



# Supporting Families in Mental Illness

Kia ora. It is with sadness to acknowledge the passing of a much loved Kuia Nanna Noa last Wednesday 17 July at 100 years old. Nanna Noa supported Supporting Families for a number of years giving advice and support to SF in Māori culture and Te Reo. She will be missed greatly and our thoughts go out to her whānau. She will be greatly missed.

The Board of SF has called a Special General Meeting for the 22<sup>nd</sup> of August 2019 at 5.30pm to accept an amended Trust Deed to meet current demands. MSF is a Registered Charitable Trust and it is essential that our Trust Deed meets current legislative requirements to enable effective governance going forward. Following acceptance of the new Trust Deed it will be forwarded to the Companies Office for ratification. Copies of the Trust Deed will be made available at the meeting. Please come along we will be providing food and refreshment. Come and have your say.



August is a busy month for consultation, there is a meeting on the 7th of August regarding the Ward 21 redesign please go along to have your say. More details are included in this newsletter.

Please take care and keep warm. It is great to start seeing the spring flowers warmer weather is on its way. Take care. Christine

## CONTENTS

Regional updates and Support Groups..... 2-3

Cannabis Legislation Reform..... 3-5

Ward 21 Redesign Consultation .....5

Consumer Page & Acknowledgements .....6

Calendar .....7

## CONTACT US

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### PALMERSTON NORTH (MAIN OFFICE)

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Family/Whānau Coordinator: **Carole Thomasen**

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**Office hours: Tuesday to Friday 9am – 3pm**

### LEVIN OFFICE

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Family/Whānau Coordinator: **Luciana Maru-Hill**

Email: [luciana@manawatusf.org.nz](mailto:luciana@manawatusf.org.nz)

**Office hours: Tuesday to Friday 9am – 3pm**



**PALMERSTON NORTH OFFICE**  
 Whānau Coordinator: **Kim Mckelvey**  
 Email: kim@manawatusf.org.nz

**Kia ora Palmerston North & Feilding**

Hope families have enjoyed the school holidays and if you have school aged children or grand – children that you had some good quality time to spend with them.

Referrals this month for family support include meth and alcohol addiction and domestic violence. Housing continues to be an issue.

I have two trainings to attend this month, one on de-escalation which is been held by MASH and another one on working and connecting with Islamic communities.

The Ward 21 visits have been changed to fortnightly visits and I will be situated outside the Ward’s courtroom from 9.30am onwards

Until next month, take care whānau.

**Nga mihi, Kim**



**DANNEVIRKE OFFICE**  
 Whānau Coordinator: **Carole Thomasen**  
 Email: carole@manawatusf.org.nz

**Kia ora koutou**

I hope you are all managing the cold days of Winter and looking forward to Spring. The recent school holidays meant time away with my family and lots of fun with my Grandchildren. Connecting socially is so important for our wellbeing, so try to see your family &/or friends/ support services even though it’s hard sometimes to have the motivation in winter.

There is an opportunity for you to give feedback on plans for the Ward 21 (Palmerston North Hospital) redevelopment. Whether you are a family member of, or user of the Mental Health & Addiction Service, your voice needs to be heard. Hopefully then “lived experience” will be acknowledged and taken into account in the redevelopment. There are particular issues that come up in rural areas like Tararua as well for people/families who have involvement with Ward 21.

Our next FREE “Connections to hope” 10 week Anxiety Course will start in September. Please contact me to refer & for an assessment...Carole 027 355 8563.

The FREE “GO KIDZ” course continues in August. This is a fun-filled 3 hours on a Saturday once a month. It also includes valuable and relevant learning for the children (7-11 years old) around Mental health & addiction. As a helper I’m amazed at how the kids take this knowledge on board in play-based activities. To register for Go Kidz, contact Christine Zander-Campbell...06 355 8561.

SF Coffee Group is on Friday 16<sup>th</sup> August at 10am at Sammy’s, Dannevirke.

In the meantime, feel free to contact me if you need a listening ear and support.

**Noho ora mai rā, nā Carole**

## Samoan Introductory Course



Susan attended **O A'U OLE SAMOA 101** (An introductory course for Samoan's born/raised in Samoa)

We learned where the islands are and how the islands are made up of 265 villages. The villages sit within 11 districts. Each district has its own constitutional foundation (faavae) We learned about village and family structure, including decision making, upholding of values and behaviours including outcome for breaches of this. **Foundational Values and Behaviours Amanai'a** - acknowledgement"

**Fa'aamaoni** - integrity      **Tapua'i** - worship

**Tali malo** - hosting      **Saofaga** -contribution

**Fa'aaloala** - respect      **Tautua** - service

**Va fealoaloo'i** - relationships

**Alofa** - love and compassion (How you present yourself and how you behave is a reflection on the whole family/village)



## Support Groups

These groups are open to anyone who is caring for someone with mental health issues and addiction.

### **PALMERSTON NORTH**

**Friday 23rd August 1pm**

Manawatu Golf Course



**LEVIN** with Luciana

**Contact Lulu for more info**



**DANNEVIRKE** with Carole

**Friday 16th August 10am**

Sammy's Café, Dannevirke



## Cannabis Legislation Reform – Discussion and Position Paper

The MASH Board recently asked our AOD Clinical Leader (Murray Edgar) to look at the cannabis legislation reform that will be voted on across the country. He did some brilliant research and we thought it might be useful to share this

It has been stated that the Cannabis Reform Referendum will have a simple Yes/No format (Andrew Little as reported in media May 2019)

Cannabis reform has long been a benchmark of Green Party policies in New Zealand but has only now gained enough ascendancy to be considered as a real possibility. This occurs within the context of a number of Health targets and initiatives aimed at reduction of adverse outcomes of psychoactive substances, be they mental health or physical health related.

If the public endorsed the legislation it would:

- Legalise personal use and purchase at age 20
- Only allow sale at a licensed premises
- Only allow consumption at a licensed premises or private property
- Would allow limited home-growing
- Ban all advertising for cannabis products

(Andrew Little reported in press 7th May 2019)

The referendum does not allow for intermediate positions such as decriminalisation and makes no presumption of response to unsafe usage. Nor is there any indication as to how impairment in workplaces or whilst driving will be assessed and what sanctions could exist. The Smoke Free New Zealand target of 2025 is under threat and, given that cannabis is largely consumed through inhalation the legalisation of a further substance with adverse lung and cardiac effects appears contradictory to that goal.

### **What we know with a degree of certainty**

Cannabis has euphoric effects and, in many cases analgaesic effects. Other therapeutic uses of cannabinoids are being demonstrated by controlled studies, including treatment of asthma and glaucoma, as an antidepressant, appetite stimulant, anticonvulsant and anti-spasmodic (WHO position on Cannabis)





## Cannabis Legislation Reform – Discussion and Position Paper

The World Health Organisation is currently reviewing the status of Cannabis under international treaties and is proposing to reclassify it to Schedule I (less harmful and with therapeutic benefits) from its current dual status as Schedule I and Schedule IV (most harmful and non-therapeutic). This recognises Cannabis use as a medication with particular benefits and relatively low risk particularly when in the form of Cannabidiol (CBD). In this form it is also very significantly less psychoactive than the recreational drug tetrahydrocannabinol (THC).

Cannabis smoke contains significantly high volumes of irritants which can lead to pulmonary inflammations such as bronchitis and reduced immune responses, as well as damage to the lining of the trachea.

There is no consistent dose/impairment relationship such as is seen in alcohol. This makes assessment of impairment reliant on physical tests of dexterity, balance, reaction time and judgement rather than on a breath, urine, or blood concentration. Driving while under the influence of cannabis, and especially in combination with alcohol, is associated with an increased risk of motor vehicle collisions and related injuries (Ramaekers, Berghaus et al. 2004, Fergusson, Horwood et al. 2008, ESR 2012, Poulsen, Moar et al. 2012).

Animal studies and some human studies have indicated that there may be structural and developmental changes in people who use cannabis during their adolescent (and earlier) formative years. Full neurological development is not achieved until 25 years at the earliest so the potential for adverse, life-long effects is high. The Dunedin study has indicated that an average drop in IQ of 6-8 points is seen in individuals who have used cannabis regularly during adolescence. Changes in executive cognitive functions such as judgement, discernment, attention focus, and emotional regulation have been identified in some studies. Rat studies have identified changes in the “reward pathways” in the brain, reinforcing the position that cannabis may be a gateway drug that can lead to the desire for more intense experiences which may be accessed only through use of stronger and more harmful substances.

Cannabis can be addictive in susceptible individuals, leading to craving greater volumes, more impairment of function and financial deprivation.

Vulnerable populations such as those with pre-existing psychotic symptoms appear to experience an exacerbation of adverse mental health effects from cannabis use. Regular, heavy and abusive use of cannabis, particularly high THC potency cannabis, may increase the risks of symptoms of poor mental health. Among susceptible individuals (eg, with a family history, or patients with existing illness), such cannabis use may bring on symptoms of psychosis, depression and anxiety. Other less extreme effects may include mild paranoia, a short-lived symptom of cannabis intoxication (Iversen 2003, Di Forti, Morgan et al. 2009, Frisher, Crome et al. 2009, Fergusson and Boden 2011).

Maori and people living in areas of socio-economic deprivation report higher rates of cannabis use than the rest of the population. Maori use cannabis at a rate twice that of non-Maori. Among cannabis users, 10% of Māori and 8.0% of Pacific people, compared with 5.0% of European/Others, reported harmful effects on work, studies or employment in the last 12 months due to cannabis use. Māori were 2.1 times more likely to report harmful effects on work, studies or employment opportunities from cannabis use than non-Māori, after adjusting for age and sex differences (Cannabis Use 2012/13: New Zealand Health Survey).





Criminalisation has resulted in adverse effects on individuals that would otherwise be law abiding. It has resulted in people having dealings with criminal elements both organised and not. The black-market nature of the drug has resulted in high prices which have led some individuals and families into deprivation. However only 2.1% of users reported legal problems related to their use over a 12 month period. Leading up to the 2012/13 period, in the majority of police drug apprehensions, possession and/or use of cannabis was the largest drug offence class (Statistics New Zealand 2010). Since the late 1990s, there has been a general decline in arrests, prosecutions and convictions for cannabis use in New Zealand. The decline in convictions was partly driven by the police diversion scheme, which now includes low-level cannabis use offences (Wilkins and Sweetsur 2012). 3.4% of Māori compared with 1.9% of European/Others reported legal problems from their cannabis use in the last 12 months. Māori cannabis users were 1.8 times more likely to report legal problems from their use in the past year. (Cannabis Use 2012/13: New Zealand Health Survey)

Countries and states (US) which have decriminalized or legalized the use of cannabis have had varying outcomes in regard to personal and public harm. It is not clear what the likely outcomes for a New Zealand change would be.

Legalisation does not however appear to increase the use of cannabis and in some cases, it appears that certain groups usage declines.

There have been significant, wide reaching considerations made in other jurisdictions when legalizing cannabis use.

These include: Driving impairment & determination of levels of impairment in other hazardous situations, Health and Safety in Employment, Use by Armed Forces personnel. Addictions service developments and access, Taxation and regulation approaches, Limitations on places of use, Limitations on access by age and impact on neurological development.

The experience of Portugal in decriminalising all personal drug use has been positive in terms of reduction of drug associated crimes and poor health outcomes (HIV/AIDS and hepatitis in particular). It has demonstrated that taking substance use out of the criminal arena benefits the community as a whole. This has not come without there being significant investment in the support and treatment of drug users through their Commission for the Dissuasion of Drug Addiction which is a legal, health and social work multidisciplinary team that works with those identified as having need for assertive treatment. Perhaps the most heartening change though has been a significant reduction in substance use in the most vulnerable 15-24 year old age group. By reducing the impact of substances in this group it is expected that long term harm can be also reduced.

## Ward 21 redesign consultation meeting



Exciting times ahead and your invited to join us.

We are currently in the process of putting together a plan to redesign our current inpatient unit (Ward 21).

This could be a complete new build or a redesign... We need your help!

**'Your voice matters'**

Come along and tell us what you would like to see happen. We are planning a workshop for service users / consumers / patients and family / Whānau consultation; Wednesday 7th August at 1.30pm. Hope you can join us.

If you require transport to come along talk with your key worker or call / email Chris Hocken to arrange.



**Date: 7 August 2019**

**Time: 1.30pm—3.30pm**

**Location:**

Community Services House

77 King Street

Palmerston North

'the blue room'

**FREE PARKING**

(bring your ticket in for a cash refund)

**"YUMMY TREATS TO EAT"**

Tea, coffee, Milo and juice to drink too



Contact person: Chris Hocken  
06 356 9169 or email:  
Chris.hocken@midcentraldhs.govt.nz



## Consumer Activity Programme

160 Cuba Street - Entrance on Pitt Street (Beside Chinatown)

Our centre & planned group activities are structured around the value of supporting each other.

**For one on one support, please phone Susan on 06 355 8561 to make an appointment, as this will ensure that you get the time and privacy that you need.**



### **Anxiety / Depression Support Group**

**Mondays 1:00-2:30pm**

This year we are going to put focus and energy into  
**"what keeps us well"**



### **Art Lessons**

**Tuesdays 12:00-2:00pm**

Come and enjoy having a tutor to support your creativity.



**Lunch Wednesday 21st August 12 noon**



**Crafts Thursdays 1.30pm-3.00pm**



## **Donations and Acknowledgments**

We are grateful to be in a position to provide support. However in order to continue to improve and develop our service we require the ongoing support of donors. The ongoing support of your small gift each month is the most effective way to assist our valuable work. All donations are tax deductible, and there are no longer any restrictions on the amount you can claim back. We are still happy to receive donations by cheque made out to **Manawatu Supporting Families in Mental Illness** Alternatively if you prefer internet payment, this can be set up with the following details:

### **Manawatu Supporting Families in Mental Illness**

**Westpac 03 1522 0020097 00**

*Please place your **Name/s** under **Particulars** and "**Donation**" under **Reference** . A receipt can be issued upon request for tax credit purposes*

**We gratefully thank the following for the funding we receive:** MidCentral District Health Board, Lottery Grants Board, The Lion Foundation, Infinity Foundation Ltd, T G McCarthy Trust, Vavasour Trust, Eastern & Central Trust, COGS Manawatu, COGS Tararua, Mainland Foundation, Community Services Council, Frozen Funds, Milverton Trust, Kingdom Foundation, Heartland Lion Foundation, donations from the general public and of course our members.



Phone: 06 355 8561

Email: [consumer@manawatusf.org.nz](mailto:consumer@manawatusf.org.nz)

# August 2019

Monday	Tuesday	Wednesday	Thursday	Friday
			1 Crafts 1:30 – 3pm	2 Peer Support
5 Support Group 1 - 2.30pm	6 Art Lessons 12:00-2:00pm	7 Peer Support	8 Crafts 1:30 – 3pm	9 Peer Support
12 Support Group 1 - 2.30pm	13 Art Lessons 12:00-2:00pm	14 Peer Support	15 Crafts 1:30 – 3pm	16 Peer Support
19 Support Group 1 - 2.30pm	20 Art Lessons 12:00-2:00pm	21 LUNCH 12 Noon Peer Support	22 Crafts 1:30 – 3pm	23 Peer Support
26 Support Group 1 - 2.30pm	27 Art Lessons 12:00-2:00pm	28 Peer Support	29 Crafts 1:30 – 3pm	30 Peer Support



**Sender:**



**PO Box 5010  
Palmerston North 4441**