and official visitors.

Right 2: Respect for Cultural Identity

This right acknowledges that different cultures have different needs and beliefs and that these must be taken into account when you are being assessed or treated under the Mental Health Act. The Act says a patient must be treated with:

- Proper respect for their cultural and ethnic identity, language and religious or ethical beliefs, and
- Proper recognition of the importance of a person's ties to their family, whānau, hapū, iwi and family group, and
- Proper recognition of the contribution those ties make to the person's well-being.

Right 3: The Right to an Interpreter

If English is not your first or preferred language, you have the right to an interpreter. Even if you can speak and understand English you can ask for an interpreter if you would rather communicate in another language.

Note: The Mental Health Act says an interpreter only has to be provided if this is reasonably practicable. This means that sometimes it may not be possible to provide an interpreter if, for example, a patient requires urgent treatment or an appropriate interpreter cannot be found.

Right 4: The Right to Treatment

You have a right to appropriate treatment. This is treatment of a professional standard that will benefit your condition. The treatment does not have to cure your condition but should at least relieve your symptoms or stop you from becoming more unwell.

Right 5: The Right to be Informed About Treatment

Before any treatment is started, you are entitled to be told about the benefits and likely side effects of that treatment. Even when your consent to that treatment is not required, you must still be given information about it. The information should be in a form that you can understand and should be repeated if necessary.

Right 6: The Right to Refuse Video Recording

Your responsible clinician can only tape or record any part of your treatment if you consent to this (this applies to video and audio recording).

Right 7: The Right to Independent Psychiatric Advice

If you are unhappy with your diagnosis or treatment, you can ask an independent psychiatrist for a second opinion.

Right 8: The Right to Legal Advice

You have a right to a lawyer who can:

- Give you advice about the Mental Health Act
- Represent you at hearings, reviews and appeals
- Give you advice about other matters on which people ordinarily seek legal advice.

If you don't have a lawyer, you can get help with finding one from staff at the hospital or from a district inspector. If you cannot afford to pay for a lawyer, you may be able to get Legal Aid.

Right 9: The Right to Company

A patient has a general right to the company of other people. You can only be isolated or put into seclusion if this is necessary for your treatment or safety, or for the protection of others.

Right 10: The Right to Have Visitors and Make Telephone Calls

You have the right to have visitors and to make telephone calls. This right can be lost if your responsible clinician believes that to have visitors or make calls would not be in your interests or be bad for your treatment. But you cannot lose the right to access legal advice, a District Inspector or an independent psychiatrist.

Right 11: The Right to Send and Receive Mail

You have the right to send and receive mail. Hospital staff should not open your mail. This right can be lost if your responsible clinician believes that sending and receiving mail would not be in your interests or be bad for your treatment.

However, mail from these people can never be opened or withheld:

- An MP
- A judge or officer of any court or other judicial body
- An ombudsman
- The Director-General of Health or Director of Mental Health

- A district inspector or official visitor
- The person in charge of the hospital
- The patient's lawyer
- A psychiatrist from whom the patient has sought a second opinion.

What Can I do if Any of my Patient Rights Are Breached?

If you believe that any of your patient rights have been breached, you can contact a lawyer and seek advice. You can also make a complaint to a district inspector. The district inspector must investigate the complaint and report to the Director of Area Mental Health Services (DAMHS), making any recommendations they believe necessary. The DAMHS must then take steps to resolve the matter.

The district inspector must inform you (or the person who made the complaint) about the outcome of the investigation.

You can find a list of local district inspectors if you go to www.health.org.nz and search "mental health district inspectors".

Note: If you are not satisfied with the district inspector's investigation, you can apply to the Review Tribunal, which can investigate further.

As well as the patients' rights in the Mental Health Act, anyone being assessed under the Mental Health Act also has rights under the New Zealand Bill of Rights Act. The Bill of Rights sets out some fundamental rights and principles that protect all members of society when dealing with the government sector, including public health services like mental health institutions.

However, the rights in the Bill of Rights can be overridden by other specific laws. For example, the Bill of Rights says you have the right to refuse medical treatment, but this is overridden by the Mental Health Act, which allows a court to make a Compulsory Treatment Order for you.

Relevant Rights in the Bill of Rights

Some of the relevant rights in the Bill of Rights include:

- The right not to be tortured or treated cruelly or to be forced to take part in medical or scientific experiments
- The right to refuse medical treatment (but an order for compulsory treatment made by a judge will legally override that right)
- The right not to detained (held) without a good reason
- The right to see a lawyer without delay if you're being held
- The right to vote and stand in elections
- The right to freedom of thought and to practise your religion, culture and language
- The right not to be discriminated against because of, for example, your race, gender, sexual orientation, family situation, political opinions or religious beliefs
- The right to freedom of expression, association (meeting with whoever you want) and peaceful assembly
- The right not to be searched unreasonably and to be free from unreasonable "seizure" (having your things taken off you).

Poetry

My Conflicted Mind.

I started to think I would always be broken,
That is when my soul had awoken,
My tears, my fears,
My worrying,
that is what taught me to care,
My burdens I carry, I need to off load,
It’s getting too heavy,
Do I turn to a friend,
Or do I pretend,
Do I need help,
Some direction,
Or is it affection that I seek,
Today I'm feeling rather weak ,
That even the words I speak,
Have me crawling, as I can't stand tall,
I'm worrying that if I succeed,
I will only fall back down,
My worries, are getting the best of me,
I'm trying to be the best version of me,
If you see me fail,
I hope you keep trying,
Because I'll get up that hill,
Even if I'm dying,
One little step,
My ego no longer feels bruised,
Life has had me so confused.
I kept going, following my path,
Its lead me to my destiny,
That’s full of love for me.

Chantelle Pumfleet, 2022.

Koha (Donations)

I have compiled this guide free of charge. If you would like to support my work (future evolutions of the guide) I would be really grateful for any donations to my bank account as per below. Even if it's a small amount it will be put to good use. (I am currently developing a web site so that this guide can be more easily found, and to reach more people.)

Swift Code	KIWINZ22
Account Name	T A HOWARD
Account Number	38-9010-0039188-01
Reference	Guide

If you have any feedback for me, such as suggested changes to any text, or to include other sections in future evolutions of The Guide, my email address is

tom@theculture.nz

Thank you in advance, Tom.