

Invisible Disabilities

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Transcription provided by Stacie Valle for Virtual VRI

Kellie Pokrifka: Hello everyone! Welcome back! Today we have mental health expert Dennis O'Connor! Dennis is in Australia and is a mental health expert.

Dennis O'Connor: Good morning! I started of in mental health nursing and am mostly intensive care qualified. But that has moved over time and about 7 years ago I went into it more vigorously as drug and alcohol treatment and more acute mental health with people with schizophrenia and people likely to comment suicide.

Kellie Pokrifka: What issues do you see in your area?

Dennis O'Connor: I arrived in acute mental health about 4 years ago and I felt when I initially got there that I was quite innocent and new and I wanted to learn what was going on there. I did a lot of work with recidivism with criminals and I realized quickly that the way we do things in Australia -- our model is similar to America -- and we weren't doing things very well. I realized in treating these people that are really sick and needing home, I carried over a model of educating people and then trying to make changes. I would ask them how to make change and what is stress. And people in the system for 10-20 years had never heard these questions. People would sit with me for 60-90 minutes and would hear new information about how mental health works on their body. They were able to really feel a huge shift.

Kellie Pokrifka: And in the criminal justice system these issues fall through the cracks all the time.

Dennis O'Connor: I was working in another area and I was asked to step in to this cognitive behavioral therapy program while 2 people were going on vacation and I was left in the deep end alone. It started with 12 very hard core criminals to work with and I just realized I had to be honest with them that I was new at this and these sessions become very powerful and emotional. We all learned together. People were sharing and opening up and I could see the changes being made. I didn't bring in any preconditioned thinking to the environment and I was able to employ the techniques in an innocent sort of way.

Kellie Pokrifka: So tell us more, what is CBT?

Dennis O'Connor: It is cognitive behavioral therapy. The mental health field has this exclusive knowledge that doesn't need to be that way. One thing I am hell bent on is losing the jargon so I can transfer my knowledge to you in a simple way. Then you can be the COO of your own mental health. So CBT is about giving you the tools to manage your therapy.

Kellie Pokrifka: And how is this different than we have been used to about talking to a therapist?

Dennis O'Connor: I say I am having therapy with someone. I am not a counselor. I do intervention. A good counselor doesn't do so much talking. What I do is to find out the issues, the gaps in the persons knowledge, and then I can fill in those gaps in a way they understand so they can be a position to make changes. When I was taking this modality into acute mental health I was shocked that it just wasn't done already.

Kellie Pokrifka: To dispel misconceptions . . . start where you want.

Dennis O'Connor: When I started doing CBT I was seeing situations of overdoses or suicides. Some of the young girls really stuck out because they were turning off machines on these girls of 23-24. It seemed the guys were more effected by drug problems and less about sexual abuse. The criminal core I mixed with was more males. When you talk about their problems and you see them on a machine, and you are on a ward setting on a machine, you aren't seeing the real them. In the CBT setting you are seeing them as a person. They are maybe engaged in bad things but they are still heroes in their own world. They may be a father or brother. It isn't just bad guys vs. good guys.

With a lot of people when I broke down their packages there was a perception of being damaged or broken and I think the use of diagnosis does lots of harm. Often I get "what's wrong with me?" With a diagnosis it implies you carry around something wrong with you permanently. We can talk about the placebo effect and how it effects recovery. If you have all these things going on in your life I can give you a diagnosis - bipolar for example - or I can say "you are an amazing self healing person with the symptoms of bipolar that you don't have to live with if you make certain big changes to your life."

Kellie Pokrifka: What about other terms you wish people didn't use.

Dennis O'Connor: We have the diagnosis of clinical depression. For me it doesn't matter how long the person has been depressed. If you are depressed it implies you don't have to say depressed. If you are depressed you are defining yourself in a role. I have had people after maybe 3-4 times of working with them they have decided their clinical depression of 50 years has fixed itself because they have applied the strategies I have shown them.

Kellie Pokrifka: I love that. One thing I have always loved. My friend Jamie has said when she has bad days that she has a

"Depression flareup" because it defines her less that way.

Dennis O'Connor: Unfortunately we have this idea that mental health sits only in our head. But really 30% is in our head and the other 60% is related to environmental factors. I have asked people why we aren't looking at gut health because serotonin is produced in the stomach. People don't believe me that that is where it is. But it is. And the other thing I feel strongly about is the stream of people coming in and out of the services I have worked for and all their soda, or candy or whatever. When they come see me they don't walk out with candy. That sugar impacts the bacteria in your gut. It obliterates your serotonin. It makes massive changes to people.

Kellie Pokrifka: The mind-gut connection is huge.

Dennis O'Connor: Another amazing factor that is so underrated, and my peers look at me like I am strange, but I have researched it thoroughly, is the importance of blue light on your system. It is incredibly important. We have circadian medicine now and it is how our bodies have developed to the balance of lights since humans began. We hear about cortisol. The main purpose is to switch off melatonin. Blue light is in our screens, telephones, televisions. And it can cause insomnia. By fixing your sleep you can cure depression for some people. We talk about what happened when you were 6, 10, 11 -- but what are you eating, looking at, etc. There are people with traumatized lives but the adjustment to their environment is what is needed.

Kellie Pokrifka: Adjusting your environment is something you have control about.

Dennis O'Connor: Perfectly put. It is empowerment. People can control it themselves. And once you have this momentum you have

something to work from and the conversation becomes different. If you have clinical depression with bipolar symptoms you just have that and are sick. Or I can tell you what happens when you eat certain things, when you are exposed to blue light, when you work out -- and it gives you the power.

Kellie Pokrifka: Tell us about MMM happiness.

Dennis O'Connor: I hear about the idea of a chemical imbalance in the brain. There is no chemical imbalance for any mental health condition. If you have a heart arrhythmia we can measure it and fix it. There is no way to do that with mental health. When we have this idea of a chemical imbalance we have this idea of damage or breakage. There was interesting psychology done years ago that said many bipolar diagnosis' were rubbish and I agree. The symptoms were often environmental.

Kellie Pokrifka: And how are these mechanics different than just thinking positively?

Dennis O'Connor: That is fantastic but one of the things that happens is to think about the analogy of getting the brochure at the doctor. But if you are sick and not doing well, it is like having a brain damage. Your IQ goes down, your cognition goes down, we might go to the gym and get all the brochures and it looks great, but we get home and look at them all and 6 months later their at the back of the drawer. So just the information doesn't work. We have to give people motivation, hope and future reward so they take the step to the changes they need. If I ask, "do you want to run 5 km. today?" you'd probably say no. But if I offer 5 million at the end, you'd find a way to do it. There are mechanisms to motivate us. If you can tap into it it is a powerful way to get recovery.

Kellie Pokrifka: To end on our favorite question for everyone, when you are having your worst days and toughest hours, what gives you the courage to get through one more day?

Dennis O'Connor: I think knowledge is powerful in itself. When I feel overwhelmed I just drop everything and take myself out of the place. I live by the beach, do a lotus position, breathing techniques, and I recharge. If I return to feeling overwhelmed, I take a day or two out. Maybe a little more exercise or a change in my diet.

Kellie Pokrifka: Awesome. Anything else you want to speak to?

Dennis O'Connor: There is wellness for every condition within your reach. Don't accept illness.

Kellie Pokrifka: Well great. Thank you Dennis, this was wonderful

Dennis O'Connor: Thank you for having me!

[End of show]