



MENTAL HEALTH PROGRAMS

RECOVERY HANDBOOK

2014



# Welcome!

Welcome to the Richmond Fellowship ACT. We are pleased you have chosen us as your support service as you begin your recovery journey. We believe that people can and do recover from mental illness and that choice and personal direction is pivotal. We make a commitment to work alongside you as you find your own unique path to personal recovery.

This handbook is to introduce you to our organisation, and to describe some of the ways we may be able to help. It will also provide some information about Recovery, describe how your personal recovery worker will work with you, and provide you with some insights from others who have also undertaken the recovery journey.

We hope that this information will be useful to you. Please do not hesitate to ask any staff member if you have any questions not answered in this handbook.



## The Organisation

### Richmond Fellowship ACT Inc.

Richmond Fellowship ACT is part of a worldwide network of services that began in England in the late 1950's. This was when Elly Jansen established one of the first half-way houses in the world for people leaving psychiatric hospitals. Elly's belief was that with support and understanding, people with a history of mental illness could live successfully in the wider community and could contribute in a meaningful way to the society in which they lived.

Richmond Fellowship has had a presence in the ACT since 1976 and, through our programs, we provide supported accommodation and recovery focused support for adults with a mental illness living in either group homes or in the broader community. In addition we provide support for young people experiencing social and behavioural problems, together with family counselling to parents, carers and family members



### Our Mental Health Programs

Our Mental Health Programs are the part of the Richmond Fellowship that specifically focuses on working with adults with moderate to severe mental health problems. We provide both supported accommodation and individual outreach services to people aged between 16 and 65 living in the community.

We work within a 'Recovery Framework' – through which we encourage you to take back control of your life. Sometimes this may be difficult, especially if you have been unwell for some time, but we genuinely believe that with the right support people can, and do, recover from mental illness.

Our work with you will be guided by the following principles:

- That you will choose and decide your aspirations and how you want to get there
- That we promote your independence and hope, and help you determine your own future;



- That we empower you to take part in your own recovery;
- That we help you promote positive relationships with your family if possible;
- We encourage you to become involved in your community

### The Recovery Process:

#### What is Recovery?

Recovery is a very personal process. It is different for every person. Basically, we believe that recovery is about you regaining a sense of control of your life, and gaining a renewed sense of purpose and hope. Mental Health Services in the ACT define recovery as:

*“..a journey of healing and transformation enabling a person with a mental health problem to live a meaningful life in a community of his or her choice while striving to achieve his or her full potential.”*

#### Recovery Principles

Our Programs are committed to the core principles of recovery as described by the ACT Health Directorate.

These are that:

- Hope is fundamental to a person’s recovery journey;
- A person’s unique life context – including, but not limited to culture, spirituality, gender, age, life roles – is acknowledged and valued;
- People are encouraged to take the lead in their recovery journey and work with a range of services and supports as required;
- Maintaining and developing connections to valued people and activities is critical to the recovery journey;
- Partnerships are based on trust and mutual respect;
- People are provided with the necessary information to enable them to make informed decisions about their recovery journey.
- Everyone has responsibility for creating and sustaining a culture that promotes recovery.

#### What is Recovery?





## Your Personal Journey

### Allocation of your personal Recovery Worker

When you join our Programs you will be allocated your personal recovery worker. Where possible the person is identified that will best meet your needs and complement your personality. Your personal preferences regarding gender, age and so on are taken into account as much as possible.

From time to time your recovery worker may change. This can be due to illness, holiday leave, or even your worker deciding to take on a new job somewhere else. When this happens, it is important for you to understand that you didn't do anything wrong, or cause your worker to leave. These sorts of things just happen.

We will let you know if there is going to be a change in your recovery worker as soon as possible. We understand that changing workers may be difficult for you, and that it may take time to get used to someone else. Ideally, your exiting recovery worker will introduce you to your new worker, so you get to know him/her a little first, but this may not always be possible. However at no time will you be left without a recovery worker. So long as you remain in our program you will *always* have a personal recovery worker to help you.

### Developing a Personal Recovery Plan

All of our staff have been trained in the use of the Recovery Star. This tool has been developed for use in adult services. As a key-working tool it enables our staff to support you to understand your recovery and plot your progress. Your recovery worker will help you identify the goals which are most important to you. This will be done in collaboration with your clinical manager, if you have one. For some people this process may mean setting a goal to re-engage in study or even work. For others it may involve gaining experience with shopping, budgeting, or cooking, or gaining the confidence to use public transport. The number of initial goals people set varies a lot, but if you have been unwell for some time, try not to do too much at once. It is probably best to start off with small goals and experience a sense of successes and get used to the process before addressing major issues.

You will be encouraged to set a time limit to achieve each goal, and identify the steps that need to be taken to ensure your desired outcome is achieved. Your recovery Worker will



help guide you in this process, making sure that the time-frame is realistic, and ensuring that the steps identified are feasible and achievable for you.

You will also be encouraged to take part in social activities you find interesting and enjoyable. We can provide you with information about activities in your local area, including those put on by other services. Of course, you are always more than welcome to join activities we organise specifically for our clients.

It is important to realise that your recovery may not always be a straightforward process. The inevitable ups and downs of life may mean that from time to time you have to reassess your time-frame, or even your identified goals. Remember that your recovery worker *is on your side* and will do their best to help you through these times.

It is also important to realise that recovery doesn't just happen. It requires effort. We can, and will, support you, but the most important factor determining both the nature and degree of your recovery is **YOU**. *You drive the process.*

In the words of Larry Davidson:

*“Recovery has to be pursued: it does not simply occur in response to medication or other treatments. Recovery in this sense refers primarily to what a person does to manage his or her own life in the presence of enduring disability. The major sources of power driving this process are a person’s own efforts, energies, interest and most importantly hope.”*

(Recovery Oriented Practice, 2009)

We understand that for some people, this may seem like an almost impossible task. You may have grown up being told you couldn't do anything right or you may feel as though you've lost all the skills and abilities you once had. You may feel that you've messed things up so badly in the past that you could never make anything good of your life.

Richmond Fellowship feels differently. You were accepted into this program after an intensive interview process. Because of what you said and the life experiences you shared at that interview, people experienced in the recovery process believe you have what it takes for a successful recovery. Remember you won't be doing it all on your own. Your personal recovery worker role is to help guide and mentor you in this process





## Working with your Recovery Worker

Your recovery worker's role is to guide and mentor you on your recovery journey. He/she will call you to make a mutually agreeable time to meet you. You will decide with them how often and where you would like to meet. Initially most people meet their worker face to face once or twice a week, with phone calls at other times, but to a certain extent this is up to you. You may want your worker to visit you at home, or you may feel more relaxed chatting over a coffee at the local shopping centre. Whatever you find works best for you, it is important to be as open and as honest as you can with your worker.

Honesty is an important component of the Recovery process. Honesty, on both sides, ensures that we get to know you better, can help you identify your needs more effectively, and enables us to better guide you on your recovery journey. Sometimes we will need to ask you questions which may seem fairly personal. For example, we need to know any history of drug use or alcohol abuse because it can have an important bearing on what we need to take into account when helping you plan your recovery. We do not discriminate against people because of their history of drug or alcohol abuse, or because of their background, history, sexuality or religious beliefs. Everything you tell us will be kept confidential – unless you are put in imminent danger as a result of us *not* telling anyone (eg drug overdose, thoughts of and plans to suicide etc).

Your recovery worker will invite you to revisit your initial goals every couple of months. This allows both you and your worker to see what successes have been achieved during that time and what direction your recovery journey might take on next. Nothing *bad* happens if you don't achieve a given goal by a certain date – it's not a 'test' that you either pass or fail. It's simply a way of keeping track of how you're going and helping you identify any obstacles that might be preventing you from achieving the goals you want. Your worker works with you to identify alternate strategies and resources that you may elect to use to give you a greater chance of success.





## Common Questions:

### *How do I contact my Recovery Worker?*



Once assigned, your personal Recovery Worker will provide you with their contact details, including their mobile phone number. This phone is carried by your recovery worker during their rostered work hours.

Our normal office hours are 8.30 am through to 5.00 pm Monday through Friday. Your recovery Worker may work part-time however, and it is important that you check with them what days and times they are available.

### Live Your Life Recovery Program

Phone: 02 6221 9289

### Partners In Recovery Program

Phone: 02 6221 9279

### Personal Helpers and Mentors

Belconnen/Gunghalin

Phone: 02 6259 2022

Goulburn/Crookwell

Phone: 02 4821 0074

Queanbeyan

Phone: 02 6297 4590

Outside these hours you can call:

- **The C.A.T team (ACT)**    **1800-629-354**    if you have urgent medication issues, or if you start to feel mentally unstable
- **Mental Health Line (NSW)**    **1800-011-511**
- **Lifeline**    **131 114**    if you need to talk to someone
- **Ambulance**    **000**    if you are seriously unwell

### *What if I don't get along with my Recovery Worker?*





Despite our best efforts, you may find that you simply just don't get along with your allocated recovery worker. If you have made a genuine effort to resolve difficulties and it still just doesn't seem to be working then contact the team Manager for a confidential discussion. It is important for your recovery that you feel comfortable with your worker. In most instances an alternative recovery worker can be identified.

### ***What if I want to leave the Program?***

Normally you would work with your recovery worker towards an agreed date to exit the program. However, you can leave the program at any time if you feel you are no longer benefitting from it. Just please let your recovery worker or the Manager know.

We would, however, suggest that you first have a trial period with little or no support to see how you go before formally exiting the Program. That way, if you find things are a lot harder on your own than you were anticipating, you don't have to go on a waiting list to regain our services. Remember that our emphasis is on providing you with the skills you require to live successfully on your own.

### ***What if I want to reapply to enter the Program at a later stage?***

We are aware that sometimes unexpected things can come up which may unsettle you from time to time and you may be worried about losing the progress you have made. We also recognise that some people need more time than others before they are really ready to begin the recovery process.

If you choose to discontinue seeking support from our services but at a later stage find you need more support, or wish to recommence your recovery journey, you can reapply and we will generally offer you a place depending on available vacancies within the Program. Similarly, we will generally be happy to welcome you back if you feel unable to engage in the recovery process at this point in time, but decide to do so at a later stage.



## Appendix 1. Tips for Recovery

*These “tips” are derived from an adaption of The Happiness Institute’s “CHOOSE” positive psychology strategies for promoting personal happiness ([www.thehappinessinstitute.com](http://www.thehappinessinstitute.com)), and combined with elements taken from the ACT Health Directorate’s pamphlet “Vision for Recovery from Mental Illness in the ACT”. Adaptation by Richmond Fellowship.*

**Recovery is something you CHOOSE to have happen. “CHOOSE” is an important word because each of its letters stands for a key strategy for recovery.**

- C = CLARITY (of goals, direction and life purpose)**  
Set clear goals and determine clear, specific and realistic plans to ensure they become reality.
- H = HEALTHY LIVING (activity & exercise, diet & nutrition, sleep)**  
Attaining good health is a crucial part of the recovery process. It’s hard to do what’s required if you’re literally sick and tired all the time. Try to eat fruit and vegies every day. Drink enough water and try to cut down on caffeine, alcohol and nicotine. Try to do some exercise each morning. It doesn’t have to mean going to the gym, simply try by going for a walk or doing some gardening. Some people find Tai Chi or yoga really helps. Talk to your recovery worker for information about exercise opportunities in your area. Having regular sleep patterns is often overlooked, but is critically important to both physical and mental well-being.
- O = OPTIMISM (positive but realistic thinking)**  
If you’re not naturally an optimistic person you may have to start thinking differently. Try concentrating more on the positives in both yourself and others. Despite what may be happening in your life, try finding one positive thing in each day. Connect with people who help you stay optimistic.
- O = OTHERS (connecting with people)**  
Try to devote time to developing and fostering your key relationships. For some people this may be with family and friends, for others it may be with housemates and work colleagues. Talk to your recovery Worker to get ideas on where you can meet other people and make friends. You may want to think about volunteering, joining a social group or local sports or hobby club.
- S = STRENGTHS (your core qualities and attributes)**  
You’ve probably spent enough time thinking about your negatives, try to spend the same amount of time identifying and working on your strengths and abilities. Talk to your recovery worker about what they see as your strengths. Work out what you’re good at and do it as much as possible.



**E = ENJOY THE MOMENT (live in, and appreciate the present)**

The past is history, don't let it dictate your future. Live in the present, and make an effort to do something that you enjoy each day. Some people find that meditation helps them do this, others find that taking walks, engaging in arts and crafts, or getting absorbed in their favourite hobby gives them a sense of freedom and joy. Try different things and find out what works for you.

## Appendix 2. "The Silver Thread of Recovery"

*This is a short piece about recovery written by Desley Casey, an Australian mental health consumer, activist and author who lives on the Central Coast NSW, Australia. Downloaded on 16/2/2012 from: [www.recoveryinnovations.com.au](http://www.recoveryinnovations.com.au)*

One of the major questions in life – especially when experiencing an acute phase of illness is “will I stay like this for the rest of my life?” As each person takes the initial steps on their journey of recovery, this question remains uppermost in their mind. As time passes and these tentative steps become a little stronger on our journey of discovery one begins to test the boundaries of what can and what one cannot do – this question changes to “if I attempt this will I become sick again?” In my mind, these are the very first inklings of the silver thread of recovery that we as consumers weave into our journeys of discovery, our journey of hope.

Is recovery real? For many of us, the answer is a simple “YES”. The silver thread is of recovery and we continue to weave as we incorporate new experiences. This thread is so tangible, one can not only feel this, but one knows deep within one's heart of hearts that recovery is possible, one is actually experiencing this. Recovery becomes the daily experience of living. The ups and downs of life, the laughter and the sadness, the sometimes teetering steps to undertake the things in life one actually enjoys, the triumphs and the ‘well I had a go and learnt something along the way’ experiences.

If recovery is the silver thread then hope is the actual stitching. One of the saddest things I encounter with some consumers is their hopes and dreams have been literally knocked out of them. They no longer dare to dream. They no longer dare to express their hopes and the simple joy of living. Their hopes and dreams have become so hidden, that for some, they have no idea how to tap into their innermost dreams of who and what they would like to do in life. However, hope is the stitching which we weave with our silver thread of recovery in order to fulfil our dreams.



Each and every person on this planet has hopes and dreams of some description. Some people with a mental disorder may have a harder time in coming to understand one can have hopes and dreams and fulfil these. That creating ones hopes and dreams into a reality is actually hard work.

One has to keep plugging away, rolling with the punches so to speak, take the wonderful silver thread of recovery which seems so fragile yet is so strong and dare to weave the thread and create the stitches that will weave their hopes in such a way that they realise their dreams.

Over the years, I have read many autobiographies and after a time stopped reading them. The main question I was always left with how come they can achieve so much and I cannot? What is wrong with me? Now as a supposedly mature adult, I think I have come to an understanding of how the achievers in this world actually do achieve. They dare to dream. They dare to embrace their dreams and then do something about them. They dare to say “such is life, I’ll keep on going” when times get a bit tough and their dreams seem so remote from the rush of enthusiasm they initially experienced.

One of the major aspects when I talk to community groups or doctors and other staff is – if one has tried then how can one have failed? In our culture, we seem to have the success and failure syndrome down to a fine art. The actual reprogramming that we need to undertake as consumers in order to fulfil our hopes and dreams, and weave our own silver threads of recovery is that there is no failure. There is simply only another way of being. If we have tried and things haven’t turned out exactly how we have dreamt this would be, this is not in fact failure. Because we are continually learning, continually moving forward, continually taking in new experiences and building upon other experiences gained, continually thinking and strategizing to bring about a positive which we want to envisage experiencing. How on earth can we consider this as a failure?

Life is a mosaic. All the imperfections, experiences which make us human beings are part of this mosaic - A mosaic that we create and is unique to each and every one of us. I am reminded of the little story of the Cracked Pot.

In India a family man each day carries two pots to the river to fill with water for his family. One pot is perfect and doesn’t spill a drop of the precious water. The other pot has a small crack along its side.

The little cracked pot is very embarrassed about its imperfection - as each day as the man walks the path towards his home the water spills along this path. For many months, daily the little cracked pot becomes sadder and sadder at its imperfection. One morning on the way home, the little cracked pot summons up the courage to talk to the man and apologies for its imperfection and for spilling the water so necessary for this man’s family and suggesting that the man replace it. The man replies - every day he walks along the path to his family home with water for his family, the little cracked pot is watering the plants along the way so he can enjoy the flowers and feel the freshness of the wonder of nature.



In my mind, this is like the silver thread of recovery that each of us has. We may appear to all the world sometimes including our friends and family, like the little cracked pot. Of no value, have no place to dare to dream. Yet as we weave our silver threads and create the uniqueness of the stitching of our hopes and dreams, we remind ourselves and others of the beauty in life, the freshness and the wonder of all that is good in this world and the wonder of simply being.

Reminding that if one dares, one will win and the biggest thing that one can win in this life is to fulfil our dreams, live the life that we choose and have a lifestyle that is rich for us as individuals which in turns brings a richness to those we meet and talk to.

Recovery can be about simply being and feeling one is doing the “normal” things in life. In many instances, I am only reminded that I have a mental disorder when I actually take the medication each day and this is only a very fleeting moment and the times when I do become unwell. To all intents and purposes, my life is a life of my choosing and I feel that recovery for me is about weaving my silver threads and giving the strength and power to fulfil my dreams and actually forgetting the fact I have in fact a mental disorder, as it is so much a part of me that it is simply only an aspect of my being, of my humanity and not the sum total of me.

Is Recovery Real? You bet it is. Recovery is not mythical or magical. Recovery is about hopes and dreams and weaving our silver threads to create our own life’s mosaic. Recovery is about fulfilling one’s destiny. Recovery is to bring things down to tin tacks – is living a life that is actually “normal” (whatever this means individual) for us. Experiencing the everyday things in life and dare I say it – actually forgetting one has a mental disorder and/or disability. Dare to weave your own silver threads of recovery. Dare to dream and dare to know that dreams can become reality.

### Appendix 3 Personal Recovery Stories Acknowledgement to SANE Australia

#### Sandy – Recovery from Schizophrenia

When publisher Ian Syson read the manuscript of Sandy Jeffs' autobiography, *Flying with Paper Wings*, he was blown away by it. 'It's a story of survival,' he says. 'When I read it, I thought, how does she live with this?'

**Sandy admits she found the five years it took to write the book extremely difficult. 'I struggled for my sanity every day,' she says.**



She continues to grapple with the hallucinatory voices she hears, a symptom of the schizophrenia she has lived with for over thirty years.

'I don't hear them during the day, but every night when I go to bed they persecute and denigrate me and now I wake up to them as well which is a real pain in the arse,' she says. 'I think to myself, I just can't do this any more.'

At times, she has been tempted to end her life. But Sandy resists. She keeps going for the sake of her friends, for her public work, for 'the stuff I do', and to feel connected to the world.

Sandy has good friends who support her. She remains warm, funny and enthusiastic while battling demons few of us could imagine.

Difficult days that feel insurmountable, she

delusions. Living with that is hard work.'

Exercise is important for Sandy. For many years she has played with a local tennis group, and at the age of 47 joined a hockey team. Quite apart from the social and health benefits, the camaraderie, she says, is intoxicating.

Through her public presentations Sandy has discovered that she is a powerful communicator. It fills her with wonder, especially when she gets a standing ovation.

Ian Syson is not surprised at her success. (*Flying with Paper Wings* was short-listed for *The Age* Book of the Year, and received the SANE Book of the Year Award, and a Commendation in the Australian Human Rights Awards.)

'She is a remarkable person, says Ian. 'People hear her story and want to read the book. It's selling as well as anything I've ever published.'

Sandy shares a house in the country with friends, Robbie and Dido, who don't hold back when they feel 'tough love' is needed.

'They'll say, "You're hearing voices, aren't you?" And my voices are going, 'Don't tell them, don't tell them!' And they say, "We know – we can tell by your face so don't lie to us." '



breaks down into increments: 15 minutes for breakfast, half an hour to check emails, set times for washing clothes and doing dishes. She fills gaps by playing CDs or listening to the radio.

‘Schizophrenia is a horrible housemate,’ Sandy says. ‘You have to learn to understand its moods and the way they affect you. It might be through voices. It might be negative thoughts. It might be

The publication of her first book, *Poems from the Madhouse*, changed Sandy’s life. ‘I entered my forties with no future, identity or self esteem, and left that decade with success, hope, and a much stronger sense of self.’

Four more volumes of poetry, and now her memoir, have given Sandy a significant public profile. Her capacity to write with honesty and humour about the realities of living with schizophrenia touches people’s hearts. ‘I feel as though I am speaking for those who have been silenced by the illness,’ she says.



Sandy’s autobiography has achieved even more. As she writes: ‘It has allowed me to delve into the darkness, to return with truths and lost dreams, and turn them into poems.’



## Neil – Recovery from Bipolar Disorder

Neil is a loving father and award-winning playwright, an associate professor at the University of Melbourne, and a former lawyer, member of the Victorian Parliament and Shadow Attorney-General. He also has a diagnosis of bipolar disorder.

**Neil believes he had bipolar disorder long before he was diagnosed at the age of 36. A combination of psychotherapy and medication set him on the road to recovery, but it still took many, many years to get the treatment right, particularly the depression,' he says.**

'The worst thing about depression is low self-esteem. You don't function very well, you are desperately unhappy and think you're the worst person in the world and shouldn't live.'

'I haven't had depression for eight years – touch wood – and that's due to being on good medication,' he adds. 'There's a strong sense of equilibrium now and that I can get on with my life.'

'Thanks to this treatment, I haven't had the aggression and anger I used to get from time to time. It's only when I'm really stressed that that happens, and getting stressed is usually about relationships or money.'

Neil left politics over 10 years ago and launched himself into a successful career as a playwright, having had his first play, *Alive at Williamstown Pier* (based on his own experience with bipolar disorder), produced a few years earlier.

His bipolar disorder, Neil believes, is associated with a greater capacity for word association, creative ideas and energy and he is grateful that he has the talent to work with this. 'I would be unhappy if I wasn't writing,' he admits.

and internationally, and he is often closely involved in their production. Neil packs a great deal into his days: he runs five times a week, goes to the movies, reads 'all the time' and above everything derives enormous pleasure from the company of his sons, Eamon and Declan.

His sons, he states simply, are his biggest support. They understand the illness and keep an eye on their father, looking out for the start of any mood swings.

'They worry that I might be going manic – usually over financial issues – if I'm short of money or if I've spent too much.'



'One day when I wasn't feeling 100 per cent, one of them came round to make my breakfast while the other fetched the paper. They were simple things, but a very practical form of support that made a big difference at the time.'

'I think it creates a greater sense of equality when a parent has a mental illness,' he says. 'The power relationship is changed. They say



In 1999 Neil won the Griffin Theatre award for the best new writing for theatre and two years later was shortlisted for the Victorian Premier's Literary Award.

His plays have been performed around Australia with a card. Neil's recent novel: Colonel Surry's Insanity is dedicated to his boys.

It gives Neil great satisfaction to say he does not do meetings. 'I go to great lengths to avoid them,' he says, 'because I get very agitated and angry and frustrated.'

Nonetheless, because of his commitment to improving the circumstances of people affected by mental illness, he overcame this aversion to sit on the National Advisory Council on Mental Health in Canberra.

my vulnerability and couldn't look on me as the all-powerful father any more.'

Neil does not use credit cards because he can't trust himself with them. Instead he relies on Eamon to settle things if anything needs to be paid

We don't put enough resources into the non-medical aspects of treating mental illness. There's so much more we could be doing to care for people and help their recovery.'

A combination of having lots to do and anxiety about being away from home means that Neil rarely leaves the city, but makes an exception to visit his mother.

A planned overseas trip with Eamon and Declan looms large however. He is excited at the prospect and determined that he and his boys will have the trip of a lifetime.



## Evan – Recovery from Schizophrenia

'Evan has always wanted help other people', says his wife, Tammy. 'And this is what he's doing now – he touches many lives.'

**Evan's job is to help give a voice to people with mental illness who come from non-English-speaking backgrounds. His formal title is 'Culturally and Linguistically Diverse Mental Health Consumer Advocate'. He and five colleagues, whom he mentors, talk to people affected by mental illness in ethnic communities about their experience and how they can be helped better. They also give talks to local social and sporting groups to raise awareness of mental health issues.**

Evan was born in Egypt. The family migrated to Australia when Evan was six and he grew up speaking Arabic and Greek (his mother's tongue) as well as English. After a happy childhood, life changed for Evan in his late teens.

'I started to giggle and laugh a lot and did not want to interact with people socially,' he says. 'I also became paranoid, thinking people were following me and that my thoughts were being broadcast.'

Evan's parents realised something was wrong and turned to their Greek Orthodox priest for help. He prayed over the young man.

After a while the symptoms became more severe and Evan's parents took him to their family GP, who said it was mild 'nerves', and put him on sedatives. This made no difference.

'My parents were confused and worried,' Evan says. 'Their English wasn't as good as mine and

'Doctors can provide medication. They can give you recreational activities and advice. But the desire to get better has to come from you.'

Evan educated himself about his schizophrenia, took his medication, made an effort to stay socially active and eventually married and had two children. While that relationship ended after twenty years, he has since met Tammy and the two have been married for five years.



'My mum got me back to the Greek Orthodox Church after a long break, and there I met Tammy, who not only shared the same interests, background and beliefs, she also had schizophrenia.'

'I found him kind, gentle, quietly spoken and caring,' Tammy says. 'I fell in love with him.'

'It was a double bonus: someone who understood the illness and someone who shared my beliefs and values.'

Tammy and Evan also watch out for each other. 'We understand each other's symptoms when they flare up,' he says.



they didn't know what to do. Eventually they took me to a hospital emergency department, and I was admitted to the psychiatric ward for three months.'

He was told he had schizophrenia - but that it was an illness which could be treated.

Evan admits he has a tendency to do too much, as his work has become a passion.

He was studying for a science degree when he first became ill and his goal was always to do work which would help others. He never finished the course but he has achieved his dream in other ways.

Today he helps other people experiencing the baffling and often frightening symptoms of mental illness -- and provides an example to show it is possible to come out the other side, to manage them, and to be happy.

As well as his work with ethnic communities, Evan writes articles for the media and speaks on SBS radio, highlighting the availability of interpreters for people concerned about mental health problems when talking to health professionals or helplines.

He is well aware that ethnic families, although strongly supportive of each other, often lack confidence in speaking English and may not understand the importance of early intervention with mental illness.

Evan also sits on a number of boards and planning committees including the RANZCP (Royal Australian and New Zealand College of Psychiatry), Victorian Mental Illness Awareness Council and ADEC (Advocacy Disability for Ethnic Communities). He runs statewide

Tammy takes special note of the times Evan is tired, restless and flat. 'I tell him he has to look after himself, that work can wait,' she says. 'It's quality that matters.'

Now in his early fifties, Evan has returned to study and is doing a Leadership course linked to the RMIT Community Development Diploma at RMIT University. Evan has also completed a Certificate IV course in educating himself how to deal with people with all kinds of disability in the past.

To bring some balance into his life, Evan power-walks, reads, gardens and enjoys Zumba dancing exercise classes in his 'spare time'. He has been a soccer coach and a well-known referee for Soccer Australia for many previous years.

Tammy's love and support have transformed Evan's life but the success of his work is deeply rooted in his personal determination to find healing through what he calls self-advocacy.

'Self-advocacy is about learning to stand up for yourself before you can stand up for others,' he says. 'It is about building your confidence and self-esteem. It takes time.'

As Evan knows from his own experience, it does take time but he is a sterling example of how it is possible to get there, happily and well, in the end.



mutual support groups for people with mental illness as well as a local group called Spectrum of Cultures. Yet another role is conducting community education classes for GPs.

### **Sally – Recovery from Bipolar Disorder**

Sally can't stop beaming. Her two dogs – Muschka, a 13-year-old Staffy-Jack Russell cross and Axel, a puppy whose ancestry includes sausage dog and fox terrier – respond to her mood, jumping and dashing around her East Melbourne living room.

#### **Sally's partner, Dan, smiles before quietly leading the dogs out so Sally can talk about the new job that excites her so much.**

'It's a huge challenge,' Sally says of her new position as National Logistics Manager for an Australian Government safety program. 'I'm working in an atmosphere where everything is go-go-go. I love being there.'

'My attitude is, throw me in the deep end and I'll swim. Give me something to do, and if I don't know how, I'll work it out!'

Sally was offered the job on the spot when she was interviewed, and the boss wanted her to start straight away, but the human resources department insisted on putting her, like all new recruits, through a rigorous medical.

Sally disclosed the fact she had been diagnosed with bipolar disorder at 19, and was dismayed by the attitude of the doctor who interviewed her.

'She asked if I'd been hospitalised and I said, "Yes, several times, but have been well for five years." Her response was, "So your illness is so severe you've been hospitalised," rather than,

Sally appears so self-assured, it is hard to imagine how much her life has changed. Only eight years ago she was, she says, 'Sick – really, really sick – in and out of hospital, and not living a functioning life or anything close to one'.

A key to finding her way out of the maze was the unwavering love and practical and emotional support of her parents, particularly her mother Jayne.

'Mum is my backbone,' says Sally. 'However tumultuous our relationship when I was younger, she recognised that my behaviour wasn't just horrid teenager-ness, and kept on at me about getting help.'

Throughout her twenties, Sally refused to move back home no matter how unwell she was. When she wouldn't eat, Jayne brought her meals. When she refused to get out of bed, Jayne gave her bed baths, cleaned her house, walked Muschka, checked her mail.

'Mum read everything she could on bipolar disorder. She went to every doctor's appointment with me. She visited me every day



“You’ve been well for five years, how do you manage your illness?”

‘I thought this would cost me the job, but it didn’t.’

Sally is very open at work about her bipolar disorder. ‘A long time ago I decided bipolar was not something to hide, not something to be ashamed of. I didn’t ask for it, I didn’t do anything wrong to cause it. I’m not a bad person because I have bipolar -- so I am going to talk about it openly.’



Jayne is acutely conscious that Sally still gets frightened if she has troubling feelings and thoughts, and knows she is sometimes the only one who can talk her round.

‘She rang the other day saying she was feeling stressed,’ Jayne says. “I know you’re not spiralling down,” I told her. “It’s probably just your job. It’s very demanding.”

‘By the end of the conversation she sounded different. If I hadn’t been there to talk to on the phone, she might really have gone down.’

Jayne is thrilled at how well Sally is managing her life now. She describes it as ‘the most fantastic feeling, knowing she has a job, a lovely

in hospital,’ Sally says.

‘She was there 24/7 for me on the phone. If I wanted to self-harm or anything like that, I’d call Mum – even at three in the morning. She drilled into my head, “Pick up the phone – not the knife”. (I used to cut myself when I was unwell.)’

Today, Jayne sees her main role as a sounding board, and speaks to Sally most days.

‘I know my warning signs. I know the difference between what is anxiety for a reason and irrational anxiety for no reason whatsoever – about something as simple as going the letter box to get the mail.’

These days she shares her busy life with Dan, who works in IT, and for the first time knows what it is to be in a loving, well-functioning relationship. They met at work a few years ago and have been together for two and half years.

‘Dan knows all my ups and downs as well as the possibility that I may get sick again one day. He’s very supportive and kind, quiet and calm. Sometimes when I get into an emotional tizz over nothing he’ll say, take a step back, take a few deep breaths, go and lie down, watch TV or whatever.’

A year ago Dan gave Sally a disco ball and a course for them both in Latin American dancing. This turned out to be a fun activity they both love, and the class continues to be one of the high points of their week. Sally says she expected to shine on the dance floor, but that Dan is so good he makes her look uncoordinated.





partner and hasn't been hospitalised for years. I'm very proud of her'.

Also fundamental to Sally's recovery was finding the right doctor and the right combination of medications. As well as drugs, she had ECT (electroconvulsive therapy) which affected her memory for a while, but saved her life. She now has an understanding with her doctor that if she feels the need, he arranges for her to have another session. 'I've had ECT twice over the past five years,' she says. 'It's worked like a charm.'

Sally is philosophical about the years she endured when her bipolar disorder was not well managed.

'It's been a tumultuous journey, but I've learned from it,' she says. 'I'm a full-on person but I'm very empathetic. I know what it is to suffer. I've learned so much about life that many people will never know.'

### Cameron – Recovery from Schizophrenia

Cameron's story demonstrates how someone's life can change dramatically. Twice.

**Cameron was diagnosed with schizophrenia at the age of 24. Over the next four years, he went from being fit and active to overweight and depressed, and often drank himself into a stupor to numb the pain of his life.**

'I started to accept that I was a "schizophrenic", that that's what they do and that's the way it was going to be,' he says. 'I resigned myself to my fate. I was also suffering from self-stigma. There was a huge hole in my self esteem.'

One day, skimming through his diary, Cameron read words that shocked him. He had written that the best years of his life were behind him. At that moment made a commitment to change.

'I was sick of being unfit and unwell and sitting on the couch,' he recalls. 'I decided to have a go, and if it didn't work, the worst that could happen was being back on the couch.'

became a journey of rediscovering who I was and developing techniques to help me get well and stay well. It was also about early identification of the triggers that would make me unwell again.'

His next major step was a gradual reduction of medication, under his doctor's supervision. Cameron acknowledges that it is rare for people with schizophrenia to come off medication completely, and emphasises that recovery is a personal journey that involves understanding your illness and taking control of your life.

'I try to live a good, wholesome, healthy life,' he says. 'I do all those things that keep me well such as running 50 or 60 km a week which helps me sleep – a key to staying well. I also make sure I eat well and I only drink socially for enjoyment, not to medicate myself.'

Cameron has also established a foundation, PeopleLikeYou, to help others out of the despair that he recalls only too well. 'The idea is to give





His first step was to go to a naturopath who really understood weight gain and loss. She put him on a strict diet and exercise regime.

At the same time he gave up alcohol, started going to the gym, running and gradually becoming more active.

He felt better almost straight away and lost four kilos in the first week. Exhilarated, he pushed himself harder. After an intense three months he had lost 18 kilos.

‘Then it was a matter of finding a balance that was sustainable over time, staying fit and keeping the weight off,’ he says.

Cameron admits that when he embarked on his new regime, he didn’t think in terms of recovery at first.

‘It was about getting my life back,’ he says, ‘but it illness who have come to help. A herd of alpacas are due to arrive soon, and there are plans for a greenhouse too.

‘It’s about providing activities which individuals can learn from, take away and implement in their own lives,’ says Cameron. He dreams that one day the Fresh Project will be residential. ‘I’d like people to be able to live on a farm for a week, two weeks, a month, six months, however long they need. That’s probably not achievable on this property but it’s my vision.’

Cameron’s day job is at the University of Melbourne where he is close to completing a PhD on stress physiology, focusing on the hormones associated with stress and how they affect target tissues around the body.

people an alternative to what’s out there, to get away from the idea that medication alone is the only solution. Its first initiative is The Fresh Project. An unpromising, dusty block of land on the fringes of Melbourne is being transformed into productive land, with almond, olive and apple trees laden with fruit, a vegetable patch, a brood of free-ranging chickens, and bee hives – all thanks to people affected by mental Cameron met Katie when he was well on the way to recovery. Meeting her, he says, made him determined to stay on track. He has not changed that view.

‘I wasn’t around when Cameron went through his tough times,’ says Katie. ‘But I do pick up on him having a rough day – he will be restless and fidgety. Then I encourage him to go outside and run or walk the dogs.’

Katie is proud of Cameron’s work and supports him in whatever he feels he needs to do, while watching that he doesn’t over-do things. ‘He’s inclined to take on too much,’ she says. ‘I’m there as a reminder that we all need to slow down sometimes.’



Weekends involve at least one day at the Fresh Project, usually accompanied by his wife Katie and their dogs Ruby, a small bulldog, and Fidel, a large Great Dane.