



# ENIGMA

NEWS AND VIEWS ON MENTAL HEALTH

## SUMMER EDITION Dec 2015 – Feb 2016

This newsletter was put together by the staff of the Otago Mental Health Support Trust.

Editor: Grant Cooper

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#### 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

We welcome your feedback on our newsletter. See above for contact details.

## The Power of Words

Recently I was talking with a manager of a mental health service who talked in general terms about “difficult clients.” This is a term I have heard quite a bit in mental health circles. I however take issue with the term because I really don’t believe that people are “difficult.” I understand that there may be difficulties in relationships between client and staff. However this is quite different from labelling a client as “difficult.” To my mind a “difficult client” implies **all** interactions are difficult with the sense that you wear a label and labels tend to stick, often permanently.

A “difficult client” also implies the difficulty is the complete fault of the client and that the staff member had no part to play. “Difficult client” is but one of many terms used verbally and in client files that are incredibly one sided. All the power is with the staff person and the fault with the client.

The Like Minds Like Mine stigma and discrimination programme produced an exercise for people working in mental health. People are given a list of commonly used words seen in client files. They are Non-Compliant, Unmotivated, Attention Seeking, Chronic, Lacking Insight, Resistant, Manipulative, Irrational Psychosomatic, Isolative, Unrealistic Expectations and Lazy. They are then asked “What is the power relationship of these words and what alternative descriptions could be used? For example “Non-compliant with medication” could be “doesn’t like the side effects of the medication and would like to explore an alternative.” If you were a client, what version would you like to have recorded?

Even diagnoses can be a doubled sided sword. People can feel relieved to “now know what it is” when diagnosed with a mental illness. However diagnoses often stigmatise and focussing on a person’s diagnosis can feel like putting people in a box that they cannot get out of.

This edition explores further the idea of the words used in the health field from personal experiences, articles and research. Words do matter and can make such a difference both positively and negatively in all our lives.

Grant Cooper - Editor

*“We’re faced with more and more censorship of words that have been deemed politically incorrect and we’re at risk of becoming a nation that is losing its freedom of speech. On the other hand, it’s just an excuse for the ignorant to remain ignorant if we continue to use language that can potentially harm others.” Susannah Wilson - actor*

***“STICKS AND STONES WILL BREAK MY BONES BUT NAMES WILL NEVER HURT ME”***

***The power of language - anonymous***

That's the old saying, unfortunately that isn't quite the case in reality.

Language, how, why and when we use it, our body language and our sincerity, have a huge impact on everyone. In mental health, it's vital that the language used is honest, open, non-judgmental and conducive to recovery. It's not just "meds, bed and fed" its, talk, listen, and learn. Learn what is appropriate as a medical worker "know me don't judge me" attitude. You as a patient have the right to be heard, spoken to in a way that is just, reasonable and treats you as a person, not a number or another case. It is your life, your right.

I have recently been through a very rough road in and out of hospital, and I would like to tell you my story. It's a long and conflicting one and I have been on the receiving end of some unhelpful words, and body language, which I believe hindered and slowed my progress to recovery.

What I found unhelpful was the way words were used. Words like 'manipulative'. I believe this word was used by some because I was often told what was happening, no asking, no explanations and sometimes given 'no choice'. I would find myself asking questions and trying to negotiate. I guess you could say, trying to explain how and why I feel about the treatment I was given. What I did find helpful were those who took the time to listen and treat me as an equal and a person of intelligence; heck just a person who has the right to feel listened to so that I could feel in control of my own treatment - give and take if you like.

'Liar' was another word not conducive to recovery of spirit. Used I guess because I was not listened to or given the chance to explain things without it being done to me. 'Untrustworthy'. Once again coming down to the feeling of anxiety felt at miscommunication and the way the treatment was delivered. In my situation I developed a comfort zone and had the burden of the 'Act' on my shoulders, and the feeling I was a little girl who must not misbehave when I return home or else. Not "How would you like us to support you?" rather than "We will be watching you."

Words like 'later' 'Just because' were unhelpful. More helpful would be using words like, "It will be okay. we will work through it" or "We have a plan we would like share with you to see what you think" or "Here is what we think, what do you think"

It is important to note that I was in two wards. I was in one was a locked ward for a few days. The difference between them was poles apart. However many of the same words were used and body language including the use of sighs and rolling of eyes. There was also inconsistencies between staff, and application of the rules of the ward. I was treated with respect by a few staff and not a burden. I observed a lot in my time and the difference in staff conduct and time spent with patients varied greatly, along with the words and attitudes towards patients.

I know that I felt so much better when I had a clear idea about what a nurse was thinking and felt terrific when I felt they understood - I felt strong and worthy.

It was unhelpful when I felt I was being judged based just on notes written about me.

My feelings of anxiety, sense of loss of control, and feeling like a nobody could have been reduced by staff through things like: clear communication, spending time with me, writing notes with me and treating me as though I was part of my recovery. After all, I am the one experiencing it. In no way am I saying all nurses or staff were not listening to me - In fact I made sure that those nurses who really listened and made me feel like they 'got it' were acknowledged by me writing letters of appreciation and giving other feedback. We need more of these type of people in mental health. It concerns me that the body language of some indicates that you are a pain, a hassle and that they are just going through the motions. Also I noticed the change in language and tone sometimes when others were present for example visitors.

### ***Sticks and Stones... continued***

I would like to end on a good note. Those staff that really did get it, got what I was going through and used language like:

- \* How could I help you work this out?
- \* Do you need to talk?
- \* What do you need clarified
- \* Is it true, should we talk through this and come to a rational decision?
- \* I'll tell you my opinion, you write down what you think
- \* What is it you don't like about what I said and what would you like me to do differently so you don't feel like you need to ask another nurse
- \* As soon as I am free I will come and have a good chat with you
- \* How do you feel about having to do this, let's go at your own pace?
- \* Smile
- \* What can you and I do to make sure you are on the right track?
- \* I am busy but appreciate your anxiety but trust me things will work out; you write things down how you see them and see how you would like to work it.

### ***Two Accounts of Mental Distress***

"What I don't know until I read my notes is how little regard they had for me as a human being in a desperate existential struggle. I was to them, directionless, schizoid, disordered, immature, inadequate, inappropriate, histrionic, colourless, overactive, withdrawn, and psychotic. Inside the big brown folders, nothing was written about my suffering or despair.

From "Two Accounts of Mental Distress" Posted by Mary O Hagan on Thursday, November 18, 2010

<http://www.maryohagan.com/blog/two-accounts-of-mental-distress>

### ***Some thoughts on "Compliance"...***

Nurses and 'difficult' patients: Negotiating non-compliance, Sarah Russell et al, Journal of Advanced Nursing 2003

[http://www.researchgate.net/publication/10662182\\_Nurses\\_and\\_'difficult'\\_patients\\_Negotiating\\_non-compliance](http://www.researchgate.net/publication/10662182_Nurses_and_'difficult'_patients_Negotiating_non-compliance)

There is a large body of nursing literature on patient non-compliance. While some articles address non-compliance as a patient problem to be resolved by nursing interventions, there is also a growing number that critique this approach. This reflects the discomfort many nurses feel about the practice of labelling patients as non-compliant.

Conclusion: A patient-centred approach involves transferring power and authority away from health care professionals and towards patients. We encourage nurses to take a leadership role by changing the way in which health care is delivered towards a focus on patients' lives. . Learning about patients' lives may assist nurses to offer health information to patients that is more relevant and, therefore, useful.

John Playle – Professor of Mental Health Nursing University of Manchester

"The professional view of non-compliance as irrational, is exemplified in the case of individuals with mental illness, where there are inherent assumptions that non-compliance can be seen primarily as a symptom of illness. This denies the legitimacy of patient choice. The maintenance of professional power and control is suggested as central to the debates surrounding non-compliance. A reconceptualisation of the roles of patients and professionals is required. This must involve a view of patients as active participators in their own health care.

## ***“How Clinical Diagnosis Might Exacerbate the Stigma of Mental Illness”***

Patrick W. Corrigan: Social Work Jan 2007

An unintended consequence of diagnosis is the exacerbation of the stigma of mental illness. Diagnosis augments perceptions of groupness and differentness. These classifications are seen as homogeneous and stable. Solutions suggested include:

- Understand diagnosis as a continuum – dimensional diagnosis focuses on the sets of problems compared to a standard as opposed to the person with mental illness “X”
- Highlight people as individuals with complex lives that exceed the narrow descriptions of diagnosis.
- Interact with people who have recovered.
- Replace assumptions of poor prognosis with models of recovery

## **We are overhauling our website!**

Our website is old and tired! We need it overhauled and would love to have your ideas on how it could look. It is currently [www.bipolarotago.org.nz](http://www.bipolarotago.org.nz)

Please feel free to contact us on phone, email or in person with your ideas!

## **Christmas BBQ**

We will be holding our Christmas BBQ on Tuesday 15<sup>th</sup> December at the Woodhaugh Gardens from 4pm to 6pm. If you would like to come along please let us know so that we can ensure we have enough food available! Please phone us on 0800 364 462, or see one of our staff or email us on [otagomd@ihug.co.nz](mailto:otagomd@ihug.co.nz)

## **Staff Training**

We will be closed on Wednesday 2<sup>nd</sup> December as staff are all away on Non Crisis Intervention training at PACT. Phones will be cleared regularly so please feel free to leave us a phone message

## **Closing Dates**

Otago Mental Health Support Trust will be closed at 12 noon on Tuesday 22<sup>nd</sup> December and will reopen on Wednesday 6<sup>th</sup> January.

All the Board and staff want to wish everyone a safe and festive time of Christmas and New Year and look forward to catching up again when we reopen.

**Bipolar Support Group** for people living with Bipolar disorder. Your family, whanau and friends are most welcome too. Anyone interested please come and join us, first Tuesday every month, 1pm to 3pm.

Final meeting for the year is on Tuesday December 1<sup>st</sup> from 1pm to 3pm. Please note there is no meeting in January.

Otago Mental Health Support Trust rooms, 3<sup>rd</sup> Floor, Queens Building,  
109 Princes Street (above the Black Dog Café)

For more information phone us on 477 2598 or 0800 364 462



**Women’s Group** is held on the last Friday of every month. This is a friendly informal meeting giving an opportunity for women to make new friends, and share experiences.

Please note that there will be no meeting in December.

**1-3pm meet at our rooms, Queens Building, 109 Princes Street.**

(Image borrowed from Awakening 360 Women’s Group)