



Supporting Families/Whānau Taranaki Newsletter

Our Mission: Families and whanau experiencing mental illness are listened to, included, informed and connected.

February/March 2017

SF Taranaki thank Gordon Hudson

Supporting Families In Mental Illness Taranaki want to the acknowledge the recent "retirement" of Gordon Hudson. We felt that we wanted to recognise the years of work that he has put into mental health in Taranaki.

Co-Manager, Shirley Vickery, met Gordon first when he was managing Like Minds Taranaki. She says she really enjoyed working for and with Gordon - "he had a great sense of fun and I always enjoyed the friendly working environment he encouraged at Like Minds and the jokes and hilarity that were part of Like Minds Culture. At the same time everyone worked hard and got stuff done."

"I was the accounts person at Like Minds for a number of years and when you are privy to how organisations and businesses manage their money you really get to understand good management. Gordon was definitely a great financial manager".

Shirley says that she also valued Gordon's support in her roles on the governance committee at Supporting Families.

"Gordon was always encouraging. He gave me some significantly helpful advice over the years, always with great tact and discretion. His example as a manager has also been one I have learned a lot from"



North Taranaki Field Worker, Gareth Andrewes says "my first encounter with Gordon was during study, when before undergoing the Social Work Degree he visited my Sociology class, supporting a person who experienced mental health issues and was sharing their experience. To me, Gordon appeared as a supportive and dedicated advocate, fighting the good fight against mental health stigma and discrimination. It was encouraging and inspiring as a guy about to enter the social services and mental health field to see a man who, although showed a strength and assertion, didn't mask his sensitivity and compassion when speaking to students about the cause".

Gordon has had such a long career in mental health that we felt someone with professional writing skills should tackle the task of writing about him. We asked journalist Jim Tucker if he would do it and he generously agreed. Thanks Jim for your great work and Gordon for collaborating an article.

Introducing SF's new SPHC Worker

Kia Ora, my name is Kelly MacDonald. I am excited to be a part of the Supporting Families in Mental Illness Taranaki whanau as the new 'Supporting Parents Healthy Children' (formerly known as COPMIA— Children of Parents with Mental Illness and Addiction) Field Worker.

Little bit about myself - I grew up in the Rangitikei and Manawatu area, and have resided in Taranaki for the last 14 years. I am married and have an active nine year old son, who loves all sport. I too have a passion for sport and keep fit by going to the gym and playing netball.

After many years of working in Admin and Operations I felt I needed a change and a new challenge. I completed a degree through WITT in Social Sciences (Social Work) followed by a Post Graduate Certificate in Health Sciences through the University of Auckland.

I have previously worked for Tui Ora Ltd in the Child and Adolescent Mental Health Service and Taranaki Women's Refuge. I have a strong interest in working with children and their families/whanau which reflects my practice philosophy of working in a holistic manner with all family/whanau members, in the hope to provide effective outcomes that engages, involves, strengthens and supports family/whanau to achieve their goals and aspirations.

- Kelly MacDonald (SPHC Field Worker)

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Hours Mon to Fri 8.30am- 5pm

06 757 9300

Crisis Team: 0508 277 478

Te Puna Waiora: 0508 292 4672

<https://www.facebook.com/SFTaranaki>



Gordon Hudson- *mental health activist for half a lifetime*

Gordon Hudson has devoted more than a quarter of a century fighting for the rights of Taranaki mental health illness sufferers and those who care for them. That's thousands and thousands of people.

Many have Gordon to thank for ensuring health authorities, politicians and medical workers here and in the country's power centres are well aware of shortcomings in the mental health system in Taranaki and, at times, nationally.

Now we're going to miss him, one way or another. Gordon (73) is in the process of retiring, and he leaves a big gap. He was pretty much it when it came to speaking out boldly and with authority about mental health issues, and there are no obvious successors as he winds down his advocacy, education, information-sharing, publicity and campaigning roles.

For a start, there's nobody to publish his newsletter of 15 years, *Korero Mai*, a feisty periodical in which he has never been shy about bringing weaknesses in mental health treatment to people's attention; nobody specific to continue a never-ending battle to de-mystify mental illness, diminish its stigma, encourage people to seek early treatment.

"I am very despondent about that," he says. "There's a huge number of things to do that promote and support what's needed to keep people well. There's nobody charged with that responsibility in Taranaki. For just a hundred thousand dollars you could do a great deal promoting mental health, and countering discrimination which prevents people from seeking treatment earlier, when there is better chance of success.

"But I don't want to dwell on it, because I chose to retire. I could have stayed on and fought the good fight, but I didn't see there was going to be any change. I do hope there is in my absence, though."

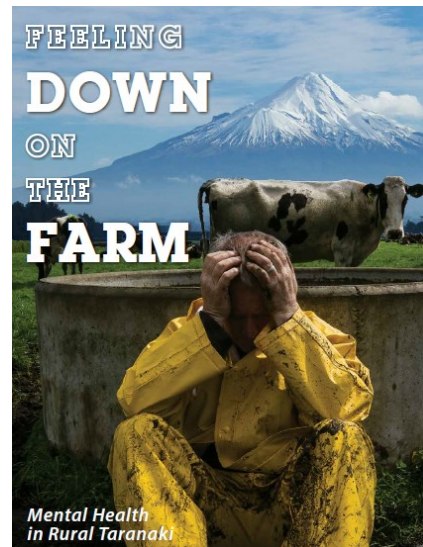
There can be little doubt he's made a difference since his first involvement in 1991, when he wrote a strategic plan for the Taranaki Area Health Board on how mental health care could be moved away from the "bins" of old and out into the community. The board accepted all 70 of the recommendations in his report and contracted him to introduce the new approach.

Prominent mental health expert Dr Robert Miller – a life-long researcher on schizophrenia and its associated illnesses – said when he visited last year that Taranaki is one of the few regions whose mental health services have not fallen into serious disrepair.

It's a view shared by Gordon, and he points to the widespread crisis that lies within most other DHBs. The campaign to reduce suicides in Taranaki's rural community is an example of major success here by a wide range of health services, tertiary, primary and community organisations and individuals.

The figures speak for themselves: the province's rural suicide rates were running at 10 a year in the four years to 2011 (38 in total), but in the four years since the annual average has dropped more than three quarters (seven a year) to just 2.5, with none some years.

"We did a significant amount with Federated Farmers, Supporting Families, the Rural Support Trust, and with Ravensdown Fertiliser, and so many others running workshops in every community in Taranaki. In 2013, we put out 18,000 copies of *Feeling Down on the Farm*, a 16-page tabloid-type newspaper with farmers courageously telling their stories about depression, anxiety, and attempts at suicide.



"If you look at five years ago, suicide prevention had a fairly low profile in the farming community, because farmers were farmers and it was a hard job breaking that ice. But the last three years, when things have been so tough, the suicide rate in our rural communities has been greatly reduced."

That result is all the more extraordinary, if national media coverage of the effects of the dairy downturn on the last three years is anything to go by. For example, in the country's biggest dairy region, Waikato, farmer suicides tripled in the same period as Taranaki's exceptional drop.

Gordon: "That's a huge, huge success for Taranaki. And the police are saying, and Federated Farmers are saying, that in Taranaki the stigma of mental illness – particularly among men – seems to have disappeared. It's disappeared because five years ago only rural New Zealand women were taking charge of mental health in rural communities. Now, not a single organisation in rural services doesn't own mental health as a major issue.

"It's a great model, because we were able to work with Federated Farmers, with commercial organisations, with Supporting Families, and work through them and particularly through the Taranaki Rural Support Trust to reach out into the rural communities – as well as through our own workshops and promotional material and lots of publicity. "Our approach is now being emulated elsewhere (including Australia)".

I had the privilege of being contracted by the Ministry of Health to do a number of workshops to all the rural support trusts in New Zealand. This occurred through my involvement with the Ruakura Research Centre; I was contracted (by the Ministry of Primary Industries) to go around the North Island and do workshops for rural professionals.

"It's been really good value, but nothing is more value than on the local ground – farmers, the rural community looking after

their own, accepting their own involvement in the mental health of their own community. What worked was from the ground up – which is a nice thing when you're talking about farming – and not from the top down."

While Gordon's career in mental health began with Taranaki's 1991 community care project, much of it was spent managing specific programmes, such as the alcohol and drug treatment Miranda Centre in Stratford, seven years heading the Like Minds Taranaki initiative (and two more with partial involvement), and more recently with Mental Health Matters, something he calls a "voluntary enterprise" to promote the cause and advocate for sufferers and their personal and professional carers.

Gordon first came in Taranaki in 1983 to be head of department for Taranaki Polytechnic's general studies and arts department, a job he took up after a brief career as a primary and secondary teacher.

He grew up in a nomadic family. His father was a bush contractor who moved them around the North Island as work came up, meaning Gordon attended as many as 20 different schools. He was an auctioneer for many years in Palmerston North, before a "midlife crisis" switched him into teacher training and a masters degree.

While the rural suicide prevention programme was a significant highlight in his professional involvement with mental illness, he says there are others, the most rewarding being working with exceptional people, both carers and sufferers.

"Certainly, setting up the initial community care, and the prevention of suicide in rural communities, have been highlights, but the real highlight has been working on a regular basis with people who have experienced mental illness and battled through with their struggles and achieved a great deal. It's seeing people who overcome enormous odds...that's the privilege of working in the field of mental health.

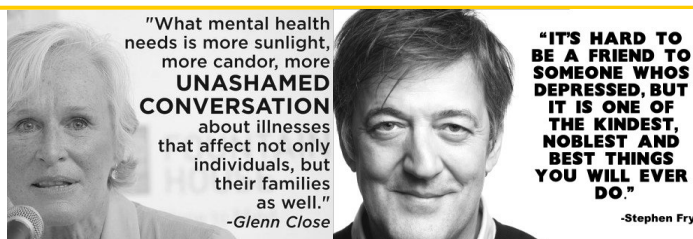
"You work with great people. You look at Supporting Families – great people. Look at most of the mental health people in Taranaki – they've been there for a very long time with professional groups. The hospital staff are working longer hours with greater expectation and fewer resources, and yet they achieve a great deal. There's so many positive reports about what they do in exceptionally difficult circumstances.

"You look at the community groups, who are working harder and harder with more expectations but less and less money. Most of them not having had a funding increase for five or 10 years. The demand for mental health services nationally is increasing at the rate of nearly 40 percent a year, and they have to carry on with this because the hospital can't cope.

"The community groups are coping with increasingly more challenging clients on a regular basis that 10 or 20 years ago they wouldn't have been expected to go anywhere near."

So, is he really retiring? Well, probably not completely. He's still involved, but now he's able to pick and choose the things he enjoys, he says. And that's mostly people who need advice, a voice, an advocate with extraordinary knowledge of the machinations of our mental health treatment arena.

- Jim Tucker



"I haven't ever changed who I am. I've just gotten more accepting of it. Being happy isn't getting what you want, it's wanting what you have.

CARRIE FISHER

Current SF groups on offer...

Eating Disorder Family Support Group– New Plymouth

Wednesdays-fortnightly 6.30pm—8pm

SF Taranaki Office

Family Connections– New Plymouth

Beginning March 1st

12 week course for family members of people with BPD/emotional dysregulation

Please contact for more information and to register.

Family Support Group- New Plymouth

1st Mon of the month 5:30—7.30pm

216 Devon Street West

Next group is March 6th.

Guest speaker: *Helen Bingham (WITT Nursing Tutor)*

Family Support Group- Stratford

1st Mon of the month 7-9pm

Stratford Community House

52 Juliet St. Stratford

Touched by Suicide- New Plymouth

2nd Thurs of the month 7pm

TSB Community Trust House,

21 Dawson St.

For more info on any of these groups please phone **SF Taranaki: 06 757 9300**

Moving beyond *individualism* in supporting mental wellbeing

In recent years, since deinstitutionalisation, the recovery approach has increasingly influenced mental health policy and practice throughout the Western world. This is largely due to its critique and movement beyond the biomedical approach to mental health.

The recovery approach centres on personal recovery, which aims for the person experiencing mental health issues to live a satisfying, hopeful and contributing life, despite mental health challenges. Recovery is seen as an ongoing journey, where people with mental health issues are *in recovery* as opposed to *recovering from* mental ill-health.

However, despite the importance of the recovery approach as alternative to coercive, deficit-based models; it is important to note that it is largely underpinned by an individualistic worldview, one which paints the person as self-sufficient and independent. This is due to individualism increasingly defining the mainstream cultural ideals of Western countries (i.e. NZ, Australia, the UK, and the U.S), and is the everyday way for most individuals in understanding what it means to be a person.

Within our individualistic and neoliberal society, the values of independence and personal achievement largely shape the way we view mental health, and as such, the onus of recovery is ultimately on the individual.

In the article *why we need social connection* in our previous newsletter (December '16), Aristotle was quoted as saying **“Man is by nature a social animal... society is something which precedes the individual...”** The article highlighted that our wellbeing is inextricably linked to the lives of others, and that individualism is causing increasing fragmentation and mental distress in our society.

In the 2000s, community mental health organisations throughout Canada increasingly aligned their policies and practices with the recovery approach. However, service providers in Toronto indicated that the strategies associated with the recovery approach tended to be culturally insensitive, failing to address issues such as migration stress, social marginalisation and racism. In response to this situation, a *Culturally Responsive Model of Recovery* was developed. This model recognized that people exist within a web of relations comprised of family and community networks, and therefore placed culture, history, social determinants of health, and systems of privilege and oppression in the foreground of what is central to a person's recovery.

In a Swedish study involving 58 participants who had recovered from severe mental distress, the authors of the study attempted to determine the main factors that the par-

ticipants identified as being conducive to their recovery. The authors found that the **recovery of individuals takes place within a social context**, and the participants in the study attached central importance to the relationships in their lives. The authors found that achievements which were usually identified as ‘deeply personal’, such as changes in self-perception and identity, were described as interpersonal processes. Social relationships did not ‘shape’ or ‘contribute to’ changes in identity; rather, the social was seen as where the recovery ‘takes place’, and it was ‘through social relationships’ that participants were able to redefine their experience.

In other words, the social world was the very medium through which personal transformation became possible.

Families are systems in which members are engaged in reciprocal relationships (i.e. family members affect each other). For many people experiencing mental health issues, family is the most significant interpersonal setting; and it is impossible to separate their own recovery from the functioning of their family or their responsibility as parents. Recovery is therefore a dynamic process that contributes and is influenced by family life, family experiences, and the well-being and functioning of all family members.

Relational recovery sees people as being interconnected creatures; and takes into account that our lives and experiences cannot be separated from the social contexts in which they exist. This in no way invalidates the experiences of people with mental illness, but posits that experiences are more complex and relationally situated than individualistic interpretations of recovery allow. This view also doesn't suggest that the path or recovery will always involve an increase in collective or social experience. For some people, recovery may require separation from certain relationships and the establishment of firmer boundaries. However, even these assertions of autonomy and limit-setting are seen as relational acts; acts which only have meaning within the context of relationships.

What can be seen is that we require mental health frameworks which resist the stereotype of people living with mental health issues as single, childless people for whom meaningful recovery revolves mostly around independent living and vocational engagement. What is highlighted is the need for a mental health system which develops, promotes and implements approaches that properly acknowledge the irreducibly relational nature of recovery.

Sources:

http://www.supportingfamilies.org.nz/Libraries/Documents/Relational_recovery_beyond_individualism_in_the_recovery_approach.sflb.ashx

Family Connections Returns in 2017

There is a noticeable increase in families seeking support in relation to family members who have an emotional disorder.

This is why Bernie and I undertook Family Connections Leaders Training back in 2015, and as a result we made a commitment to deliver 'Family Connections' training for families in Taranaki. We have since run 3, and are about to embark on our 4th- beginning in March.

Family Connections has increasingly proven to be pivotal and indispensable for family members wanting to find ways to cope with their loved ones with emotional dysregulation. As a family support worker it is one of the most valuable tools in the support kit, due to knowledge gained by connecting with the family members who have taken part, and the content within the course.

Family Connections is a 12-week course that meets weekly to provide education, skills training, and support for people who have a friend or family member with BPD (Borderline Personality Disorder) or a similar mental health issue which relates to difficulties managing their emotions. Developed in the U.S by Dr Alan Fruzzetti and Dr Perry Hoffman, the course is based around their research, as well as their significant professional expertise in counselling people with BPD.

Family Connections provides current information and research on BPD and on family functioning, individual coping skills based on Dialectical Behaviour Therapy (DBT), family skills, and group support. Survey data from previous courses show that after completing the course, family members experience decreased feelings of depression, burden, and grief, and more feelings of empowerment.

Course content focuses on: Education and understanding of BPD/Emotional Dysregulation; Research on BPD; Family Perspectives and Experiences; Relationship Mindfulness Skills; Emotion Regulation Skills; Effective Communication Skills; Validation Skills; and Problem Management Skills.

The next round of Family Connections is in New Plymouth due to the demand. It will begin on March 1st. If you would like to attend the course then please call for more information and to register.

- Gareth Andrewes (*SF Field Worker for North Taranaki*)

What is BPD?

Borderline personality disorder (BPD) is a serious mental illness that centres on the inability to manage emotions effectively. The disorder occurs in the context of relationships: sometimes all relationships are affected, sometimes only one.

While some persons with BPD are high functioning in certain settings, their private lives may be in turmoil. Other disorders, such as depression, anxiety disorders, eating disorders, substance abuse and other personality disorders can often exist along with BPD.

The diagnosis of BPD is frequently missed and a misdiagnosis of the BPD diagnosis has been shown to delay and/or prevent recovery. Bipolar disorder is one example of a misdiagnosis as it also includes mood instability.

Officially recognized in 1980 by the psychiatric community, BPD is more than two decades behind in research, treatment options, and family psycho-education compared to other major psychiatric disorders. BPD has historically met with widespread misunderstanding and blatant stigma. However, evidenced-based treatments have emerged over the past two decades bringing hope to those diagnosed with the disorder and their loved ones.

Source: <http://www.nepda.org/>

Family Connections Training

For family members of people with BPD
(or similar emotional issues)



- Education around BPD
- Relationship mindfulness skills
- Family environment skills
- Validation skills
- Problem management skills

Available in New Plymouth, beginning the 1st of March, 6.00-8.00pm

Please contact 06 757 9300 or
Gareth@SFTaranaki.org.nz to register.

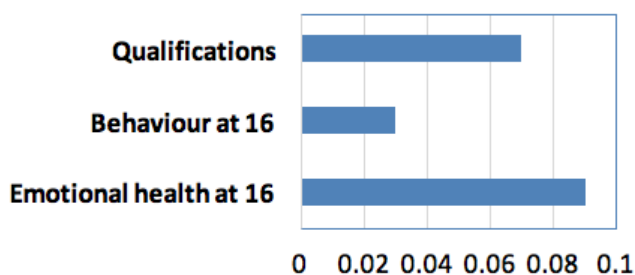
The need for 'wellbeing creation' in public policy

Evidence from survey data on Australia, Britain, Germany, and the US indicate that the things that matter most are people's social relationships and their mental and physical health; and that the best predictor of an adult's life satisfaction is their emotional health as a child.

Thomas Jefferson once said, "The care of human life and happiness... is the only legitimate object of good government". The authors of 'Origins of happiness: Evidence and policy implications' call for a new focus for public policy: not 'wealth creation' but 'wellbeing creation'.

In European elections since 1970 the life satisfaction of the people is the best predictor of whether the government gets re-elected – much more important than economic growth, unemployment or inflation. Studies have found that the best predictor of an adult's life satisfaction is their emotional health as a child. This begs the question: Why do so many policymakers come to believe that qualifications are the be-all and end-all – 'in the interests of the child'?

How adults' life satisfaction is affected by different aspects of their development as children:



Notes: British Cohort Study data. Intellectual performance is highest qualification. Behaviour at 16 as reported by the mother and emotional health at 16 as reported by mother and child.

Academic performance is the outcome on which most existing research has focused, and it is profoundly affected by family income. But the emotional health of the child is the best measure of the wellbeing of the child, and it is also the biggest determinant of the wellbeing of the future adult. It is affected to some extent also by family income but above all by the mother's mental health. The same is true of the child's behaviour – which also affects the wellbeing of so many other people.

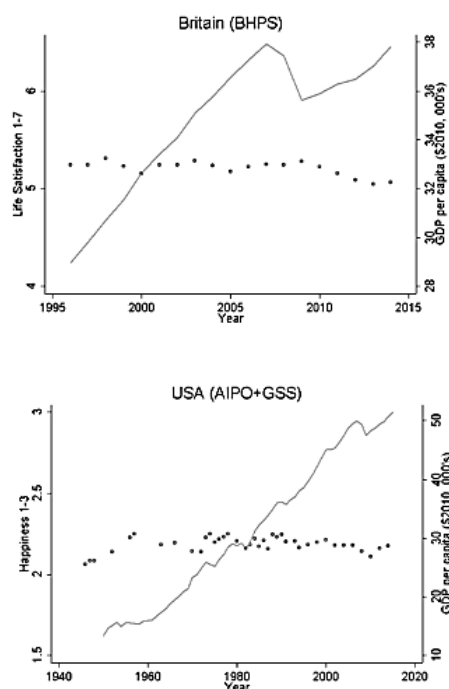
What about the effect of schools?

In the 1960s, the Coleman Report in the US told us that parents mattered more than schools. Since then the tide of opinion has turned. Data strongly confirms the importance of the individual school and the individual teacher. This applies equally to the academic performance of the pupils and to their happiness. Schools really matter.

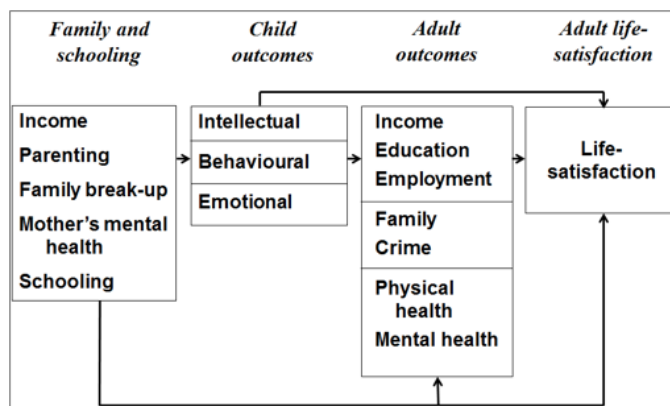
One would have expected economic growth to bring considerable increases in life satisfaction. But in many countries, it has not. Income inequality explains a very small fraction (under 2% in any country) of the variance of life satisfaction.

The authors' analysis provides an explanation of this. People adapt to higher levels of income over time, but much more importantly, they also compare their own income to that of their peers. Using the BHPS (British Household Panel Survey), it is found that life satisfaction (0-10) is predicted mainly by an individual's income relative to that of others in their peer group as defined by age, gender and region.

Average income and wellbeing over time:



Notes: Data from Britain/BHPS; Germany/Socio-economic Panel



(SOEP); Australia/HILDA; US/General Social Survey.

For the full article head to:

It's good to be busy... *doing nothing*

Some people are brilliant at busy, it's their thing. They pack the day from dawn until dusk with "stuff". Not just the standard stuff either, like work and family, but extra stuff too, such as volunteering and exercising and cooking and manic socialising.

The philosopher Bertrand Russell famously said: "Most people would rather die than think; many do," and a recent experiment appears to prove him right, at least up to a point. Most might not actually prefer to die, but incredibly they would prefer to be in pain rather than have to sit quietly alone in a room with only their own thoughts for company, for only a few minutes.

That recent experiment, led by Professor Tim Wilson at the University of Virginia, in which participants were asked to sit alone for up to 15 minutes in an empty room at a laboratory, found that 12 men out of a group of 18 preferred to give themselves mild electric shocks than sit and do nothing.

The researchers concluded that the human brain has evolved to be active so that the majority of people struggle to switch off, even for a short period. "Simply being alone with their thoughts for 15 minutes was apparently so adverse that it drove many to self-administer an electric shock," said Professor Wilson.

Jonathan Smallwood, a neuroscientist at the University of York, says: "We're creating a world where daydreaming isn't so important. Nowadays, even if you are doing a mundane job, you can be on the phone while you're doing it."

However, there's more than one theory about the importance of daydreaming. Sigmund Freud's work *Creative Writers and Daydreaming* maintains that it is essential to the creative mind but also a form of unhappiness, while psychoanalyst Hanna Segal suggested that we are turning these unhappy thoughts into something creative.



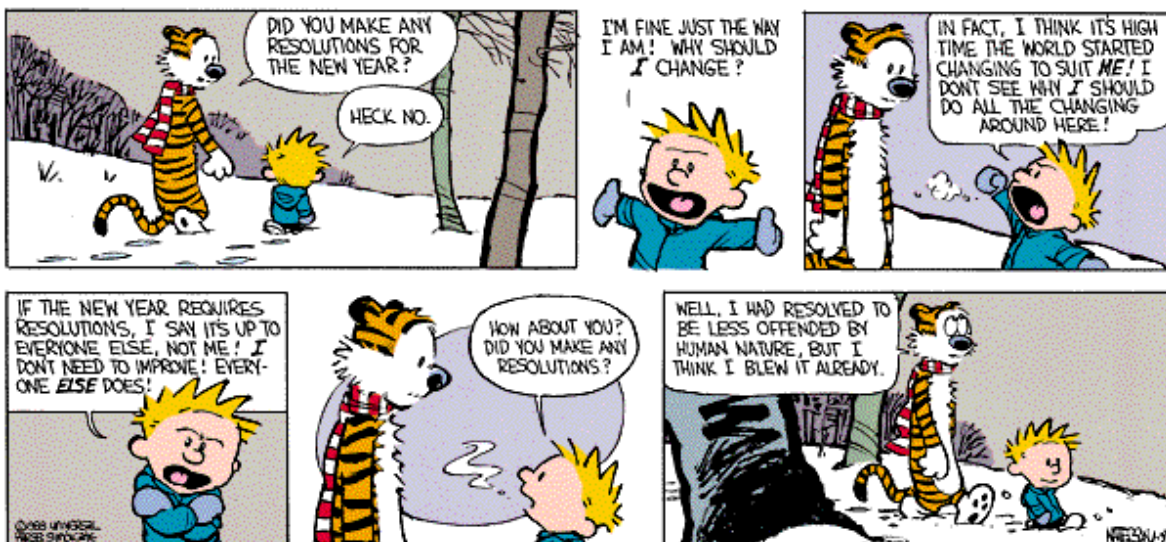
And then there's Mindfulness. Mindfulness is paying attention to the present moment using techniques such as meditation, breathing and yoga. The idea is that this can give us an insight into emotions while boosting attention and concentration. In fact, the claims for what it can do are extensive – alleviating stress, chronic pain, anxiety, depression, physical problems, lowering hypertension, changing addictive behaviours and so on.

Doing nothing, just sitting and staring out of a window, makes you stop and take stock. It means you are not constantly "doing", you are just having a moment "to be".

THE ART OF DOING NOTHING

- Be brave and say no to invitations
- Bring back Sundays. Try to ring-fence them from work and chores and socialising
- Practise sitting and doing nothing, adding a little bit more of it each day
- Go bumbling, which means "wandering around without purpose"
- Allow yourself time to daydream.

Source: <http://idontknowhowshedoesntdoit.blogspot.co.nz/>



Recovery Action Plan / Health Passport Work Shops



A **recovery action plan** is a tool people with experience of mental distress, illness, and or addiction can use to achieve and maintain well being. It is a plan that helps people to discover their triggers and early warning signs and put a plan in place for what to do when this occurs.

The plan also includes sections on:

Advance Directive

Family plan

And for the first time a physical health plan.

Sometimes not every section of the plan is relevant so you can choose for yourself what would be helpful to you.

Why workshops? I believe that the quality of your plan and it's usefulness can be enhanced by getting together with like-minded people to share ideas and learn from each other.

Sometimes completing the Recovery Action Plan/Health Passport book can be too detailed and overwhelming. A similar but less detailed plan is also available for completing at the workshops.

Having a Recovery Action Plan helps me to maintain well being and balance in my life. I will take you through a step by step process to assist you to discover tools of well being, what contributes to a decline in your mental well being and what you can do to take back control.

When: *Every Friday*

Where: *Barretts Lounge—through the hospital cafeteria*

Time: *2.00pm to 3.00pm*

Cost: Free- If you already have a plan please bring this with you, otherwise plans are provided.

Light afternoon tea provided.

Registration: You must register with the Consumer Advisor for the group (see below)

For more information or to register contact me:

Nic Magrath

Consumer Advisor

Mental Health and Addiction Service—Taranaki District Health Board

Nic.Magrath@tdhb.org.nz

06 753 6139 ext 8550 Cel:021-752-721

Groups not your thing? Contact me to talk about other options available.

HOME GROWN- *Step up, Speak out!*

On Saturday 17th December Shirley and Catherine were lucky enough to be invited to Mururāupatu Marae to represent Supporting Families and Touched by Suicide at their Suicide Awareness Day.

The day marked a year since that whanau had lost a family member to suicide and the whanau wanted to increase awareness about suicide while remembering their loved one.

The whanau had a private unveiling of the headstone after which the marae was open to the public. Taranaki Retreat was on hand to let people know about their services and give away free crepes, Tui Ora educated people around suicide myths and gave away t-shirts, bracelets, balloons, bags and other fun things and there were people selling home-made clothing and skin care products. Also there were several bands playing amazingly beautiful music and guest speakers.

Tui Ora had set up a hauora passport (health and wellbeing passport). In order to go in the draw to win some food vouchers all you had to do was visit 4 stalls, hear about their service, do a little task and they would sign your passport!

Shirley and Catherine asked people to think about the answers to two questions 1) What is a reason someone might not ask for help when they are unhappy? And 2) What helps someone ask for help when they are unhappy? We had a lot of participants including some really small children whom we asked: what is something you can do when you are unhappy that makes you happy?

Here are some of the answers:

What is a reason someone might not ask for help when they are unhappy?

- Feeling burdened, embarrassed, don't want to tell anyone, shy, pride, people making me hurt inside, stubborn, too unhappy, scared of people getting angry, no confidence, don't want to be around anyone, feels like no one cares or is listening, feel like a victim, don't want to let go, not ready to change.

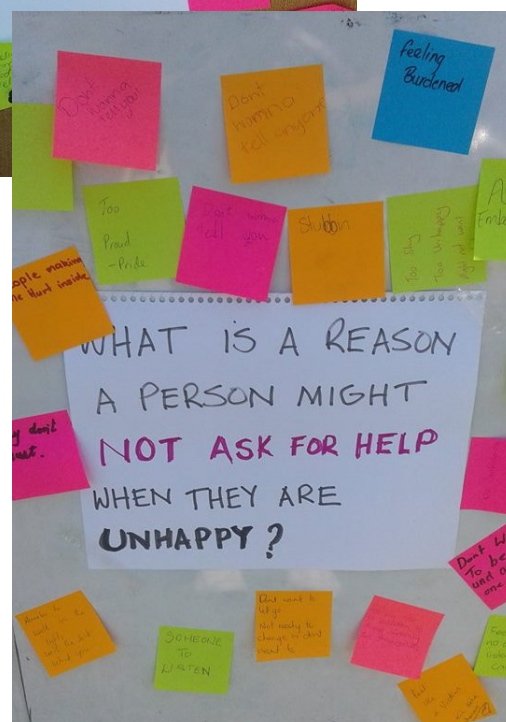
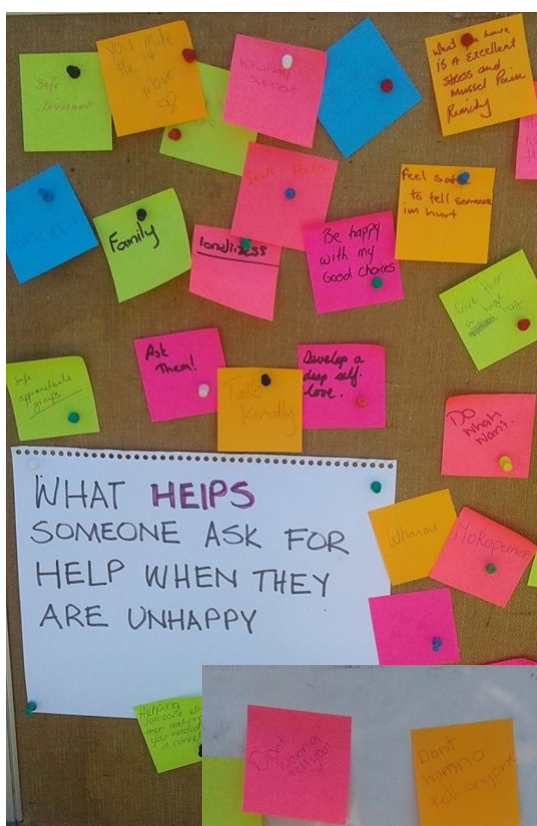
What helps someone ask for help when they are unhappy?

- Remember to walk in the light, leave the dark behind you, making the first move, remembering you are not alone, helping someone else, whanau, mo-kopuna, common ground.. relating to them, feeling safe to tell someone it hurts, you make the first move, safe environment, safe support groups, talking to someone you trust.

- Catherine Heaven



Shirley Vickory (SF Manager) at Mururāupatu Marae





Our Mission: *Families and whanau experiencing mental illness are listened to, included, informed and connected.*

MEMBERSHIP & SUBSCRIPTION APPLICATION

First name:

Last name:

Postal Address:

Work Phone:

Home phone:

Mobile Phone:

Email:

PLEASE TICK TYPE OF MEMBERSHIP (Note: Subscriptions are annual)

Family Membership \$35 ☐

Single Membership \$25 ☐

Community Services Card Holder or Student ID \$15 ☐

Would you like to add a donation to your subscription? Yes ☐ No ☐

Amount: \$ Do you require a receipt? ☐

Please return payment to PO BOX 8291, Central New Plymouth, 4243

Or Online Banking TSB 15-3942-0414737-01/ref SUBS

IF YOU HAVE ANY QUESTIONS PLEASE CALL US ON 06 757 9300

OR EMAIL Manager@SFTaranaki.org.nz

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