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WORKSHOP PRESENTATION IIMHL

GRAHAM MORGAN

Hi

I'm going to talk about one aspect of my trip to new Zealand that I took this year on behalf of VOX.

But before I talk about it I will just reflect on the experience; it was exhausting exhilarating exciting energising as well as shattering. It was full of ideas and discussion.

Is it worth us doing these things?

I think so.

I think so because we learn new things from around the world, we meet people we would never meet ordinarily, we talk with people from backgrounds and perspectives we wouldn't often access, we learn the basic fact that many of the issues we face here people face 10000 miles away.

Most important is being placed in a situation where you have to reflect and question and ponder. In many ways it was the evenings talking with Penny that felt the most beneficial and she's sitting here besides me today – I could have just caught a bus to hers for a week and talked but it is that atmosphere that gets you talking.

I love the idea that there are no answers, nothing is certain, that there is no quick fix, no model that will instantly change the world. To find yourself in a world where you constantly question assumptions you make and beliefs you have is invigorating and refreshing.

One of the big assumptions I had to question was my views and the views we express in Scotland on sectioning, while I dislike the fact that I am under a section I am well aware that being sectioned on a number of occasions has saved my life.

When I speak to people in this country the overwhelming feeling is that to be sectioned is horrible, it can be undignified, it can be humiliating, it feels like an imposition but most of us agree that sometimes it needs to happen as it can keep our friends and colleagues alive and safe when they are not safe.

Just before I left for New Zealand the World Network of Users and Survivors of psychiatry celebrated the fact that the United Nations rapporteur on torture had written a report saying that compulsory and forcible treatment was a cruel and degrading act and in some countries amounted to torture.

He and WNUSP were keen that sectioning be outlawed across the world.

My personal feeling was that without using sectioning as last resort many, many, of my friends would die as a direct result or be placed into situations where life becomes more or less unbearable.

When I arrived at Auckland I was partnered with the Mental Health Foundation there to look at stigma and discrimination, mental health promotion and mental illness prevention and wellbeing. I worked alongside lots of exciting people from New Zealand, with people from consumer groups in America, with child mental health workers from America, a psychologist from Canada and a mental welfare commissioner from Ireland and a user network person from Australia. It was busy thoughtful exciting two days. I have copies of the long report of the thoughts I had from these days here for you to take away.

But as I met people from the consumer user survivor movement from America and new Zealand and Australia and elsewhere I became aware that my views on such things as detention were in the extreme minority.

The conversation reminded me of the conversations I would have been having twenty years ago when we were establishing groups in England and Scotland, psychiatry was almost always seen as paternalistic and bad, medication wasn't helpful it was a medical straightjacket, mental illness was a redundant concept and was the wrong way of looking at our experiences, detention and compulsory treatment was absolutely wrong and should never ever happen and seclusion and restraint was the most gross abuse of our human rights imaginable.

And I know this view is held by a minority people in Scotland and I also know that it is a valid view. It does have integrity and strength and power to it.

But I wondered around the conference of a few hundred people and thought to myself

"I am almost certainly the only person at this conference, who is presently detained under the mental health act and who has had to make

arrangements to get his injection from the mental health team in New Zealand while he is here."

And a large part of me was very tempted to walk onto the stage and say "All you people who want to liberate me from my bondage are a shock to me."

I wanted to say

"Do you know that if you repeal compulsory treatment I would almost certainly die?"

I wanted to say

"Can you look me in the eye and say you are happy for me to die for your principles?"

And as I thought this, I thought how important it is to express the whole range of views we have both locally, nationally and internationally.

As I engaged in conversation with my fellow activists I found one person who took me aside and said

"You do realise that these very visible people do not represent the views of all of us?"

And that planted a thought in my head.

As I wondered around still rather confused an admin assistant from a local organisation who is also a person with a mental illness heard some of what I was saying and asked me if I would visit a drop in centre the other side of the city after the conference.

And so I did, and when I went there in the hot day to natter and chatter and participate in the activities I asked the people there who did not even know that a conference like this was occurring on their doorstep whether they thought mental illness was a real condition and whether they thought it was ever necessary to be treated against your will and, with the exception of one person who had spent a good part of his life locked up in hospital, they looked at me with bemusement and said

"Of course mental illness is a mental illness and of course we sometimes need treated against our wills because on occasion we lose the ability to choose what would be good for us, sometimes we need people to intervene when we are very ill."

On my return to Scotland I spoke via e.mail to the World Network of Users and Survivors of Psychiatry and they reiterated their belief that we never lose capacity and that they still wish for the outlawing of sectioning

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They said that this was the view of people from across the world and that it had also been expressed in Scotland.

And I reflected on our use of social media and I do know of one person who is tremendously angry at psychiatry and sectioning and who blogs and posts about it across the world incessantly and I remembered the view from one of the groups met in New Zealand that through the use of social media small groups can have a huge world influence and I remembered the view of the delegate who said that I was listening to the highly vocal and the highly engaged and the deeply angry.

And then I remembered that WNUSP had asked HUG and VOX to join them even though all their public statements are contradictory to our beliefs and I thought how "Interrelate" a group of international consumers wanted VOX to re-engage with them and how they had asked that I consider joining as a VOX rep and also that we look at the possible structure of a world user voice.

Back in Scotland I thought to myself maybe my personal experience has warped the voice of members of HUG, maybe I have got this all wrong.

So we did two things: first of all we discussed the issue in HUG.

We talked about an international voice and felt our voice wasn't being heard even if it is in the minority and then we talked about what a world user voice would look like – we wanted to see a democratic structure where local groups could feed to HUG could feed to VOX could feed to Europe and then could feed into an international group.

We wanted the priorities for action to be decided at the grass roots – exercises such as VOX and HUG carry out to see what are the most important issues should be used to determine what is acted on internationally because, as far as we know, sectioning is not the most important issue in the world to people with mental health problems. We wanted different countries to take on specific pieces of work.

Most of all we wanted our international voice to be influenced by the huge range of opinion to be found across the world., we wanted the person in Dornoch who thinks ECT saved her life to be heard as well as the person in Haddington who thinks it's barbaric, we wanted the person in Iraq who says they need more than two psychiatrists for the whole country to be balanced against the person in Australia who says we would all be better off without psychiatry and the person in Portree who says they hate olanzapine to be heard alongside the person in Nepal who says please supply more medication we can afford.

We thought of lots of other things but maybe that can be discussed this afternoon.

The other thing we did was discuss the subject of sectioning in HUG with Plus Perth, Stun, Sunny Dundee and New horizons and produced a report on the subject. As I thought although we have some horror stories and can see many ways of improving things the 60 or so people who contributed were mainly of the view that such a thing as detention is sometimes necessary.

We want that report to be listened to alongside the views of other countries where sectioning and treatment in general is horrible.

From the trip and the contact and work we have done in HUG over the years in Europe my view is that having international links is vital, both for solidarity the exchange of ideas, mutual support and to campaign and co-operate on similar issues – I hope we can discuss this more this afternoon.

thanks