



MENTAL HEALTH COMMISSION RECOVERY SERIES: **three**

**PACIFIC PEOPLE IN
NEW ZEALAND TALK
ABOUT THEIR
EXPERIENCES WITH
MENTAL ILLNESS**

By Vito Malo

APRIL 2000

There are many pathways to recovery from a mental illness;
this is the third in a series of four publications on recovery.
The other three in the series are on recovery experiences of
family members of people with a mental illness;
Maori who have a mental illness; and
people who have used forensic services.

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Author's Note ●

I am a twenty-six year old New Zealand-born Samoan journalist, diagnosed with bipolar affective disorder. I was interviewed for this paper and then asked to do some of the remaining interviews and to write this paper for the Mental Health Commission. I saw it as a good opportunity and it has become an educational journey for me.

This is a topic that I am passionate about, and although it was extremely difficult to do so, I have done my very best to separate myself and my opinions from ruling over the experiences of the other seven consumers who took part in the interviews. I have tried to do justice to all who took part in this project, and hope to be forgiven if I have fallen short of doing so, but this paper is based upon my own experiences, as well as theirs.

One of the biggest lessons I learned when first being admitted to hospital was that this was not just happening to me. That realisation has taken on even more truth after hearing the individual stories of seven other survivors of mental illness.

There are strong links between Pacific Islanders, and the similarities in our perceptions of the spiritual world around us, but each Pacific nation has its own customs, traditions and rules of conduct. We are not all New Zealand born. We are not Maori. Therefore we do not expect to be treated according to others' values and traditions. To even group Pacific Islanders into one group is a tough ask. The similarities between Pacific cultures are many, but the differences are far greater.

The people of the Pacific Islands are a great people, a people that I am proud to call myself a part of. We are quiet and reserved when treated with the respect that we as humans deserve. But too often we are also quiet and reserved when we are ill-treated. We Pacific Islands consumers are all on the road to recovery. Although it is a

difficult road to travel, we struggle and strive through life as much as any other human being.

Hopefully our experiences written here will lighten the burden for other Pacific Islanders who enter the services tomorrow, and allow them a smoother road to recovery. It has been an experience compiling this paper. I only hope that the information that was gathered is put to good use.

The interviewees included five Samoans, two people from the Cook Islands, and one person of Tahitian descent from the Pitcairn Islands. Six of the eight interviewees were New Zealand born. Their ages ranged from mid 20s to 40s. Most had used mental health services for 10 years or more. Three of the interviewees live in Auckland, the rest in the Wellington region.

This paper starts with the interviewees' views on what has helped their recovery. Then they talk about what has hindered their recovery. The paper ends with a summary of the similarities and differences in the interviewees' experiences of recovery.

Vito Malo



RECOVERY:

What was helpful

For Pacific Islanders, three of the key elements aiding recovery are faith, family, and personal strengths. But as you would expect to find in most other situations one persons pro is another persons con. Not everyone found these elements helpful.

Personal strengths

'I knew that I had to be strong. I have to be strong and try to stand on my own two feet as much as I can.'

'By going through that hell, I got to really know myself, and it wasn't being in hospital that helped me.'

'For me personally, I knew I had to get out. That gave me the motivation to work towards getting better. It wasn't so much that the mental health services were there to help, it was the fact that I saw they weren't helping that motivated me.'

Personal strengths showed through more than anything else as a help to recovery. This was mostly motivated by a need to get away from what was seen as authoritarian treatment. Mental health services may have played a part in recovery, but not always in the way they were intended. The negative points in the services became incentives for self-improvement and a way to draw on their personal strength towards recovery.

Pacific Islanders are a proud people, and sometimes this can be seen by others as plain stubbornness. But it was seen as a great asset by

the people interviewed. It allowed some of them to seek out the treatment they wanted and endure the treatment they did not find successful. They also endured services with unfamiliar environments and routines. Some found that through trials of different medications, they actually grew to despise medication.

Personal strength was also drawn from the positive things that surrounded the Pacific Island consumers, especially family, friends and faith.

Family support

'The family is actually part of the healing process. Pacific Island parents always like to have contact, they always like to know what's going on and what's happening.'

'Some of the hospital staff had told my family to stay away for a while because they felt like that was hindering my recovery. But to be able to see my family actually made me feel for just a little while like I wasn't in hospital, and I enjoyed getting visits from them.'

The family is a key concept in Pacific Island cultures and the family plays a very important role in the lives of Pacific Islanders.

While the interviewees' families often struggled to understand what was going on, their support for the most part did not go away. Through the support that the families showed the consumers were able to keep in touch with who they are.

With the important role of the extended family in the lives of Pacific Islanders, cousins often become their friends, the elders become their leaders, and the extended family as a whole, becomes the community. Pacific Islands cultures are different from almost every other culture

in New Zealand because the extended family plays such an important role in their lives. This is why families can have such a large impact on recovery.

Even Pacific Island mental health service providers create a family unit within the service, where consumers are able to stay in touch with themselves, and seek out their cultural heritage. If the true family environment is lacking at home, Pacific Island services provide a family environment, under a strong Polynesian influence.

Faith

'Even though I was lucky enough to have a lot of moral support from my family, and community, I still believe it was that faith in God, being able to know that when all else failed, he was always there.'

'I knew that to recover well from this illness, I could always have someone who is closer to me, to tell my innermost secrets to. I was able to reveal all my secrets in the form of prayer to God. He let me off-load myself.'

'I'm grateful to God for saving me. It's such a beautiful thing. It's a really good gift from God to have life.'

For most Pacific Islanders, except in some individual cases where a strong Western influence exists, spirituality and faith are also important. The majority of the people interviewed were Christian, and for most of them the influence of 'God' was positive. But the church itself and the people within it played a less positive role in their recovery.

Through learning to love and believe in 'God', the interviewees were in turn able to learn to love and believe in themselves. Some have

spoken of a search, or a journey to find themselves. This is no different from any other person looking to find an identity with 'God'.

People in the Pacific Islands had spiritual faith long before Christianity, and some of those earlier beliefs have crossed over into Pacific Island faith as it is today. In the old faith, mental illness or rather its symptoms, are believed to be possession of the body by an *aitu* (demon), or a punishment for a past sin committed by the sufferer or their family. Unfortunately this is a strong belief, even to this day, amongst some of the more senior members of Pacific Islands communities. The interviewees were all aware of the old Pacific Islands belief systems about mental illness, but fortunately none seemed to have come across it, at least not enough to hinder their recovery.

Community mental health services

'I've been linked up with all sorts of different [services] – mental health consumer organisations and a Clubhouse. It was through the Clubhouse that I came across the Pacific Islands mental health service, and this service has shown me other organisations. I've been linked up with quite a few.'

The interviewees who experienced the system as it used to be, spoke of the treatment they received. For most it was an ugly and unhappy experience, one that they can fortunately put well behind them. The evolution of services has made them more responsive to the clients needs, and less focused on seclusion, medication and isolation from the rest of the community.

For most of the Pacific Islands consumers, who have only recently gone through mental health services, their experiences are very different from those who have gone before them.

Today the services allow more opportunity for reintegration back into the community. They are a lot more focused on rehabilitation, such as cooking, budgeting, and housekeeping duties which are all taught, even within the wards. These kinds of programmes allow a person to carry some type of normal life. Slowly they can gather up hope and even goals for the future.

This greatly lessens the chance of a consumer becoming institutionalised or overly dependant on those who are working around him or her. Moving back out into the community has been assisted by the opening up of the acute ward doors to other organisations which provide daily activities or work experience. This aids the transition, as in many cases the consumers continue to visit these day activity services or continue working, well past discharge.

The community services were often seen as extremely helpful. They allowed consumers to carry on with their lives without too much interference or restriction, while also providing them with the care, and support that they required. Some of the day activity staff would go out of their way, and beyond their job descriptions to assist. Most of the interviewees felt that eventually the services were responsive to their needs, and did give them some form of hope.

Supportive staff

'I started talking to this new doctor, and he was really, really good. Like he really talked to me. For me he was actually very different, and he started to open up the avenues of where I could go. It was actually him, he was the one who started to direct me to different things.'

The services that were able to provide the most emotional support, treated consumers with respect, and gave them some hope for the future, were not so much the most well equipped ones, but the services with the most helpful and caring staff. Their work ethic and the amount of thought and care that they put into their work, reflected the true human side of the staff.

While it was important that consumers could relate to all staff, almost all of the interviewees singled out one person working within the services, who was able to reach out to them. Consumers expect to be treated with the same humanity and respect that any other person would be treated with. The interviewees felt that generally, the people who could show their humanitarian side were the people they appreciated the most. Their understanding and patience helped the interviewees to make vast improvements that aided their recovery.

Pacific Islands services and Pacific Islands staff

'Where I went to, there was a Maori co-ordinator, and there was a Pacific Island co-ordinator. I had one person I could talk about my Maori side, the other person I could talk about my Samoan side.'

"The only two people that I was close to, and that I thought would care about me were two male Samoan nurses.'

'When you've been told by your support worker at the Pacific Islands mental health service, that if you're ever going through a bad patch you can phone me at home, that's something.'

'They were people who knew me, and understood my background. Pacific Islanders have more of a family approach to things, so I felt more like part of a family, rather than just a name or number on a file.'

The services which were created to specifically target Pacific Islanders and run by Pacific Islands personnel, appeared to be of the most benefit. They were highlighted by most of the consumers who were interviewed. The palagi (European) services that employed Pacific Islands staff were also beneficial. The Pacific Island consumers could identify with these people, who could understand the intricacies of Pacific Island culture, and their belief systems.

In the Pacific islands services each consumer was treated as if they were a member of a large extended family. The support workers went out of their way to improve their prospects and the lives of the consumers in their care. The interviewees put this down to the amount of effort, and care that the support workers put into their work.

Medication

'Putting me on the right medication was the best step for me. Now my mind is clear, I feel like I can carry on with my life.'

Some credit was given to medication, by some of the interviewees. Some found that once the right medication was found, recovery was made easier.

Working in the mental health sector

'Now I've actually got a job with the local HHS. I'm working in a Pacific Islands mental health service. I enjoy that. It's been part of my recovery too.'

Another of the areas that was mentioned as aiding recovery, was working in mental health. Several of the interviewees, either did some form of work within the mental health sector, or had a desire to work in that particular field. Their reasons were generally similar. They saw their ability to turn around their own personal experiences in order to help others, as self-healing.



RECOVERY:

What hindered it?

There is strong agreement between what people found helpful, and unhelpful in their recovery, But there were also distinctive differences. The elements that were helpful to some, come up in this section as being unhelpful to others.

Loss of hope

‘Every now and then, I think to myself, who am I doing it for, and who am I kidding. I’m not getting any better, why do I bother? My sad thoughts still pop up’.

Many of the consumers found that a continuing loss of hope hindered their recovery. Relapses were common, and it became obvious that the services were not meeting their needs. They were leaving hospitals and other mental health services without the benefits of having been rehabilitated, only to be readmitted at a later date.

Without the adequate services to provide specifically for Pacific Island peoples, recovery will be a difficult place for them to find.

Lack of understanding by families

'What hindered my recovery? I think lack of understanding mainly. From health workers and family members. It was actually more hurtful when it came from family members, and some still don't understand unfortunately.'

Families played a very strong role in all of the lives of the consumers.

The lack of knowledge within the Pacific Island community, of mental health and related issues, is disturbing. The lack of knowledge within the New Zealand community as a whole is barely acceptable. This cannot be seen as being helpful towards recovery.

The difficulty that many of the family members had in trying to understand the explanations for mental illness was huge. In fact, most if not all of the interviewees spoke of the difficulty that they had in trying to explain their situation and illnesses to their families. Going by these interviews alone, this would have to be the single most recovery-hindering area.

Areas of misunderstanding that were highlighted were medicines, and clinical diagnoses. These topics were difficult to explain, or relay to family members in laymen's terms, especially if there was also a language barrier

Some felt that if had there been a person at that time, of the same ethnicity working within the services, who understood the culture and the language, their family's journey to understanding may not have been as difficult.

This lack of understanding from family caused much distress, and even pressure to conform to a model of a person, that often a person suffering from mental illness could not conform to. Most Pacific Island

parents migrate to New Zealand to better their lifestyles and provide their children with better education and employment opportunities. The pressure to perform is felt at an early age by many New Zealand born Pacific Islanders. Some of the children pull through successfully, while others, probably more prone to mental illness, are more susceptible to meeting their 'breaking point'.

The Pacific Island community is set out in such a way that a person does not perform and succeed for him or herself, they do it for the entire family and community. Their successes are the successes of their entire Pacific Islands community, and each mistake or failure is a reflection on the community, especially the family.

Lack of information

'When I had my first nervous breakdown there was nothing in my community. I knew there was something wrong with me, but I didn't know what was wrong. I didn't know what was happening.'

The lack of information available in the community hindered the ability for early self-diagnosis and assistance.

Many of the consumers were aware very early on that something was wrong with them. But the lack of information, and the stigma surrounding mental illness, either did not alert them to the possibility of having a psychiatric disorder, or they simply did not want to admit to having a mental illness, for fear of reprisals from family and friends. Again, the lack of information goes back to the stigma held within the community.

Due to the fact that there is very little information available within the Pacific Island community, with regard to mental health, initial assistance is often hard to locate. For most it was the lack of

knowledge, and simply not knowing where to seek advice and assistance, that made accessing services even harder.

The people of Samoa have benefited from their large population base in New Zealand, in that a lot of the information, including the Code of Rights, is now translated into Samoan. There are several other Pacific Island languages that have also has the Code of Rights printed in their language, but this information is difficult to locate.

Exclusion by the church

'I found that the churches didn't understand. They are only picking words from their mouths without action behind it.'

One of the more obvious hindrances the interviewees talked about was the church, or rather the people who were within the church itself. While faith in God was an important part of the lives of several of the consumers, they saw the hypocrisy of some church members, and church leaders as extremely unhelpful.

The church is to many Pacific Islanders a place to gather socially with the local Pacific Island community. It is a chance to boast about those who are succeeding in life, and gossip about those who do not seem to have had the same amount of luck.

There were church members who were seen as helpful, but the stigma of mental illness created a good topic to talk about, for those who were not helpful. It is a subject those with a family member suffering from mental illness would rather have avoided, usually out of shame. Fuelled by misunderstanding, it was a chance for those who did not have family members with mental illness, to talk down about those who suffered from it, and their families. This often led the consumers

to being excluded and isolated, not only by the immediate Pacific Island church community, but also by close friends and family.

Stigma and discrimination

The misunderstanding created by the controversy-seeking media has caused a great deal of stigma and discrimination within our communities, and even within our own homes.

Stigma and discrimination played a role in hindering the recovery of the interviewees. There was even mention of prejudiced staff members. Sometimes staff saw a male with a personality disorder or psychiatric disorder as someone to be wary of. Pacific Islands males are often seen as intimidating and potentially violent. Pacific Islands consumers often find that they not only have to deal with the stigma and discrimination of having a psychiatric illness in the community, they must also contend with the stigma and discrimination of being a Pacific Islander within the services.

Lack of access to services

'Dealing with the outside services has been extremely difficult. I ran out of medication at one point, and had been off medication for three weeks. I had warned them a good two, three weeks ahead of time and as yet have still not seen a psychiatrist.'

Some of the interviewees found the services not only difficult to access prior to their first admission, but also found the services difficult to access following their release from hospitals and other services. This was mostly due to the lack of available staff, and a shortage of mental health services within the community.

The goals of the clinical staff were achieved for the most part, for each of the consumers, but there were great delays in administering treatment and inadequate programmes hindered a steady recovery for the consumers.

Authoritarian services

'The health professionals were not the right people I should say. It was like [they were] people in authority. I was like a lamb to the slaughter.'

'I didn't have much to say about my treatment. It was just thrown at me.'

Most of those interviewed suffered some form of inequality with the clinical staff. They put this down to cultural differences or the inequalities that are part of the caregiver - patient relationship. The caregiver - patient relationship sometimes make patients feel isolated and beneath the caregiver's level. Some of the interviewees felt as if they were on a completely different level to those who were employed to watch over and support them. This was partly due to the occasionally authoritarian approach of some clinical staff.

The services have changed much, even in the last five years. While many of these consumers went through the system under authoritarian rule, many were now benefiting from the changes in the services. The interviewees for the most part, in days of old, did not have much to say in regard to their own treatment. More of an effort is now made to accommodate and involve consumers when decisions are being made regarding their treatment or care, if they have the capacity to make logical and reasonable decisions for themselves.

While the services have become less authoritarian in the past few years, some of the staff who were employed during the authoritarian rule of the seventies and eighties, are still working within the services today.

The majority have managed to evolve and adapt with the times. It appears others have found the progression towards rehabilitation, rather than seclusion and isolation, difficult to make.

Cultural inequality and misunderstanding in services

'There is a form of sarcasm called faleaitu and I don't think the nurses actually realised that my sarcasm was partly cultural, as well as being also partly a manic thing.'

'There are a few nurses I found, it's mostly the ones who have a Christian or Pacific Island background, that I have quite a good link with.'

The mental health services have been created to serve palagi (European) clients. This often meant the services were not designed to include the interviewee's families as part of the recovery process, and communication was difficult due to language and cultural barriers.

Cultural inequality comes from the inability for non-Pacific staff to understand the differences between Pacific Islanders, palagi (Europeans), Maori, or any other ethnicity for that matter. What could be construed as being rude or disrespectful from a Pacific Island perspective, may not be seen as being rude, or disrespectful from a non-Pacific point of view, and vice versa.

It is difficult for anyone to accommodate the different cultures and traditions, without understanding the diversity of the Pacific Islands cultures in their individual countries. Each Pacific nation is an entirely different culture, though similarities exist. Accommodating the different cultures requires an extensive understanding of at least one Pacific nation, and a familiarity with the other nations.

Cultural safety for Pacific Islanders also incorporates religious safety, as some Pacific Islanders are very dedicated church-goers. A person must be allowed to express not just his cultural views but also his religious views, without fear of persecution from other consumers, clinical staff or the community. This was often not achieved for the interviewees, especially by the other consumers, and clinical staff. Any type of religious or cultural behaviour which might be deemed over the top, delusional or psychotic in a psychiatric service would be just eccentric, or extreme within Pacific Islands communities. Pacific Islanders' vocal praise and worship could be seen as ranting and raving within the confines of an acute ward.

This is a hard area to address if there are no staff who can relate to or understand either the cultural or religious significance of certain actions. Many of the interviewees found that they could only relate to the staff who had similar backgrounds or beliefs. They had a closer connection to those of Pacific Island descent than to those of any other ethnicity.

Lack of care and support from staff

'I can sit in my room all day, hang myself, and they [the staff] wouldn't find me till later on in the day. Yet the minute I go home with my mum and my son, they make a big fuss.'

'None of the doctors, nobody said to me, " You can get well" . That's a real area that needs to be worked on with people. The lack of anyone saying, " You can do better, you can get well, you can beat this, you can still lead a normal life in spite of it." If someone had said that to me, it would've made all the difference.'

Inconsistency posed a problem for several of the interviewees, as they felt persecuted by the inappropriateness of some of the safety measures that were in place. One of the interviewees, while under a Compulsory Treatment Order, had been given permission by his psychiatrist to leave the grounds for certain periods of time, only to find that the nursing staff prevented him from going to church with his mother and son. What made this inconsistent was that, while on the ward, the interviewee rarely even saw the staff taking any notice of his daily activities.

Some of the interviewees felt that they were not given much hope for the future, and that they were led to believe all that lay ahead for them was a life of medication, occupational therapy and psychological therapy. The negativity of some staff members and some of the comments that were made by clinical staff either forced people to find their personal strength or pushed them further into despair.

A few of those interviewed felt that being treated like a patient or a number on a file only encouraged their illness. If the staff had had a more humane outlook, it would have made a difference to them. They would have had hope and seen beyond the walls of the hospital.

Uninspiring rehabilitation services

'Some of the programmes weren't created for high functioning people. I didn't go on the van trips. I didn't do a lot of the programmes. What programmes I did do, I didn't get much benefit from. I went along just to fill in time.'

The services themselves were helpful to some, and unhelpful to others. Most of the rehabilitation services provided are aimed at people with a lot of support needs, and this did not entirely suit the needs of those who have less support needs.

The lack of resources, and suitable programmes for a wide variety of people within the mental health system, leaves a lot to be desired. While it is acceptable that some consumers will do better in services where there is low stimulus, staff must also recognise the fact that some consumers require intellectually challenging, and stimulating rehabilitation.

Coercive practices and breaches of rights

'I've been locked up and fed up with drugs. I nearly died of overdose from being drugged up there.'

Some of the interviewees felt that the measures of safety in services hindered their freedom. They mentioned seclusion, enforced medication, being told to wear pyjamas, and having your shoelaces taken off you if the staff thought you were suicidal. Others felt that the safety measures were reasonable and helpful. It would be fair to say that those who had led active and successful lives prior to

admission were the most upset at the loss of freedom they experienced.

Coercion or forced treatment was common in the authoritarian days of mental health services, but the new approach by the services means there is more freedom of choice for the consumers, than there once was.

However there are times when the staff within the new system fail to meet the requirements and almost revert back to the days of old. One of the consumers spoke of how medication had been forced upon him while in an acute ward, while he was an informal patient, which brings about the issue of the breach of the code of rights.

Most of the consumers appeared to have had their rights respected but there was an occasional failure to meet the simple requirements of the Health and Disability Commissioner's code of rights, which meant that their faith in the system could be quickly lost.

Many consumers are admitted to hospitals, then discharged without ever being given the opportunity to know their rights. The services need to alert every consumer to the fact that, even under a Community Treatment Order, they do have rights. The posters of the code of rights in English often exclude those Pacific Islanders who struggle with the English language.

Side-effects of treatment

'I was in hospital for five years, continually getting ECT and I went back into depression. I got so upset and so stressed out, that it shocked me back into a child [a child-like state]. I asked the doctor why was that and he said that when you go into deep depression it can sometimes shock you back into a child.'

Some of the people interviewed did not find the medication or ECT (Electro-Convulsive Therapy) helpful, as it slowed them down, and set them back from performing their normal every day duties, and sometimes even caused depression. Most of the consumers were seeking solutions that would help them to maintain the good parts of their lives. But they often found they lost parts of their lives through medication, or prolonged ECT.

This became disturbing to family members, as they often saw their relatives becoming the stereotypical, person with a psychiatric disorder. Through medication they became clumsy, slow moving, developed slurred speech, and underwent body tremors.



S U M M A R Y

We are not all the same

Pacific Islanders are too often grouped together simply for the purpose of ease but the experiences of the interviewees clearly show that this will often lead to inaccurate conclusions. Through the interviews, the diversity of Pacific Islands cultures was obvious. For instance, the level of spirituality and Christian belief was stronger amongst the Samoans as opposed to the Cook Islanders, who felt some link with church and Christianity, but not on the same level.

Several Pacific nations, such as the Cook Islands, Tahiti, American Samoa and especially Hawaii, have fallen prey to Western influence. In a bid to provide tourists with a tropical island get-away, they have sacrificed parts of their culture and language. People born in these Pacific nations are more like their New Zealand born counterparts. They adapt to the New Zealand lifestyle faster than people from places like Western Samoa, Tonga and Niue.

However, there are differences between the New Zealand born Pacific Islanders and those who are Island born. People born in the Pacific Islands, as expected, have a firmer grasp on their respective languages and cultural traditions. The more Western society influences a Pacific Islander the greater the gap between themselves and their culture. New Zealand born Pacific Islanders are more likely to question authority than Pacific Islands born people, who grow up with a strong respect for those who hold positions of power, including doctors. Those born in New Zealand also have the benefit of having the tools to better understand clinical explanations, to know where to find services and information.

Then, of course, you have each individual's personality and upbringing to take into account as well.

The similarities in our experiences

For every positive remark regarding a particular mental health service there was also a negative remark, though some similarities did come to light during the interviews.

Where possible, Pacific Islanders prefer to be treated by Pacific Islands staff. All of those interviewed spoke of their close connection with Pacific Islands staff members, either within the wards, or in community mental health services.

Too often we are seen as violent, and aggressive, when it is not always the case. This in itself is stigmatising and a form of discrimination. Combine this with the fact that when we are also affected by mental illness, we are doubly affected by misunderstanding and rejection.

One of the greatest areas causing distress for many Pacific Island consumers is trying to make their families understand the extremes of their illness. Educating their families was an area that was difficult for them to accomplish. It is difficult to explain to the immediate family what schizophrenia or what bipolar affective disorder is. This is largely due to a lack of appropriate information in the Pacific Islands communities and to language barriers.

Everyone had come across people working within the services whom they commended for the great effort, love, and care that they put into their work. It was largely their efforts that helped the consumers to feel like real people rather than clients.



APPENDIX

The Blueprint on Recovery and Pacific People

What is recovery?

The Mental Health Commission's *Blueprint for Mental Health Services: how things need to be* makes it explicit that mental health services need to adopt a recovery approach in the work they do.

‘Recovery is a journey as much as a destination. It is different for everyone. For some people with mental illness, recovery is a road they travel on once or twice, to a destination that is relatively easy to find. For others, recovery is more like a maze with an elusive destination, a maze that takes a lifetime to navigate.

Recovery is happening when people can live well in the presence or absence of their mental illness, and the many losses that may come in its wake, such as isolation, poverty, unemployment and discrimination. Recovery does not always mean that people will return to full health or retrieve all their losses, but it does mean that people can live well in spite of them.

Historically, mental health services have failed to use a recovery approach. Recovery could never take place in an environment where people were isolated from their communities and cultures, where power was used to coerce people and deny them choices, and where people with mental illness were expected never to get better

Some people have experienced recovery without using mental health services. Others have experienced recovery in spite of them. But most will do much better if services are set up and delivered

to facilitate their recovery. Virtually everything the mental health sector does, can either assist or impede recovery.’

Pacific people and recovery

Pacific people believe that mental well-being is dependent on all aspects of a person’s life being in harmony. Spiritual, physical, emotional, and family well-being together represent the holistic way with which mental health needs are addressed. Pacific people expect acknowledgment and genuine commitment from all agencies to ensure that mental health services provided to Pacific communities reflect this holistic approach to mental wellness that is inherent in their belief systems.

The Commission supports services using this holistic approach, and increasing ownership and provision of services designed by Pacific people for Pacific people and delivered by Pacific people as the best means of achieving improvements in the quality of life for Pacific users of the mental health services and their families in New Zealand. However, the Commission recognises that provision of separate services is not feasible in all areas. There must also be good provision for Pacific people in mainstream mental health services.

Pacific people’s views on mental illness are consistent with the recovery approach and all services delivered to Pacific people need to reflect this Pacific people who develop mental illness face discrimination as Pacific people and as service users. Services for Pacific people need to reduce the impact of both kinds of discrimination if they are to succeed with the recovery approach, since discrimination is a major barrier to recovery.

The Commission advocates zero tolerance of discrimination. Equity in service delivery must be a starting point for reduction of discrimination. The Commission’s Map of the Journeys illustrates

the kind of changes that need to be made. The map shows seven destinations, each with a set of paths. For Pacific people, these paths include:

- supporting Pacific people to deal with discrimination within the health sector against mental health service users
- supporting and actively assisting Pacific people to deal with discrimination against Pacific people with mental illness
- recognising and countering the double discrimination against Pacific people with mental illness.

Anti-discrimination resources

- *A Gift of Stories: discovering how to deal with mental illness* (1999) is a book in which people who have at some point in their lives been diagnosed with a mental illness tell their stories.

The Mental Health Commission is committed to getting rid of the discrimination towards people who experience mental illness that exists throughout our society. It believes that sometimes stories, rather than facts, figures, and case studies, are the best way to tell "the truth". Stories make ideas real, and personal stories go one step further; they fill ideas with meaning.

The book has been produced as part of the work of the Commission's Anti Discrimination Action Plan Team. The Commission hopes that it will be a powerful resource – a source of inspiration for people with a mental illness and those who are close to them and a special teaching tool for people who work in the mental health area. *Available from book stores or University of Otago Press, P O Box 56 Dunedin.*

- *Map of the Journeys Towards Equality Respect and Rights for People Who Experience Mental Illness* is the plan the Commission developed for countering discrimination, after extensively researching the nature and persuasiveness of discrimination in our society. *Available from the Mental Health Commission.*