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Hello;

Thank you for asking me to speak with you today. For those of you that don't know me, my name is Graham Morgan and I work with HUG (action for mental health).

I am here to talk about stigma and how we have been challenging it over the years and maybe what we could do in the future.

I am talking from the perspective of someone who has been giving an anti-stigma message for the last twenty years at least, but my thoughts are not really based on formal evaluation or evidence, they are more a personal reflection.

I have always thought that I knew stigma intimately: I give talks about the stranger many years ago who said people like me were scum and didn't deserve to live.

I talk about the crudity of foods called 'insanity sauce' or lollies called 'banana panic' and of the whole raft of a culture that litters its conversation with silly phrases, such as 'You don't have to be mad to work here but it helps' or tales of 'schizophrenic cities' or the multiplicity of television programs about serial killers and murderers who are all somehow mentally ill and seem to litter our streets praying on the unwary.

Our members say that stigma is the biggest priority that we should be taking action on and often talk to us of the discrimination and alienation that they feel.

And with that raft of overt ridicule and anxiety about people like us you can see the need to challenge stigma, to help people in this country and across the world to come to a realisation that seeing people like us in pejorative, set apart terms is so completely unnecessary and unhelpful.

And yes, on the same subject of stigma and discrimination but seen across society, injustice and unfairness is the reality of life for so many people with a mental illness.

Living for a lifetime on benefits is not something anyone would relish but then to be called frauds and scroungers and have the weight of the state

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try to take those benefits off you could be seen as institutional discrimination as could the high number of people who are homeless with a mental illness or the 90% of prisoners who have a mental health problem or the 85% of people with a mental illness who say that isolation and loneliness is a daily bleak reality.

These realities are something that groups like HUG try to challenge in their advocacy work but could also be seen as further examples of prejudice and alienation from a society that finds it hard to accommodate or accept us.

All very simple in a way – a situation where we have a clear issue and multiple ways of challenging it that will keep all of us positively occupied for a long time.

But let us pause for a bit.

In HUG we have always said that most people do not set out to be malicious, that people do not want to wreck our lives and exclude us. And certainly in my personal life I have nearly always felt treasured by the people around me.

We say that, if only you get people with mental health problems and the community together and talking in safety, the openness and the dialogue will in itself help the burden of stigma fall from all our shoulders.

People will realise we are not monsters, that we are not awful frightening people. That we can be talked to, that we can work, that we can laugh, that we can be together, that we can be mothers and fathers and that we can be loved.

Our awareness raising sessions where we meet with anyone from psychiatrists to the police to nurses to social workers do that.

In a mutually respectful atmosphere we learn of our lives, we communicate, we see through each others' labels and worlds change.

In our evaluations around 80% of participants say that the training is excellent and the stories we tell of our lives are frequently evaluated as 100% excellent.

It is common for people to tell us that our training is the best they have been to and sometimes meet people in the street who tell us that they remember us from years ago and that what we told them was life changing.

So why, when we say, if we just get us all together to talk, to hear our various stories that people will let prejudice go, do people with mental health problems say that stigma is most common amongst our friends

and relatives and those that help us most professionally? That shouldn't happen! It does not make sense.

When we place adverts on the telly, that state over and over again that 1 in 4 people have a mental illness then we have to question what we do with our educational messages and what we think of society.

Because that percentage means that each and every person who sees an advert or a press article about mental illness already knows the issue.

They either have direct experience or know someone with the experience of mental illness. We are educating people who already have an expertise in the subject, in many ways we are educating our families and our friends.

So why, if we are educating those that are more important to us than anyone else, do we still experience stigma? Why are we rejected? Why is a jar of insanity sauce a good promotional product?

And this is where I think to myself that we are missing the point a bit.

I will use a very personal story now to try to explain my personal opinion about the complexity of prejudice.

My son is 21. I last spoke to him four years ago, I do not know where he lives, I do not know what he is doing, I do not know who his friends are, whether he is happy or sad. Through his Mum I have heard that he never wants to speak to me again, that he now regards me as a dead to him. I have heard that although he understands mental illness and accepts it, he regards my mental illness as beyond the pale.

I remember many years ago hearing him tell a tale of trying to tell his best friend about my schizophrenia and his friend giggling and saying that would be such a horror story if it were true.

You could on the face of it call that stigma, for me it is the most painful thing that has ever happened to me.

When my son was born I promised myself that I would do anything I could do, so that he would grow up to see me in quite the opposite way to that in which I used to see my own dad and I failed utterly.

Part of his hatred certainly comes from the incredibly painful break up I went through with his Mum and the way we dealt with it, because we are complex people, stigma is not an isolated mechanism, divorced from the grittiness and history of all of our lives.

When my wife called me 'psycho' or 'schizo' in our rows it was less stigma and more the unbearable reality of a life of love becoming loveless and the desire both of us had to be horrible to each other.

However part of it could come from the fact that over my sons life I have been admitted to hospital six times, always under a section, always under constant observation, always determined to both harm myself and kill myself.

When you are a 14 year old, how must it feel to come to visit your dad in hospital and to ask why a nurse is guarding him? To look at the bandages on his wrist or the scabs on his hand caused by constant efforts to scald himself with the coffee kettle?

I don't think that is stigma, I think that is a reaction to the unbearable pain people witness in people like us.

When I think of other illnesses, which seem much more understandable, like depression, I think of my own reaction when I am with friends who can no longer see joy in life, who have lost energy, who think of everything with huge anxiety and self hatred and zero confidence and I know that sometimes I, who have dedicated my life to improving attitudes turn away, because the pain is too much.

The complete inability I have to reach through to people I respect baffles me; the absence of ideas about how to communicate let alone help is horrible and sometimes I turn away, leave them to their pain, until such time as they are well again.

And is that stigma and prejudice? Is the fact that you do not have the strength to cope with your mother or your lover or your child, the fact that you want to help and find that help rejected, that you want to comfort and find an absence, a void filled with pain.

Such a pain and such a gulf of connection that you turn away and maybe to your shame and burning anguish leave them or shout at them or blame them, or try to control and smother them because we are all too painfully human and when all we want to do is to help but cannot help, we feel desperate, when we want to reach out but cannot understand we feel confusion and bewilderment. When we look at those we love we want that love back that togetherness and find ourselves wondering whether the love that has gone is a result of illness or just the grind and rip of life on our hearts.

In a way it is stigma, but in a more important way it is not, often people with a condition like me are rejected or exploited, though that has very, very rarely happened to me personally, but this to me is not through prejudice but through the inability people we love have to understand what we are going through or to cope with the pain we cause them.

When my brother shouts at me with tears in his voice that don't I understand, that my whole family waits by the phone, waiting for the news that this time I have finally died when yet again I give up my medication. That my dad says "But how can you believe that? You are an intelligent person." When I talk of devils or evil. That my sister almost never phones me when I am in hospital because she doesn't know what to say to me at such times.

Is that stigma or an all too understandable reaction to the dreadful reality of what mental illness or mental distress is?

And so I turn away from the appeal to challenge discrimination and prejudice with the bluntness of saying you will or won't do this, you will think this way and act that way because that is not what I think we should be about.

In many ways we could challenge stigma better from those we are close to if we could give them skills to listen and to help and to understand, if we could give them the possibility of being able to access help both for them and for us. If we could stop them feeling guilty and responsible for making us better then so much more could be achieved.

In many ways we could challenge stigma ourselves if we were given tools to communicate too, to be assertive, to understand ourselves and to live beyond the guilt and shame we also feel.

In HUG when we change people's perceptions we do it through openness and honesty. We do not try to present an image of us as people who are normal except for the prejudice we experience, we show the reality of what we go through because in that honesty, people find a connection with something they already know.

We do not tell people what to think but instead try to learn from each other, so when a police telephone receptionist talks about the fear and anxiety she feels when a suicidal person puts the phone down on her we try to listen, to empathise.

We do not try to present ourselves as wonderful people but neither do we show our lives as complete tragedies, we also show the times we laugh, the things that make us happy, the things that help us, the things that give us hope, the things that mean we can keep going.

We make ourselves human and in the certain knowledge that if we walked into a meeting and criticised and dismissed and told people what to say and think, we would know that a huge invisible barrier of sullenness would rise in front of us, we try to leave our anger and the labels we give other people at the door on the assumption that respect and dignity accorded to all is both the route to learning but also the mechanism by which stigma will disappear.

And so we are not the same as any other civil rights movement – the undeniable reality is that the stigma applied to us is to an impairment by which we are defined.

I am proud to be me; I am proud to be a worker, a lover, a father, a friend.

I am not proud to believe I am a devil, I am not proud to wake up every day hoping I will die. I am not proud that I despise myself. I am proud of my friends who have similar impairments and find a way of coping with them or surviving them.

And so I am proud to celebrate people who experience madness if that is what we want to call it, but I am not going to celebrate madness or illness itself and there's the difference.

I'd better wind up now.

I was asked to give this talk as a person who is seen as a consumer leader.

And in this small movement that we are so far, that is one of the ways I am seen but over the years we have built up a network of other people also leaders, less visible nationally but very visible in the Highlands.

We have a few messages that we constantly try to give:

First of all: We don't know the answers, we don't have the right to tell people how to think, behave or treat us – they can learn from meeting us and make their own decisions.

We have no one testimony and view point that is better than another, in fact when we are asked to give training on controversial subjects we actively set out to provide contrasting experiences and opinions.

We all have some way of contributing, public speaking is ideal for some people, whilst using the internet or typing letters is better for others. It depends on our skills and wishes and motivation.

Above all is the message of respect and I think the rather confused message that we need to accept and understand the reason for and existence of difference even if we cannot always accept the reaction of society to that difference or the behaviour that difference can cause.

How have we done this in HUG?

Just a series of bullet points which I am more than happy to expand on later.

Every consultation with our members shows that they want us to prioritise work with young people.

We go into school classes with our members using basic question and answer sessions to get conversations going – over the years we will have been in contact with a few thousand young people where many of our members have told their stories and by doing so become real and human.

We have created three dramas with Eden Court Theatre company – they have been on a number of tours in schools and I guess would have reached about 7 thousand young people and had a huge impact.

We have created a resource pack on young people and psychosis

We are currently working on an animation on mental illness for young people.

We used to carry out a peer education program.

In our mental health awareness training led by people with experience of mental health problems we will meet with people to deliver sessions once or twice a month and, as I said, our audience varies from GP's to housing workers, to advice workers to students.

We have produced a number of DVD's ranging from employment, to recovery, to self harm, to diversity, to mental health first aid and hope to create a you tube channel on which to stream them.

We have produced a range of promotional materials, mainly postcards of which we have distributed about 100 000.

We have held art exhibitions and creative writing workshops

We have participated in the Scottish Mental Health Arts and Film Festival

We have created films, we have arranged for joint journeys between us and professionals on an artistic theme

We have held ceilidhs

We have participated in the media with appearances about once a month or so, varying from a tiny article in the Inverness courier to participating in hour long documentaries for the BBC.

We have spoken at numerous conferences both regionally, nationally and internationally.

We have a regular newsletter and a website and facebook presence and are hoping to expand on this.

Key to everything we do is the involvement and participation of our members in choosing, planning, preparing and delivering our work. They are the whole reason we do what we do and are that vibrant joyous connection that makes this work worthwhile.

At present HUG, with VOX are conducting a series of focus groups on how the involvement of people with experience of mental health problems should develop in 'see me' in the future some of the conversations we have already had have influenced what I have said- if anyone wants to talk about this with me afterwards that would be great .

Thank you.