

# THINK!

## THE HEAD INJURY NETWORK FOR KIWIS

July – Sep  
2016

It's no use going back  
to yesterday, because  
I was a different  
person then.

*Lewis Carroll – Alice in  
Wonderland*

### The voice of those affected by head injury

*Te reo o nga tangata i pangia i te mate mahunga*

#### Ode to 'The Fog'

By Leonie Moxham-Smith

The fog lay dense and thick  
And for so many years  
It seemed to me, a dream I'd  
had  
Helping alleviate my fears

**Then over time it lifted  
Forcing me to face a brand  
new day  
And with the help from folk  
around me  
I stepped on up to forge the  
way**

I won't tell you it's been easy  
To suddenly be plucked out  
from normal life  
And planted in a foreign soil  
Far away from my role of  
mother and wife

**But, it hasn't been for nothing  
And who am I to question  
why I fell  
But I can say I'm in a place  
now  
Where I'm at peace and  
doing well**



#### MISSION STATEMENT

We empower people affected by head injury through the provision of information, education and advocacy support and raise awareness and prevention of head injury in the community.

*“Bringing together those  
in need with those who  
wish to give”*

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Your contribution helps us to impact lives

## LIKE US ON FACEBOOK

Like us on Facebook and connect with like minded people from all around the World!



THINKHeadInjuryAwareness  
NZ

## Report from headquarters

by Marion

Kia ora tātou

Just a positive reminder that Winter wet does mean Spring is on the way!

Another busy few months with a few highlights to share: Neuropsychiatrist Ron Dick, gave a presentation for families and clients on relationships following a brain injury which was well supported. He kindly agreed to present again at our June Seminar. We hope that people took away some helpful strategies to deal with some of the challenges they experience.

We have had some really good Education Sessions with speakers including BUPA brain injury residential services, a Pharmacist and a Counsellor sharing emotional coping strategies. See our upcoming events [page 6](#).

Shona How presented at our AGM and did a lovely job introducing music therapy in

practice. She had everyone singing and trying out percussion instruments. Thanks Shona and to those who attended.

We will keep you informed of the music therapy group which we hope to get under way in October this year. It will involve both singing and some instruments, and you do not need to have any music and or singing ability. Shona is highly experienced at making people feel comfortable where ever they are at. We are taking expressions of interest at this stage so get in touch with us at the office.

Our more recent meet group has now being named Horsebirds over Waikato by one of the members and is a social group for women who have had a horse related injury and a love of horses in common.

This has been going really well and we have been meeting monthly on a Saturday afternoon at various cafes in Hamilton and Cambridge area. In July the group will venture out to Pirongia. If you are interested, please get in touch with me for details.

We have started up a new support group in Huntly which we will currently hold every second month on the first Friday of that month at 10.30 at Friendship House. If you are interested in coming along or

would like further information please get in touch.

For the past couple of years we are lucky to have two 3<sup>rd</sup> Year Occupational Therapy students work with us on projects we offer as part of their course requirements. This year they are putting together a workbook to assist us to work more effectively with group activities, which are both helpful to brain function and fun at the same time. We are looking forward to seeing what they have come up with, and to putting it into practice!

We were fortunate to share a stand for part of the Field Days at Mystery Creek with Healthcare Rehabilitation. By all accounts, it was worthwhile in providing a face for our organisation, and getting information about brain injury to the public.

Last but not least, June was our Head Injury Awareness Month. You may have spotted our cross street Banner in Tristram Street and in Cambridge. Our major event was our full day Living with a Brain Injury Seminar on 24 June at Hamilton Gardens, which was targeted at Health Professionals and Service Providers. We had a great cross section of people with over 60 people attending. Speakers included a Neurologist, AUT research fellow, Neuropsychologist,

Speech language Therapist and Social Worker.

Our special thanks to our three family members, who shared their perspective & experience supporting a family member, spouse/partner with a brain injury. The feedback was very encouraging after a fair amount of organising. We hope to hold another event next year with a focus on children.

I look forward to assisting you in any way I can or just to have a catch up chat.

Thank you Ryan for sharing your story in our newsletter.

Ka kite anô

## George's story

By George

I received my head injury at the tender age of nine, exactly one week before school was about to resume after the Christmas Holiday. I had been the passenger in the back seat of a car that had broken down on the side of the road late at night. A freak accident occurred where a large truck lost control and veered off the road hitting the stationary car I was in.

I spent three months in hospital before returning to school. Because I seemed okay on the outside people assumed that I was just the same as before and were confused by some of the strange reactions I had when interacting with

others, namely being irritable and not able to handle playground issues. In a small town where I grew up there was no support services (like THINK!) so I became very isolated and frustrated at my situation.

Things only got worse when I was in Form Three and was sent to a private school in Auckland. Living in a competitive made environment for 4 years certainly had an impact on my life and I became even more reclusive.



After secondary school I went on to complete a tertiary education but unfortunately that did not result in a career based job. Because of my lack of contacts and relationships with other people I was frequently overlooked when it came to recruitment. Unfortunately, these interpersonal issues have followed me into adulthood.

It was not until I approached THINK! in Hamilton that I started to realise that maybe the head injury did affect me.

A brain scan was done which showed there was irreparable damage done probably as a

result of my head injury. In many ways I am angry that this was never done 27 years ago when the injury occurred. However, I recognise that living in an isolated rural community and the lack of understanding as regards to head injury were large contributors to the situation. I am grateful to have finally gained some understanding of my situation through the help of THINK! and am looking for ways to improve my life in the future.

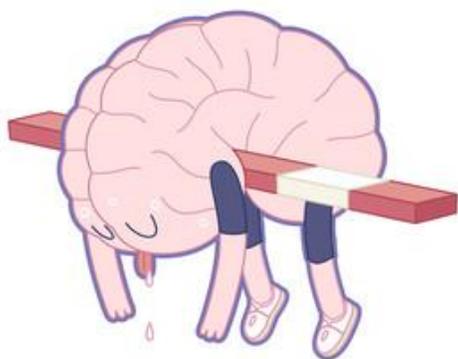
Some symptoms I still experience:

- Interpersonal problems e.g. being able to appeal to people (1st impression)
- Socially awkward
- Being unable to read nonverbal cues at times

I have had work over the years and now have a job but not related to my qualifications – mostly I have only had unskilled labouring positions.

I was hesitant when I first approached THINK! as on the outside I seemed like a perfectly normal person. However, the staff at THINK! were very welcoming and took me seriously. After learning about my situation, Marion arranged for me to see a Neuropsychiatrist, and other services which help me to confirm that the head injury has affected me and gave me coping strategies for dealing with my situation.

## Mental Fatigue



Mental Fatigue is extremely common in many different diseases. For example physical fatigue occurs after physical effort and is restored by rest. Psychological fatigue is seen in states of depression, is relatively constant over time and is not specifically improved by rest. Mental fatigue occurs after mental activity and is restored by rest.

Mental fatigue with a long time to restore the energy is most often seen during the rehabilitation after TBI, stroke or other neurological diseases and inflammations which affect the brain. Symptoms may be prominent immediately after the injury or disease and often decline gradually, but mental fatigue can be long lasting for some people.

The degree of the fatigue and the time to restore the energy appears not to have any relation to the severity of the trauma or disease. Furthermore, the extent of the fatigue seems to be independent of which part of

the brain is primarily affected. The person suffering from this kind of mental fatigue may experience rapid mental exhaustion after mental activity which is disproportionate to what is expected.

Some people can continue in their jobs, but for others, problems connected to work and everyday activities are common. There are people who are unable to work, who have obvious difficulties in everyday activities such as shopping, cooking, reading the newspaper as well as spending time with their family and friends. In today's society, we have to take in, process and handle a lot of information, which may be too taxing for those suffering from mental fatigue.

When discussing with other persons, those suffering from the condition have to register and process information including signs, gestures, and hidden meanings. The focus of the conversation may also shift between different subjects.

For those suffering from mental fatigue, it can be taxing to read a book or to watch television. Reading requires quick decoding of the written words and simultaneously the energy must be focused on the content of the text. The same applies when watching television programmes. Rapid changes between pictures,

contents and facts may be hard to follow. Even shopping can be difficult. The mental fatigue can appear rapidly and almost paralyse the person's thinking and mental ability.

It is of the utmost importance to distinguish between mental fatigue and depression. Each symptom can appear on its own, but they sometimes occur simultaneously.

It can be difficult for people who have not themselves experienced mental fatigue to recognise and understand the problem. This particular kind of fatigue can easily be mistaken for laziness or unwillingness. This is unfortunate as these persons in most cases want to be able to accomplish more than they are actually able to.

### Mental recovery

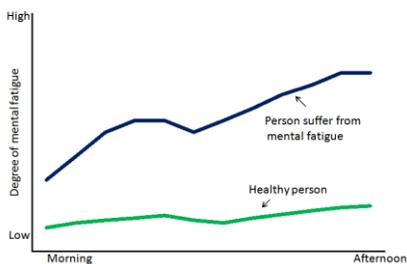
A common symptom of mental fatigue after suffering a TBI, stroke or other CNS disease is a prolonged time for recovering one's mental energy. It is important to be aware that if the mental recovery time is prolonged, the mental fatigue may increase over time, i.e. more than a day and sometimes for longer periods of time.

It is vital to consider the extended recovery time necessary for persons suffering from mental fatigue. It is

crucial for the person to reserve extra time for rest, and most importantly, not to plan too many activities. It may also be particularly advisable to rest before any activity.

It is essential to consider the extended recovery time with regard to working capacity. Persons experiencing mental fatigue are usually able to perform most tasks, but their patience is often limited.

It is therefore sometimes difficult to understand that a person who is normally able to perform like any other person, is unable to perform persistently over a prolonged period of time.



The figure shows how mental fatigue can vary in the course of a day. Mental fatigue is low for healthy control persons (green line). Those who suffer from mental fatigue (blue line) often experience varying degrees of fatigue during the course of a day. Many persons may feel rather fit in the morning, but as the day passes, the fatigue increases and becomes more prominent.

The following additional or associated symptoms are common:

- Mood swings, irritability and stress intolerance
- Trouble with memory
- Sleeping problems
- Sensitivity to, or intolerance of light and loud noise
- Emotional liability and irritability
- Stress sensitivity
- Headaches following over-exertion
- Sleeping difficulties
- Impaired ability to take initiative
- Depression. It is of the utmost importance to distinguish between mental fatigue and depression.

Each symptom can appear on its own, but they sometimes occur simultaneously. Many symptoms overlap, but the core symptoms of the two states are different.

Persons suffering from mental fatigue present a clear picture of fatigue which is related to concentration and attention and in particular the degree of mental load. The fatigue fluctuates over the day, and the recovery period can be long.

Persons suffering from depression present low-spiritedness and a decreased interest in their surroundings.

For some individuals it can take a long time sometimes several years to find the right balance between rest and activity in daily life.



University of Gothenburg (n.d) Mental fatigue. Retrieved from <http://mf.gu.se/english>

## Josh & Maggie – you are legends

Josh Barker and Maggie Thiede showed their commitment to raising brain injury awareness by riding 3,000km on a tandem bike resulting in a whopping \$2,970 for THINK!. Thank you for an amazing job. Below Josh is handing a cheque to Marion.



## THINK! SUPPORT GROUP MEETINGS



### Huntly

1<sup>st</sup> Friday of every second month at 10:30am at Friendship House, 22 William Street, Huntly. Next meeting is on 15<sup>th</sup> July.

### Tokoroa

2<sup>nd</sup> Thursday of each month at 10:30am at Tolloch House, Gate One, Maraetai Road, Tokoroa

### Cambridge

3<sup>rd</sup> Tuesday of each month at 10:30am at Cambridge Community House, 193 Shakespeare Street, Cambridge

### Kirikiri

Last Tuesday of each month at 10:30am at THINK! office, 11 Somerset Street, Frankton, Hamilton

### Horsebirds over Waikato

This is a social group for women who have had a brain injury and a love of horses in common. They meet once a month on a Saturday.

Please contact the office for more information or if you would like to go on the mailing list.

## Education sessions with Healthcare Rehabilitation Ltd

Sessions for clients, families, carers, & anyone interested in the topic of brain injury. Sessions are on the **2<sup>nd</sup> Wednesday** of the month at **10:30am** at the THINK! office.

### July:

**Wednesday, 13<sup>th</sup>**

**Topic: Challenging Behaviour.**

Vicky Miers, Specialist Manager from Explore Specialist Advice NZ, will talk about proactive strategies to address challenging behaviour.

**August:** Wednesday, 10<sup>th</sup>

**Topic: New mobile memory App for brain injury**

Carole Chang, PHD student will talk more about this application and how it can help you.

**September:** Wednesday, 14<sup>th</sup>

**Topic: Suicide prevention and postvention.**

Clare Simcock will be giving an overview of the role with its two separate but overlapping streams – prevention and postvention.

Information about these sessions will be on our website [www.thinknz.org.nz](http://www.thinknz.org.nz)

## UPCOMING SEMINAR

**Gil Newburn,**

Neuropsychiatrist will present a seminar for clients and their families on **8 September at 3pm**. Topic and venue is yet to be confirmed. Many of you will want to take up this opportunity.

Please contact the office closer to the time if you haven't received your notice.

## Fundraise / donate

### Give a Little

We are registered with givealittle. To support the work we do, go to

[www.givealittle.co.nz/org/whis/donate](http://www.givealittle.co.nz/org/whis/donate)



### Payroll Giving

Why not consider donating this way? It is easy, your employer deducts a set amount of your wages and it gets paid directly to us. My **sincere thanks** to the people who are currently donating through payroll giving.

### Head Injury Advocates

Only THINK! staff members are advocates for THINK!. No one else can represent THINK! in an advocacy role or use the name of THINK! for other purposes not approved by the Board. Consultation with THINK! staff is recommended for any suggestions made by other head injured people for treatment for a head injury.

## Photos from our gallery



Alice Theadom presenting at our recent Seminar in June.



Marybeth Williams & Marcia Ranginui-Charlton presenting at the June Seminar



Releasing balloons outside THINK! to recognise and support people living with brain injury

### Disclaimer:

All care has been taken in the preparation of this newsletter; THINK! disclaims any liability for information contained within. It is of a general nature and to be used as a guide only.

## FEEDBACK & SUGGESTIONS

**We welcome your suggestions and/or feedback. We want this organisation to work for you. Please forward your feedback to Ella at [admin@thinknz.org.nz](mailto:admin@thinknz.org.nz)**

## Board Members

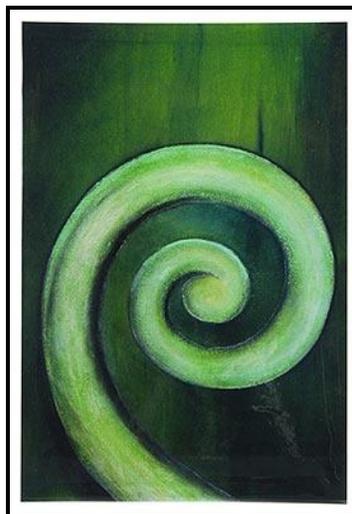
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 Margaret Brewerton - Treasurer  
 John Hadfield - Secretary  
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<https://givealittle.co.nz/donate/Organisation/whis>

### MAORI PROVERB

He toa taumata rau  
 Bravery has many resting places



## Our SINCERE THANKS to all our funders and supporters



TRUST WAIKATO  
 TE PUNA O WAIKATO



Sir John Logan Campbell  
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Waikato WDFW Karamu Trust, NZ Community Post, Jumble Around, Donny Charitable Trust, The Norah Howell Charitable Trust, Page Trust; Waikato Lyceum Charitable Trust, Waikato Provincial Rural Women NZ, Ministry of Health, D.V. Bryant Trust, Grassroots Trust, C1 South, 4Good NZ, Oosh Cambridge, A-Lectrics, Hinuera-Te Poi Lions Club

Thank you to everyone who has given a donation, but for privacy reasons cannot be named.

### Mystery prize draw

Walter Risi is the winner of our 3 monthly mystery prize for paying a membership fee. Congratulations and thank you for your financial support.

# THINK!

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[www.facebook.com/THINKHeadInjuryAwarenessNZ](http://www.facebook.com/THINKHeadInjuryAwarenessNZ)

**CC 23785**

## NEW MEMBERSHIP / RENEWAL

**We invite you to become a member and support the work of THINK!**

We empower people affected by brain injury, to make informed choices in ways that create a long-term and sustainable difference in their lives through the provision of information, education and advocacy support. We raise awareness and prevention of brain injury in the community

I wish to become a member \$ 10  (Students, beneficiaries, seniors)

I wish to become a member \$ 50  (individuals waged)

I wish to give a donation \$10  \$20  \$30  \$ \_\_\_  (other)

Payment can be made by Direct Deposit into SBS bank account no 03-1355-0691730-00. Please use your name as reference or phone the office for a reference number.

**Name:**.....

**Address:**.....

**Contact numbers:**.....

**Email address:**.....

**YOUR MEMBERSHIP AND DONATION MAKES A DIFFERENCE IN THE LIVES OF PEOPLE WE SUPPORT**