

Sunflower

Newsletter - February 2011

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If you would like to send us a letter article or comment on this newsletter, please post to:

Newsletter,
SFMI Auckland,
PO Box 78-122,
Grey Lynn, 1245 or

Email: admin@sfauckland.org.nz

The opinions expressed do not necessarily reflect the views of SFMI Auckland committee, staff or members.



The SFMI Satellite Fieldworkers sitting in a waka they created for team-building. The waka symbolises that SFMI are all paddling together towards the same goal of supporting families.



The Central Office Fieldworkers created a sunflower design in three dimensions representing the growth of services, the new depth in the way we work and raising our profile and becoming more visible.



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PO BOX 78-122, Grey Lynn
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You will see we now have a name for the SFMI Auckland Newsletter – “Sunflower” a lovely simple name we think is easily identified with our service and also has a bright and friendly feel. Thank you and congratulations to our competition winner.

Included in this February edition is ‘Schizophrenia Awareness Week – Strengthening Relationships’. We have interviews with a family and service user about their personal experiences, as well as articles on different aspects of schizophrenia and psychosis.

Excitingly we have lots of opportunities to offer members and families during this week. First, all members of SFMI Auckland are in the draw to win a trip for two to Wellington (with overnight accommodation) to attend the national Launch of Schizophrenia Awareness week. This event includes Special guest Xavier Amador, author of “I’m Not Sick, I Don’t Need Help” and Founder and Director of the LEAP institute. He is an internationally acclaimed speaker and creator of the LEAP system for relationship building. Also attending this evening will be the Hon Dr. Jonathan Coleman, Associate Health Minister and SFMI’s national patron Ken Mason, a highly respected and influential figure in the New Zealand Mental Health sector. All you need to do to have a chance to attend this event is become a member before the end of February.

If you don’t get to go to the Wellington launch, SFMI is working with Janssen and are able to offer families a chance to attend a one day LEAP training seminar with Xavier Amador. These are very limited places unfortunately – but for families engaged with SFMI Auckland we will be covering the costs associated with attending. So check out the information on the workshop and get in quick. The good news is that if you miss out this time round, SFMI will be running training sessions later in the year for families.

SFMI Auckland is also offering free presentations during Schizophrenia Awareness Week to businesses, groups and clubs. These are easy to book and they will come to your place, so check out the details and give them a call.

Note From The Editor cont.

We have had some responses to our survey about the newsletter and would love to hear back from more readers. You can still complete a very short survey online at <http://www.surveymonkey.com/s/BKCP2JV>

So far people have indicated they like to get information on upcoming events in their area, letters from families, book and resources, reviews and information on support groups. Each office now has its own page highlighting news, groups and events close to them. You will see that there has been a lot happening already in 2011 and we hope you enjoy the pictures from those events.

We are also going to try and include more letters and questions from members and readers. To achieve this we would like to have a question and answer page, so we need to start receiving questions. If you have a question; please email or write in to us, we will need your name and contact details (but we will not publish these in the newsletter). Our contact information is on the cover and we would love to hear from you.

Looking forward to getting your emails and letters!

Lisa Ducat (Sunflower Editor)

Supporting Families in Mental Illness Auckland wishes to acknowledge the support of the Lion Foundation who have contributed towards the costs of running the 2011 Schizophrenia Awareness Week campaign throughout New Zealand. We appreciate their generosity and assistance in helping to raise public awareness of mental health issues.

Proudly Supported by



Thank you



Letters

Thank you to Kids Clubs

Hi there,

I would just like to take the time to say Thank You to all the staff who have worked alongside my children this year, both of my girls have had an awesome time, made some neat friends and learnt a lot of valuable lessons while being able to just be a kid!

I really hope that more children in the same situation around New Zealand have the opportunity to experience this programme, keep up the awesome work!

Many thanks
Donna, Kapeni
and family

Congratulations to the winner of the competition to name our newsletter: 'Sunflower'

Ms Budge

Your \$50 worth of gift vouchers will be making their way to you shortly.

This simple but effective title won as the Judges felt it best represented SFMI and linked well to our Sunflower logo, organisation and services.

We are still keen to gather feedback from you about this newsletter and you can still complete an online survey at:

<http://www.surveymonkey.com/s/BKCP2JV>

Supporting Families in Mental Illness Auckland would like to thank the generosity of the NZ Lottery Grants Board in funding SFMI's family/ whanau support work.



NEW ZEALAND LOTTERY GRANTS BOARD

Supporting Families in Mental Illness ~ Auckland

Competition winner

Win a trip to Wellington

Anyone who is a member of SFMI Auckland by the end of February will go in to a draw to win tickets for two to Wellington and overnight accommodation. The winner will get to attend:

Strengthening Relationships Schizophrenia Awareness Week

Monday 14th – Sunday 20th March 2011
Tuesday 15th March, 5.00pm – 7.30pm

Opened by Hon Dr. Jonathan Coleman, Associate Health Minister

Special guest Xavier Amador
and Ken Mason, Patron

Dr. Amador is an internationally sought-after speaker, clinical psychologist, professor at Columbia University Teachers College in New York City, the Founder and Director of the LEAP Institute and author of eight books including the national best seller "I'm Not Sick, I Don't Need Help!"

If you aren't already a member of SFMI Auckland it is quick and easy to join and it only costs:

Corporate:	\$30
Family/Whanau:	\$30
Individual:	\$20
Unwaged/Beneficiary:	\$10

Simply phone our office on 09 378 9134 or email admin@sfauckland.org.nz or visit our website www.sfauckland.org.nz

Benefits of Membership

Membership is open to anyone and we particularly encourage families to join.

An informative two monthly newsletter with information and articles on Mental Illness, Mental Health, Support Groups, upcoming Forums and Conferences, stories from families, reports from the various SFMI Field-worker Teams of notices about events and happenings in your community, DHB Family advisor reports and much more. Access to our well resourced and popular library of books, CD's, DVD's and tapes.



**SUPPORTING
FAMILIES**

Auckland

www.sfauckland.org.nz

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Family/Whanau Support Groups

(all at Fellowship House)

Pacific Island

3rd Wednesday of the Month,
10:00am–12pm 16 Feb & 16 Mar.

Central Auckland

3rd Tuesday of the month,
6:30pm– 8:30pm 16 Feb & 16 Mar.

Peer Support for Parents

2nd and 4th Wed of the Month
10:30am 9 & 23 Feb, 9 & 23 Mar.

Central Auckland Update



This newsletter there is an update about changes to the Central support group running times and photos from the SFMI Auckland Family/Whanau New Year BBQ held at our Grey Lynn Office.

The BBQ was a great success with a chance for families, committee and staff to catch up and talk. Along with the food there was entertainment provided by members of the SFMI Whanau. Check out the photos.

If you would like to be kept up-to-date with future events like the BBQ, contact the office and ask to go onto our fieldworkers email lists – and they will send you updates between newsletters.

Central support group update for 2011

Happy New Year and best wishes for 2011 to all our central support group families!

Our first support group for 2011 was held Tuesday 18th January. It was lovely to hear the wonderful holiday feedback from families.

The group will continue to be held on the third Tuesday of each month as usual. There will be a change to the time. Instead of 7.00pm – 9.00pm we will start the group at 6.30pm and finish at 8.30pm. We hope that this change will suit most people.

All queries please feel free to contact either David or Tina on 09 3789134. We look forward to seeing you at the upcoming groups on the 15th February and the 15th of March, both at the new time of 6.30pm.





Waitemata Update

The Waitemata team are excited to let everyone know they have established a new West Auckland Support group and will be offering Family/Whanau clinics twice a month as well (see below for details).

West Support group and Clinic

West Support group
1st and 3rd Thursday of the month from: 10a.m. to 12noon.

With Family/Whanau clinic from:
1pm – 2pm then 2pm – 3pm.

The first meeting is on the 3rd of March 2011.

Venue: Waitakere Community Resource Centre



Feedback wanted

The WDHB seeks to provide a quality service to support users and their whanau and family. We are reviewing our systems and assessing their effectiveness in an effort to improve the WDHB relationship with whanau and family. One of the ways we will be doing this is by setting up a Family Forum to get feedback from whanau and family. Your participation will be confidential.

Forums will be held:

Monday, Feb. 21,
10am -12pm,
at Te Puna Hou Ora,
58a Akoranga Dr, Northcote.

Tuesday, Feb. 22,
7pm -9pm,
at Hibiscus Coast Community Health, 136 Whangaparoa Rd, Whangaparoa.

Wednesday Feb. 23,
4pm -7pm,
Massey Community House,
385 Don Buck Road, Massey.

Monday, Feb. 28,
1pm-3pm,
Te Kotuku Ki Te Rangī,
2/40 Copey Place, Avondale.

Discussion will be on how we as a DHB and you as whanau and family members can build a stronger relationship and find the best way to do this. There is also a questionnaire on a possible information booklet for families

Please contact the following people for more information and to register:

Annais or Peter or
Noeline Te Pania WDHB
Lead Family Advisor
09 4861491 ext:7548 or
Noeline.TePania@waitamatadhb.govt.nz

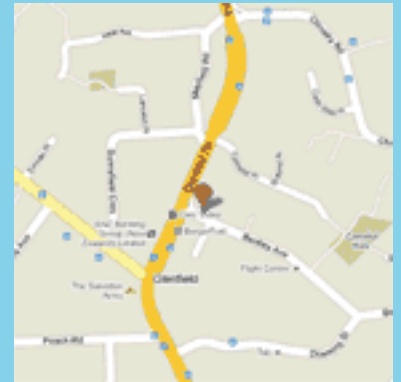


SUPPORTING FAMILIES

Waitemata

www.sfauckland.org.nz

Ph: 09 440 9812



Glenfield Community Centre
Cnr Glenfield Rd and Bentley Ave
Glenfield

Fieldworkers:

Peter Grace

email: Peter@sfauckland.org.nz

Annais Allen

email: Annais@sfauckland.org.nz

Family/Whanau Support Groups

North Shore

Glenfield Community Centre
Crn of Bentley Ave & Glenfield Road
2nd Thursday of the month,
7:00-9:00pm 10 Feb & 10 Mar.

West Auckland

Waitakere Community Resource Centre
8 Ratanui St, Henderson
1st and 3rd Thursday of the month,
10:00-12:00 pm 3 & 17 Mar.

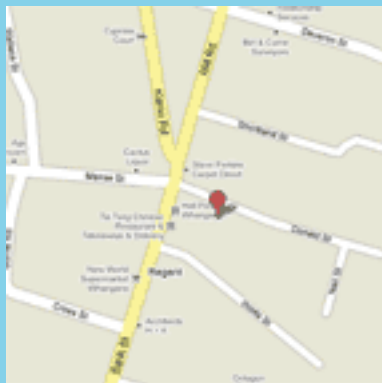


SUPPORTING FAMILIES

Northland

www.sfauckland.org.nz

09 430 3844



4 Donald Street
Whangarei

Fieldworkers:

Francil Tarau-Eagle

email: Francil@sfauckland.org.nz

Family/Whanau Support Groups

Whangarei Evening Group

6 Donald St, Whangarei in the Arataki lounge.

2nd Tuesday of the month

6.00pm - 7.30pm 8 Feb & 8 Mar.

Whangarei Morning Group

6 Donald St, Whangarei in the Arataki lounge.

4th Tuesday of the month

10.00am - 11.30am 22 Feb & 22 Mar.

Northland Update



So much to tell and so little space, so this newsletter we are invading the Counties Manukau page to show you photos from Waitangi Day. Contact the office if you would like to get emails of events between newsletters.

White Ribbon Day Ruakaka 2010

The theme for SFMI at the White Ribbon Day November 2010 was 'Flourishing for everyBODY', sticking with the theme of the Mental Health Awareness Week.

The focus for Supporting Families Northland at the White Ribbon Day in Ruakaka was about promoting the service. At the event we asked people to decorate a



flower and write down what they thought 'Mental Health' was. The flower was then put in to an artificial garden for display.

Flower feedback: We received numerous comments on the flowers around people's thoughts of what Mental Health was, here are just a few:

- Not feeling well in body and mind
- Smiles, love and friends
- There is depression
- Having epilepsy
- Fun
- Smiles
- Feeling down
- Affects all kinds of people in all kinds of families
- Sadness
- Hope

These will be made up into a collage and presented to the Bream Bay Community Support Trust to put on display and then moved

to another public display window in Whangarei for all to view.

Sticking with the theme, we provided free body paintings of flowers; this helped us to capture an audience. It was a well organized event with numerous activities happening throughout the day.

Waitangi Day 2011

Francil from our Northland office, supported by Iva & Evelyn from Counties Manukau and Lisa from the Auckland Office took part in this year's Waitangi Day celebrations.

Staff encouraged people to "Put their Hands up" against discrimination around Mental illness. There was lots of support and people put their hand print down and wrote messages of support. The team even managed to get some of the MPs attending to put their support down as well.

There was also a competition to write a poem or jingle about Mental Health. Congratulations to A Peri for their winning entry:

M – is for me
 E – is for my emotions
 N – is for me, natural
 T – is for my tantrums
 A – is for my attitude
 L – is for Love
 Love me for who I am
 Not what I am





Counties Manukau Update

We welcome Evelyn this newsletter and are sharing photos of Waitangi Day. We both travelled up north to support Francil. It was a great weekend, where we saw people from across the country, including an MP or two.

Introducing Evelyn



My name is Evelyn Mufunda and I am pleased to be working with Supporting Families in Mental illness. I joined the or-

ganisation at the beginning of November 2010 and am hoping to work well with everyone involved in the organisation. I have a background in teaching and I also completed a Bachelor of Health Science in Applied Mental Health and Psychology.

I have always been fascinated about family dynamics and the effects mental illness has on the family as a whole. My degree in Psychology and Applied Mental Health has provided insight into the importance of providing interventions to families. I am looking forward to learning more about supporting families from my colleagues who are more experienced in this field. More importantly, I can't wait to meet more families and work with them.

Evelyn Mufunda



**WAITANGI DAY 2011
"Hands Up Against Discrimination"**

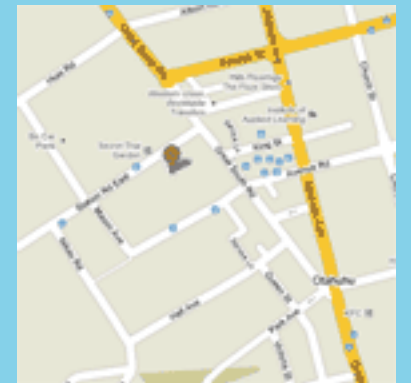


SUPPORTING FAMILIES

Counties Manukau

www.sfauckland.org.nz

Ph: 09 270 8543



The Cottage,
24 Station Rd,
Otahuhu

Fieldworkers:

Iva Zombos

email: Iva@sfauckland.org.nz

Evelyn Mufunda

email: Evelyn@sfauckland.org.nz

Family/Whanau Support Groups Howick & Pakuranga

Highland Park Community Centre
47 Aviemore Drive, Highland Park
3rd Monday of the month,
7:00-8:30pm 21 Feb & 21 Mar.

Borderline Personality Disorder
Friendship House, 20 Putney Way,
Manukau City

1st Monday of the month
7:00-9:00pm 7 Feb & 7 Mar.

Are we being rational about maintenance treatment of schizophrenia?

I attended a dinner presentation by Dr Henry A. Nasrallah from the University of Cincinnati. This was sponsored by Janssen-Cilag as part of a promotion for Risperidone Consta, a long acting anti-psychotic medication which is delivered by intramuscular injection. Professor Nasrallah is a Psychiatrist, Researcher, Author and respected academic leader in the field of clinical research in psychotic disorders.

He began his presentation by highlighting a major problem in modern psychiatric approaches to the long-term treatment of schizophrenia. He says this is due to an approach in modern psychiatry that is really about relapse management rather than relapse prevention. The professor asked the audience to consider what it would be like if cardiac clinicians took the approach that all cardiac patients will relapse (have another heart attack) and it was merely their job to manage the relapses. The death rate from heart attacks would be much higher he suggests. This is what he says is the present problem with psychiatry. Rather than aiming to prevent relapse, it is expected and considered a normal part of psychiatric treatment plans.

He then went on to demonstrate why relapse prevention is so important. It is fairly common knowledge that psychosis causes some harm to the brain. However the degree to which this occurs during repeated psychotic episodes is now becoming much clearer through technological advances and increased research. The ability to scan and photograph the brain has enabled researchers to see just how much damage is occurring during repeated psychotic episodes, and how much the brain's ability to repair itself afterwards is progressively diminished during relapse. This becomes quite technical so I won't go into detail. It is available from Janssen-Cilag if you are interested in looking into it further. There is also information available at SF Waikato. The main outcome from this part of the discussion was that it is absolutely essential to long-term recovery that every effort is made to prevent relapse right from the very onset of the first

episode. The ability of people and their family/ whanau to avoid having their life destroyed by the illness, says Dr Nasrallah will depend on relapse prevention at the earliest possible time.

The discussion then focused on relapse itself. Research has shown that non-compliance with a medication regime is a major contributor to relapse. Dr Nasrallah related this not only to psychiatric medications but to a wide range of interventions such as diabetic, blood pressure and antibiotic medications. It was found that populations generally have difficulty adhering strictly to a set medication regime.

This problem was compounded in the psychiatric situation by the nature of the illness in terms of the effects on the person's ability to manage the treatment plan while experiencing problems relating to disordered thinking, reduced short-term memory function and the disconnectedness that occurs during psychosis. Some degree of non compliance with psychiatric medication treatment regimes in the USA occurs and is expected in 98% of cases. It is this expectation that needs to change.

The use of intramuscular delivery of anti-psychotic medications is not new. Haloperidol and Largactil are two of the older medications that are injected and are still available. However this is limited in terms of the newer A-typical anti-psychotics. Risperidone Consta is the only A-typical intramuscular anti-psychotic funded by Pharmac in New Zealand. Olanzapine is available by injection but is not funded by Pharmac. The newer medications are preferred as they have fewer side effects. Professor Nasrallah says that one of the advantages in the new medications is that they are neuro-protective. The older medications don't support brain cell regeneration after psychosis as the new ones have been found to. The advantages to using an intramuscular delivery of anti-psychotic medication are important in terms of relapse prevention. The professor says that even with the best intentions, research shows a high likelihood that people will be inconsistent in adhering to their

medication regime thus increasing the likelihood of relapse. With intramuscular delivery the ability to ensure compliance and to monitor outcomes is achieved easier as these become the responsibility of both the person receiving the injection and the clinician delivering it. Therapeutic levels are achieved quickly and are able to be maintained more easily over longer periods of time thus reducing greatly the likelihood of relapse and all the resulting harm that occurs with it.

During his discussions, Dr Nasrallah mentioned family support issues a number of times. I spoke with him after the discussion and was pleased to learn that he had spent quite some time in an organisation that was headed by a family therapist. I mentioned the former Schizophrenia Fellowship, and he spoke of the American organization NAMI which he thought was the American version of SF. His approach to recovery and family focus was clearly evident. This was challenged by a member of the audience during Q&A time. The line of questioning was aimed at raising the demarcation between the medical model approaches versus the psycho-social intervention approach to recovery. Dr Nasrallah met the challenge by explaining his understanding of the importance of psycho-social interventions in the recovery process but also put it into perspective by explaining that schizophrenia is a medical condition and that unless it is successfully controlled, psycho-social interventions will not be effective and recovery will not become a reality.

I learned a great deal from this discussion. An important point regarding the outcomes from this was the importance of early intervention in first-time psychosis regarding relapse prevention. It is vital that we as family support agents give this information to our families particularly if they are first time psychosis families. It is also vital that the clinicians responsible for early intervention do likewise.

*Les Robinson
(SFMI Waikato)*

Registrations for the Dr Amador Workshop are now open.

Don't miss this opportunity - spaces for this workshop will be limited.

Families Phone: 0800 732825 or your local SFMI Branch



Xavier Amador presents
THE LEAP PRINCIPLES
 Learn to build strong alliances

Dr Xavier Amador will conduct two 1-day workshops to explain and teach the principles of LEAP in New Zealand.

Auckland
 Sat 12 March 2011

Wellington
 Sat 19 March 2011

LEAP, an acronym for Listen-Empathize-Agree-Partner, is a set of well-studied psychological principles and specific communication skills that provide clinicians and caregivers improved tools to support mentally ill patients to achieve better treatment outcomes.

Internationally-acclaimed speaker and creator of the LEAP system for relationship building, Dr Amador's discoveries were sparked by his personal struggle to convince his brother Henry, who suffers from schizophrenia, to accept and maintain treatment.

Before founding the LEAP institute, Dr Amador was a professor in the Department of Psychiatry at Columbia University, College of Physicians & Surgeons; on the Board of Directors of the National Alliance for the Mentally Ill (NAMI); In addition to a number of books, including the bestselling *I'm Not Sick, I Don't Need Help!*, Dr. Amador has published over 100 peer-reviewed scientific papers.



SFMI Auckland is pleased to be able to offer families from Auckland and Northland financial assistance to attend this workshop. This is a limited offer so please register as soon as possible. Families please register via your local Supporting Families branch, contact Auckland 0800 732825.

SFMI will be running more LEAP trainings throughout the year – if you can't make the March training date register for future dates with SFMI Auckland.

NB: If you are a Healthcare Professional please register online at:
www.janssen-cilag.com.au/Direct/Amador_Workshop

Early detection of psychosis and effective interventions

Information on psychosis from the website of the New Zealand Early Intervention in Psychosis Society.
www.earlypsychosis.org.nz

Getting Help Early :

Getting help early involves recognising psychosis at the earliest possible time and finding appropriate specialist treatment.

Don't Delay:

The initial episode of psychosis can be a particularly confusing and traumatic experience. The change in the person's behaviour causes concern and distress because no-one really understands what is happening. This lack of awareness often leads to delays seeking help. As a result, these treatable illnesses are left unrecognised and untreated. Even when help is sought, further delays may occur before the right diagnosis is made because recognition of these disorders can be difficult.

Why is it Important to Get Help Early?

Often there is a long delay before treatment begins for the first episode of psychosis. The longer the illness is left untreated the greater the disruption to a person's family, friends, study and work. The way they feel about themselves can be affected, particularly if treatment is prolonged. Other problems may occur or intensify, such as unemployment, depression, substance abuse, breaking the law and causing injury to themselves. In addition, delays in treatment may lead to slower and less complete recovery. Disruption need not occur. If psychosis is detected early, many problems can be prevented.

What are the Early Signs?

Usually there are some changes in a person before the obvious symptoms of psychosis develop. These changes are called early signs and this phase just before the psychosis is called the prodrome. The early signs are vague and hardly noticeable. The important thing to look for is if these changes get worse or simply do not go away. Early signs vary from person to person. In the prodromal phase, there may be changes in the way some people describe their feelings, thoughts and perceptions. However, they have not started experiencing clear psychotic symptoms such as hallucinations, delusions or confused thinking.

A person may become:

- suspicious
- depressed
- anxious
- tense
- irritable
- angry

A person may experience :

- mood swings
- sleep disturbances
- appetite changes
- loss of energy or motivation

A person may feel :

- their thoughts are speeded up or slowed down
- things are somehow different
- things around them seem changed

Often family and friends are the first to notice the changes.

Family and friends may notice when :

- a person's behaviour changes
- a person's studies or work deteriorate
- a person becomes more withdrawn or isolated
- a person is no longer interested in socialising
- a person becomes less active

Families often sense that something is not quite right even though they don't know exactly what the problem is. These behaviours might be a brief reaction to stressful events like hassles at school or work or trouble with relationships. On the other hand, they may be early warning signs of a developing psychosis. It is important that these behaviours are checked out.

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greatly increase the chance of a successful recovery.



Who is at risk?

Well over 1% of the population will develop a psychotic illness sometime in their lifetime. Young people (men age 16-25 and women 16-35) are at particularly high risk. The risk is further increased with positive family history of a similar condition, and illicit drug abuse (including cannabis). An individual at risk can have the first episode of psychosis triggered by even mild use of illicit drugs, excessive alcohol use, or stress. Individuals with all levels of intelligence and from all social backgrounds can be affected by psychosis.

Can psychosis be treated successfully?

Yes, there is effective treatment available. Research has shown that Early Intervention for Psychosis services have a significant positive effect for clients whilst in treatment. Early intensive treatment results in earlier psychotic and negative symptom remission, less psychosocial deterioration and increased treatment adherence.

The First Step

When these prodromal or psychotic symptoms appear it is important that the young person gets help. A good place to start is with a local doctor, community health centre, or community mental health service. School counsellors might also be available. Remember these changes in behaviour may not be early signs, but it is a good idea to get them checked out.

If a psychotic disorder is developing the sooner the young person gets help the better. The earlier psychosis is recognised and treatment commences, the better the outlook.

Potential Consequences of Delayed Treatment

A longer duration of untreated psychosis (the period from the onset of psychosis to the implementation of 'adequate treatment') has been shown to predict poor outcome. In addition, the illness process of psychosis is most actively severe in the early phase. The majority of deterioration occurs within the first five years.

Potential consequences of delaying assessment and treatment include:

- slower and less complete recovery
- poorer prognosis
- increased risk of secondary morbidity
- interference with psychological and social development
- strain on relationships; loss of family and social supports
- disruption of person's parenting skills (for those with children)
- distress and increased psychological problems in the family
- disruption of study and/or employment
- substance abuse
- criminal activities
- unnecessary hospitalisation
- loss of self-esteem and confidence
- increased cost of management
- self-harm

Reference

Birchwood, M. (1998) Early intervention in psychosis. The critical period hypothesis. *British Journal of Psychiatry Suppl*;172(33):53-9.

Turner MA. Evaluation of Early Intervention for Psychosis Services in New Zealand: What Works? Wellington, NZ: Health Research Council of New Zealand; 2002.

Larsen TK, Friis S, Haahr U, Joa I, Johannessen JO, Melle I, et al. Early detection and intervention in first-episode schizophrenia: a critical review. *Acta Psychiatrica Scandinavica* 2001;103:323-34.

Malla AK, Norman R, Voruganti LP. Improving outcome in schizophrenia: the case for early intervention. *Canadian Medical Association Journal* 1999;160:843-6.



*"If you change the way you look at things,
the things you look at change."*

Wayne Dyer

Strengthening Relationships Schizophrenia Awareness Presentation

Free 30 minute presentation for workplaces, clubs, groups, and other organisations.
Offered at your premises for groups from 6 to 20 people (larger groups by negotiation)
Limited number available so booking essential

Schizophrenia Awareness Week
'Strengthening Relationships'
14th – 20th March



To book simply contact
SFMI Auckland
Ph: (09) 378 9134
Email: admin@sfauckland.org.nz

This presentation will give your organisation a greater understanding of schizophrenia and psychosis, including identifying early warning signs and pathways to support services. It will also offer a simple and practical communication tool that aims to strengthen relationships and improve your ability to achieve successful outcomes.

About Supporting Families in Mental Illness – Auckland
Supporting Families exists to enhance the competence and resilience of families and whanau to meet the challenges of mental illness. We resource families and whanau to support recovery by offering free support, education and information, as well as promoting the rights and needs of individuals and families affected by mental illness. For more information visit sfauckland.org.nz

Schizophrenia Awareness Week exists to give information and educational opportunities on schizophrenia to reduce the stigma and discrimination faced by families and whanau. Often created through lack of knowledge and misunderstandings around mental illness, stigma and discrimination can cause barriers to accessing appropriate supports and treatments, leading to isolation.

*Do you see the
Person or the
Label?*

"People with serious mental illness are not ill in isolation. Their families, extended whanau, and significant others, whatever they think about the illness, cannot escape being affected by it. The lives of people with serious mental illness are inextricably involved with the lives of those they love and care for, and the lives of those who love and care about them." Mental Health Commission



Schizophrenia and Me

For the Schizophrenia Awareness Week issue of 'Sunflower' I interviewed two people, a person diagnosed with schizophrenia and a family member. They very generously and openly discussed their own experiences. I could not fit all we discussed in and so have edited our talks down into answers to a series of broad questions. I want to thank both people for their time and sharing their insights, and hope those who read their stories benefit from their knowledge. The stories shared below do not represent the policies or opinions of SFMI and to ensure the privacy of whanau and family no names are used in this article

A Service User's Perspective

What does Schizophrenia mean to you?

Schizophrenia is a diagnosis and a label that is given to people who suffer different symptoms like paranoia, delusions and there are quite a few different diagnoses – there's hebephrenic, paranoid, catatonic, and undifferentiated schizophrenia. Without going into too much detail; the first is when you have no sensitivity or idea about what is happen around you, so for example you might be at a funeral and laughing; the second is when you are paranoid, you may think the world is out to get you; the third you can be just like a hermit and become very introverted; finally undifferentiated is a mixture of the first three. So that's a big range.

For me schizophrenia was just a label, because I had been diagnosed with so many different diagnoses. I was diagnosed with undifferentiated schizophrenia. It wasn't helpful for me because they are conflicting ideas, in my point of view, because they said that schizophrenia is nothing like bi-polar but then they diagnosed me with bi-polar, it was too conflicting.

What was your experience?

I've been in hospital four times and early on was given the diagnosis of undifferentiated schizophrenia. The first time I became unwell, my Mum flew up to be with me, she's a partially qualified nurse, and I was living with my grandparents' at the time. I couldn't sleep and Granddad didn't understand, it was really affecting Grandma and they couldn't handle the stress of me not sleeping. Everything was really freaking me out. I couldn't sleep in my own bedroom, I put a mattress beside my Mum and tried to sleep there but that wasn't working. It was really irritating my family, the lack of sleep particularly. So they put me in the psyche ward at Connolly unit and I just locked myself in my room and only came out for meals and I didn't eat with the other patients. I ate separately in the kitchen.

Early signs

How did I know something wasn't right? Well I didn't for my first breakdown. I felt there was something wrong but didn't know what. I had no control over my thoughts, my actions. I was very emotional, always crying, non-stop. Then I had a whole week without sleep. I had a lot

of paranoia towards my family, I thought my family were out to kill me, I thought the TV was talking to me, it was all about me, the radio was all about me. Everything that was a stimulant or outside my brain I was reacting to.

Early warning signs others might see could be erratic moods. Erratic moods are the most common, things like being angered or angry for no reason. Each time I've had a break-down it has been different – the main thing is the erratic moods, that's has been persistent.

What was helpful for you?

What helped was having a psychiatrist that was really open and communicative, she was great. She got me to write my story and I wrote a 20 page story from 'whoa to go' of my life. She was the one that suggested that I had post traumatic stress disorder. She looked at a whole picture. She asked me what symptoms I get and things like that, so after hearing and reading my story she came up with the new diagnosis. It had been horrible to accept being told I had schizophrenia and then bi-polar. I had to go through a journey of trying to accept that as being my label. So when I was told that it was post traumatic stress disorder it made sense – it made more sense to me that it was that, than the other things. Because a lot of people I know that have had schizophrenia or suffer from schizophrenia, they have blackouts and for me I remember everything, the whole psychosis, the whole paranoia, everything.

I remember what was most helpful the first time I went to hospital. First having plenty of rest and, though I wasn't happy about it at the time, medication really got me back in to a good routine, got me sleeping.

Visiting was good – not while I was in the acute unit as much – I wasn't as coherent and was a bit reactive, but in the open ward visitors coming and taking me out was a help. Because I just got taken straight to the acute unit I only had the clothes I was wearing and that was it. Having a bag packed from home with my stuff was very helpful.

Another thing that is an ongoing help is the "Wellness Recovery Action Plan" – from Mary Ellen Copeland– that has really helped. (to find out more about WRAP visit www.mentalhealthrecovery.com) *Cont. on Page 14*

What didn't help?

Well I suppose for me it was using drugs – drugs were the main reason for me getting unwell and going psychotic. That is why I went in and out in and out four times because I kept smoking till I was 25. And since I stopped that, I've been well the whole time.

When did you want support and what support?

It is difficult as I don't think as a consumer, as a services user, I could decide for myself when I was very unwell – especially, because it was not predicated that I was going to be unwell. So I didn't get to choose when I accessed services or what services I was referred to. I am still to this day angered that I have been put into the system. But from my family's perspective it was the only thing they could do; to get intervention, and that was nurses, doctors and the hospital. Looking at the family perspective – that they didn't know what to do, they honestly didn't know what to do and they were at their wits end, that was the only thing they knew that would help.

So I'm not angry at my family, but I am angry at being in the system because it has taken me a long time to get out of the system and I'm only just out of the system now. And that happened back when I was 18 so that's about 17 years

What advice would you have for family/Whanau?

Just to be open and honest – so say what you would say to others, not to be afraid because, well I can only speak for myself – I'd rather people just be themselves and be open and honest – I prefer that. Listening to me is really important; I have had to get the emergency team in because even though I'll be giving my nurse's signals or saying to them – 'look I'm getting unwell' and they didn't listen.

What has our experience meant for you and your whanau?

Some people have pulled away; I had a close relationship with my Aunty because she's only 5 years older than me and now we're not friends any more. I've lost a lot of respect and people choose not to talk to me because they are afraid, they just don't understand mental illness so they avoid it.

Sometime friends and family think that they can't be honest or forward with me like they think I'm going to break down and cry or something. So they don't tell me some things, then I can feel, left out. I find keeping the dialogue open and just being myself and being relaxed if people want to talk to me about my experience and then I just try and educate them on it. To keep relationships strong I've just tried to keep communication open with friends and family. Communicated with them and helped them understand how it was for me.

What does Schizophrenia mean to you?

Life change – for the families and for the person who is experiencing schizophrenia and also a life-style change as well.

What was your experience?

I have two brothers with schizophrenia and my experience was with the one I grew up with, my other brother is in Australia. Looking back we think he had it at 17 but was diagnosed at 19 – I was 22 at the time. He is nearly 30 now.

It was horrible when we didn't even know he had a mental illness and even after finding out he had a mental illness it was difficult. At the very first stages he wasn't medicated and then they had to work out his medication.

It was the stuff he was doing – it wasn't talking to himself and stuff, it was things like threatening to chop off Dad's legs because he was shaking his feet – you know how people do when they are sitting – just randomly saying things like that.

Just standing in doorways heavily breathing then suddenly spitting – I was just disgusted, I was annoyed, I was thinking why is a adult standing here doing this random thing for no reason at all – there was no reason for him to be standing there – he wasn't sick. It was hard living in fear of my Brother – looking for ways to lock my door – living in fear of him coming into my room at night.

This all occurred pre and early diagnosis – we didn't have any support and didn't know then how to deal with things, since then we learnt how he ticked so we know when he's had drugs – we know now we just have to talk to him properly. This is all stuff we learnt over years of living with him – it's gone from fear to back to living with a loved one, but with a different personality from when he was a kid.

Early signs

He used to talk and say 'bizz' in conversation – unusual conversations – he would laugh and pretend to be driving a suped-up car making the noises during the conversation – he use to go from one thing to another; have all these different conversations in one minute – from cats to cars to swimming all out of context – real left-field conversation.

What was helpful for friends and family/Whanau to do? I suppose coming to the understanding that my Brother had a mental illness and being that listening ear especially for my Dad. My Dad was going through this alone, Mum passed away not long after my brother was diagnosed. Being a sounding board but also having an understanding of mental illness – it's a bit hard to be a sounding board if there is no understanding.



People shut down about mental illness – at first the community around were not very open to what was happening and they would freak out and do a runner – but once they got used to it – these were the people my Brother choose to hang out with – they accepted him and learnt to live with it. For example, he had friends who had smoked marijuana but once they learnt his illness didn't go hand-in-hand with smoking they stopped offering it to him and smoking around him.

What didn't help?

Just not knowing about his illness – I didn't know till coming here what schizophrenia was – I thought it was just hearing voices. My Dad had conversations with my Brother's key worker but it wasn't around how we could help with his recovery – If I knew half the stuff I know now we would have been so better prepared and supportive of his recovery. We had to learn how he ticked, what didn't, what we could do, and what we couldn't. It is now to the point that when my Brother is around his sisters and brothers he acts his age but as soon as Dad come in he acts like a ten year-old and I put that down to the lack of understanding about how to talk to and treat a person with mental illness. When it was first diagnosed – I think Dad pussyfooted around him he didn't understand, he just saw his son was sick so he didn't make him do things he should – Dad did it all for him, went everywhere with him.

We as a whanau – didn't know how to react and to how be around our loved one when, all it was, was to be yourself and treat them as you would normally – we didn't know that.

When did you want support and what support?

I remember I did go looking for support but that was for my Dad – that was going back 3 years so he could have 'him' time – and that's where I got in contact with SFMI through the 'Like Minds' campaign, but it took a while to actually find their number.

I remember a brief discussion about support with my Brother's key worker. I think now it was about Carer Support but it went no further than mentioning my brother could stay with other whanau, so Dad could have a break, but there was no explanation of how what or where; no details.

Pretty much my Dad needed time and a break - a little bit of down time – and he gets that now but by virtually running away from home which he shouldn't have to do – especially if there are support mechanisms there to get time out – We need the Mental Health professionals to take time to explain these options. They were too vague and we didn't know we could ask.

I said [to mental health services] 'my Dad needed support' – that 'he is supporting two sons with a mental illness' – the worst thing about it is they know about SFMI and they know my Dad was supporting two sons with illness and they did not refer him to get that support and they still haven't

to this day. They only reason why I found support for my whanau is because I used to work in the health sector, and I knew to look, that's not going to be the same for other families.

What advice would you have for family/Whanau?

Get to know what the illness is, get to know who the support workers are – look at a recovery plan – ask the key supporters how you can help toward that recovery plan – And treat your loved one how you would want to be treated yourself.

You have to change the way you communicate - the message is the same but way you say is different.

You also have to change some lifestyle things too to support your family member.

What has your experience meant for you and your whanau?

It has been so many things, it has been emotional it has been heart-wrenching, it's made us angry – it has taken us places we never thought we'd sink. I love my Brother, I trust my Brother now, but earlier, there was a time I didn't trust him with my children, now I do.

Because my Mum passed and I was the only woman left, what she had dealt with moved from Mum to me, so I had the role to support Dad – by standing by his side – at this same time my other Brother in Aussie was in a forensic ward – so I supported Dad by saying 'you can do this', saying 'I know people who can help', through doing and being – It sounds weird – cause lots of times you're not saying anything or doing anything you are just being there for them.

Would you get help sooner?

That is hard to answer – at the time when I first experiencing it I wasn't prepared to take it on – now yeah. I had my own family at that time and wasn't at home till after Mum passed away – For me till you live with someone – the impact isn't real – because you don't have to deal with it.



Hola, Como Estas?

Well it is hard to imagine it is just 10 months ago since I left SF Auckland to start a new chapter in my life. So much has happened since then, but I still think fondly of my busy, challenging and rewarding days working with you all. So here is a little up-date, especially for everyone I have worked with out in South Auckland.



We have finally established our B&B and Language School in the beautiful colonial provincial city of Tarija in southern Bolivia – in the wine region of course.

All things take time here. So our setup plan of 3 months merged into 6 and then extended into 9! We now know mañana doesn't mean tomorrow, but possibly next week, or in 3 weeks time all going well – but it will happen.

The pace of life here is very laid back, but filled with friendly interaction with friends on the street corners, the plazas and cafes. It's very addictive – we don't know how we lived life without a 3-hour lunch and siesta. We highly recommend it.

The realization that we are starting to fit in is strange and exciting. We no longer see things through the eyes of tourists. I was thrilled and surprised to see my name " Senora Luisa Rattray" on a parcel I picked up from the dry cleaners the other day – it made me feel like someone else.

Mental Health and Family Support In Bolivia

Just as in the western world mental health problems affect people in Bolivia. Depression and schizophrenia are very common.

Surprisingly alcohol abuse, and related issues, have more of an impact on the population than drug abuse. Even though Bolivia is famous for the cultivation of coca for cocaine production the narcotic drug of choice is marijuana as opposed to the plague of "P" in New Zealand. Therefore drug abuse has a less dramatic impact on people's mental health.

While medication is freely available to everyone, it's a user pays system. There is only one hospital in Bolivia that specializes in the treatment

of mental health illnesses. This means that not everyone can benefit from specialised services. However on the positive side life is built around the family unit.

Families are much more connected than in the western culture. Due to the strong family network no one lives in isolation. Consequently, when it comes to caring for family members with mental health issues or other disabilities, it is much easier as the load is shared by the extended family.

Additionally, society in general, not being affected by the fast pace of the Western world, are more accepting of people who are unwell. The impact of stigma is less evident in people's lives. Society seems gentler in many ways.

Bolivia, you could say it has a developing mental health system which has potential for a brighter future, but all things take time here.

Senora Luisa Rattray

You might want to check out our B&B website (www.residencialtiplano.com) and my 'Experience Bolivia' blog (www.boliviaexperience.blogspot.com) about our life here.

Letter From Bolivia cont.

**Mental Health Commission
Kathryn Platz
Family, Whānau Advisor**

Email: kathryn.platz@mhc.govt.nz or visit www.mhc.govt.nz

Kathryn is planning to visit all the DHBs in the next 4 months for two purposes; network development, and review of the Family Advisor document 'Picking up the Pieces'.

She is hoping to link into Family Forums meetings and will update us on her schedule in the next newsletter. She would also like to receive information about priorities for Family supporting someone with alcohol or addiction issues.

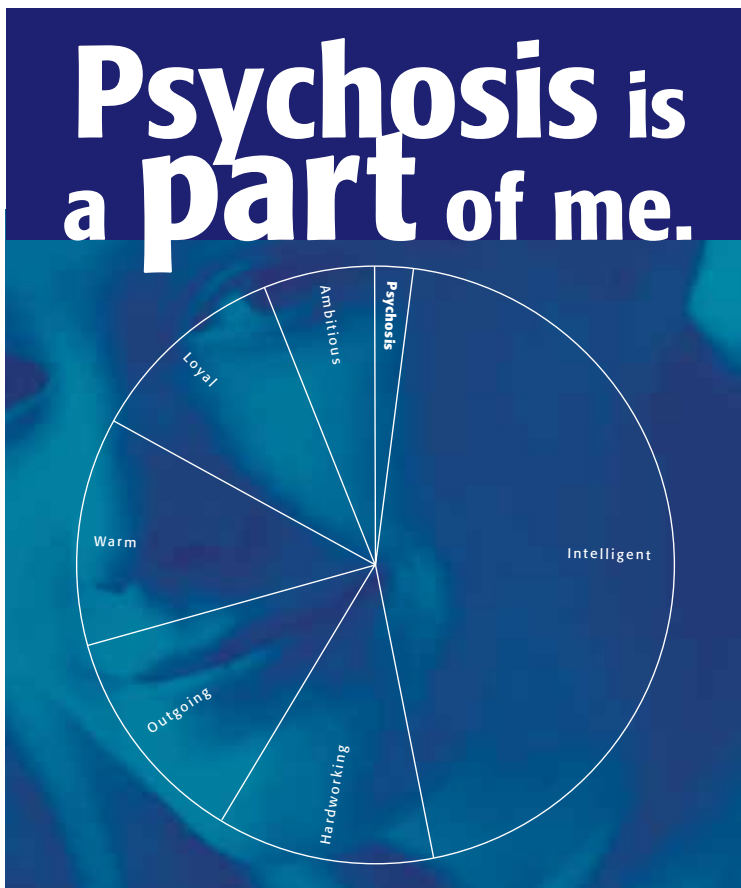
Finally the MHC will be releasing an evaluation for the Family Guide booklet in the next few weeks with the deadline of the 8th of April – more information will be posted on their website soon.



FROM THIS SITE:

This website is an Early Psychosis Intervention (EPI) Youth and Family Education Initiative developed in partnership with the Ontario Working Group on Early Intervention in Psychosis. The site evolved from my family's wish for centralized access to best-practice, personal, and creative resources relating to psychotic disorders. In 1997, I was diagnosed and treated on an out-patient basis for my first-episode of psychosis at the Prevention and Early Intervention Program for Psychoses (PEPP) in London, Ontario. At the time, I lived with my parents in a small Northern Ontario town, and we had to travel 800 km to access treatment at the PEPP program. Given that early intervention services were so far away during a critical time in my recovery, my mom and I began working on GetHelpEarly.ca so that young people and families like ours could connect with one another. We wanted a place where first-episode youth and their loved ones could go together to learn and share their personal insights through stories and art.

T ara M.



It's **not** my whole life.

STUDIES SHOW THAT AN EARLY INTERVENTION APPROACH TO TREATMENT OF PSYCHOSIS ACHIEVES A POSITIVE OUTCOME IN NEARLY 80% OF INDIVIDUALS AT THE END OF TWO YEARS. **DON'T WAIT. GET HELP EARLY.**

EARLY SIGNS OF PSYCHOSIS MAY INCLUDE: DETERIORATION IN SCHOOL PERFORMANCE • DETERIORATION IN WORK PERFORMANCE • ISOLATING SELF FROM FRIENDS AND FAMILY • NO INTEREST IN SOCIALIZING (OR MUCH LESS ACTIVE THAN USUAL) • SLEEP DISTURBANCE • SUDDEN APPETITE CHANGES • LOSS OF ENERGY OR MOTIVATION • FEELING SOMEHOW DIFFERENT FROM OTHERS OR THAT THINGS IN THE ENVIRONMENT SEEM CHANGED • DIFFICULTIES WITH CONCENTRATION, MEMORY, ATTENTION • THOUGHTS FEEL SLOWED DOWN OR SPEEDED UP • ODD, UNUSUAL IDEAS OR BEHAVIOUR • VAGUE RAMBLING SPEECH THAT MAY NOT MAKE A LOT OF SENSE FEELINGS OF SUSPICIOUSNESS, DEPRESSION, ANXIETY, TENSION, IRRITABILITY, ANGER OR MOOD SWINGS • PREOCCUPATION WITH A PARTICULAR THEME • HEARING SOUNDS OR VOICES WHEN ALONE IN A ROOM • SEEING THINGS THAT OTHERS CAN'T SEE • COMPLAINING OF BEING FOLLOWED OR WATCHED • THINKING ONE HAS SPECIAL POWERS
[CONTACT A MENTAL HEALTHCARE AGENCY IN YOUR COMMUNITY FOR MORE INFORMATION ON EARLY PSYCHOSIS INITIATIVES AND CLINICAL PROGRAMS](http://WWW.GETHELPEARLY.CA)

WWW.GETHELPEARLY.CA

NZ's Heavy Drinking Culture

If we want a safer and healthier society we need to find a new middle ground between: Excessive commercialisation of alcohol & Prohibition of alcohol.

Alcohol Action was founded in 2009 by people working in public health and addiction treatment who were tired of being at the bottom of the cliff picking up the pieces. Unfortunately, education campaigns alone and the hope that individuals will spontaneously begin to act with more self-responsibility have not been shown to be effective strategies.

Effective regulation is needed to turn the tide of New Zealand's harmful drinking culture. The 5+ Solution is

a set of policy directives which are a real solution to the national alcohol crisis:

1. Raise alcohol prices
2. Raise the purchase age
3. Reduce alcohol accessibility
4. Reduce marketing and advertising
5. Increase drink-driving counter-measures

PLUS: Increase treatment opportunities for heavy drinkers

The 5+ Solution is a set of policy directives based on the internationally acclaimed, World Health Organisation sponsored, publication, "Alcohol: No Ordinary Commodity" written by fifteen of the top alcohol and public health scientists in the world.

Every week in NZ more than 20 people die and over a thousand are injured because of alcohol. New Zealand can reduce the massive harm by adopting an integrated package of evidence-based policies. Community and professional support for the 5+ Solution is huge both here and internationally. Help build momentum for change. Have Your Say

What can you do?

The most important thing to do right now is actively participate in the Select Committee process, related to new alcohol law reform Bill. Visit www.alcoholaction.co.nz to find out more.

Farewell

Farewell Dominika – Welcome Manuela

The SFMI team would like to say a big thank you to Dominika who, in an arrangement with the Auckland branch as a volunteer, has been providing a free counselling service to SFMI clients for the last 7 months or so. Dominika is expecting her first baby very soon and we wish her all the best as she puts counselling on hold for a while to become a full-time mum. As Dominika departs we would like to warmly welcome Manuela Beiner who, like Dominika, has volunteered her services as a qualified counsellor, so that we can continue to offer a free counselling service to family members linked to the SFMI.

The Human Rights Commission recently launched a resource, providing information and practical steps to help ensure mental health service users in New Zealand receive quality service and treatment.

'Making Complaints – A Guide for Mental Health Service Users' fills a much-needed gap in information on complaints processes for people who experience mental health issues. The critical need for information on complaints processes for people who experience mental health issues was identified as a priority in the development of the New Zealand Human Rights Action Plan five years ago. The guide will assist people using these services to advocate for themselves and whanau members.

The guide was developed with help from various organisations, including the Office of the Health and Disability Commissioner, the Mental Health Foundation, Office of the Ombudsmen, the Privacy Commission and the Ministry of Health.

It outlines issues such as "What if I think my rights under the Mental Health Act have been breached?", "What is the best way to complain?", and "Where do I get legal advice?"

Making Complaints – A Guide for Mental Health Service Users is available to download from the Human Rights Commission's website (www.mhc.govt.nz). Hard copies can be requested by contacting InfoLine on 0800 496 877 or emailing infoline@hrc.co.nz.

http://www.hrc.co.nz/hrc_new/hrc/cms/files/documents/01-Oct-2010_11-47-40_Making-Complaints_MentalHealthGuide_WEB.pdf

Making Complaints – A Guide for Mental Health Service Users

New Volunteer Counselor



My name is Manuela, the new volunteer counsellor at SFMI. I am looking forward to working at SFMI in this role and support the referred client families/whanau in doing their wonderful job.

I have a Bachelor of Social Practice, which also qualified me in Social Work and Community Development, and I have recently obtained a Post Graduate Diploma in Counselling. I am a Provisional Member of the New Zealand Association of Counsellors (NZAC). I have regular supervision to ensure my work is ethical and professional, as well as to identify opportunities to improve my practice.

I have had experience working in the Mental Health sector and with SFMI. In 2002, I was involved with SFMI as a student and met with families of people using the mental health services. In 2004, as part of my degree third year placement, I drafted an information kit for families of people using the Community Mental Health Centres in the Auckland District Health Board. I have also been involved in project work for the Mental Health Foundation and have worked as a telephone counsellor.

I am trained in Narrative Therapy, Solution Focused Brief Therapy, and Collaborative Language Systems, which are narrative approaches compatible with each other.

What are narrative approaches?

Narrative approaches to counselling see clients as the experts in their own lives (rather than therapists) and view problems as separate from people. Some of the themes of Narrative approaches assume that people have many skills, competencies, beliefs, values, commitments, and abilities that will assist them to reduce the influence of problems in their lives. The non-pathologising stance in these approaches moves away from dwelling on what is wrong with a person to emphasising creative possibilities. This is done through facilitating client/s' awareness of the broader context (discourses) affecting their lives and re-authoring these stories in collaboration between the therapist and the clients whose lives are being discussed.

A strength of both Solution-focused and Narrative therapies is the use of questioning, especially future-oriented questions that challenge clients to think about how they might solve potential problems in the future. (Corey, 2005).



Family/Whanau Support Groups

Pacific Island Family Support Group

423 Great North Road, Grey Lynn 3rd Wednesday of the Month, 10 – 12 am
Contact Iva on 270 8548

Central Auckland Family/Whanau Support Group

423 Great North Road, Grey Lynn
3rd Tuesday of the month, 6:30pm- 8:30pm
Contact David Murray or Tina Haresnape on 378 9134

Manaaki House Family/Whanau Support Group

1 Pilkington Rd, Panmure (Community Hall)
1st Tuesday of the month, 5-6.30pm
Contact Olivia on 378 9134 or Alan Kipling (Manaaki House) on 5706519

Yan Oi Sei—Chinese Family Support Group

East Health Trust 260 Botany Road Howick
1st Tuesday of the month, 10am -12 noon
Contact Wendy on 378 9134

SFMI/Affinity Family/Whanau Support Group

Affinity Services, 300 Great South Rd, Greenlane
3rd Tuesday of every month, 2pm- 3.30pm
Phone Cindi on 526 0320 Ext. 9339

Borderline Personality Disorder Family/Whanau Support Group

Friendship House, 20 Putney Way, Manukau City
1st Monday of the month 7-9pm
Contact: Iva on 270 8543 or Judy on 261 3700

Howick-Pakuranga Family/Whanau Support Group

Highland Park Community Centre
47 Aviemore Drive, Highland Park
3rd Monday of the month, 7:00-8:30 pm
Queries to Evelyn Ph: 270 8543

North Shore Family/Whanau Support Group

Glenfield Community Centre
Corner of Bentley Ave & Glenfield Road
2nd Thursday of the month, 7-9pm
Contact Peter or Annais on 440 9812

West Auckland Family/Whanau Support Group

Waitakere Community Resource Centre
8 Ratanui St, Henderson
1st and 3rd Thursday of the month, 10:00–12:00 pm
Contact Peter or Annais on 440 9812

Peer Support for Parents

423 Great North Road, Grey Lynn
2nd and 4th Wednesdays of the Month 10:30am, Fortnightly meetings,
23rd February and 9th & 23rd March
Contacts: Natalie Heijm at SFMI on 378 9134 or Fleur Crarer: Regional Consumer Network (623 1762)
Seema Woollaston: Tu Tangata Tonu (623 4646 ext. 28727)

Whangarei Evening Family/Whanau Support Group

6 Donald St, Whangarei in the Arataki lounge.
2nd Tuesday of the month, 6.00pm -7.30pm
Contact Francil on 09 430 3844

Whangarei Morning Family/Whanau Support Group

6 Donald St, Whangarei in the Arataki lounge.
4th Tuesday of the month, 10.00am– 11.30am
Contact Francil on 09 430 3844



**SUPPORTING
FAMILIES**
in Mental Illness

Auckland

www.sfauckland.org.nz
Ph: 09 378 9134

MEMBERSHIP REGISTRATION FORM



If you would like to become a member of Supporting Families in Mental Illness Auckland and support our work please post this form with subscription to:
SF Auckland, PO Box 78 122, Grey Lynn, Auckland 1030.
Ph 3789134 or visit www.sfauckland.org.nz for more information.

BENEFITS OF MEMBERSHIP

- An informative two monthly newsletter with information and articles on Mental Illness, Mental Health, Support Groups, upcoming Forums and Conferences, stories from families, a roundup from the various Supporting Families teams of events and happenings in your community, DHB Family Advisor reports and much more.
- Access to our well resourced and popular library of books, CD's, DVD's and tapes.
- Extensive information that may be hard to source from other agencies available under one roof. This has been an asset for students who have found the library extremely helpful with their studies and assignments.

Unwaged..... \$10, Individual \$20, Family/whanau..... \$30, Corporate..... \$30

CONTACT DETAILS

Title: Mr / Mrs / Miss / Ms / Other _____ New Member Yes No

First Name & Initials _____ Last Name _____

Address _____

Email _____

Contact Telephone Numbers _____

Reason for joining (Optional)

- Family/Whānau/Friend with mental illness
- Consumer of mental health services
- Professional interest
- Other

ANNUAL SUBSCRIPTION

Tax Invoice

GST# 45 580 547

I enclose the annual (July 1 to June 30) subscription of \$ _____

\$30 Organisation membership \$30 Family/Whānau membership
\$20 Individual membership \$10 Unwaged/Beneficiary

VOLUNTARY DONATION

I enclose a donation of \$ _____ Receipt NOT required?
(Donations of \$5 or more qualify for a tax rebate)

Signed: _____

Date: _____

Please send this form with your payment to:

SF Auckland, PO Box 78 122,
Grey Lynn, Auckland 1030

For office use only

Amount Received \$ _____ Receipt No _____ Date Posted _____

This information is kept confidential to SF Auckland and SFNZ for statistical purposes and for direct distribution of SF Auckland SFNZ material.