



LIKE MINDS, LIKE MINE
Whakaitia te Whakawhiu i te Tangata

Like Minds

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WHAKAITIA TE WHAKAWHIU I TE TANGATA

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Kerri-June Clayton with her family on the Great Wall of China

Travelling with extra baggage

Overseas travel is a rite of passage for many New Zealanders. Setting out on an adventure can bring about great personal growth and a sense of perspective, or travel can simply be an opportunity to relax away from the pressures of home.

PEOPLE WITH EXPERIENCE of mental illness should have the same rights and freedoms as everyone else, and the opportunity to travel is no exception. However, some countries require people to disclose whether they have a mental illness on visa applications, forcing people with experience of mental illness to either lie or face difficulties gaining entry into a

country for a holiday or longer stay.

Dean Manley, the Mental Health Foundation's national *Like Minds* project manager, says the requirement to disclose in visa applications for some countries is clearly discriminatory. "Questions seem to be based on old stereotypes and myths

» continued page 2 ...

“ Personally, I felt like I should tick the box and say ‘yes’, I have a mental illness. ”

KERRI-JUNE CLAYTON

Part two of the Labels article will be in the June issue, which will be focused on personal stories of discrimination.

about mental illness and not the reality. They presuppose ideas of violence and unpredictability.”

Susie Crooks has travelled extensively visiting the United Kingdom, Europe, Australia, Canada and the USA. Her worst experience was during a visit to the USA in 2007 where the visa waiver form asked, ‘Are you a terrorist, criminal or mentally ill – yes or no?’ Unsurprisingly, Susie said “no”.

“I had enough anti-psychotic medication in my bag for the whole trip, and a letter from my psychiatrist”, says Susie, “If they had searched me I may well have got into trouble for lying, but they didn’t look in my bags.”

Commenting on countries that refuse a person entry based on a history of mental health issues, Susie says, “I

think that it’s really stupid. It lacks any intelligent decision making on the part of those countries. I’m shocked!”

Consultant Mary O’Hagan, who travels regularly to Europe, Canada and the USA, says the only time she has felt discriminated against by immigration authorities is when filling out the USA’s visa waiver form for entry.

“I’ve always said no [to the question about mental health issues]. I think it’s shocking that they ask this question. It’s terrible. This is where we [people with experience of mental illness] are last off the rank when it comes to human rights and a lot of countries think they can still get away with this. It’s blatant discrimination.”

But it’s not just the USA that discriminates. *Like Minds, Like Mine*

looked at the entry requirements of the seven most popular destinations for New Zealanders in 2008 to see whether they ask questions about experience of mental illness.¹

Although it seems unfair that people could be denied entry to another country simply because of their experience of mental illness, it is also hard to challenge. Visas are issued at the discretion of individual countries and the laws governing immigration are exempt from the Human Rights Act, which would normally protect someone from this kind of discrimination. A spokesperson at the Human Rights Commission says they are not able to intervene, “It’s an action by another government and we have no jurisdiction.”



“ I think they are just in the dark ages really. It sort of implies some kind of implicit criminality. ”

ANNE HELM, CONSUMER ADVOCATE, ON THE USA’S ENTRY FORM QUESTION ABOUT MENTAL HEALTH ISSUES. ANNE CHOSE NOT TO DISCLOSE.

“ I think it’s ridiculous that they ask about mental health issues on the visa entry form. If they think you will be a burden to health services then why don’t they ask about diabetes, or heart or lung problems? I think it’s a human rights issue. ”

ROBYN PRIEST, INDEPENDENT CONSULTANT, TRAVELS REGULARLY TO AUSTRALIA, CANADA AND THE USA. ROBYN CHOOSES NOT TO DISCLOSE.

1 New Zealand’s holiday and longer stay visa applications and entry forms do not include any questions about experience of mental illness, however there is a question about the potential need for residential care and the description for residential care includes people with ‘psychiatric disabilities’.



Australia

New Zealanders can holiday and/or live and work in Australia without needing to apply for a visa. See: <http://www.newzealand.embassy.gov.au/wltn/home.html>



China

All New Zealanders visiting China must apply for a visa. A question on the form asks: Do you suffer from the following diseases?

- Mental diseases

The form says that answering 'yes' does not reduce an individual's eligibility for a visa but then goes on to request detailed reasons for the answer. See: <http://www.chinaembassy.org.nz/eng/lsqz/>



Fiji

New Zealanders don't need a visa for stays of 14 days or less. However, if they stay for more than 14 days and do not have a return or onward air ticket, or hold a valid passport beyond their intended period of stay in Fiji, and sufficient funds for the duration of the stay, they may have to apply for a visa (in some cases extensions are granted). A question on the visa asks:

Have you or anyone included in this application been:

- Afflicted with contagious or infectious disease or mental disorder?

This question is grouped in the same section as questions about criminal activity and trafficking in narcotics. The consulate said that if an applicant has a serious medical or mental condition then the likelihood of them being issued with a visa is minimal or they may be refused a visa outright. See: <http://www.fiji.org.nz/consularandimmig/>



Samoa

New Zealanders don't need a visa for stays of 60 days or less. A form must be filled out for stays longer than 60 days but asks no questions about mental illness. Those wishing to stay longer than 12 months in Samoa must undergo a medical examination as part of their application. Questions include:

- Have you ever had anxiety, depression or nervous complaints requiring treatment/counselling?
- Are you taking any pills, medicine or having any other medical treatment?
- Do you have a medical condition that may require periodic hospitalisation?

One question asks the doctor whether the applicant's mental state is normal or abnormal and the doctor must state whether abnormal findings are present. See: <http://www.samoaimmigration.gov.ws/visitors/>



Thailand

New Zealanders don't need a visa for visits of less than 30 days. For stays longer than this a visa application form must be completed. This visa form makes no mention of mental illness. See: <http://www.thaiembassynz.org.nz>



United Kingdom

New Zealanders are granted an automatic visa on entry for visits of less than six months providing certain conditions are met. New Zealanders wishing to live and work in the UK must fill out an online visa application and send supporting documentation. There are no questions in the visa document or landing card about mental health issues. See: <http://ukinnewzealand.fco.gov.uk/>



USA

New Zealanders need a visa on entry for visits of up to 90 days. Prior to departure an online form must be completed. One question asks:

- Do you have a communicable disease; physical or mental disorder; or are you a drug abuser or addict?

According to a US consulate spokesman, if an applicant answers 'yes' they will be directed to contact the nearest US Embassy or Consulate to arrange a personal interview for a visa. If the Consular Officer has reason to believe that 'the nature of any physical or mental disorder disclosed may pose or has posed a threat to property, safety or welfare of the applicant or of others and the behaviour is likely to recur or lead to other harmful behaviour' they will, in turn, refer the applicant to a panel physician for medical assessment. Based on the outcome of that assessment, the Consular Officer will decide whether or not to issue a visa for travel to the USA. See: <https://esta.cbp.dhs.gov/esta>



➔ PROFILE: KERRI-JUNE CLAYTON

Kerri-June Clayton experienced difficulties when she visited Beijing last year, just months prior to the Olympic Games.

Kerri-June had some friends living and working in China so she planned a family holiday there in April 2008. Her travel agent advised her to apply for a visa about six weeks before departure. She was also advised to include a letter of support from her friends in China. In the visa application form there was a question about mental illness. Not wanting to talk to her travel agent about this, Kerri-June contacted her friends in China.

"I wondered - should I contact the embassy? What would be the process if I said 'yes'? I was concerned about saying 'no' as the medications I was travelling with were clearly for mental health issues," says Kerri-June.

Kerri-June's friends in China recommended she say, 'no' to the mental illness question. They said answering 'yes' could delay or even prevent her from entering China. They believed that the Chinese authorities would be especially strict about entry criteria with the Olympics approaching in August 2008.

"Personally, I felt like I should tick the box and say 'yes, I have a mental illness'"

says Kerri-June, "but because I was worried about disrupting the holiday for my whole family and causing trouble for my friends in China, I decided to say 'no' to the mental illness question. It didn't feel right, but it seemed like the best thing to do at the time."

Kerri-June was still worried about taking her medications to China and having to explain them at customs. She went to her doctor, who wrote a letter saying her medication was for treating hormonal imbalances. In the end, customs didn't open her bags and there was no problem getting through immigration.

The experience still left Kerri-June with a bitter feeling. "It was a reminder of that mark of difference," says Kerri-June, "Being asked that question is a bit of a reality check. I've quite successfully managed my life to not be discriminated against but here it was, someone in the world wanted to put me in that box because I'm a perceived threat."

by *Ruth Jackson*

i If you have a personal story you would like to share – about discrimination relating to travel, or getting travel and other types of insurance – please email: likeminds@mentalhealth.org.nz

➔ WHAT CAN SOMEONE WITH EXPERIENCE OF MENTAL ILLNESS DO?

1. It is strongly advised that you apply for and obtain necessary visas before leaving New Zealand.
2. Disclosing an experience of mental illness can compromise your chances of getting a visa, or at least make the process more difficult. If you decide to disclose, it might be useful to include a letter from your doctor stating that your condition is well-controlled and that you are fit to travel.
3. If you are travelling with medications, get a letter from your doctor stating that you are prescribed these medications.
4. If you are denied a visa there is not a lot that can be done about it as visas are issued at the discretion of the country concerned, however:
 - If you are still in New Zealand you could take this up with the embassy of the country you want to visit. A list of foreign embassies in New Zealand can be found by going to: <http://www.mfat.govt.nz/Embassies/2-Foreign-representatives-to-NZ/Diplomatic-and-Consular-List.php>
 - If you are refused a visa while overseas you need to contact the New Zealand embassy in the country you are in. A list of New Zealand embassies overseas can be found by going to: <http://www.mfat.govt.nz/Embassies/1-NZ-representatives-overseas/index.php>

National Provider Hui

THE ANNUAL *Like Minds, Like Mine* National Provider Hui was held at Waipuna Hotel, Auckland on 12 and 13 March.

The hui brought together over 100 *Like Minds* providers and supporters from across the country and looked at some of the challenges in countering discrimination associated with mental illness.

Facilitator Lina Samu says, "The theme of the hui was 'making the difference' and participants got some meaty, grassroots information to take back with them and use to make the difference in their communities.

"For me the hui was about shared inspiration and the networking opportunities – people were motivated to talk about the issues raised and what they would do with the ideas learned in the plenary sessions."

Like Minds national programme manager Darryl Bishop says the hui demonstrated the professionalism within the provider groups and the growing acceptance of consumers as leaders. "We had some fantastic speakers over the two days and the messages from their presentations were motivational – if you value someone and their contribution then

stay with them, be supportive, whether you are family, a friend, an employer or colleague."

Presentations and highlights from the hui included:

- Philleen Macdonald, Fundamental Plus Ltd (see page 6)
 - Reverend Imoa Setefano's personal journey
 - Dr Peter McGeorge, Chair, Mental Health Commission about the MHC's work
 - The Family, Whānau, Mental Illness and Discrimination Research Project (see page 7)
 - A preview of the Tagata Pasifika documentary (see page 11)
 - The performance of Johnny Matteson's song "Fighting Shadows"
 - The KXXD project (see this page)
- ...and many more.

Judi Clements, Chief Executive of the Mental Health Foundation (organisers of the event) says the providers and voices at the hui are out there in the community making a difference, delivering messages of hope, strength and recovery.

"This annual gathering is our opportunity to learn and share with each other, to build our capacity to

strengthen supportive environments. It's about doing things better," Judi says.

"Everyone's experience is unique. Many people on the recovery journey are able to live well – raising families, holding down jobs, and participating fully in society despite the obstacles they sometimes face."

Kai Xin Xing Dong

Kai Xin Xing Dong (KXXD) is part of the *Like Minds, Like Mine* programme and aims to counter stigma and discrimination around mental illness in the Chinese community. It is believed to be the only Chinese anti-discrimination programme in Western society.



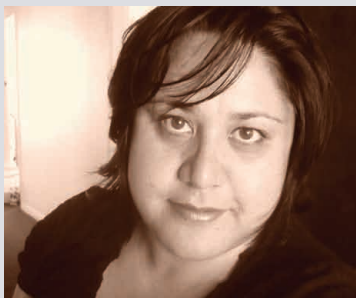
KXXD will be launching its first website in May 2009 and mental health promoter Ivan Yeo says everyone is very excited about the development. "The site will be bilingual, with content in both Mandarin and English because not everyone seeking information will be Chinese. The site is a fantastic opportunity to put Chinese attitudes about mental illness into context and provide useful information to family and friends."

By Cate Hennessy



Tuiloma Lina Samu, Dean Manley and Judi Clements (Mental Health Foundation), Darryl Bishop (Ministry of Health), Mataroa Mar (Mental Health Foundation) and Hon. Tariana Turia.

i For more information about the 2009 hui, the presenters and their presentations – including a radio interview with organisers on *Take It From Us* please go to www.likeminds.org.nz



Philleen Macdonald

It doesn't matter if you are a rock, a pebble or a grain of sand – all contributions can make the difference.

PHILLEEN MACDONALD, DIRECTOR, FUNDAMENTAL PLUS LTD

Philleen Macdonald was described by one hui attendee as a 'shiny beacon'.

Philleen describes herself as wearing, "numerous pōtae, many hats". She is a mother/wahine, Māori, a student, tangata whaiora, a mental health professional and a businesswoman.

She is also passionate about anti-discrimination and stigma within mental health and works tirelessly to challenge inappropriate language and behaviour.

"Discriminatory language has had a huge impact on my life at a personal and professional level, which is why the issue is important to me," she says.

In her presentation Philleen briefly touched on past language. "In New Zealand, historical legislation used terminology such as imbecile, idiot and retardation.

"The current legislation now reflects an increase in rights, information and consent. It is NOT perfect, but a shift has occurred. There are now consumer run and operated peer support services, advocacy services and consumer agencies that research, evaluate and advise governmental directorates, and tangata whaiora leaders and representatives speaking up for the rights of those experiencing mental illness."

Philleen has been part of that shift with work that has taken her on an interesting journey over the past 10 years. She's gone from being instrumental in setting up an extremely

successful mental health consumer governance group in Palmerston North - Pathways to Wellbeing Huarahi Whakaoranga Incorporated - to taking the brave step of setting up her own recovery based consultancy business in 2007 - Fundamental Plus Ltd.

In her workshops and national training initiatives for organisations and groups that have an interest in mental health, Philleen uses exercises and examples to raise awareness of the ingrained discrimination that still exists and that "in some cases has become normalised".

"Being a mental health professional to me, means nurture, responsibility, guidance and sacrifice. So, with respect to participants' own knowledge and experiences, I challenge people to become aware of their everyday language and how it can be disempowering for tangata whaiora. I want people to understand the work that still needs to be done," she says.

"It's not about changing the world; it's about reaching individuals and if I can change even one person's attitude, then I've done my job."

Philleen has developed many skills and talents over the past decade and her passion for championing the cause of discrimination at all levels has not wavered.

"Everybody's contribution is valuable and everybody brings something of value to the table. Every hat, each pōtae I wear, makes a difference, as do yours!"

By Cate Hennessy

The words of Dr Carol Strensrud

While preparing for her presentation, Philleen came across an article by Dr Carol Strensrud. Her bio was entertaining and captured Philleen's attention, as did the points below, taken from her talk on NZ Attitudes to Disability (Dec 2004). Philleen could see the links with the mental health sector:

- People with disabilities are the most marginalised and vulnerable members of society.
- Mainstream society is still quite willing to disassociate itself from people who are different.
- When we allow any kind of discrimination to happen, it has a long-term effect.
- If we can work through the bureaucracy we may be able to speak up.
- Ability is often overlooked and if people living with the experience of a disability do reach their potential it is viewed as the 'exception'.

i Fundamental Plus Ltd offers a number of services – such as strategic planning, policy development and governance advice – along with workshops and presentations. For more information contact Philleen Macdonald on email: fundamentalplus@vodafone.co.nz

Family, Whānau, Mental Illness and Discrimination Research Project

The Mental Health Foundation's (MHF) new research project for the *Like Minds, Like Mine* programme is now underway.

THE TWO-YEAR PROJECT is based on the outcomes from earlier research – *Fighting Shadows* (2008) and *Respect Costs Nothing* (2004) – and will be completed by July 2010.

Over the last eight months Alex Barnes and a research reference group have developed the purpose, aims and research process. The MHF's newly appointed Senior Researcher/Policy Analyst, Heather Barnett, is now leading the project.

Alex says, "With this project we're taking the next step towards creating a stigma and discrimination free society.

"We're exploring the experience of discrimination towards and within families, of people with experience of mental illness, and looking for effective strategies to overcome it."

Alex says that prior research, as well as their recent literature review, revealed that families/whānau play a crucial role in supporting the mental health and wellbeing of people with experience of mental illness.

"People who experience mental illness often rely on family and whānau as part of their support mechanisms, because those relationships are often the closest ones they have.

"However, family can also knowingly or unknowingly have discriminatory attitudes and behaviour, which in addition can trigger self-stigma through negative attitudes and behaviours."

At the same time, national and international family research suggests that family and whānau can be the subject of stigma and discrimination from mental health services and friends. This negatively impacts on their ability to be part of a supportive network, receive support themselves and aid the process of recovery.

"This means that while families are an important feature in our lives because they generally provide a base of support and love," says Alex, "their attitudes and behaviours whether they intend them or not, can add further strain on the recovery process of a loved one experiencing a period of mental un-wellness.

"Conversely, families can feel disempowered, unacknowledged and unsure about how to find appropriate coping strategies when dealing with mental illness. Added to this is a layer of confusion about how services work, what the family role is within treatment, and how to support the recovery of their family member within services and in the community."

The literature also indicates three over-lapping and mutually supporting strategies to help overcome discrimination within and towards family and whānau. These strategies are:

- establishing effective communication
- providing support and advocacy
- facilitating education and training



Heather Barnett, Senior Researcher/
Policy Analyst

regarding family related stigma and discrimination.

The next stages of the project include focus groups (May to June 2009) and a series of dialogue forums (September to November 2009). The latter will offer a unique space for people with experience of mental illness, and family and whānau to meet and discuss the themes that arise from the focus groups, while looking at ways of challenging stigma and discrimination.

by Cate Hennessy

i Please contact Dr Heather Barnett on ph: 04 801 0353 or email: heather@mentalhealth.org.nz for more details about the project and how to get involved.

IIMHL Stigma and Discrimination Group share ideas

ON 2 AND 3 MARCH, Darryl Bishop, Programme Leader, *Like Minds, Like Mine* hosted the IIMHL (International Initiative for Mental Health Leadership) Stigma and Discrimination Group. The attendees were:

Lori Idlout, Executive Director, Embrace Life Council, Canada

Karen Coutts, Manager Sector Development and Monitoring, Mental Health Commission, NZ

Michael Howlett, President and Chief Executive Officer, Mental Health Commission, Canada

Michael Pietrus, Director of Communications and Anti-Stigma, Mental Health Commission, Canada

Keith Mahar, Committee Member, Mental Illness Education, Australia

Suzanne Vestri, Director, "See Me", Scotland

Paolo del Vecchio, Associate Director for Consumer Affairs, Substance Abuse and Mental Health Services Administration, USA.

The seven representatives shared their experiences – discussing what worked and what didn't in their country – as each is at a very different stage in their stigma and anti-discrimination programmes.

"New Zealand is seen as a world leader," says Darryl, "as the *Like Minds* programme's been running for 11 years and is innovative in its consumer-led approach."

"However, other countries are utilising the internet a bit more than we are – whether it be media files or social network sites – and I think *Like Minds* needs to look at this opportunity."

The Group also discussed the future challenges they face, with key issues including: how programmes can harness the leadership of mental health consumers to generate regional grass-roots support (Scotland), and how the wider public can make a difference in people's lives and in their communities (New Zealand and USA).

Canada's new programme had unique perspectives on how they would meet the challenges other countries had faced. "Lori Idlout from the Nunavut nation was inspiring," says Darryl. "The challenges faced by her communities leave us all very humble and the beautiful embracing way in which she made us all feel connected to her people will stay with us for a long time."

Keith Mahar from Australia took the opportunity to announce the launch of a new initiative – a TV channel for people with experience of mental illness to share their stories (see page 10).

The Group also met with three *Like Minds* providers – the Mental Health Foundation, Vaka Tautua and Mind and Body – so they could see how the programme worked at the grassroots level.

IIMHL NZ Liaison, Janet Peters says, "This Group which focuses on reducing stigma and discrimination is a great example of how countries



can learn quickly from each other and better serve their populations." The IIMHL Stigma and Discrimination Group will meet again at the next IIMHL network meeting in Ireland in 2010.

Gift from the Nunavut nation

Like Minds, Like Mine were privileged to receive some very special gifts from Lori Idlout. The small soapstone sculptures represent an Inuksuk. An Inuksuk is a large stone monument that is used as a marker or guide by the Inuit people. Because of the ever changing or featureless nature of the Arctic environment, monuments provide vital landmarks. With the blessing of the Nunavut nation, the Inuksuk were given to the keynote speakers at the *Like Minds* National Provider Hui (see page 5).

By Cate Hennessy

Back: Sheldon Brown. Front, from left to right: Ruth Jackson, Aaron Woolley and Jaqueline Tauranga

Like Minds Radio Rules the Airwaves

AROUND THE COUNTRY, regional *Like Minds*, *Like Mine* providers are not just working at grassroots level to tackle stigma and discrimination, they are hitting the airwaves too. We've brought you the low-down on radio shows that you can tune into in your area. Most of these shows are also available on the internet as podcasts so you can listen at your convenience.

Auckland: *Take It From Us*, Planet FM 104.6, Tuesdays 12:30pm

The longest running show is *Take It From Us*, which has been running for 15 years. Initiated by Framework Trust, it has more recently been sponsored by the *Like Minds*, *Like Mine* programme.

Take It From Us show host, Sheldon Brown, says the focus of the show is on mental health awareness, "It's about encouraging, positive information to help consumers. We address the issue of discrimination and give helpful information to people with lived experience to help them in their journeys".

The programme has won numerous awards over the years, and most recently received the *Micie Award* from Planet FM for the second consecutive year.

"This award acknowledged the extra effort into selection of guests and building awareness for mental 'wealth', a phrase coined by one of the guests in a live broadcast recently", says Sheldon.

Notable guests include radio personality and newspaper columnist, Noelle McCarthy, as well as Dr Jo Deltito, a recognised spokesman on psychiatric issues in the United States who is also a media and legal commentator on high profile networks CNN and Court TV.

A podcast of the most recent show is available on <http://www.104.6planetfm.org.nz/program.php?languageid=14>

Archived podcasts are available on <http://www.likeminds.org.nz/page/44-Take-It-From-Us-Radio-Show>

Christchurch: *Quiet Minds*, Plains FM 96.9, Saturday 1pm, Wednesday 10:30am

The radio show *Quiet Minds* has been running for over five years to critical acclaim, as evidenced by an award from the New Zealand Radio Awards in 2006. The show was recognised for its outstanding contribution to radio in New Zealand.

"I really enjoy the fact that we're actually getting out there and building up knowledge in the community about what's available and what might be helpful", says Pam Barnett, one of the hosts of *Quiet Minds*.

The show's focus is not only on people with lived experience of mental illness but it also caters for people who want to grow their knowledge and educate themselves about mental illness. A wide variety of topics have been covered or are in the pipeline including: respite care options, managing stress, Women's Refuge and Overeaters Anonymous.

Podcasts are available on <http://plainsfm.org.nz/podcasts/programme/quiet-minds/>

Wellington: Like Minds Wellington, Wellington Access Radio, 783AM, Saturday 3pm

Running since January 2007, *Like Minds Wellington* radio show offers news, views and interviews with interesting people in the mental health sector. The past year has seen diverse topics such as:

- Self-stigma research
- Mental health awareness week events
- An election special interviewing mental health spokespeople from a range of political parties
- An on-air reading of an award-winning short story entitled 'Have you tried therapy?' by Mary Dennis.

Podcasts are available on http://www.accessradio.org.nz/like_mind_like_mine.html

Waikato: Community Radio Hamilton, 1206AM 106.7FM, Tuesdays 1pm

The latest show to go on air is a collaboration between Te Korowai Hauora O Hauraki and Progress to Health – two Waikato *Like Minds, Like Mine* providers. This newly hatched radio show was launched on 24 February in a ceremony broadcast live at Community Radio Hamilton.

Like Minds, Like Mine Programme Leader, Darryl Bishop, cut the ribbon to launch the show and Tainui MP Nanaia Mahuta, Hamilton East MP

David Bennett and the Leader of the Opposition Phil Goff were all in attendance.

Co-presenters Aaron Woolley (*Like Minds, Like Mine* Service Coordinator from Te Korowai Hauora O Hauraki) and Jacqueline Tauranga (Progress To Health) have been in training on the technical side of radio since November 2008 and say they have high hopes for the show with a wide variety of guests already booked.

Podcasts are available on http://www.communityradio.co.nz/results_special.asp

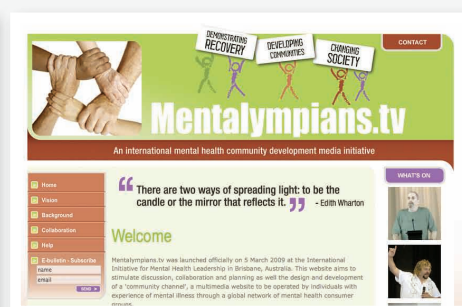
By Ruth Jackson

Mentalympians.tv – internet community channel

SEVEN YEARS AGO, Keith Mahar moved from the top of the world (Canada) to the bottom (Australia) in an attempt at anonymity after his prior high profile social campaign ended in major psychosis.

His desire to hide his mental illness did not last long, as he soon became a mental health advocate, sharing his personal experience of bipolar disorder with classrooms of Canberra high school students as a volunteer educator for Mental Illness Education ACT. Keith subsequently returned to university and became a professional social worker in December 2007.

Keith's recent research led to the creation of an ambitious community development project aimed at connecting people with mental illness. Called *Mentalympians.tv*, it is a website created to progress the development of a multi-media community channel, one with programming produced by people with lived experience of mental illness.



The ultimate goal of the website is to operate on multiple levels (international, country, local) and establish a 21st century peer support initiative that effectively uses technology to: raise awareness of recovery, reduce self-stigma and connect individuals to local support groups and services, while also fostering the exchange of ideas and information between groups and individuals to create favourable conditions for societal change.

Mentalympians.tv has been described by the Mental Health Council of Australia as a "world first" and a "creative approach to promoting awareness of recovery."

Keith says, "The present focus is to raise awareness of this community development project and build a critical mass of interested people to progress it in a timely manner." He adds, "Anyone interested in *Mentalympians.tv* in any capacity is encouraged to subscribe to the E-bulletin on the website."

i To find out more go to www.mentalympians.tv
To find out more about Keith's extraordinary journey go to <http://www.mentalympians.tv/cms/index.php?page=background>



Karlo Mila-Schaaf

a Pacific story of recovery from mental illness

Karlo Mila-Schaaf was one of six Pacific people who recently shared their stories about their experiences of mental illness as part of a special two-part documentary broadcast on Tagata Pasifika in mid-March.

THE TAGATA PASIFIKA documentary tracks Karlo's experiences of mental unwellness and recovery. While space does not allow for us to share Karlo's complete story – her marriage, two children and many other highlights along the way – we share some of her experiences.

Karlo Mila-Schaaf has published two books of poetry and is the only Pacific woman, in fact the only Pacific person, to win the NZSA Jessie Mackay Best First Book Award for Poetry (2006) at the Montana Awards. She is working on a new book of poems (funded by the NZ Mental Health Media Grants) that will explore her experience of mental illness.

"I already know what the opening quote for the book is," she says. "It's 'To conquer a beast you must first make it beautiful.'"

Karlo says the poetry book is her opportunity to make it beautiful and "let it be something where people can see the horror of the experience, but also that I am able to make it beautiful. And I think that's something that I really truly believe about Pacific people, especially Tongans... that beauty is healing."

Karlo's first brush with mental illness occurred in the sixth form when she

had her heart broken by a boy who wrote poetry for her. He left her with a passion for poetry, and depression. Her doctor prescribed anti-depressants.

Then, in her final year of study for her bachelor's degree, Karlo became so stressed over her exams and plans for her 21st birthday she couldn't even write. She graduated with an aggregate and was later honoured as a Massey Scholar (top 5 percent of graduates).

When she was well, Karlo went to Tonga to teach. She loved living in Tonga, however mounting stress over quite a long period of time led to a serious episode.

Part of this stress was associated with the difficulty of reconciling Tongan values and ideals, with those she'd grown up with and been influenced by in New Zealand.

Being a young New Zealand-born female, "There were just so many ways that I was just not really acceptable. It was very, very difficult and I got very, very sick."

Karlo describes one of her experiences. "It must have been daylight and I'd had absolutely no sleep. It would have been five in the morning and I looked out the window and I saw my grandmother kneeling on a big tapa cloth kind of

greeting the sun. I thought, 'that's really strange' and I ran outside and there was no one there. And I thought, 'What's happening to me?'"

Karlo returned home and, although frightened, voluntarily went into hospital hoping that medicine might stop her experiences.

"It's really hard for me to know what the medicine did and what it didn't. I had a lot of voices in my head and most of them were people that I knew," she says.

"A lot of the voices were referring to real things which had happened, often saying really horrible things. They were voices of people that I knew and they tended to focus upon unresolved issues or things that I had some anxiety about. I decided that the best thing to do was confront some of the people whose voices were saying things to me. For example, my best friend's mother was in my head and I approached my best friend and asked her to check with her mum about whether everything was ok. When she did this, and told me that her mother wanted only the best for me, her mother's voice disappeared. I managed to do this "checking out" with a number of the voices and they subsequently left me."

Karlo's doctor put her on an invalid's

→ KARLO MILA-SCHAAF A PACIFIC STORY OF RECOVERY FROM MENTAL ILLNESS

>> *continued from page 11 ...*

benefit. But she decided that being on a benefit would not be her fate. She took on a cleaning job over summer. She then worked part time at the local Onehunga library, shelving and issuing books. After a while she started taking a few university papers. She gradually built her confidence up again, studying and working part-time. In the final year of her Masters degree she was taking so many papers that she was no longer allowed to be on an invalid's benefit and was transferred to a student allowance. This felt like a small victory for Karlo.

While studying, she took a creative writing paper with Albert Wendt at the University of Auckland and got her first taste of sharing creative writing with other people. Before that, her writing had always been a highly personal and solitary kind of activity. Poetry has been an important vehicle for expressing herself but also connecting with others.

Karlo has gone on to work as a union organiser, as the Manager of Pacific Health Research at the Health Research

Council of New Zealand and is in the final stages of her PhD. She is also a self-employed consultant in the area of research and policy. Karlo maintains a creative career in poetry, performing regularly at national and international literary festivals and schools. She is married to Dr David Schaaf. They have two small children and live in Palmerston North. She has been medication free for nine years.

Karlo says that, "At one point, I don't think I believed that I would ever live a whole, fully functional and successful life again. I came close to giving up. But I'm so glad that I didn't give up. Recovery doesn't happen overnight, but it does happen."

Karlo's new book will touch on her experiences and recovery in both poetry and prose. Karlo is adamant that, "the most important thing is to believe in recovery and to never resign yourself, or confine yourself, to the limits of a diagnosis. Human life is much more complex, dynamic, shimmering and multi-layered than anything that can be

found in the DSM²".

Karlo will be giving the keynote presentation at the Inaugural National Pacific Recovery Conference on the 7-8th of May, at Waipuna Conference Centre in Auckland. (For more information please email: Debbie.crichton@waitematadhb.govt.nz or Ellyna.fidow@waitematadhb.govt.nz)

i The other Pacific stories of recovery were shared by Vito Nonumalo, Seulata Mauu, Andrew Puhia tau, Maria Peteru, Rev. Fei Taule'ale'ausamai – all of whom gave their time and their stories because they want to change the way mental illness is viewed in their communities. To view go to: http://tvnzondemand.co.nz/content/tagata_pasifika_2006andClassic/ondemand_video_skin

2 Diagnostic and Statistical Manual of Mental Disorders

REMINDER: Applications for the 2009 NZ Mental Health Media Grants close on 29 May. See: www.mediagrants.org.nz

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