



LIKE MINDS, LIKE MINE
Whakaitia te Whakawhiu i te Tangata

Like Minds

ISSUE 33 ■ APRIL 2008

ISSN 1174-8494

WHAKAITIA TE WHAKAWHIU I TE TANGATA

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Seclusion

- a time for change

The past 20 years have seen huge achievements in mental health services. Concepts such as recovery and service-user empowerment are becoming embedded into services and an exciting range of respite and peer support options are helping to reduce reliance on inpatient units.

DESPITE THIS, seclusion is still a common practice within mental health acute units throughout New Zealand.

Seclusion involves placing a person on their own in a bare room within an acute mental health inpatient unit. This can be incredibly frightening for a person who is already struggling to hold on to reality. The practice of seclusion seems completely at

odds with the recovery and strength-based model of mental health care.

Monika Divis, Project Manager, and Jane Vanderpyl, National Research Manager – both from Te Pou¹ – are managing a new project on behalf of the Ministry of Health. They are looking at how to reduce the practice of seclusion in New Zealand's

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“ I think it shows a low regard for another human life to lock someone up on their own. There are proven ways of dealing with situations without coercion, so why do it? ”

- MARY O'HAGAN



Marge Jackson (left) and Anne Helm on their 2007 IIMHL trip to New York.

mental health services – because it is intrusive, has potential for misuse and because it simply is time for change.

Publishing accurate seclusion statistics is one way of identifying where change most needs to occur and then identifying models of best practice around the country, which others can learn from.

What's happening in the USA?

Best practice models do exist internationally, as Marge Jackson, Manager of Kites Trust, and Anne Helm, a member of the Confidential Forum for Former In-patients of Psychiatric Hospitals² and a long time advocate for the elimination of seclusion, recently discovered. They participated in the 2007 International Initiative for Mental Health Leadership (IIMHL) annual exchange of key mental health sector leaders and together visited Quinco Behavioural Health Systems in

Columbus, Indiana and the Mid-Hudson Forensic Psychiatric Centre in Albany, New York.

“We thought it would be a good opportunity to go and see if places overseas were doing things differently,” says Marge Jackson “and we discovered that both Quinco and Mid-Hudson have made dramatic progress in reducing the practice of seclusion.”

However, Marge says that both hospitals believe they still have a long way to go even with full staff support for the reduction. “Quinco explained that they had three incidents of seclusion over the past 12 months, which devastated staff.”

What Anne and Marge learnt was that both organisations had followed a very structured approach to successfully reducing seclusion in the form of six steps:

1. **Leadership:** define and implement a plan and hold people accountable.
2. **Data:** observe whether there is a pattern to incidences of seclusion and work out how to eliminate these patterns.
3. **Workforce development:** high ratio of staff to service users with a mature and stable workforce.
4. **Seclusion and restraint reduction tools:** such as reducing agitating factors in the physical environment, providing meaningful activities and an atmosphere of listening and respect.
5. **Consumer roles:** peer-run support initiatives such as sharing personal experiences.
6. **Debriefing techniques:** immediate debrief of staff and service user following an incident of seclusion, followed by a formal critical review.

1 Te Pou is New Zealand's National Centre of Mental Health Research, Information and Workforce Development.

2 The Confidential Forum was set up by the Government to provide an opportunity for former inpatients of psychiatric hospitals, their families, and staff members to formally speak about their experiences of psychiatric institutions in the period before November 1992.

“ It's not a health intervention as there is no evidence that it is therapeutic. I also think that people who choose to work in mental health do not do so because they want to seclude people. The experience of doing that traumatises staff as well as people using mental health services. ”

– MARGE JACKSON

“Seeing for myself that it is possible to minimise seclusion, even within a high-security institution, gave me the confidence to come home and say ‘It can be done!’” says Marge.

“The people we met with in the States were very clear on what they are there to do – reduce distress so that someone can remain in, or get back to, their own environment and recover.”

“To me, the most important aspect of the initiative to reduce seclusion in U.S. mental health units was that it was driven by the U.S. government,” says Anne. “[Mental health] staff in the U.S. have no option but to work towards reducing seclusion. The culture change is led from the top, right down to the inpatient floors.”

Both Anne and Marge have returned home inspired to continue work towards minimising seclusion within New Zealand mental health services.

Anne has been facilitating workshops on this topic in the Otago region while Marge has begun a dialogue with Capital and Coast District Health Board on the steps needed to further reduce the practice of seclusion in Wellington inpatient units.

Anne Helm’s offered the following suggestions for reducing the practice of seclusion in New Zealand mental health units:

- Look at the physical design of buildings, acute wards and the spaces they occupy. Create quiet, healing areas that have low stimuli and that offer natural settings and green space.
- Pay attention to practices that work better than seclusion and start talking about these.
- Minimise revictimisation by developing systems of care that are trauma informed.

➔ WHAT IS SECLUSION?

Seclusion is the placing of a person at any time and for any duration, alone in an area where he/she cannot freely exit. In addition to containment and isolation, seclusion is usually accompanied by a reduction of sensory input. The room is bare, often limited to blank windowless walls, fluorescent lights, a bed and sometimes a toilet. Time spent in seclusion can vary from minutes to hours and even days.

WHY IS SECLUSION USED?

Reasons given for using seclusion most commonly refer to therapeutic value and safety. However, there is no evidence-based research that supports the idea that seclusion is therapeutic. Rather than improving safety, seclusion has been shown to cause not only physical but also emotional and mental harm. The use of seclusion is often traumatic for staff and service users who witness the event, as well the person who is secluded. Seclusion is not meant to be used as a tool of punishment or coercion, although this is how it is often experienced by service users.

WHY SHOULD THE USE OF SECLUSION BE REDUCED?

Seclusion does not fit with recovery-orientated services. Locking someone up on their own is the very opposite to valuing and including them. Mental health services in the U.S. that have reduced or eliminated seclusion report improvements in therapeutic relationships and staff retention as well as decreases in staff and service user injuries. Reducing the use of seclusion has helped to increase the effectiveness and safety of mental health services.

WHAT ARE THE ALTERNATIVES TO SECLUSION?

Alternatives to seclusion that have been successfully trialled in the U.S. include:

- A wealth of accessible respite and early intervention options that prevent the need for inpatient acute care
- Crisis prevention plans
- Trauma informed care
- De-escalation techniques
- Sensory modulation
- Peer support options
- Behavioural coaching and therapy.



Robert J Williams, Quinco President and CEO (left) and Shirley Arney, Quinco Assistant CEO

“ Being put in seclusion can be fundamental in creating internalised stigma... In this environment validating one’s own self worth becomes very difficult. It’s also something we can’t talk about openly in the community. ”

- ANNE HELM

- Affirm with staff that people in acute care are capable of sharing decisions about their care with those caring for them.
- Look at alternatives to seclusion, such as:
 - Time out – space to oneself inside or out.
 - Assistants or peer workers that will just “be with” the person.
 - Gyms and punch bags where pent up frustration at environmental triggers can be released.

Back in New Zealand

While Anne and Marge were experiencing the fight against seclusion Stateside, back in New Zealand, Mary O’Hagan was preparing a report on the “Best Practice in the Reduction and Elimination of Seclusion and Restraint” for Te Pou’s project.

“It’s about asking, ‘how do we create services that really work for people?’” says Jane Vanderpyl.

She and Monika believe that for long-term sustainable change, strong leadership is needed along with continued philosophical debate and action.

“We need to find ways to have those difficult discussions and still keep moving on the issue,” says Jane. “Part of this is acknowledging staff concerns, including that reducing seclusion will increase safety risks, lead to a greater use of medication or require the use of more staff when capacity is already stretched.”

However, overseas evidence shows that reducing seclusion has actually reduced injuries and trauma to staff and service users without increasing the use of medication.

Te Pou intends to take a careful and planned approach to build on the valuable work that has already been done or is currently in progress around the country.

To further the “Seclusion – Time for change” project, Te Pou will:

- Set up a project leadership group
- Work collaboratively with DHBs already implementing initiatives
- Organise a national forum in May this year
- Coordinate a pilot project in reducing seclusion with one or two DHBs
- Connect DHBs in mentoring relationships.

Monika and Jane have been meeting with key people and stakeholders such as Directors of Area Mental Health Services (DAMHS) and say the reception so far has been very positive.

“There are a lot of questions about what will work in a New Zealand context,” says Monika, “we need to develop our own base of evidence and take the time to celebrate our successes along the way.” ■

By Ruth Jackson

➔ NZ SECLUSION STATISTICS

From 1 October 2006 – 31 December 2006: 2374 people spent time in a New Zealand adult mental health unit.

Of these, 383 people (16.1 per cent) were placed in seclusion for a period of time ranging from as little as one minute to as long as 30 days. Māori were more likely to be secluded than any other ethnic group.

Source: The 2006 Annual Report from the Office of the Director of Mental Health.

i For more information about seclusion, please go to:

The Annual Review from the Office of the Director of Mental Health

[www.moh.govt.nz/moh.nsf/pagesmh/6896/\\$File/office-director-mental-health-annual-report-2006-v2.pdf](http://www.moh.govt.nz/moh.nsf/pagesmh/6896/$File/office-director-mental-health-annual-report-2006-v2.pdf)

Confidential Forum Report

www.confidentialforum.govt.nz

Best Practice in the Reduction and Elimination of Seclusion and Restraint.

Mary O'Hagan (2007), www.tepou.co.nz/page/398-Research-and-Development+Seclusion-Time-for-Change

If you have any issues, problems or solutions relating to seclusion in New Zealand, please share your thought with us or email Monika at monika.divis@tepou.co.nz



David stands next to a painting he created to express his experiences of psychosis in seclusion. Marge Jackson now owns this painting.

➔ PROFILE: DAVID YISRAEL

David Yisrael is an artist who's currently putting his portfolio together to apply to Massey's School of Fine Arts in Wellington. He also works with Temp Solutions as a consultant on (for example) interview panels for CCDHB mental health staff recruitment.

David was first hospitalised for mental health issues in 1989 and has had several subsequent stays in mental health acute units where he has experienced seclusion, most recently in 2006. David says the reasons he's been given for being put in seclusion ranged from refusing to take medication to raising his voice at staff.

He says these experiences were extremely frightening. "I felt helpless, like a prisoner with no rights, not even a toilet. The darkness and sparseness amplified the hostile voices and heightened my feeling of physical isolation. There were no visual stimuli to distract me. The only sense of comfort was from benign spirits.

"There's hardly any room to move. Grey walls, concrete floors and wire fences surround you. It's a sparse and punitive atmosphere. Loneliness and isolation is not a cure for a barrage of tormenting voices."

David is pleased that mental health services seem to be re-orientating to a more recovery-focused style of care with an increase in respite and smaller community-based units.

"Respite works really well for me. As soon as I start getting sick I let my nurse know and he organises a few days of respite for me. Comfort, a newly made bed with clean sheets, good food, someone to talk to – these things take the edge off the suffering of depression and the stress of psychosis. These feelings dissipate and become manageable after a few days at respite so hospitalisation is avoided." ■

By Ruth Jackson



➔ HONOURED ARTIST MOURNED

“a breath is a breath / is a sound is a sigh / is a knot in my belly / that I’ll never define...”
Lyrics without music, Mahingarangi Tocker

MAHINARANGI TOCKER passed away on Tuesday 15 April, following a severe asthma attack.

Judi Clements, Mental Health Foundation Chief Executive says, “The sudden death of singer, songwriter and mental health advocate Mahinarangi Tocker is a huge loss to New Zealand. She was a greatly valued, hugely talented and much loved member of our organisation.”

Mahinarangi was employed at the Foundation as a *Like Minds, Like Mine* Project Worker. She first came to the *Like Minds, Like Mine* programme in 2001 when she featured alongside other famous New Zealand faces in the first *Like Minds* TV ads and her song ‘*When I grow up*’ was the music associated with the TV campaign’s second series of advertisements.

“Mahina [as she was known to many] was prepared to speak openly about mental illness,” says Ms Clements. “Her bravery and honesty in discussing her own mental health issues, and the strategies she employed to address them, are reflective of the way she approached life on all levels.

“She had low times, which gave her empathy and understanding for what others were going through, so her message of recovery was always well received.”

Darryl Bishop, Ministry of Health

Programme Leader for *Like Minds, Like Mine* says, “We will miss Mahina’s voice, her heart and her energy. Her contribution to the work to change the way New Zealanders think about mental illness has been massive.

“She will be remembered in *Like Minds* not just for sharing her story on TV, not just for her music and not just for the creativity and innovation she brought to her work, but also for the love she gave to us all, generously and selflessly, and for her wicked sense of humour and fun.”

Mahina always said: “Music making and word play is a huge part of my everyday life and the safest therapy for me to immerse myself in as a way to wear my experiences of mental distress.

“I love how music can create self-understanding and lead to kinder communication with people who come into my life.”

Mahina had an indomitable spirit and was a shining example of someone who was actively living a recovery-focused life. She was a true friend to us all and we will miss her.

Her achievements in music, her commitment to young people and her advocacy for the rights of people with mental health problems will be the lasting legacy of a great lady and a great New Zealander.

Over the past 25-years, Mahina had written more than 600 songs, released seven albums, completed three books of poetry and many short stories, featured in a TV documentary *Sticks and Stones* and starred in one independent film, *A Small Life*, for which she received the best actress award at the 2002 Karachi Film Festival.

Mahina was a founding trustee of the New Zealand Music Industry Commission *Te Reo Reka o Aotearoa* and a member of the composers’ advisory panel of *Sounz*, the Centre for New Zealand Music. She was involved in *Duffy Books In Homes* projects and was an adult literacy tutor.

In 1999, she began mentoring young people in music workshops that encouraged their interest and enjoyment in creativity as a way of raising their self-esteem.

Most recently, she was appointed a Member of the New Zealand Order of Merit in the Queen’s New Year Honours 2008, for her services to music. ■

MENTAL HEALTH PROMOTION  **AOTEAROA**

➔ Call for abstracts

E ngā mana, e ngā reo, e ngā kārangaranga maha, ngā mihi kau ake tēnei ki a koutou rā. Kei te karanga tēnei ki a koutou, ki te tautoko tō tātou hui-a-motu. Haere mai, haere mai, haere mai.

MARK 7 - 8 AUGUST 2008 on your calendars! That’s when the Mental Health Foundation will be hosting the fourth Mental Health Promotion Hui on Orongomai Marae in Upper Hutt. The theme for 2008 is “Te Pae Māhutonga – a framework for wellness”.

Organisers are currently calling for submissions for papers to be presented at the Hui. So, if you,

➔ NEW! LIKE MINDS MEDIA-WATCH PROJECT

SEEN AN ARTICLE about mental illness that's made your blood boil or your heart sing?

Then – take action and let the *Like Minds* Media-Watch team know about it.

The media has a significant role to play in shaping the public's attitude towards people with experience of mental illness, so it's important that the portrayal of mental illness is balanced, accurate and fair.

You can take action if you see media coverage that is unhelpful and inaccurate. If we don't tell

media professionals when coverage is hurtful, stigmatising or incorrect, then reporting is unlikely to change. Likewise, if you see positive coverage that is informative and balanced, let the journalist know and encourage further positive coverage.

And, the new *Like Minds* Media-Watch project can help you to do just this! The new section of the *Like Minds* website is dedicated to helping you to:

- Tell us about positive or negative coverage you've seen.

- Respond directly to media coverage.
- Make formal complaints to media authorities.
- View examples of positive and negative coverage and our responses to those who produced them.

Visit www.likeminds.org.nz and click on the Media-Watch tab to find out more!

Don't just sit back – take action against stigma and discrimination! ■

A \$12,000 grant could be yours if you have an interesting mental health project for the 2008 New Zealand Mental Health Media Grants. Applications close on 30 May.

Go to www.mediagrants.org.nz for more information.

or someone you know is interested in mental health promotion and would like to share their knowledge, you need to prepare an abstract and forward it for consideration by Friday 16 May.

The Hui is being organised with the support of the Ministry of Health, Auckland Regional Public Health, Vakaola Pacific Community Health and Te Poopu Pookai Taniwhaniwha.

For further information and a registration form please visit the Mental Health Foundation website www.mentalhealth.org.nz or contact our organisers:

Debra Gill

Ph: (027) 636 1895

Cinnamon Whitlock

Ph: (09) 300 7012

Email: cinnamon@mentalhealth.org.nz

➔ SELF-STIGMA RESEARCH UPDATE

WE MENTIONED in the April/May 2007 issue that research would be conducted in 2007/08 exploring the impact of self-stigma (also known as internalised stigma) on people with experience of mental illness. The Mental Health Foundation in Wellington undertook the research. It involved focus groups held around the country asking people about their experiences of, and ideas for, reducing self-stigma and its effects. The research draws from different groups of people with experience of mental illness, including Māori, non-Māori (European-New Zealander/Pākehā), Pasifika, Chinese, refugees and young people. In total, 76 people participated in the study.

While work on the final report is yet to be completed, preliminary and general findings show that some of the aspects that create and increase self-stigma include:

- being diagnosed for the first time
- how people are treated within mental health services
- the impacts of medication
- feelings of difference and social exclusion
- various forms of discrimination: based on ethnicity and/or the experience of mental illness
- family experiences
- the media
- buying into mental health stereotypes.

Based on the findings of this research, the research team have also developed a new model of stigma and discrimination. The model shows how discrimination and self-stigma are linked and offers strategies to combat this. The full and final research report will be released in July 2008. ■



LIKE MINDS INSPIRES NEW ENGLISH CAMPAIGN

to counter stigma and discrimination and promote healthy lifestyles

LAST OCTOBER, an ambitious new four-year programme to counter stigma and discrimination and promote wellbeing in England was launched.

The programme – *Moving People* – became reality after receiving funding of £16 million from the Big Lottery Fund and £2 million from Comic Relief.

Four mental health organisations are leading the programme – Mental Health Media, Mind, Rethink and the Institute of Psychiatry, King’s College, London – managed by Director, Sue Baker.

Sue cites two international programmes to counter stigma and discrimination as the inspiration for *Moving People*.

“New Zealand’s *Like Minds, Like Mine* programme and Scotland’s ‘See Me’ campaign are both highly successful in challenging and reducing the stigma and discrimination associated with mental illness.”

“Much of what we are trying to achieve with *Moving People* is based on the ideas and approaches that have worked well for ‘See Me’ and *Like Minds, Like Mine*.”

This is not the first time that the influence of the *Like Minds, Like Mine* programme has stretched beyond New Zealand shores – and Sue had personal experience of the *Like Minds, Like Mine* programme during her two years at the Mental Health Foundation (of New Zealand) as Director of Fundraising and Marketing.

Pictured above: Speakers at the London launch of *Moving People* (Feb 2008)

Left to right:

Liz Main, Mental Health Consultant and service user

Mike Cooke, Nottinghamshire Healthcare NHS Trust Chief Executive and service user

Sue Baker, Director, *Moving People*
Gerald Oppenheim, The Big Lottery Fund Director of Policy and Partnerships

Kathryn Tyson, Head of Mental Health Policy, Department of Health

Paul Farmer, Mind Chief Executive
Judith McNeill, Comic Relief UK Grants Director

"I worked at the Mental Health Foundation from 2003 to 2005 and was in a unique position to see how the *Like Minds, Like Mine* programme achieved traction with the general public.

"As well as the solid work at a regional level, the programme established a series of TV and radio ads that gave people with experience of mental distress a channel to voice their personal experiences and connect with a wider audience."

Many of those in the advertisements were well-known and respected New Zealanders.

Where *Moving People* differs is in its broader focus on general wellbeing, the scale of its programme and the time it is allowing itself to achieve its objectives – just five years.

As in New Zealand, the English initiative is aiming to change behaviour as well as attitudes, something that will be measured by asking people with mental health problems to report on changes to their lived experiences of discrimination throughout the life of the programme. *Moving People* is the result of two years of consultation with mental health service-users, and it is expected that people with experience of mental illness will be the heart of the programme – participating at many levels.

"The *Moving People* portfolio consists of 35 projects – six national, 28 local – as well as an extensive programme of evaluation." (see right)

"We aim to reach 30 million adults in England with our messages and achieve a five per cent increase in positive attitudes towards mental health problems and five per cent decrease in the incidence of reported discrimination.

"We'll also be engaging more than a

➔ THE MOVING PEOPLE PORTFOLIO

National

- 1 **Anti-stigma campaign** – at a national level using advertising, PR and marketing alongside a dedicated website.
- 2 **Get Moving!** – a week each year for a national focus on mental health and the benefits of physical exercise.
- 3 **Open Up** – empowering people with experience of mental illness to tackle discrimination directly through effective activism.
- 4 **Legal Mind** – will actively seek out cases to legally enforce people's rights using Mind's in-house team of lawyers and provide legal rights information.
- 5 **Website** – providing campaign material ready for download, surveys, information about local projects and how to contact them and other events and activities.
- 6 **Targeted Audience Element** – targeting employers and other key groups such as student medics and trainee teachers with anti-stigma training and education.

Regional

The 28 locally based community projects tap into already existing Mind and Rethink providers and are focused on using different types of physical activity to draw people together and promote inclusion as well as healthy living.

Evaluation

The Institute of Psychiatry, Kings College, London will use research methodology to accurately measure public attitudes to mental health/illness over the length of the campaign.

quarter of a million people in physical activities through a week of mass participation events across England. All this on a finite budget of £18 million."

Sue says that while they've had messages of support from Ministers, what would really make people sit up and take notice of the programme is celebrity endorsement with involvement at national and local levels.

"It's frustrating that – apart from Stephen Fry (a well known English comedian) – so many other high profile people manage their mental health problems in secret because they still fear the reaction of colleagues, friends and family. There's this wall of silence – so many people don't say anything."

For those that question whether *Moving People* is actually needed, Sue

Sue Baker, Director,
Moving People



says even with more sympathetic coverage in some media, there are still the stories and on-the-street accusations of 'psychos', 'nutters' and 'loonies' that people with experience of mental illness have to cope with.

UK statistics support her assertion that people with experience of mental illness are still one of the most excluded groups in society.

- 84 per cent experience problems in getting jobs, mortgages, healthcare, friendships and relationships.
- 49 per cent have been harassed or attacked.
- 33 per cent have been dismissed or forced to resign from jobs.

“ In the final analysis, it may not be TV ads and we are open to finding out what will work best and give us the maximum reach and impact for our budget. ”

- SUE BAKER

Yet one in four British people will experience mental illness.

Changing a nation's attitudes towards mental health and measuring those changes is not an easy task, but Sue believes that they are using the right combination of projects to succeed.

“At the moment we are in the early stages of the programme. Most of the projects are now underway – with just a couple like *Legal Minds* still in development, but planned for kick-off in a few months.

“Our focus is very much on trying to make sure that everything is well-researched and that service users have had plenty of opportunities to have their say in shaping *Moving People*.”

With participation of service users at the forefront of *Moving People*, they have already established an

online survey that can be completed by people with experience of mental distress, which will provide ongoing data about the levels of discrimination experienced by service users.

During April, focus groups are being held to supplement the broad-reach qualitative data with in-depth research into what people with experience of mental health problems want from the *Moving People* brand and campaign.

Their feedback will serve as the central point in developing the look and feel of the advertising campaign (planned for launch at the end of 2008), what the key messages should be and which audiences will be targeted.

“We are not making any assumptions,” Sue says, “about what the anti-stigma campaign will look like. In the final analysis, it may not be TV ads and we

are open to finding out what will work best and give us the maximum reach and impact for our budget.”

What about the future?

Although it seems premature to be looking ahead, Sue says they most definitely are. “We are currently looking at the longer-term sustainability of *Moving People*. While the funding is for five years, this kind of programme needs to go on for longer than that in order to have a lasting impact.”

So, *Moving People* are concurrently working on a sustainability strategy to ensure the future survival of the programme. ■

 For more information, please go to www.movingpeople.org.uk

➔ 2008 *Like Minds, Like Mine* National Provider Seminar

THE LIKE MINDS National Provider Seminar was held at Wharerata in Palmerston North on 10 and 11 April. The event was attended by *Like Minds* providers, national contractors, partners, allies, consumer organisations and networks. News from the seminar will be in our June issue of the newsletter. ■



➔ Mental Health Foundation welcomes Dean Manley

DEAN MANLEY started work in February in the Mental Health Foundation's Auckland office, managing the MHF's contract with *Like Minds, Like Mine*.

Dean has a background in peer support and supported employment and is already getting stuck into the projects and work that come with his new role.

Most recently Dean worked for Case Consulting in Wellington as a senior researcher and writer where he says that he learned a lot. His new contact details are: ph: 09 300 7023 or email: dean@mentalhealth.org.nz

We farewelled Dean's predecessor, Sandy Hall, in January. Sandy has left to pursue her interests in antidiscrimination education, research and project development work and we wish her all the best. ■



Dean Manley

➔ FROZEN FUNDS CHARITABLE TRUST LAUNCHED

VALENTINE'S DAY marked the launch of a new charitable trust in New Zealand, which has been 21 years in the making. The Frozen Funds Charitable Trust, chaired by former Mental Health Commissioner, Mary O'Hagan, offers grants for projects run by and for people who use mental health or intellectual disability services. The term 'Frozen Funds' refers to the interest on patient's welfare benefits paid into psychiatric and psychopaedic hospital trust accounts in the 1970s and 1980s. The interest money was kept by the institutions to fund such things as recreational projects and not given to the people resident in these institutions. The practice ceased in 1987 and over half the interest accumulated during this time was returned to those who it was meant for in the early 1990s. For more information about the Frozen Funds Trust and their grants visit: www.frozenfunds.co.nz. ■

Pictured above: Members of the Frozen Funds Trust Board celebrate with the CEO of Public Trust and the Minister for the Office of Disabilities. From left to right: Cheryl Mennie, Tracey Cannon, Grenville Gaskell, Hon. Ruth Dyson, John Sutherland, Kerry Whitworth, Mary O'Hagan, Don Mather, Adrienne Olsen.

➔ Watch out for *Lars and the Real Girl*

WRITTEN by *Six Feet Under* scribe Nancy Oliver, *Lars and the Real Girl* is described as a comedy starring Academy-Award nominated Ryan Gosling as Lars Lindstrom, a "loveable introvert whose emotional baggage has kept him from fully embracing life". After years of what is almost solitude, he invites Bianca, a friend he met on the internet, to visit him. He falls in love with Bianca - who happens to be a life-size doll - gives her a personality and introduces her to his brother Gus (Paul Schneider) and sister-in-law Karen (Emily Mortimer). They don't know what to say to Lars or Bianca,

because she is not a real person and Lars believes she is alive. Their family doctor Dagmar (Patricia Clarkson) explains this is a delusion Lars has created - for what reason she doesn't yet know - but they should all go along with it. What follows is an emotional journey about recovery and social inclusion, for Lars and the townspeople around him, as they work together to support one of their own.

Coming up:

At a cinema near you.

Website:

www.larsandtherealgirl-themovie.com ■

➔ PERSONAL EMPLOYMENT STORY: RENEE TORRINGTON

WHEN I FIRST started working with Wellink Trust, I thought it might be better to 'hide' behind other qualifications that I had rather than be seen as 'loony' amongst my co-workers. I quickly came to realise, though, that my experience of using mental health services actually meant I had something to offer. You simply cannot learn in textbooks what I learnt by living through stigma, discrimination and my own personal journey to recovery from mental illness. Being at Wellink Trust gave me the opportunity to totally reframe my experience of mental illness from something that should be hidden away to something that can actually be viewed as a strength.

Now I'm a 'disclosed consumer', I don't feel like I have ever been made to feel different or sidelined because of my



experience of mental illness. In fact it's been quite the opposite.

When I've had to have time off work or needed a bit of extra support because I've hit a rough patch, it's barely raised an eyebrow. It's just the same as if I had been struck with an awful bout of the flu. My employers know that when I'm back on board I put in 100% and when

you weigh it up with what people with mental illness have to offer a mental health workforce any "time off" is seemingly inconsequential.

Renee has worked with Wellink Trust since 2002. She started in support work and is now the Peer Services Leader. In her current role, she develops and manages peer services like the Warmline (free phone support service). She also manages 25 volunteers, devises peer support training packages and acts in a consumer advice role on a number of Wellink projects. ■

“ Disclosing my history of mental illness to Wellink was a pretty natural process. ”

- RENEE TORRINGTON

i We're looking for positive employment stories from people with experience of mental illness

If you can help and are happy to share your story please email likeminds@mentalhealth.org.nz and we'll get back to you.

You may have noticed that the *Like Minds* newsletter has a fresh new look.

We'd be interested in your feedback on the new design, so if you'd like to share your thoughts email us on: likeminds@mentalhealth.org.nz or complete the form below.

Would you like to receive a copy of this newsletter?

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Like Minds, Like Mine is the programme to counter stigma and discrimination associated with mental illness and is an initiative of the Ministry of Health.

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Like Minds, Mental Health Foundation, PO Box 10051 Dominion Rd, Auckland 1446
Ph: (09) 300 7010 Fax: (09) 300 7020

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