



ENIGMA

BIPOLAR NEWS AND VIEWS



www.bipolarotago.balance.org.nz

AUGUST/ SEPTEMBER 2008 Inside this issue

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Stigma and discrimination

My dictionary defines stigma as “a mark or sign of disgrace or discredit” and that to discriminate is to “make an unjust distinction in the treatment of different categories of people...” For people with experience of mental illness, stigma relates to the negative attitude towards the mental illness and discrimination relates to a negative action taken towards the person.

Let me give you an example. If an employer believes that people with experience of mental illness are dangerous (the stigma), a resulting action could be to never employ someone with a mental illness (the discrimination).

Does stigma and discrimination toward people with experience of mental illness occur in New Zealand? A 2004 survey by the New Zealand Mental Health Foundation entitled “Respect Costs Nothing” concludes that “discrimination was reported in a wide range of settings.” (www.mentalhealth.org.nz Go to the research tab to download the full report). The *Like Minds, Like Mine* programme was set up over 10 years ago following the 1996 Mason report which said: “It is fundamentally wrong that a vulnerable group in our society should be continually subjected to the comments and actions of those who possess an outcast mentality ... “

What are the essential causes of discrimination? A Canadian report of the British Columbia Minister of Health’s Advisory Council on Mental Health in April 2002 (http://www.health.gov.bc.ca/library/publications/year/2002/MHA_Mental_Illness_Discrimination.pdf) identified four major stereotypes or emotional reactions to people with mental illnesses that lead to discrimination:

- 1) **Fear:** fear of violence and unpredictability, and fear of what mental illness represents in the way it attacks the faculties (emotions, thoughts, behaviours, self-concept) and the parts of us (the brain and mind) that define our very humanity.
- 2) **Blame:** the view that people with mental illnesses have brought their problems upon themselves.
- 3) **Poor prognosis:** the view that there is little hope for recovery from mental illness.
- 4) **Disruption in social interaction:** the view that people with mental illnesses are not easy to talk to and have poor social skills.”

These attitudes can be found community wide. It is important to note that this can also include mental health services. Local research through “Respect Costs Nothing” backs up this view.

One of the key areas that mental health services can address is that of poor prognosis. It is essential that poor prognosis is replaced with hope of recovery. This is not just pie in the sky thinking. It is essential! As a mental health worker, you may have worked with someone who has been unwell for a long period and many different types of supports have been put in place with seemingly little positive change. You must never fall into the trap that the person has little hope of recovery. No one knows what the next day holds, let alone the next minute! There may be something that clicks for that person that steps them upward in their recovery. Hope is essential. Taking away hope is like a person being in a long dark tunnel and at the far end a person is holding onto a light which they extinguish. I was once told that I need to accept that I will never work fulltime again because of my own experience of mental illness. I have now been working fulltime for the last five years. Not bad eh? *Grant Cooper*

(Grant is a Health Promoter with Like Minds and the Mental Health Foundation)

Evening Bipolar discussion groups

On Thursday August 28th 5.30pm to 7pm the topic of *Stigma and discrimination* will be introduced by Fleur Kelsey from Like Minds Like Mine.

At Bipolar Network Office, 3rd Floor 109 Princes Street, Dunedin.

PLEASE RSVP to 4772598.

Like Minds Media-Watch

The media has an influential part to play in shaping people's attitudes about mental illness. Unfortunately, the way in which the media portray people with mental illness is not always accurate or impartial, and is often downright discriminatory. Consider how often you see a newspaper report of some violent crime include a statement like "The arrested person was remanded for a psychiatric assessment." Do you ever see a follow up report saying such as "The psychiatric report said that mental illness had nothing to do with this crime." The public is left with a presumed connection between mental illness and crime which is a myth.

Media-Watch gives you the opportunity to give feedback about mental health related media items, either good ones or unhelpful ones. Look for the Media Watch section at the Like Minds website
<http://www.likeminds.org.nz/index.php?id=158>

***Mental illness is not contagious
Your attitude is!***

"Balance NZ strongly condemns

the outcome of the process to appoint new Mental Health Commissioners", Chairperson of Balance NZ Leo McIntyre said today. "The Health Minister and Mental Health Commission's failure to ensure genuine consumer participation by the appointment of a person with lived experience of mental illness as Commissioner, is a great leap backwards for the consumer/survivor movement." he said.

"To exclude service users from the role of Commissioner flies in the face Dr Selwyn Katene's claim (Press release 22 May 2008) that "The Commission would like to [drive improvements in the mental health sector] in partnership with service users" and is an unwarranted departure from the recommendations of the Mason Report, which led to the Commission being established. This stance is also completely at odds with the Commission's own published statements that "Tangata motuhake self-determination is paramount and we, not others, decide in our own best interests" and the vision that "Experience of mental illness is a valued attribute for working in the mental health sector; we are a major part of the workforce in all roles and in all services." - Our Lives in 2014; as referenced by Dr Katene in the same press release. "One wonders if Dr Katene has even read Our lives in 2014" Mr. McIntyre said. "Dr Katene's press statement clearly favours clinical perspectives over the recognised value of lived experience, and sends a message that consumer views are no longer valued at the Commission." "The minister's choice to exclude consumers from the role of Commissioner is a further slap in the face, to add to the government's failure to respond to the findings of Te Āiotanga, the report of the Confidential Forum for Former In-Patients of Psychiatric Hospitals" he said.
ENDS (Balance NZ press release 21st May 2008)

New in our library:

The mongrel in me... a double CD of music by the late great Mahinarangi Tocker
The Mural... a DVD of the making of the 420 Mural. "It chronicles their struggles and triumphs against the stigma and discrimination related to mental illness"

(Kindly donated by the artist and organiser Adam Douglass)

One Wonderful Website: Stand to Reason <http://www.standtoreason.org.uk/home> A service-user led organisation fighting for social justice in mental health.

DISCLAIMER

The opinions and articles expressed in this newsletter do not necessarily represent the views of the Otago Mental Health Support Trust or anyone associated with the organisation.

Internalised stigma- A silent issue ***(Extracted from the April 2007 issue of the Like Minds newsletter)***

Internalised stigma is an issue for many, if not all, people with experience of mental illness. Yet when you are struggling to fight the discrimination in your own community, how do you deal with the discriminatory voice inside your own head? Surprisingly there has been little research into this issue as Debbie Peterson, Senior Policy Analyst and Researcher, Mental Health Foundation and her project team found out when they started delving deeper. "The focus of the *Like Minds* project has traditionally been on stigma and discrimination but self-stigma has also been recognised as an issue.

"When we started investigating what has been done in this area we discovered that people know and understand very little about it - and that lack of information is both in New Zealand and internationally". Even defining or describing what self-stigma is can be a challenge. "Some people say self-stigma is simply discrimination turned in on one's self," says Debbie. "It's also been described as low self-esteem, a fear of discrimination, or the opposite of personal empowerment, but these definitions become problematic for different reasons. "It is possible for people to have fine self-esteem and be personally empowered, while occasionally experiencing self-stigma. People may also fear discrimination for good reasons and yet not feel self-stigma. "Saying that self-stigma is discrimination turned inwards puts unnecessary blame on the person with experience of mental illness, instead of on society." The project team came up with two definitions of self-stigma:

- 1 negative thoughts or feelings towards yourself based on the fact that you have a mental illness
- 2 self-belief in negative stereotypes that have become linked to the experience of mental illness

They also noted that there is a difference between **self-stigma** and **self discrimination**.

"Self-stigma," says Debbie "is an attitude, for example you think you're useless because you have a mental illness. "Self-discrimination is behaviour that arises from this attitude, for example you stop yourself from applying for a job because you feel useless." Debbie says that because it affects most people with experience of mental illness at some stage in their life, research into self-stigma is very important.

"Self-stigma stops people from doing things - from not applying for a job, to not seeking help, to not wanting to disclose our experiences of mental illness .

Because it may stop us reaching our full potential, it is important to do something about it."

The project team working on the self stigma research asked people associated with the *Like Minds* project about self-stigma and self discrimination. Debbie Peterson and Alex Barnes from the Mental Health Foundation's Wellington office coordinated, and managed the undertaking of this project. The research was being overseen by a reference group whose members were: Mary O'Hagan, Sarah Gordon, Dean Manley, Vito Malo and Lynne Pere.

As part of the research, the Mental Health Foundation ran a series of focus groups asking people with experience of mental illness about their experiences and ideas for reducing self-stigma and its effects. These groups were expected to start in 2007, to finish by the year's end

Quote Health

Do you have an inspiring quote which helps you to cope with life's stresses? Send yours in to Enigma. A \$25 book voucher will go to one special quote each Enigma issue. Here are some of my favourites from Indian poet Rabindranath Tagore:

"You can't cross the sea merely by standing and staring at the water."

"Music fills the infinite between two souls"

"Let me light my lamp", says the star, "And never debate if it will help to remove the darkness"

Here is a rather less inspiring recent quote from a Dunedin psychiatrist:

"I am only interested in what goes on between your ears. For anything else see your GP."

Whatever happened to holistic care?

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Phobic phone line

This is a 24 hour a day, seven day a week free phone line staffed by volunteers. It is to help people who are experiencing panic attacks or OC thoughts and need to talk to someone.

0800 142694389

MENSLINE

Mensline is a free and confidential telephone counselling service specifically for men and staffed by male only counsellors.

Monday to Friday 6.30pm to 10.30pm

0800 636 754



Spring into action!

To celebrate our survival of winter and the hope of spring we are having a social get-together with lots of action. There will be Laser Force, mini golf and ten pin bowling, food and refreshments.

This will also be your chance to catch up with some acquaintances you may not have met since the last bipolar winter karaoke Of 2006. The action will happen on Friday evening the 5th of September. For more details and to book your place please contact us on 4772598.

We need you to RSVP by 15th August at the latest please.

Many thanks to these people for their support:



AAW Jones Charitable Trust, ACE Shacklock Charitable Trust, Balance, Dempsey Trust, The HealthCare Otago Charitable Trust, John Ilott Trust, Colortronics



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