BOUNCING BACK

Creating a low gravity environment to support resilience in young people with mental distress

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Health warning

Some in the audience may find this talk challenging but it is about systems not individuals.

Many good people work in a system that:
- Privileges one world view.
- Has limited tools.
- Suppresses courage and innovation.

The system is broken because the model is not fit for purpose.
More resources to do the same will not fix it.
Madness Made Me

Available as an e-book or paperback through Amazon.
What’s gone wrong?
Prologue: Janet’s story 1
My rite of initiation

Buffers = Privilege + Functional family + Robust self-esteem
My life at as a young woman

Attempted university several times from ages 18 to 26.
Major mood swings.
Countless admissions to local psychiatric ward.
One suicide attempt.
Withdrawn from many courses for ‘medical’ reasons.
Sacked from two jobs.
Brother drowned.
Came out.
How services responded

Student health psychiatrist:
• Psychotherapy
• Drug therapy
• Letters to university

At the hospital:
• Drug therapy
• A bed.
• Scrabble, OT and social skills.
Why it didn’t work

Applied a medical lens to a profound existential crisis:

- Pessimistic and deficits based.
- Obsessed with symptoms.
- Uninterested in ‘lived experience’ except as indicator of pathology.
- Not equipped to provide existential and practical supports and opportunities essential for recovery.
How I got out

People believing in me.
Alternative perspectives.
No self-stigma.
Resolving self-pity.
Resolving identity issues.
Self-management.
Meaningful work.
Anti-depressants.

*The services assisted with only one of these things.*
We must do better than this

80% unemployed.
85% on welfare benefits.
Less have partners and children.
Die up to 25 years younger.
20 x more likely to die by suicide.
Sz outcomes better in low income countries.
Sz outcomes – no change since 1880.
‘Burden of SMI’ in NZ=5% of GDP.
How do we put it right?
We need to change the paradigm

Mental health system (Small community)

Discourse, power and resources filtered through the psychiatric hub

Community wellbeing system (Small psychiatry)

Discourse, power and resources filtered thru multi-sector & community hub
Mental health system - 1980s

Psychiatry is the whole system

Talking therapies

Biological treatments
Mental health system - 2010s

Psychiatry is still the hub of the system but some other spokes are being added.
What I’d want for my children

I would be terrified for my children if they had to go into the mental health system.

Here is what I’d want for them...
Low gravity

Community wellbeing system:
• Self-determination.
• Retain social roles.
• Equal opportunities.
• Strengths based approaches.
• Full range of supports.
Inflated ball

Resiliency skills for:
• Self-care.
• Keeping connected.
• Keeping hope alive.
• Cultivating acceptance.
• Living with purpose.
Community wellbeing system - 2020s

Psychiatry is a spoke in a holistic community wellbeing system.

- Secure housing
- Talking therapies
- Biological treatments
- Education support
- Employment support
- Community crisis support
- Self-management education
- Peer support
Community wellbeing system - foundation

- Open-door community wellbeing hubs for all
- New technologies
- User led
- Big data
- Multi-sector integration
- User centred systems
- Compliance with international law
- Public acknowledgement of psychiatric harm
- Inclusive and hopeful beliefs about madness
- Government wellbeing targets
Building the community wellbeing system

Pool funding from different sectors.
Develop community and lived experience governance.
Fund all the spokes of the wheel adequately.
Downsize institutional and coercive responses.
Open-door community entry.
Accountable for life and health outcomes.
Epilogue: Janet’s story 2
Points to remember

ENABLE RESILIENCE
Low gravity recovery settings.
Inflated self-management ball.

REORIENT THE SYSTEM
Big community.
Small psychiatry.
That’s it – thank you

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