



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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“I would say that they are the best neighbours I've ever had. We share a driveway... I say hello to everybody and they say hello back.”

CAROLE ANDERTON

Combating nimbyism – how to turn fear into understanding and support

In the past, people with disabilities, including mental illness, were often placed in institutions and kept separate from the community. Institutionalisation was the source of a lot of pain, both for those locked up and also their family and friends.

In the 1980s and 90s many institutions were closed and people with experience of mental illness moved back into the community.

Mostly, communities welcome people with disabilities and believe they have the right to live in the community and participate as fully as everyone else. However, not everyone has moved with the times and some still discriminate against people with experience of mental illness, denying them the right to choose where to live – one of the most basic human rights.

>> [continued page 2...](#)

These people may be referred to as *nimbys* (an acronym for 'not in my backyard'), and their discriminatory attitudes and actions as *nimbyism* – a term that applies to views based on unjustified fear, as opposed to facts.

Fortunately, this is not always the case as many of those interviewed in this article can attest to.

By challenging attitudes, talking through any fears and having conversations with neighbours that create a positive understanding of mental health issues – *nimbyism* can be turned around.

Taranaki experience shocked and saddened



Service User Workforce Development Manager for Te Pou, Carolyn Swanson, remembers experiencing *nimby* attitudes that left a bitter taste in her mouth.

In 2005, Carolyn was Consumer Advisor to Mental Health Services for Taranaki District Health Board (DHB), at the time a local NGO was planning to open a long-term supported accommodation home in a rural community. Prior to the home opening, the NGO did a letter drop inviting the neighbours to a morning tea.

"This set the community off", says Carolyn, "There was fiery rhetoric in newspapers and public meetings were called. The situation became so toxic

that rotting hay bales were left on the property's driveway so that no one could get in or out. There were even threats of harm to the potential residents of the house."

The DHB organised a local meeting with an external facilitator. The meeting started off well, but quickly deteriorated.

Carolyn says most of the community were okay with the house going ahead, but there was a small number of well-connected and articulate people who were opposed.

"They expressed a lot of hate and a lot of fear [in the meeting]. It was palpable," she says. "When it came down to it, people seemed to be most worried about a drop in house prices."

In the end, the NGO backed down and did not open the house, because it was worried about the safety of the potential residents.

"It was hugely distressing," says Carolyn, "The other way it impacted on Taranaki service users was that they were afraid to share their experiences. There were all these ripples that went out."

Nimbyism in Wellington outer suburb

Lynda Thoumine, Consumer Advisor to Forensic Services in Capital and Coast DHB, and Whitby resident, recalls a more positive outcome in her community.

"*Kapi-Mana* ran an article about a respite house going into Whitby. The neighbours were all up in arms. I thought 'this is happening in my



community and I'm one of those people they don't want around'. The guy next door was saying he was going to have to start locking his doors.

"It's the fear of the unknown", says Lynda, "It gets whipped up by what's already been in the media. If you've had no experience of being around someone with a mental illness you don't understand that they are people just like everyone else."

Lynda made contact with the paper, and her story challenging the *nimby* attitudes was published. "When the house did open, apparently neighbours baked cakes and brought them over," she says.

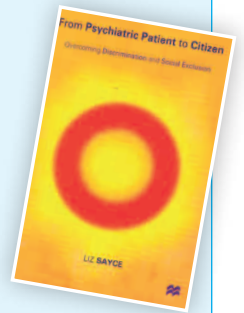
She believes it is up to individuals to challenge negative attitudes about people with mental illness in their local communities.

"Focus on what people are saying," she says. "How can you turn it around? Say 'Hold on, I live here too. I have a say about what goes on in my neighbourhood and I don't agree with you!'"

MP's wife offers advice to those who are afraid

Carole and Jim Anderton share a driveway with a block of flats administered by Pathways in Christchurch. As neighbours, they have welcomed Pathways – a national

Top Tips from Liz Sayce



In her book *From Psychiatric Patient to Citizen*, Liz Sayce recommends the following approaches to dealing with nimbyism:

- Create a positive understanding of mental health issues locally.
- Become involved in local community activities.
- Promote positive messages, rather than waiting for a journalist's approach.
- Find ways for service users to contribute to the community without expecting them to have to 'earn the right to live there' any more than anyone else.
- Reduce local fear by providing a contact number that people can call, and being available.
- Have facts and figures ready to dispel myths.
- Involve service users in discussions with neighbours if they wish, or invite neighbours to talk about general issues with service users from another area, or with neighbours from another area who are no longer opposing a project.
- Be prepared to listen to reasonable complaints and make changes, for example, on facility size or parking arrangements – but do not compromise on key service issues, such as having less than 24 hour staffing if needed.



Liz Sayce says, "Don't give up or apologise. People with mental health problems have a right to live in the community."

provider of community based mental health and wellness services – into the community. And they have developed a mutually beneficial relationship with people living in the accommodation.

"I would say that they are the best neighbours I've ever had," Carole says. "We share a driveway... I say hello to everybody and they say hello back."

Before Pathways moved in the tenants were transient. "There were loud parties. I was the only one taking care of the driveway, [but] now we all work together to keep the driveway nice."

Carole has been able to share her love of gardening with the residents and they have had several working bees together on the vegetable garden.

"I make soup every now and again and we get together," she says. "After the earthquakes we banded together and shared cups of tea and BBQs. They have also looked after our chooks when we've been away."

Carole admits she did have some concerns at first, but says Pathways went out of its way to allay any fears they had. To anyone worried about a residential house for people with mental illness opening in their



community, Carole's advice would be to work with the residential manager.

She says it has taken time to build up good relationships with her neighbours.

"When people come in they might be quite sick and walk around with their heads down. I always smile and say 'hello' and after a while people will smile back and say 'hello Carole! I have become very good friends with the people living there. Being part of a community takes a bit of confidence and it is all about communicating."

Pathways debunks the myths



Paul Ingle, Pathways Chief Executive, believes it's important that organisations like his work to develop good relationships with their neighbours.

"Over 22 years, Pathways has established services in many communities across New Zealand," Paul says. "From the outset we've had neighbours who have felt quite concerned about the work we do. We can understand that. Often it's about people being misinformed, so we see part of our role as debunking myths about mental illness.

Paul believes that being open and honest is key to reassuring neighbours, particularly in new areas.

“As relationships develop, neighbours come to see our services as a community resource...”

PAUL INGLE, CHIEF EXECUTIVE, PATHWAYS

“We talk about our work and who we are as an organisation – and we share our values and beliefs,” Paul says.

He says they are careful to respect the privacy rights of individuals who use their service, and prefer to develop relationships with individual neighbours in a quiet way.

“Neighbours get to meet people who use our services – maybe having a chat over the fence – and they realise they are everyday people too.

“It’s not about going in with a hiss and a roar and organising a public meeting or anything like that – it’s about the conversations that neighbours have as they get to know each other and

[eventually] you get to that natural place of being there for each other.”

It’s led to some remarkable and humbling experiences.

“Around 85% of services that we deliver are to people living in their own home in the community,” Paul says.

“We say to people ‘You may already have a neighbour with experience of mental illness living next door to you or just down the road, how would you know?’ The community is a pretty diverse place.”

By Ruth Jackson

i For more information, read:
From Psychiatric Patient to Citizen by Liz Sayce (MacMillan Press Ltd)
Shunned by Graham Thornicroft (Oxford University Press)
Combating NIMBYism What a Difference a Community Makes
<http://stopstigma.samhsa.gov/publications/combatingNIMBY.aspx>
Issues Paper 2: Discrimination in Housing www.mentalhealth.org.nz/file/downloads/pdf/file_114.pdf
Psychiatric Residences: Notification, NIMBY, and Neighborhood Relations <http://ps.psychiatryonline.org/cgi/content/full/58/1/109>
Mental illness and human rights
www.hrc.co.nz/disabled-people/mental-illness-and-human-rights/

➔ 2011 NZ MENTAL HEALTH MEDIA GRANTS OPEN NOW - WITH \$16,000 GRANT POOL

Thanks to support from the Frozen Funds Charitable Trust and the Mental Health Commission the NZ Mental Health Media Grants is pleased to offer two grants in 2011.

Interested applicants can apply for either a journalism grant of up to \$6,000 OR a photo-journalism project of up to \$10,000.

Proposals for the journalism project should focus on ideas that promote mental health and wellbeing.

Proposals for the photo-journalism project should focus on ideas for positive images and stories that reflect Christchurch individuals, organisations and communities working together to rebuild their city and flourish again. The completed project will promote ways of keeping well, how to recover in or after a crisis and how to support one another to change for the better.

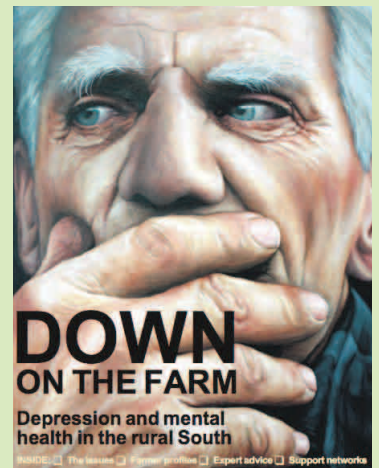
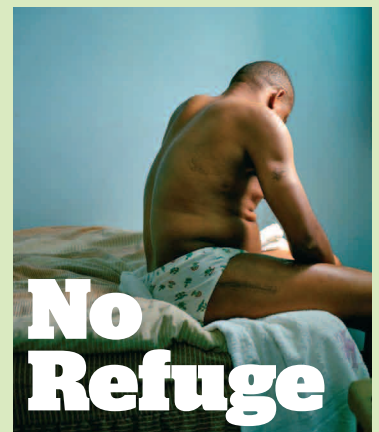
These projects enable people with experience of mental health issues – or those who have an interest or personal connection with mental health issues – to use media (and other forms of publicity such as an exhibition or a book) as a platform to tell their stories and inform the public about mental health experiences.

It is important that all project proposals also increase understanding of, and reduce stigma and discrimination around, mental distress.

Go to www.mediagrants.org.nz for more information and an application pack. Applications close Friday, 7 October.

Two previous award-winning journalism projects: *Down on the Farm* by Yvonne O’Hara and *No Refuge* by Amanda Cropp are examples of successful media grant projects.

No Refuge: www.mentalhealth.org.nz/file/Media-Grants/PDFs/North-and-South-article.pdf
Down on the Farm: www.mentalhealth.org.nz/file/Media-Grants/PDFs/down-on-the-farm-in-the-rural-south.pdf





➔ RISE GRANTS 2011 - APPLICATIONS NOW OPEN

RISE is an exciting grants programme for young New Zealanders. Young people understand the challenges that face other young people better than anyone else. The RISE programme supports youth led projects that help to reduce stigma and discrimination and promote good mental health and wellbeing to other young people.

Projects can focus on positive body image, give a voice to struggles, or anything that spreads a positive message and teaches other young people about youth mental health. If you're 20 years of age or under, you can get up to \$1000 (for individuals), or up to \$5000 (for groups) for your project.

Go to www.rise.org.nz for more information. Have a look at completed RISE projects www.rise.org.nz/?t=470.
Join us on Facebook
OR email: info@rise.org.nz
RISE up, take a stand, make a difference - apply now! Applications close by 5pm, 30 September.

➔ THE NUTTERS CLUB BY MIKE KING

The Nutters Club: Helping nutters from the inside out by Mike King has taken the hugely popular Nutters Club radio show on Radio Live and delved into key people's stories.



Some of the stories come from well-known New Zealanders including Split Enz bass player Mike Chunn, actress Nicola Kawana, comedian couple Chris Brain and Irene Pink, Carterton Mayor Gary McPhee and top fashion designer Denise L'Estrange-Corbet. The remaining stories come from other less well-known individuals such as mental health consumer and activist Susie Crooks.

Each story describes a different issue such as depression, alcoholism and bipolar disorder. There is running commentary from both Mike and Auckland psychiatrist David Codyre (aka The Nutcracker) - and the effect is that readers learn a lot about coping mechanisms along the way without being preached at.

The Nutters Club book reached the Top 20 list at The Warehouse on 1 June 2011. It is published by Random House New Zealand and retails for \$39.95.

Read the book review:

www.mentalhealth.org.nz/page/934-e-bulletin+the-nutters-club-book-review

➔ THE AMERICAN PSYCHIATRIC ASSOCIATION AND ANOIKSIS LOOK FOR NEW NAME FOR SCHIZOPHRENIA

Anoiksis (Greek for 'An Open Mind') is the Dutch association of and for people with a susceptibility to psychosis, schizophrenia. Anoiksis is campaigning for a modest change in the name of the disorder. The new name is suggested as 'Schizophrenia (Bleuler's Syndrome)' with the second part in parentheses rather than a complete abolition of the term schizophrenia.

According to Bill George at Anoiksis, this would shift the emphasis away from symptoms of hallucinations and delusions towards the symptoms of feeling unwell, lack of energy, drive, motivation and clarity of thought processes.

In response to a submission by Anoiksis, Dr Will Carpenter, chair of the American Psychiatric Association's DSM-5 Psychosis Syndromes Work Group, commented that a shift in the direction of Anoiksis' suggestion for a new name - Schizophrenia (Bleuler's Syndrome) - would be "perhaps a shift in the right direction".

In order to further international discussion, Dr. Carpenter has referred Anoiksis' proposal to the World Psychiatric Association and the World Health Organization. Anoiksis points out that the consumer movement and their families should also be consulted, and Dr Carpenter agrees this needs to be done.

For more information, read Anoiksis' arguments www.anoiksis.nl/content/open-submission-apa-re-dsm-5 OR contact Bill George bill.george@planet.nl Feedback is welcome.

➔ LIKE MINDS MEDIA SAVVY

Like Minds, Like Mine recently launched *Media Savvy*, a seven-part online series taking an inside look at the media and how organisations working within mental health can better tell their stories. Each episode is between five and seven minutes in length and interviews experienced journalists, media practitioners and producers on what makes a good story and how newsrooms work. The series features:

- Print: **Keri Welham**, award-winning writer for the *Dominion Post*
- Radio: **Jenny Woods**, Newstalk ZB breakfast sub-editor
- Internet: **Selwyn Manning**, Co-editor, *Scoop.co.nz*
- Māori media: **Makere Edwards**, Reporter, *Native Affairs/Te Kāea*
- Pacific media: **Stephen Stehlin**, Producer, *Tagata Pasifika*
- Television: **Rob Harley**, investigative journalist
- Handling the media: **Steve Attwood**, Communications Manager, Families Commission

Visit the *Like Minds* website today to view the *Media Savvy* series

www.likeminds.org.nz/page/258-media-savvy

Survey identifies sources of unfair treatment

I think the work that has been done to make the public more aware of mental health problems is amazing. It has allowed me to be more open in telling people my story and has helped me make people I know that were afraid of admitting something is wrong to seek help (Survey respondent)

In 2010, Phoenix Research undertook a survey to measure the levels of unfair treatment experienced by a random sample of New Zealand users of District Health Board mental health services. The survey was a first.

Qualitative research into unfair treatment experienced by mental health service users has been conducted in the past. However, this is the first survey that has established a benchmark against which changes can be assessed over time.

More than 1100 service users completed the questionnaire by mail, phone or online. The group included 225 Māori, 196 Pacific, 152 Asian and 90 young people (16 to 24 year olds).

Survey respondents came from a wide range of experiences of mental health services. Some had been using mental health services only within the last 12 months, whereas others had been using services for much longer.

A total of 41 'tick-box' questions were asked in the survey. The questions were divided into six sections and 26 items were surveyed in relation to unfair treatment.

Items included unfair treatment by your family, in your social life, and in finding a job – through to unfair treatment by mental health staff, by people in your neighbourhood, in education, by the police or your doctor, or when shopping.

Survey results

89% of those who responded reported at least 'a little' unfair treatment in the previous 12 months because of mental health problems. And 70% had experienced at least one instance of 'moderate' or 'a lot' of unfair treatment.

Overall, the top 10 sources of unfair treatment people experienced were:

1. By their families
2. Being avoided by people who knew they had a mental health problem
3. In making or keeping friends
4. In their social lives
5. In dating or intimate relationships
6. In their personal safety and security
7. In finding a job
8. In getting benefits/help from WINZ
9. By mental health staff
10. In marriage or divorce.

The survey also asked about being treated more positively because of their mental health problems on the following five items:

- By their family
- In getting benefits/help from WINZ
- In their housing/accommodation
- In their religious activities
- In paid employment (including obtaining jobs and suitable working conditions).

79% of service users reported at least 'a little' on at least one of the five items and 58% either 'moderate' or 'a lot'.

Family most prevalent source of negative and positive treatment

The survey supported previous qualitative research that service users experience the most negative and positive treatment from their families.

There were more people reporting positive treatment by family (40%), than there were reporting negative treatment (30%). Some reported both.

"This is because family are the group service users spend the most time with and with whom they have the closest relationships," says Judi Clements, Chief Executive, Mental Health Foundation, "so there is more opportunity to be treated both fairly and unfairly.

"The higher levels of positive treatment indicates family members are keen to be supportive of those in their lives experiencing mental distress and are doing positive things."

The real story behind the numbers

Dr Allan Wyllie, lead author of the report notes that, "The survey findings need to be interpreted in conjunction with qualitative findings.

"There are written comments at the end of the survey that provide some sense of the real story behind the numbers."

He adds that while the primary focus of the survey was on negative treatment, it is important to acknowledge, "over half of service users noted an improvement in the overall level of unfair treatment over the last five years.

"There were also 42% who thought unfair treatment by mental health staff had improved over the last five years."

Another 42% had been able to use their personal skills or abilities in coping with stigma and discrimination – and over two thirds acknowledged the positive impact of the *Like Minds* programme, with almost half saying it had assisted either 'a lot' or 'moderately' in reducing unfair treatment.

By Cate Hennessy

i For more information, download the final report: www.likeminds.org.nz/file/downloads/pdf/file_100.pdf

Tracking the impact of the *Like Minds* programme

The latest annual tracking survey focused on evaluating the *Like Minds* national media campaign.

There have been annual surveys since 2000 that either establish benchmarking, or measure the changes in awareness, attitudes, and supportive behaviours – and assess the impacts of the different phases of the campaign.

Currently we are in Phase 5 of the *Like Minds* advertising campaign, which features people with experience of mental illness and their friends/family discussing how to be supportive of people experiencing mental illness.

The task of Phase 5 is to ‘continue to reduce discrimination and provide support for recovery’ by:

- Increasing peoples understanding that their behaviour can be discriminatory.
- Reinforcing recovery is possible – and more likely with support.
- Show positive behaviour for the public to model and concurrently acknowledge some of the challenges.
- Provide people with the skills to take the step forward and support someone experiencing mental illness.

Dr Allan Wyllie, Director of Social Research at Phoenix Research, says the key points to take from the results of the 11th survey include significant changes for Pacific peoples.

“Pacific peoples had seven significant improvements on the attitude statements and indications of improvements on five other statements,” he says.

“And when you look at the long picture from the first survey until now, you can



Johnny, left, and Malo discuss how to be supportive as part of the Phase 5 TV ads.

see that over time Māori and Pacific people have shown more improvement than the general population.

“One of the contributors to this is likely to be having Māori and Pacific people sharing their experiences in the *Like Minds* ads. It makes a difference to the response of Māori and Pacific people if they are featured in the ads. This is very positive, in terms of improving the health status of these two groups.”

Allan says that other notable changes since survey one has been an increasing improvement in the attitudes of men, and some changes in the attitudes of youth.

Changes identified since Phase 5 began included:

- A 6% overall increase in disagreement that ‘Providing support to someone living with a mental illness would be difficult’.
- A 6% overall increase in disagreement that ‘People with mental illness need to just stop feeling sorry for themselves’. For Pacific peoples this was a 14% increase in disagreement.

Phoenix Research identified that the campaign to date has created a more

accepting environment for people with experience of mental illness.

However, Allan says that social change programmes do need decades of commitment and progress is made slowly.

“The campaign is not currently at a point where the programme has sufficient momentum of its own that it can continue to make gains, or even maintain the status quo, without advertising.

“There is still a strong need for this programme and for an advertising campaign that is supported by *Like Minds* community level initiatives, for the greatest effectiveness,” he says.

Although there is still work to be done, we mustn’t forget the incremental impact of the programme over the past 12 years and the numerous successes of the programme to date.

By Cate Hennessy

i For more information, download the survey report www.likeminds.org.nz/file/downloads/pdf/file_98.pdf

Challenge Trust adopt 'train the trainer'

“ We cannot just make the assumption that we're doing a good job. ”

SHONA CLARKE

The Auckland *Like Minds* team have developed a 'train the trainer' package for mental health service provider, Challenge Trust, so they can support raising awareness about stigma and discrimination, and how to handle it.

Tina Helm and Shona Clarke work as mental health promoters within the Auckland *Like Minds* programme at the Mental Health Foundation. They approach their work from the perspective that everybody has a responsibility for ensuring the anti-discrimination messages reach every part of the communities we live in.

This involves working across all sectors of the New Zealand population with government agencies, local government, NGOs, community organisations and health service providers.

"The key elements of our work focus on social inclusion, removing barriers to recovery and improving environments," Tina says.

The opportunity with Challenge Trust arose from an initial stigma and discrimination workshop Tina did with them. Afterwards, two of the staff said stigma and discrimination were something they felt strongly about, and wanted to do more to support promoting the right message.

"We all agreed that it would be fantastic if they were trained up to be the trainers themselves with our support," says Tina. So, with the support of colleagues, Tina put together a 'train the trainer' package, which included the basics of facilitation.

Both new Challenge Trust trainers have personal experience of mental distress



Tony Wright, new Challenge Trust trainer, leading an internal training session.

and were therefore able to bring this to the training, which works to empower mental health consumers.

Tina went to the first training session they held with other Challenge Trust employees. "The feedback has been very, very positive," she says.

These trained internal facilitators have since gone on to carry out 11 one-day workshops and are now able to share their knowledge and passion with all of the Challenge Trust staff.

The *Like Minds* team continues to support them and has evaluated their work every step of the way, using pre and post workshop questionnaires.

Shona says they know they are making a difference when they see other people go on to share the anti-discrimination message, or take action to reduce stigma and discrimination for people with experience of mental illness.

She believes, "Measuring multiple strategies at multiple levels with multiple people in multiple contexts

is what we need to do to ensure we're making a difference."

Their work continues to broaden. "We are currently working on promoting the 'train the trainer' package to other mental health organisations, so that they can do their own internal training with our support," Tina says.

"We know we are making a difference when people, groups and organisations share their concerns with others and address unjust situations," Shona says.

"By working together, we can effectively promote the anti-discrimination message and influence social and political issues to actively address deeper causes of inequalities."

**By Shona Clarke, Tina Helm,
Cate Hennessy**

i For more information please contact:
Tina Helm or Shona Clarke
on ph: 09 300 7010
OR email:
tina@mentalhealth.org.nz
shona@mentalhealth.org.nz

RETHiNK Grants – the 2011 line up

In no particular order, the recipients of this year's Rethink Grants (www.rethinkgrant.co.nz) are:

Christian Jensen – reTHiNK Possible Worlds: YouTube Competition

The project kicked off on 22 July with the launch of the Youtube Competition and culminates on 14 & 15 October with The Literatti's final staging of their multimedia collaborative show, reTHiNK Possible Worlds.

There are certain moments throughout our lives that challenge our perspectives and the way we relate to the world. The competition asked you to share your perspective of mental unwellness. What made you rethink and follow your best possible world?

This campaign was open to anyone and everyone – go to www.theliteratti.com or email theliteratti@gmail.com for more information. Winners get a chance to see their short film screened – with the grand prize donated by 2Degrees Mobile.

David Deveraux-Kelly – In your own words

In Your Own Words brings brand new technology to New Zealand shores. The 3M digital screens are only a few millimetres thick and can be cut into any shape for a completely interactive viewing experience. Think “Star-Trek Holograms” meets “Banksy-Graffiti art”

Left to right: 2011 RETHiNK Grant recipients Christian Jensen, Jim Marbrook, David Deveraux-Kelly.

David will be collaborating with others to produce content that challenges pedestrians to shift their attitudes and take part in social change associated with mental unwellness.

For more information contact David Deveraux-Kelly on email: david.dk@vv3.co.nz

And visit http://tiny.cc/screen_demo to view a sample of what these screens can do.

Jim Marbrook – Mental Notes

They had benign names like Cherry Farm, Seaview and Sunnyside, but for many they were simply known as ‘the Bins’. These old psych hospitals housed

thousands of patients and long-term residents in a world of ‘back wards’, ‘ECT trolleys’ and ‘seclusion rooms’.

Mental Notes is the story of five survivors from ‘the Bins’. It is the – sad, irreverent, heart-wrenching and sometimes funny – portrait of a unique group of people who are coming to grips with a past that is difficult for many of us to imagine today.

This 73-minute film is produced and directed by Jim Marbrook and edited by Prisca Bouchet.

Email vfilms@ihug.co.nz for more information.

By Cate Hennessy, Miriam Barr



The 2011 Like Minds Wellywood winners

Like Minds Wellington is delighted to announce the winners of the inaugural *Like Minds* Wellington Film Competition. The competition called for short films from 30 seconds to two minutes long exploring the theme ‘Be there. Stay involved with people experiencing mental illness.’

Winners are:

General: 1st prize – Karl Madsen <http://www.youtube.com/watch?v=g8A7ozgf9gM>

2nd prize – Rose Petterson <http://www.youtube.com/watch?v=RhqDwQRAIgo>

Highly Commended – Paul Jamieson http://www.youtube.com/watch?v=WVAN_69b9zk

Youth: 1st Prize – Ben Wilson <http://www.youtube.com/watch?v=2GawBL1nl8o>

Please check out the films and if you love them as much as we do, share them on Facebook.

By Ruth Jackson

Rob Callaghan – making fun of bipolar

Comedian Rob Callaghan has turned his experience of bipolar disorder into material for his stand-up routine. Rob performed at the *Like Minds* National Seminar in April and had the audience in fits of laughter and also a few tears with his hilarious and brutally honest account of his experiences.

Rob started out as a comedian in Auckland in the 1990s when he went along to Kitty O'Brien's open mike night and that was it. Rob was hooked.

"It was awful," Rob says about his first gig, "I was so nervous that that's what people were laughing at." Rob worked some more on his material and started landing paying gigs.

Then the Classic opened its doors, a club dedicated to comedy five nights a week. "It was like a second home when it first opened as there was only about 20 comics who worked there then – the likes of Rhys Derby and that ilk," says Rob.

He found himself to be a successful comedian, making a living as an extra, actor, voice over artist and stand-up comedian.

However, this changed when his father died suddenly on the day of Rob's wedding. A double blow for Rob was realising that his family and new wife had kept details of his father's ill health from him. Grief and feelings of betrayal turned into an experience of mania later diagnosed as bipolar disorder.

"I stopped editing what I was saying," says Rob, "I started talking black and white truths. Something clicks in the brain where you just don't have the energy to censor. It feels like the world turns against you. I didn't trust anyone. People assumed I was on P because of my behaviour. At the time I had about four agents dealing with different aspects of my work. They stopped answering my calls. They dropped me like a ton of bricks."

Rob believes that his experience was not normal but thinks it was understandable. "Normal is not a word that should be associated with humans at all. It's a word to describe numbers. I think having a breakdown or whatever is a natural reaction. It's just that society can't deal with it. They can't deal with big lumps of emotion. I was right to be furiously angry about what happened with my father's death. To be locked up, incarcerated with a bunch of strangers forcing drugs on me was not the way to deal with it."

Rob developed an hour-long show taking people through the journey of what it was like being a successful stand-up comedian and experiencing mental illness.

"Everything I experience I try to find something in it to cheer me up. I have to find some light in it all. I think of it as an amazing journey – almost as an unbelievable journey. I thought 'Oh my god did I really think that was real?'"

"It was important for me to get the message out that this is what the brain is capable of. I thought it needed explaining.

"I want to educate people. I think a lot of people are under the impression that the mental health system is like some sort of Victorian system like *One Flew Over the Cuckoo's Nest*. I think they say 'You're like that. That's happened and



you're like that forever', but that is not the case.

"People need to be listened to and understood and given some respect for what they are going through."

Rob believes talking about his experiences in the mental health system does give his comedy routine an edge.

"I think my experience gives me a unique perspective. The reactions I get are 1000-fold compared to my 'pre-mad' days.

"We've all been in a bank and an airport, but very few people go inside a mental institution. It's something people do want to know more about. There's been more public interest since I've started talking about mental health. Laughing about it is good. It breaks down the stigma around it."

By Ruth Jackson

i Rob is still a regular at the Classic Comedy club and has also started a monthly comedy club show *Titirangi Titters*, at Titirangi Theatre in West Auckland. You can find Rob on Facebook www.facebook.com/pages/Rob-Callaghan/239535636980 and see some of his routines on YouTube.

Ange Sampson – *Someone Like Me*

21-year-old Ange Sampson is a woman on a mission. She's determined to link New Zealand youth with experience of mental illness in the best way she knows how – through positive action.

Ange was diagnosed with depression (and later anxiety) when she was 18, just after she finished high school. "I remember that when I was at school, teachers wanted to help me, but they didn't really know what to do and sometimes it became awkward," she says.

"At that time none of us knew I had depression, all we knew was that I was experiencing difficulties – crying during practice exams and not handing in assignments."

Ange has been working through her mental illness for the past three years and says it is her anxiety, rather than her depression, that creates the bigger challenge.

She's found that there is a huge shortage of information about mental illness for young people (16–25 years), especially information that she thinks they would want to pick up and read.

"For people my age that means if you are experiencing mental distress, you might think it is not an issue for young people and that you are the only one experiencing mental health issues."

Feeling alone is what prompted her to start developing the *Someone Like Me* group with the support of the Mental Health Foundation's southern office.

“ There is no such thing as perfection – you can only do your best. ”

ANGE SAMPSON



Foundation mental health promoter Steve Carter says Ange's dedication to the group is extraordinary.

"Ange is determined to build on our 2010 *Like Minds* youth research project and take action to support youth," he says.

"In a short time *Someone Like Me* has already made a significant impact, developing a forward-thinking action plan, presenting at conferences and community hui and getting involved in the local Canterbury consumer networks."

Someone Like Me has also created a YouTube account so that members can share their stories by video and link to other good mental health videos that focus on youth issues like drugs and gender identity.

"Ange and the work she has done to build *Someone Like Me* is a perfect example of how young people – when given the opportunity and trust to build on their own passions and skills – will be the drivers of change and can flourish as the potential leaders of tomorrow," Steve says.

Ange believes it is critical that young people feel comfortable talking about their mental illness.

"If you can't talk about it, you feel lost and confused," she says. "If you can connect with others, though, you realise you are not alone."

According to Ange, discrimination is closely linked to a lack of understanding about what mental illness is and how people can help. "If you are the person watching the person experiencing mental distress, then you don't know what they are thinking, or what is going on – the young person doesn't know what is happening to them either – and you both end up feeling confused."

"Sometimes the simplest things help the most," she says. "One thing my nana did was getting me physically active in the Christmas holidays after I had been diagnosed. It made me feel better, and gave me something to do."

"You don't have to go out of your way, you just have to be available for a chat when they are ready, and say so. Don't expect changes too soon. It can often take a long time for people to recover from mental illness. Be patient"

Ange would like to hear from other young people with experience of mental illness who are interested in connecting via social media to share their stories.

By Cate Hennessy

i For further information, you can contact Ange Sampson on email: someonelikehub@gmail.com

Egan Bidois bids farewell

Like Minds thanks departing colleague Egan Bidois (Ngāti Ranginui, Ngāi Te Rangī and Te Arawa) in his role as former Chair and Deputy Chair of Te Roopu Ārahi (the Māori Caucus).



Egan's role with the caucus spans four years during which time he's also been heavily involved in all aspects of the *Like Minds* programme.

He has contributed to the *Like Minds* iwi radio advertising campaign and produced valuable Māori DVD resources. He has supported *Like Minds* research – *Walk a Mile in Our Shoes* and *Fighting Shadows* – in his capacity as an individual with experience of mental illness. He has also added his expertise in iwi consultations and kaupapa Māori research processes to develop the *Like Minds* Māori foundation document, *He Kākano ō Rangiatea He Kete Mātauranga* www.mentalhealth.org.nz/file/MindNet/Issue-18/rangiatea.pdf

Egan is passionate about mental health and has worked in the mental health sector for more than 15 years. He's been employed by kaupapa Māori and mainstream NGOs as a support worker, community consult liaison, cultural trainer and researcher. He's also a board member/trustee/advisor of numerous other tangata whaiora/consumer organisations, committees and focus groups locally, regionally and nationally.

During his time with Te Roopu Ārahi, Egan advocated for ALL Māori tangata whaiora on a national level and advised *Like Minds*, *Like Mine*, the Mental Health Commission, Mental Health Foundation and Ministry of Health about Māori tangata whaiora issues.

We congratulate Egan on his new role as Manager of Oasis Network Incorporated <http://oasisnetwork.wordpress.com> and we will miss his valuable contribution to Te Roopu Ārahi.

In Egan's own words...

Tēna koutou e ōku nui e ōku rahi, e ōku Rangatira katoa.

Tēnei te mihi maioha kī tēna kī tēna o koutou katoa mō ou koutou tautoko, awhi, tiaki hoki kī āu nei i roto i āku mahi mō te kaupapa Whakaitia te whakawhī i te Tangata, arā, *Like Minds*, *Like Mine*.

Acknowledgements to all the many leaders – of yesterday, today and tomorrow.

Most humble thanks to all who have supported me within my mahi for our collective kaupapa. While I may have moved on to other mahi – it is merely a move sideways within the wider kaupapa of supporting our fellow tangata whaiora. Know always that I still walk alongside you and will be there to support you whenever and wherever needed.

Heoi anō – kua e wareware te whakataukī nei:

“Kaua e matakū – he Rangatira koe!” “Be not afraid – you are a Chief!”

“E te rau rangatira, kei te mihi te ngākau kī a koutou katoa. Ngā mihi aroha kī tōu whānau, Mā te Atua e maanaki, e tiaki hoki... stay blessed.”

Mihi (above) provided by Marius Joseph and Aaron Woolley, Te Roopu Ārahi, on behalf of the *Like Minds*, *Like Mine* Māori Providers, Te Roopu Ārahi, Judi Clements and Dean Manley (Mental Health Foundation), Tuiloma Lina Samu, Maraea Johns and Noho Williams (Ministry of Health) and Kaumātua Rawiri Wharemate, Hemi Pou and Kuia Jane Poutu.

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

National Support and Resource Line 0800 102 107

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