

## **A.B.C. Attitude. Belief. Choice. A Simplified approach to Mental Illness**

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Intro:

Background. (Including acknowledgements)

Principles of A. B. C.

Why its needed.

How we incorporate it in our programs.

Conclusions.

**Have you ever stopped and asked yourself why am I doing this?**

**Why am I working in Mental Health?**

**What do I believe? Why do I Care?**

**Why is rehabilitation so difficult?**

**This is a talk for workers but the principles can easily be applied to anybody and any situation.**

**I am not an academic. I am not a scholar. I have worked in Mental Health for over twenty years.** The Hearing Voices Approach speaks of experts of the lived experience and to borrow from their words I feel I have earned the right to call myself an expert in the lived experience of Mental Health rehabilitation.

**You all have a wristband with the words: Attitude, Belief and Choice on them.**

**I am here to speak about how we use these words, the wristband, where I work and why.**

How these words have become the guiding principle behind everything we think, everything we believe and everything we offer.

I began working in 1989 in the big white building on the hill at the edge of town. (Funny how all institutions were big white buildings on hills on the edge of towns!!! But that's another story!!)

I work in a psycho-social- rehabilitation centre called Balgarnie.

What does psycho-social-rehabilitation mean?

**PP: Definitions etc.**

It's all a bit of a mouthful but we need to understand what it means to be mentally unwell first.

People come to our service with a formal diagnosis of Serious Mental Illness.

**PP: Axis 1.**

Often they will have more than one. Have you considered the fact that when some one is suffering Mental unwellness, they are at their most primitive. Thoughts, emotions and actions are driven by the need to protect themselves and /or survive.

If we take this one step further- What does this really mean for the people we work with?

**PP: Symptoms.**

It means people feel lost, disconnected; they hear voices, noises: they see, smell, feel or taste things that others don't. They feel alone, different, powerless and stuck.

Stuck in patterns of behaviour- doing the same things – getting the same results.

How do we rehabilitate some-one like this?

In the late 1990's the catch phrase in Mental Health became **"Recovery"**.

A step in the right direction you would think.

Personally I have always had trouble with this – because if we do our job properly some-one recovering from mental ill-health, would as a survivor be so much more.

They would be stronger, more resilient and have **A Life That works** for them. By using their experience for growth and understanding they can achieve so much more.

This begs the question: What do we need for a life that works?

**PP: Physical / Emotional needs met and meaning and significance within their lives.**

When I first started in Mental Health we created programs based on ADL's (Activities of Daily Living. Cooking, cleaning- keeping house. These were programs we thought people needed to maintain a quality of life. We decided what that quality should be.

The reality is : We don't rehabilitate anyone.

Over the years this has become increasingly obvious.

We needed to provide opportunities for people to rehabilitate themselves. We needed to see ourselves and our programs as tools. To be used and left behind once the job was done. In fact being a tool –bag is something I celebrate.

Several years ago we fell upon the words Attitude, Belief and Choice. One member of staff had read a book called “I Have Life” by marianne Thamm.

It told the story of Allison : the survivor of a brutal rape and assault in South Africa. Allison had used her own version of A. B. C. Attitude, Belief and Choice to not only deal with her trauma but to move on positively with her life. ( A great read and I highly recommend it.)

Here we had found the words that encapsulated everything we were trying to do. From this point onwards we began to use the three simple words seriously. As a staff we were aware of various therapeutic techniques and models of care.

**PP:**

We have tried and still use many of these.

By adopting A.B.C. we had a principle that underpins every therapy, practice and ideal of rehabilitation.

Not only that but it was simple and made sense.

Let’s look at how we use A.B.C.

**PP: Attitude definition.**

What we think that affects what we do.

If we look out the window and see its raining- we think better take an umbrella.

If its sunny – Better slip slop slap.

We need to become aware of what we think and why.

Why we use the coping strategies we do in any given situation.

What we think. How we often react becomes habitual. For many of us we just do.

By using A.B. C. we encourage the need to stop and consider before reacting.

**The premise being that Attitude influences behavior.**

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Thinking is often instinctive and we cant tell people what to think.

We can explore our thinking.

John thinks everyone is looking at him.

He stays locked in his house, curtains closed, worrying.

We might talk with John and ask: Why? What's so interesting about you? Were you worth looking at? What were you doing? Did you look back at anyone? If you're that interesting have you thought of becoming a model? Joining the drama group? By encouraging consideration into different ways of looking at a situation and our response – we help people become more reflective.

Reflection becomes strength. Like Thomas Edison , when inventing the light-bulb. Two-hundred times he got it wrong before he finally succeeded.

There are no failures- merely steps to success.

“What else can we try?” rather than to continually doing what we always do.

Everything becomes a learning tool.

Attitude then, means thinking about thinking.

What are you thinking now? **God she's boring!!**

**Should have gone to hear someone else!! Etc.**

How else can we think about this?

**Its only twenty minutes.**

**I still might learn something Etc.**

We encourage positive reflection. We all need to feel good about ourselves. Don't just criticise; consider solutions, improvements. – What works. What doesn't and what else we can do.

### **Belief.**

The wisdom that mould our actions.

Everyone creates their own belief systems.

Belief can be – innate; can be developed and can be wrong.

If every time I see a cloud I believe it would rain. Well I'd be wrong!!

When I first started in Mental Health anyone given a diagnosis of Serious Mental Illness was condemned for life.

We know that this need not be true.

We know that people can achieve a “Life that Works.” They can recover, - they can achieve so it is vital that we can see hope and possibilities even when they don't.

When some-one is unwell, especially mentally unwell. – It undermines their sense of self. They are no longer invincible, in control or safe in their world.

Life revolves around their illness – being unwell.

How often are you greeted with: “I'm a schizophrenic”. “I have depression.” before you're even given a name?

When you are unwell it is almost impossible to believe that things will change; that things will get better; that we can grow and learn from our experience. That we can get a life that works for us.

The sureness that we take for granted is not theirs.

When unwell, many concentrate on what they can't do rather on what they can.

**PP: If I say I cant - I wont.**

**I can – I just might.**

So how do we create a positive belief system?

We begin by acknowledging each person's uniqueness; their strengths.

Strengths that have allowed them to get this far.

Strengths that can only be admired.

We build self esteem, celebrate small steps and successes, and following on from our reflective attitude allow ourselves to question the validity of our belief's.

We discuss positive belief. If there is one good thing about being given a diagnosis of S.M.I., it is the opportunity to create the person we want to be.

You get to test yourself.

You get to choose exactly what works for you.

Choice.

**PP: Choice. –Definition.**

Taking control and being responsible.

When people become mentally unwell the first thing lost is often the right to choose.

Some-one else gives them a diagnosis; prescribes their medication; tells them what they need to do to get well. Often telling them how if not where they should live.

How then do we create choice?

Reminds me of the story of the two Irishmen. Pat and Mick. On their first day at work; they were shown three shovels and told to take their pick!!!

As people start to recover they will seek people out to help make decisions.

They don't trust themselves or fear that a wrong choice will be seen as sign of relapse.

We can't make people do anything. We have no compulsory programs.

We can explore the consequence of choice.

We all take choice for granted but it is a measure of the control we have over our lives.

One girl I worked with; would constantly ask- “Am I always going to be like this?”

“Am I ever going to get better?”

My answer would be: Do you want to be? Or”If I knew the answer to that you’d have to call me god.” This became our standing joke.

I did know with certainty that only she could create and achieve the change needed to make a LIFE THAT WORK”S for her.

By exploring possibilities, discussing consequences, By considering attitudes and what we truly believe we are able to make positive, constructive choices. Choice becomes a measure of control and recovery. It allows the person to own their own progress.

Missed steps are seen as learning experiences rather than tragedies.

Each choice validates the person. Good choices validate them as responsible members of society.

Attitude, Belief, Choice.

A can-do attitude,

Belief and hope in positive change

And the right to be accountable is what we really think Psycho-social-rehabilitation is all about.

We use A.B.C. every day – for ourselves, with the people we work with and as a fundamental principle to all our programs and practices.

Why- Because it’s simple.

Because it makes sense.

Because it works.

And lastly because it’s as easy as A.B.C.

