



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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Labels part two

In the second part of our Labels article* *Like Minds, Like Mine* shares the results and feedback from the online Labels survey and finds out what ideas people have for combating the stigma and discrimination associated with labelling people's experience of mental illness.

There is a lot of debate around labelling people's experience of mental illness. Is it harmful or helpful? Are there particular labels that people find more stigmatising than others? What terms do people

prefer to use to describe their mental illness? What can society do?

These were some of the questions that *Like Minds, Like Mine* asked in the online survey "Looking at Labels" (see disclaimer on page 4).

The survey was open to respondents own interpretation of what was meant by 'labels' - so some people talked about diagnostic labels and others

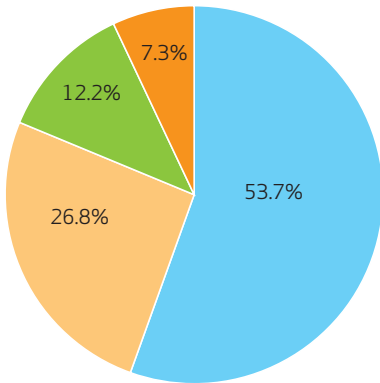
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“ People should be described in human terms and maybe then others will remember that they are people. ”

SURVEY
RESPONDENT

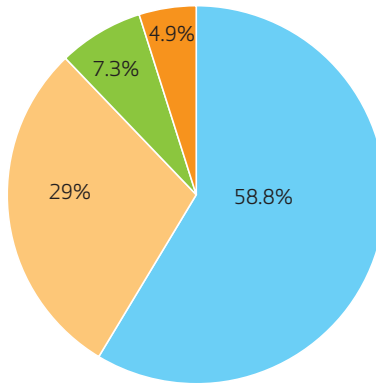
* See part one of the Labels article in *Like Minds* Issue 35 (December 2008).

Has labelling mental illness helped with your recovery in any way?



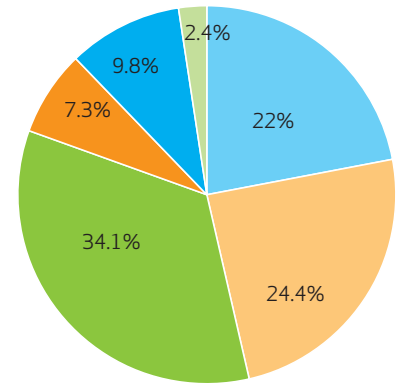
- Yes
- No
- Don't know
- Have not experienced mental illness

Has labelling mental illness hindered or been harmful to your recovery in any way?



- Yes
- No
- Don't know
- Have not experienced mental illness

Do you think that diagnostic labels like schizophrenia, bipolar or borderline personality disorder are stigmatising?



- Extremely
- Very
- Fairly
- Not very
- Not at all
- Don't know

talked about additional words people use to describe a person's experience of mental illness. Results from the survey indicate that there is a spectrum of opinion and experience around this issue.

In terms of our survey respondents, 25% were male, and 75% were female. Half of the respondents worked in mental health services, the other half did not. Over 90% had personal experience of mental illness. Respondents were mostly (72%) between the ages of 25 and 54 years old, and over half (62%) lived in Auckland, Wellington or Christchurch, although we had respondents from places like Invercargill, Gisborne and the USA too.

Are labels helpful or harmful to recovery?

We asked people whether labelling mental illness had been helpful or harmful to their recovery (see pie charts above).

What the survey revealed was that 53% of people said labelling their mental illness had helped with their recovery in some way and 58% said that it had been harmful to their

recovery in some way. The figures indicated that there was an overlap for some respondents, who found labelling both helpful and harmful.

We delved a bit deeper to find out just what people's thoughts and experiences were.

Helpful

"When I was first diagnosed, having the label made sense of what was going on for me... finally I had a term, and a reason, to explain what was happening in my head."

SURVEY RESPONDENT

- "It gave me words to describe how I was feeling. It also gave me somewhere to belong in that there were other people like me and support groups I could contact."
- "Describing it as a disease in the brain or something that is broken inside the brain, has enabled me to liken it to having a cast on a broken leg. The defining difference is that you can see the cast on the leg but not the cast around the head -

however both injuries require time to recover."

- "...through this labelling I have been able to seek advice, research and get better treatment for my diagnosis and it has also helped me to explain my illness to family and friends."
- "I can research and read other people's experience of it too. This is very helpful to me - to develop a lot of understanding about the condition and to find out how others cope in a similar situation. For me, knowledge is power."

Harmful

"Labelling tends to focus on negative aspects of mental health issues, rather than balancing it with the strength, resilience, insight, self-understanding and hope for a greater sense of well-being, which are also vital components in balancing mental health."

SURVEY RESPONDENT

- "It becomes a role or set of expectations about how you expect (and are expected) to behave."

- “It has distanced people from seeing the person that I am, rather than just the illness that I suffer.”
- “Your own personal recovery can be hindered by the treatment from others, who see you as a ‘risk’ or ‘unstable’, and that you will never be the same again.”
- “Sometimes in the very low times, having the label drags me down as I think that I’ll never be well again as I have this mental illness.”
- “It changed the way I saw myself – into a sick person, a mental patient – which made it hard to believe that I had self-worth, or that I could recover.

It changed the way my family saw me – into someone who would possibly be acutely unwell, needing specialist care and would quite likely die by suicide. It changed the way I was treated by people in the community. Health professionals have at times been dismissive and disrespectful once they learned of my labels, refusing to take health concerns seriously and insinuating that things were self-inflicted or in my head.

For me, damage has been done not only by the diagnoses themselves, but also by other language used to describe me or my condition, like ‘severe’, ‘urgent’, ‘chronic’, ‘long-term’, ‘major’... these words do not inspire hope or optimism.”

Stigma associated with diagnostic labels

One of the questions we asked people related to the use of diagnostic labels to describe an individual’s experience of mental illness. We asked people to rate on a six-point scale whether they thought that labels like schizophrenia, bipolar or borderline personality disorder are stigmatising. More than 80% of respondents said they found those labels fairly, very or extremely stigmatising (see pie chart page 2).



What labels do people find the most stigmatising?

“I think it is the way the media portrays mental health issues and the lack of information/ education that increases stigma. The label is really just a word whereas the attitudes and stereotypes within society can increase stigma.”

SURVEY RESPONDENT

A lot of people said that they found all labels stigmatising, but others had particular labels they found more stigmatising than others – such as:

Schizophrenia, borderline personality disorder, psychosis, psychopathology, non-compliant, sick, nuts, psychophrenia, attention-seeking, post-traumatic stress disorder, depression and anxiety.

One person said they only found labels used in a derogatory or harmful way stigmatising – like nuts, whacko, crazy, mad. For them it was all about the context – diagnostic labels on their own “do not seem harmful to me.”

Another said they did not like people referring to their ‘unwellness’ – “It’s confusing because they tell me I’m living well within my unwellness – what a lot of gobbley gook!”

What came through clearly was that stigma could be associated with many diagnostic labels and other words used to describe the experience of mental illness – depending on the intent of the user.

What labels or terms do people to prefer?

“In my work I teach people to use ordinary language and if the language you use to describe someone would feel unpleasant being used to describe you – don’t use it! Use the language that the person whose experience it is uses.”

SURVEY RESPONDENT

Terms that people preferred to use ranged widely. Some people said that they hated all the politically correct language that exists around mental illness and preferred terms like ‘crazy’, ‘mad’ and ‘nutter’.

Others agreed, saying that ‘someone living with experience of mental illness’ was a little difficult to use in everyday conversation.

One person reminded us that mostly a person’s mental illness was no-one else’s business and that everybody lives with some kind of mental ‘quirk’ even if they haven’t been labelled.

Another suggested that we acknowledge people as having mental health vulnerabilities and sensitivities, yet also having valuable insights and creativity, which contributes to the richness of society.

Some of the alternative terms people suggested were:

Having personally challenging experiences, going through a rough patch, having a moment, self-esteem breakdown, residue from the past, challenges, struggles and survivor.

One person asked why we had to have a label at all – “Why can’t it just be me? My personality. My character. This is part of who I am.”

What is the way forward?

"I think that the medical terms serve a purpose for clinicians and are useful for the medical intervention stage of recovery. However, when a person begins their social and emotional recovery, these labels become too narrow."

SURVEY RESPONDENT

We had a huge number of responses to our final question: What do you think society could do to reduce the stigma associated with labelling mental illnesses?

A few people suggested that we should not be so hung up on diagnoses. They asked why society should have to reduce the stigma created by clinical language and suggested that moving away from the purely clinical or medical terms for 'madness' would stop them from being subjective, derogatory and offensive.

However, one person said, "It's not the label – it's the stigma of difference. Until we live in a society that is secure enough to allow difference, in physical health, mental health, race, sexuality, then stigma will be there. Getting rid of the label isn't going to get rid of the 'difference'."

What came through loud and clear from many of our respondents was that more education and information at all levels of the community would help demystify the labels – and would "stop making it [mental illness] scary and weird."

They felt that society would benefit from talking more openly about mental illness and having more information on the experiences people have, how it can affect them and what support family and friends can offer.

Many also thought it would be valuable having more examples about what it's actually like to live with a mental illness – "the good and the bad, so people understand we're just human beings like them. We have up times and down times, but we manage [our experience] like someone might manage arthritis or migraines or whatever."

This recommendation of encouraging people to see their own experience and the experience of others as a normal part of being human was mentioned in several of the responses and can be encapsulated in this final comment:

"People should be described in human terms and maybe then others will remember that they are people."

Get involved

We'd like to open the discussion up a little wider, so please go to the *Like Minds* Facebook page (see url details on page 12) to be part of the conversation and debate.

You'll find an opinion piece by Associate Professor John Read from the University of Auckland's Psychology Department called 'The need for an evidence-based approach to reducing stigma'. John would welcome any thoughts on the research he is presenting.

We've also included a case study about the schizophrenia label, which you may find interesting.

To get you started, Thane Zander's Facebook response (21 May 2009) to the 'Looking at Labels' survey was, "It's a very hard issue to dodge, having a label. Even harder for the person with [experience of] a mental illness... I have proudly stood up and said I have bipolar and schizophrenia... I let everyone know that is the case. Taking ownership of that label is the sole responsibility of any sufferer, what others think has no bearing. If you own the illness, then the adverse comments of others mean nothing to you and when they see it doesn't affect you, they too begin to understand. Change begins with the individual."

Disclaimer: The *Like Minds, Like Mine* "Looking at Labels" survey in no way replicates or replaces more rigorous research into this issue and the responses cannot be considered statistically significant. The survey was an opportunity to find out what people's opinions are about labels associated with mental illness and to share those with *Like Minds* newsletter readers – a snapshot of thoughts and experiences.

By Cate Hennessy



→ KAI XIN XING DONG WEBSITE LAUNCHED



The Kai Xin Xing Dong (KXXD) project (part of *Like Minds, Like Mine*) has launched its innovative website that aims to reduce stigma and discrimination related to mental illness in New Zealand's Chinese community.

The bilingual website seeks to bring hope to those who

experience mental illness, through caring attitudes and by providing resources for the general public, family and friends as well as mental health professionals such as GPs. The site is in Mandarin and English, with the English content providing insight and context into Chinese beliefs on mental illness.

The website will also act as a platform for two future KXXD projects; the publication of its first literature review titled *New Zealand Chinese Attitudes to Mental Illness* (which will be translated into Mandarin and uploaded to the website's resource finder); and a newspaper campaign to counter stigma and discrimination in Chinese communities, in conjunction with newspaper partner *The Chinese Herald*. Go to: www.kaixinxingdong.org.nz for more information.

RISE Grant recipients announced

The RISE Grants for youth projects that promote youth mental health and wellbeing, have announced their first eight recipients for 2009:

Love Your Body Carnival (Auckland); DIVINQ (Auckland); WELBO (Wellington); The Call for Awareness (Wellington); Blue Out Project (Wanaka); Radio Jam (Hamilton); Striding Forward (Hamilton); Music For The Eyes (Palmerston North).

Projects include an exhibition of artwork portraying a journey, which aims to promote hope and raise awareness of recovery and another art project where murals will depict the issues of family and friends battling with, associated with or living with mental unwellness. The aim is to create youth awareness of wellbeing and mental health.

A second round of grants (\$1000 for individuals, or up to \$5000 for groups) will open later this year. Applicants must be 20 years old or under. Go to www.rise.org.nz for more information.

RETHiNK Grant recipients for 2009

Like Minds, Like Mine providers, Mind and Body Consultants, have announced four 2009 RETHiNK Grant recipients. They are:

- Comedian and 2009 Billy T award winner, Chris Brain, who shares his comic journey through gambling, drinking, drugs, depression and even going to the gym in order to be normal – soon realising that there is no such thing as normal. Go to www.comedyfestival.co.nz/auckland/show/a-better-place
- Toi Ora Live Art Trust, who will be developing a second collection of poetry, prose, short stories and artwork from Toi Ora's writing and visual arts classes called *Ponderings 2*.
- Consumer support centre, Te Ata, are launching the *Breaking Barriers* calendar and greeting cards, which will showcase Te Ata members' art work reflecting the value of their experiences and the learning that mental distress can provide.
- ARTiculate are hosting an exhibition of artwork from their studio arts therapy programme for young people. The exhibition is available to friends, family and the wider community.

Go to www.outoftheirminds.co.nz for more information.

it's about FAIRNESS

Kiwis pride themselves on a sense of fair play. Yet a recent *Like Minds* online survey on discrimination showed that 80% of respondents had faced some form of discrimination as a result of disclosing their experience of a mental illness. This is a worrying reflection of the level of unfair treatment still faced by people with experience of a mental illness today. *Like Minds* will be shining a light on this treatment by highlighting people's stories of discrimination in its "It's About Fairness" series. Our first topic in the series focuses on personal discrimination.

PERSONAL STORIES

Aaron Woolley, Ngaiterangi

Aaron Woolley was diagnosed with depression and anxiety as a teenager, which was quickly discovered by schoolmates in his small town.

"I lost contact with school friends; we grew apart because they didn't want to know me anymore. They thought mental illness was contagious," he recalls.

As a result, Aaron was also physically bullied and even after he had grown up and left school, the discrimination continued: "When I had recovered, I had my personal journey in the local newspaper. So, people knew I had a mental illness and they would say to me 'oh you are that mad person' stuff like that," he says.

Aaron says that discrimination is still a problem these days and believes this stems from a lack of understanding about mental illness: "It's not until it actually happens to that person or someone close to them that their perception changes," he says.

Cate Dickinson

Cate (aka Cate Light) has experienced mental illness for most of her life, having being diagnosed with depression, anxiety and anorexia. But for Cate, it's not just the illnesses themselves, but also her experience of unfair treatment that has had a profound effect – particularly in regard to the stigma she feels when it comes to her ability to be a parent. "I have a child and I have had to battle just to get

access to him. My illness has been used as a weapon against me," she explains.

She believes in speaking out about mental illness in order to counteract this unfairness but admits it can be hard at times. "I'd rather someone got to know me as a person rather than as someone with a mental illness," she says.

Cate remains hopeful that attitudes towards people with a mental illness will continue to improve. "People speaking out will make attitudes change. I really believe that," she says.

Kerri-June Clayton

For Kerri-June, a dream trip to China last year was soured by her experience of unfair treatment. In the visa application form there was a question about whether she had a mental illness. The form said that answering 'yes' would not reduce an individual's eligibility for a visa but then went on to request detailed reasons for the answer. Kerri-June contacted some friends in China, who she was going to visit. They recommended she say, 'no' to the mental illness question. They said answering 'yes' could delay or even prevent her from entering China.

"Personally, I felt like I should tick the box and say 'yes, I have a mental illness'" says Kerri-June, but because she was worried about disrupting the holiday for friends and family, she decided to say 'no'. "It didn't feel right, but it seemed like the best thing to do at the time," she says.

The decision left Kerri-June with a bitter feeling: "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."

Philleen Macdonald, Ngati Rereahu (Tainui), Tuhoë (Wairoa/Waikaremoana)

Philleen has run a gauntlet of unfair treatment since her first diagnosis of having a mental illness in 1997. "I have been declined accommodation opportunities; I am the one that felt uncomfortable because I had to disclose my mental illness when I applied for a bank loan and I have lived with the stigma of people avoiding me because I have become unwell in public settings," she says.

While Philleen has had many successes in life and now runs her own recovery-based consultancy business, the discrimination has continued. "I have a fear that I will never own my own home or qualify for life insurance. My choices are taken away from me," she continues.

Yet this unfair treatment is something that could be easily rectified by those concerned: "Rather than take away an individual's right to participate, find mechanisms to support them to be involved, it's simple really," she says.

By Carrie Briffett

i For full-length versions of these stories, as well as further information on the campaign and our video clip on Reverend Imoa Setefano, visit www.likeminds.org.nz

Profile: Reverend Imoa Setefano

Reverend Imoa Setefano is junior pastor at the Congregational Christian Church of Samoa in Papatoetoe, Auckland.

He was first diagnosed with a mental illness in 1994, after an episode during a speech he was giving at his school in Hamilton.

"This particular day that I went manic," he says, "I had forgotten I was in front of the whole school and I was ranting and raving about topics that weren't even relevant to what was going on.

"There was this huge buzz, like you're on a trip and you don't want to get off it, so you lose your judgement, but you also don't care."

Imoa was diagnosed with bipolar disorder. Since then, he has had many episodes and one almost prevented him from completing his theological studies.

He says, "That was hard, because I've been in the church my whole life and service, devotion and faith have always been a part of my life.

"We'd gone to Samoa to study when this other episode occurred. At the time I thought it was really unfair, because we had been given the all clear from the psychiatrists that I was well enough to attend the college.

"The local community gave me the label 'vale', which is associated with images of being an outcast and when students found out about my experience they distanced themselves from me and spread rumours about me. They took advantage of my co-operative spells by taking things from me when I was hypermanic and then not returning them.

"I thought being in the 21st century and being a theological college... there should have been more awareness and dialogue around how to perceive



Rev Imoa Setefano with his wife Amelia.

my illness and how to integrate that knowledge as part of the ministry."

Imoa's wife Amelia said that the discrimination extended to the rest of the family too.

"When Imoa had left to recover back in New Zealand, and we were still at the college, people looked at us differently. We were outcasts and people thought that we didn't have the spirit of God with us. They put us to one side, because they didn't really understand. We felt really lonely."

However, she says they did have some good friends in Samoa that supported her, and when Imoa came back, his academic achievements (prior and after his experience) took some of the discrimination away.

Imoa believes that it is important to be open about an experience of mental illness.

"Although in the past I have not disclosed this experience in job interviews," he says, "Now I would recommend that we do and recognise this is a unique part of our lives. I don't see it as being a negative time, but a gift that helps me help others."

Both Imoa and Amelia say that once it is out in the open, it can change people's opinion about those with experience of mental illness. "They are like, 'what?' and

then they get to know Imoa and they are like, 'wow!'" Amelia says.

They say that discrimination in the wider population still exists because people lack information and education and are governed by stereotypes so their thinking is affected by their prejudices.

What helps is the positive media coverage as well as the support from celebrities and ordinary people, the websites and social networking that is collectively and gradually decreasing discrimination.

"Stories that are shared through the media and the internet give people increased access to information, which leads to increased education, increased awareness and eventually mutual respect," they say.

"But we still have a long way to go," says Imoa. He says that in Samoan culture, religious leaders have a lot of power, "so if we can inform and educate church leaders, then we can instil that understanding in the rest of the community and pass it down to other generations."

For those who want to support someone experiencing mental illness, Imoa advises having people around you who will listen, share and support you.

"My family have been the rock of my recovery. They remind me that, 'hey, you are still loved' 'You are still part of our family' 'Your problem is our problem' 'Your mental illness is our mental illness,'" he says.

"So, just be there through all the ups and downs. Don't take things personally - look past the things that have occurred and know that recovery is always possible. Just stay with them."

By Cate Hennessy

Profile: Matt Lenart

Matt grew up in Wellington and now lives in Otaki with his partner of 15 years.

He's had many life experiences having worked in fields as diverse as fashion design, hospitality, horticulture, visual arts and performance.

For three years Matt worked as a support worker in mental health, as well as supporting people with disabilities such as autism and Asperger's.

Matt is currently working as a peer support worker while he completes a national certificate in mental health.

"I believe it's really important to see someone as an individual rather than a diagnosis," says Matt. "Diagnoses and labels can limit how a person is viewed. Lots of potential is lost when people are disempowered by labels".

Matt had his first experience of mental illness in 1998 when he was 28 years old. He was hospitalised and diagnosed with schizoaffective psychotic disorder. A year later he experienced another episode and was diagnosed with depression.

From the moment of his diagnosis, Matt began to notice discrimination from those around him. Some friends and family made fun of him, treated him as

if he was suddenly less intelligent, and scrutinised his personality. He became more sensitive to the discrimination in people's humour and off hand comments about 'loonies' – seeing how they could undermine people.

Matt believes in being open about mental illness, but disclosing only if the situation is right. He believes he missed out on some work opportunities because of his mental illness.

He says, "I feel comfortable disclosing with people I trust, like some of my friends and family. And over time, I've developed a stronger sense of self and I'm more confident talking about it with other people than I used to be."

"The reasons for discrimination are based around fear and misunderstandings of mental illness. People are unaware of the realities of mental illness", says Matt.

"The media has a big part to play in feeding society's views. Some organisations who discriminate are old fashioned and haven't moved with the times."

When asked whether he thinks discrimination will continue to decrease in the future, Matt says, "Like anything, it takes time."

"I think that discrimination is decreasing to a level where people are more open and are interested in mental health issues, but a lot of people are still holding on to old values. You still have people who don't understand and don't want to understand."

"If people are educated and become more aware of mental illness, then discrimination will decrease, but if that education stops then it will get worse. We need to keep getting the information out there, letting people know about it, and fighting the good fight."

Matt says that being accepted and respected for who he is, helped in his own recovery and in turn helped him to accept himself. The understanding, love and kindness from friends and family has been a huge part of his recovery, as is learning to understand his illness.

"Finding my strengths, feeling my strengths and using them in a positive way. That's what's helped me."

When supporting someone experiencing mental illness Matt believes it really depends on the situation.

"You need to treat a person with respect – treat them as a person, not an illness," he says. "Be aware that some behaviour is the illness and not the individual. It's important to be kind, patient and not to judge. Rather than telling people what to do it's better to offer options and allow people to choose, learn for themselves and find their own answers. Don't disempower people, but treat them as a unique intelligent person and be there as a friend as you would for anyone else you care about."

By Ruth Jackson



Matt Lenart with his partner Ann.

Profile: Joyce Leeward

Joyce Leeward lives in Auckland and works part time for The Werry Centre as a National Youth Consumer Advisor and is also on the *Like Minds, Like Mine* Youth Advisory Group. She was first diagnosed with depression in 2005 when she was still at high school.

After her diagnosis, Joyce experienced discrimination for the first time.

"There were two school guidance counsellors who were quite judgemental of me because they knew of my experience.

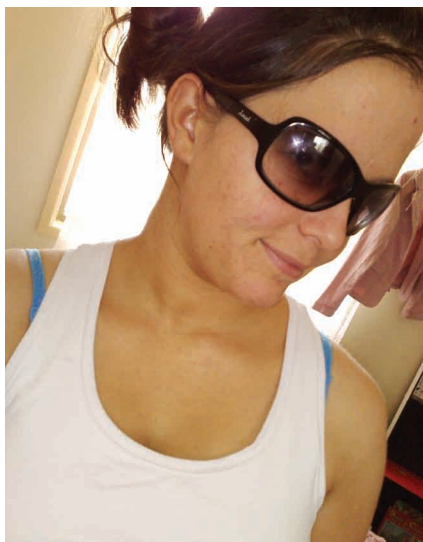
"My ex-best friend had spread rumours about me including one that said I was crazy. Although I wasn't attending school at the time, my sister wasn't happy and the situation was getting out of control, so the school guidance counsellors said we must all come together for mediation."

Joyce said that she wasn't comfortable being in the meeting and decided to walk out and wait for her sister at the school gates.

"One of the school guidance counsellors, who believed the rumours, phoned the police to bring me back into the meeting and also phoned my case worker and my mother to say that I was 'sick and crazy,'" she says.

Another school guidance counsellor had already been unsupportive and rude to Joyce when she was attending school. "To me the last person to discriminate against a student would be the school guidance counsellors, but in my case they were the first and because of that I felt unwanted at school and left."

Yet, Joyce says there was a third school guidance counsellor who understood when she was feeling down and couldn't attend class, and would let her do her work in one of the school offices.



Joyce believes that disclosure is up to the individual and people should respect their decision.

"In my opinion, it is a plus to disclose in job interviews, because if you get the job and become sick then they will know why. The downside is they might also judge you and not give you the job – believing the stigma of 'we don't want a crazy person working for us!'"

In Joyce's case, her employer knows, her family knows and her close friends know, but – "if someone wants to judge someone after learning that they have an experience of mental illness, then that's their loss".

"My friends remind me that I am a great person with respect for others, because – they say – my experiences have made me the person I am today."

She says that discrimination exists because of the stigma associated with the word 'mental illness' and people's lack of understanding about it.

"Campaigns such as *Like Minds, Like Mine* help to reduce the stigma by educating New Zealanders and increasing their understanding, compassion and acceptance around mental illness.

"Everyone experiences a low mood at least once in their lifetime, whether it is for a few minutes or a full on experience of depression – so, with the right approach, discrimination should decrease."

Recovery for Joyce meant moving away from the environment that was contributing to her depression. "I moved in with another supportive family member who helped me on my journey," she says.

"I started looking after myself by getting eight hours sleep and staying away from fatty and fried foods. I'd get out there and exercise and have fun with family and friends doing activities like laser tag and going to the driving range and the beach."

Joyce says that having a job with supportive work colleagues has also helped.

Her advice to others who may know someone experiencing mental illness is simply to listen. "It may not seem a lot, but it can mean a lot.

"Also, never give up on them, and in tough situations please help them to get help – they may actually thank-you later on in life. Encourage them to get a good night's rest, eat healthy food, to exercise and get out of the house, as all these little things can make a big difference."

Joyce says that it is important not to forget to look after yourself too, "Make sure you have someone you can talk to as well, so you don't end up having a breakdown yourself"

By Cate Hennessy

Profile: Colin Slade

Colin Slade works as an independent consultant in the mental health sector with a background of nearly ten years as a consumer advisor and as peer advocacy manager. Before working in mental health he spent 22 years in business making designer furniture. He is the father of two grown daughters and enjoys socialising, dancing and sailing.

Colin was diagnosed with depression in 1998 in a culmination of a whole sequence of events including a decline in physical health due to an overactive thyroid, a relationship breakdown and a suicide attempt.

“My diagnosis made sense of a lot of things,” says Colin. “I’d had several periods of depression in my past but had never identified them as such.”

Colin was also able to join the dots to reflect on a family history of depression and mental health issues faced by a close family member, who spent some time in an inpatient unit in the mid 1990s for social phobia and depression.

“At the time when my family member was receiving treatment, I guess I felt a kind of stigma around that issue,” says Colin. “I didn’t want to admit it was mental illness. I thought that they just needed to pull themselves together. My own experience of mental illness changed my perspective on that.”

Colin found his own experience of being diagnosed with a mental illness quite shaming. “I had views on ‘the mentally ill’ and then I found myself there.” Following his suicide attempt Colin spent time in intensive care in a medical ward. “My face was all black from the charcoal that they’d made me drink to counteract the overdose. Everyone walking by could tell that I’d tried to overdose. The nurses and the registrar were very cold with me.

There was no warmth or empathy. They were really brusque. I got the sense that they were only there for people who wanted to live.”

Otherwise, Colin considers himself as quite lucky to have not experienced too much discrimination associated with his mental illness. “I suppose it’s the little things,” he says. “If I’m talking to someone at a party and I mention my experience of mental illness, they’ll either change the subject or the conversation just drifts to an end. I feel that some people look at me differently if I bring the subject up. I kind of censor the information that I give to people. For example, when I met my daughter’s future in-laws, they asked why I changed my career from a furniture maker to working in mental health and I told them that it was a health crisis, that I had a problem with my legs that meant I could no longer stand at a bench all day, which was true, but the real reason was that working on my own was not good for someone with depression.”

Colin believes being open about mental illness depends very much on circumstance. Should someone always disclose in a job interview? “Well, it’s risky,” he says. “I think while there is increased understanding at the same time there are a lot of people who don’t sympathise and still believe what they read in the newspapers.”

“I think people discriminate because of ignorance, and ignorance breeds fear,” says Colin. “It’s the same with racism and homophobia. It’s the fear of the unknown.”

One benefit of disclosing is that it makes other people more comfortable talking about their own experiences. “I was talking to my landlady about



my work and I told her about my experiences of depression and she disclosed that she had bipolar disorder. We had a really nice conversation.”

In terms of supporting someone experiencing mental health issues, Colin says, “Love is the word.”

“That’s what I had to learn, to love myself so I could love others. Before I got diagnosed I didn’t understand. What my own illness taught me was how to love – accepting, validating, helping, empowering. Discrimination occurs when someone thinks the person with mental illness is less than able. You have to be able to help without overpowering – to be able to support self determination.”

In terms of his own recovery, Colin had found the support of friends and family invaluable, especially support from his daughters and from his peers in the consumer movement. “Depression for me was all about self hate. Having people who love me helps me learn to love myself.”

Colin says every now and then he still falls into a ‘hole’ of depression. “I really do have to make the effort to reach out to people as my tendency is to retreat into a ‘cave’. Part of recovery is saying ‘yes!’ to life and taking advantage of the opportunities in front of you.”

By Ruth Jackson

Profile: Helena Hutchison

Helena lives on the Kapiti Coast with her partner and four children (aged 11 to 27). Her partner has a five year old who also spends some time with them.

Helena experienced several episodes of major depression in her twenties for which she was hospitalised. Around 15 years ago she was diagnosed with post-traumatic stress disorder and depression. Helena also experiences cerebral palsy.

Over the years Helena has experienced what she describes as discrimination from staff working at Child Youth and Family (CYF). When her youngest daughter was born, Helena experienced a period of depression and suicidal feelings. Seeking treatment for this led to the removal of her three month old baby and two elder daughters by CYF.

Helena was hospitalised and not allowed to see her baby. Her request for a breastpump was refused. Particularly distressing was that her exclusively breastfed baby refused a bottle and was subsequently forced by the foster parents. Her baby was returned to her six weeks later only after she agreed to move into supported accommodation, but her two elder daughters did not return to her fulltime care for two years. Over the following years her children were repeatedly removed from her care.

"If I had cancer would they have taken my children away from me?", says Helena, "Services should have been looking at how they can support our family to stay together not pull us apart".

Helena then spent two to three years in supported accommodation with her children, however this service struggled to provide enough support to clients with families so when the service closed she received little support to

find new housing. This meant Helena ended up in accommodation which was in poor condition and overpriced exacerbating her family's hardship.

A few years later she moved into a house that was part of a housing scheme for people who used mental health services. The house they moved to already had a reputation of being the 'house of crazies'. Helena's children were teased at school during the years they lived there. Last year this service was also closed and once again they had to move on.

"Services don't always understand the cyclic nature of recovery", says Helena, "I felt people were scrutinising everything I did and pathologising it. Maybe there were some times where I did need help and was struggling as a parent but these were temporary. They didn't want to know about recovery. They acted as if having a mental illness was some kind of moral failing or character flaw. Either you were good or bad".

Helena believes it is important to be open about mental illness, "but it's not very safe. I think a lot of women don't go and get help because they're scared that their kids will get taken away".

"People discriminate because of fear", say Helena "as a society we don't deal with emotions and distress very well. Mental illness is seen as being emotional rather than an illness".

Helena thinks things are now changing for the better and at least discrimination is becoming less overt, however policies and practices discriminate. Helena had mental health issues and issues of childhood abuse and she felt shunted between services. Mental health services referred her to ACC but then ACC would refer her back to mental health.

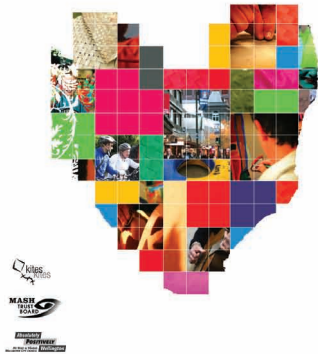


"I think as a woman with children and with mental health issues, you are very vulnerable", says Helena, "most services are geared towards single people. If you need respite, you are not allowed to take your children with you".

For people who want to help support someone experiencing some form of mental illness, Helena says, "Stay connected. Persevere. Check in even if it's just a phone call, a letter or an email. Isolation can be the worst thing about mental illness". Helena recommends treating a person experiencing mental health issues as you would like to be treated. Treat each person as an individual. Also she says to remember that practical help for someone who is having a bad week can really make the difference. "If you're not sure what to do, ask them".

In her own recovery, Helena finds being kind to herself and surrounding herself with good people is what keeps her well. "Having faith in myself that I can get through really bad things and come out the other side is important", Helena says, "Reality checking - challenging other people's perceptions of me, reading lots, getting to know other people who have had similar experiences, using whatever - maybe trying a thousand things to find my own top ten".

By Ruth Jackson



DESIGNED FOR COMMUNITY DESIGNERS AND MADE BY PEOPLE WITH EXPERIENCE OF MENTAL ILLNESS.

opening doors

Opening Doors

Opening Doors is a guide to support community groups who want to include people with experience of mental illness in their club, programme, activity or facility. Written by people with experience of mental illness, the guide is colourful and packed full of useful tips on creating a more inclusive and welcoming environment. To download a copy visit <http://www.kites.org.nz/downloads.html>

New resources from the Human Rights Commission

The Human Rights Commission has recently developed some resources around mental health and human rights, including a poster, website pages and a newsletter entitled Manahau. To check these out visit www.hrc.co.nz

“We hope these resources help people with experience of mental health issues understand they have rights and take action if they feel their human rights are being affected.”
Shae Ronald,
External Relations
Manager, Human
Rights Commission.



LIKE MINDS ON FACEBOOK

Don't forget to check the *Like Minds, Like Mine* website www.likeminds.org.nz for new resources and information. Just added, *Like Minds* now has a page on Facebook: <http://www.facebook.com/pages/Like-Minds-Like-Mine/75463128679>

It's a great way to keep informed about the latest issues and current affairs around mental health. You can also comment on any of the postings and check out photos and upcoming events.



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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.

www.likeminds.org.nz

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