

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

Marian Corbett- Grampians Community Health (Balgartnie).

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?

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 and /or survive.

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.

My name is Marian Corbett. Like most of you I work in a PDRSS, a psycho-social rehabilitation centre in Ararat. I began my career at Aradale (a large instiution on a hill on the edge of town) in 1989 in the Therapy Units, but with de-institutionalisation Grampians Psychiatric Services decided there was a need for a centre, based within the region. I was fortunate enough to be in at the grass roots. We purchased a house in the community and set about establishing

ourselves. Balgartnie was officially opened in 1992 to service people within the Central Grampians Region. (Photos : Balgartnie)
Programs were designed originally with a focus on ADL's. (Activities of Daily Living). We ran limited programs based on what we thought people would need. It soon became apparent that we needed to be much more innovative and creative if we were to engage people and make any real difference.

. If we were to make any real difference we needed to simplify things so that as a staff and for those referred we weren't complicating things to the point that none of us could grow or change.

Intro

In 1996 we were auspiced by Grampians Community Health Centre following a restructure of Grampians Psychiatric Services service provision. Effectively this allowed us to take a more holistic approach to programming while maintaining close ties to the Community Psychiatric Nurses.

Most of our referrals came from Community Psych and we encouraged any that didn't, to go through them as this provided our members and us as staff, with follow up support. It also kept us focused on the types of service we were able and needed to deliver. (Program design became an answer to the reasons for referral and the goals of those referred rather than the "hit and miss" approach to service delivery that depended on staff availability and resources).

Being part of a Community Health centre gave us ready access to a myriad of supportive agencies : e.g.

Youth ,

A@OD,

Linkages,

Carer's Choice

(Photo's of CPN's and GCHC)

With access to supportive agencies our programming was given more depth. We also started to use sessional workers from the local community for many of our programs e.g.: painting with oils, yoga and woodwork. We were able to utilize these skilled people and their knowledge to extend the horizons of our members.

This had the added benefit of these workers taking their experience back to the local community. ([Question this link](#))

We prided ourselves on 'Not Rehabilitating Anyone' but on offering a wide variety of opportunities for people to rehabilitate themselves. We needed to focus on Mental Well-being not the Mental Illness. Many of the people we were working with, were stuck in patterns of behaviour and thought (continuing down the same paths, but expecting different results each time): a slippery slide back to where they didn't want to be; or stuck on a plateau that didn't allow for any growth or recovery. Sometimes we would work for years with people to get them motivated enough to grasp the opportunities offered. By providing a safe, welcoming, non judgmental and supportive environment; programs were designed to motivate, challenge and extend members Some of the program initiatives we have developed since we began are:

1. [Members Only Meeting. \(1995\)](#)
2. [Health Watch.](#)
3. [Meals on Wheels. \(Background photos and web address\)](#)
4. [Respite Flat.](#)
5. [Xtraordinary Website.](#)
6. [Brag \(Balgartnie Recreation and Activities Group\).](#)
7. [Taking Aim \(Goal setting for beginners\).](#)
8. [Carer's Support.](#)
9. [Stepping Stones.](#)

10. Hearing Voices

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We have had an incredible but small staff since opening, who have all contributed to creating our work ethic.

Let me introduce our staff:

Adrian :Manager-

Marian :

Sue:

Sandra :

Vicki :

(Background photos and info)

Kerry :

Jason :

Andrew:

We also have to fit in -

Drop In

Mental Health Promotion

Community Development.

Carers support.

Yes we are.....UNDER RESOURCED OVERWORKED AND UNDERPAID. Why then do we still turn up everyday excited about the possibilities

We found something that not only worked but something that also works for us as individuals and the people who use our service. In fact anybody.

ACKNOWLEDGEMENT

Like most staff we spend the first part of each morning (and especially Mondays) on show and tell. We love to share what we've done, what we've seen, what we've heard and what we've read. Sue a former colleague had read a book called "I Have Life" by Marianne Thamm. It told the true story of Allison, the survivor of a brutal rape and assault in South Africa. She had used her own ABC of attitude, belief and choice, to not only deal with the trauma she endured, but to move on with her life. A great book; truly inspirational and for any readers out there put it on your list of 'must reads'. (Book promo)

Eu-bloody-reka!!!, we had found the names for what we were trying to do....ATTITUDE BELIEF @ CHOICE , **A B C**.

As staff we were aware of various therapeutic techniques and models of care. (CBT, the Boston Model etc. We were willing to investigate, experiment and give any thing a go if we thought it would further our cause.

By adopting the **ABC** we had an ethic that was the bottom line to every therapy or practice we had tried. Simple enough for all us "rocket scientists" at Balgarnie to understand and apply to program delivery.

Let me explainWhat we believe and how we use **A**ttitude, **B**elief and **C**hoice within our program.

Attitude : ([Powerpoint official definition](#))What we think that makes us act the way we do.

ATTITUDE:

The Oxford dictionary defines attitude as; 'a way of thinking or behaving', and at <http://www.answers.com> it says in its literature; 'a state of mind or a feeling, disposition or a frame of mind effecting one's thoughts or behaviour'. It continues on; 'Most people constantly evaluate various aspects of their environment. Attitudes are formed as a result of this ongoing evaluative process, including behaviour, which

results in perceptions of favour or disfavour (Eagly and Chailen, 1993). Consequently, attitudes may pre-dispose individuals to adopt or reject specific health related behaviours'.

The attitude and strategies we develop to cope with situations often become a habitual part of our personalities. We often react in the same manner without thought to the consequences or without trying a different tack. Often we are unaware of our reaction and the perceptions we generate. In other words, we just do.

ABC tries to encourage individuals to stop and think before reacting. The premise being, attitudes influence behaviour. This is not dissimilar to cognitive therapy where the therapist encourages a change in thinking to effect a change in behaviour. ABC works on the premise of there being different ways to look at an issue, and by being more positive, change can be effected and have a domino effect on all aspects of the individuals life.

It is not an easy endeavour to help an individual effect change. They must step through this door themselves. When they do, it is important to support them, offer positive reinforcement and validate their personal achievements in this arena. In essence, to celebrate their triumphs.

When we are unwell our thinking becomes narrow. We get stuck thinking the same way.(never considering other options.) On the whole these thoughts become increasingly negative.

As a staff we need to see those referred to our service not as a diagnosis but as potentials of hope. We're not here to save and protect but to join a journey of discovery that allows us to support and offer opportunities for growth and recovery.

We work on the premise that attitudes influence behaviour and attempt to broaden the person's perceptions. We encourage people to consider different ways of seeing the same problem. We must be constantly vigilant about presenting any given situation in a positive and optimistic light. Everything becomes a learning tool to extend our outlook.

steps to success". We may talk about **Thomas Edison** inventing the light-bulb. Two hundred times he discovered how not to make a light globe before he actually got it right. Instead of concentrating on negatives, we continue to present situations in a more optimistic light. **(Light bulb)**

As a staff we decided to use our case notes to reflect on the individual goals of our members. We don't use ISP's as such and our Steps to Recovery illustrate how we as a staff/or service in collaboration with the case manager, support their individuals goals. The hopes and dreams (goals) of our members remain theirs and we merely become resources for them to use.

7.BELIEF

The wisdom that moulds our actions.

What people feel about themselves and how they see themselves in their world.

"The psychological acceptance of the truth or actuality of something."

Belief is the condition of holding a thing to be true or probable. Belief has to do with clinging to a truth or a premise that provide models of reasoning and types of solutions.

BELIEF:

Belief is defined in the Oxford dictionary as; ' 1 the feeling that something is real and true; trust, confidence. 2 something accepted as true; what one believes'. At <http://www.answers.com> the literature said, 'Belief is the psychological state in which an individual is convinced of the truth or validity of a proposition or premise.' 'An attitude based subjectively on emotions, rather than on objective evidence.'

Having a mental illness or any illness undermines the belief in self. Life revolves around being ill and the concept of wellness is lost in the endless appointments with health professionals. It becomes a way of life and the belief that things can and will change becomes more difficult.

ABC works to help the individual rediscover their self-esteem and to begin to believe and hopefully accept wellness and recovery as real possibilities. It helps the individual to connect with their evolving self to celebrate their uniqueness and embrace the hope of wellness.

People who have been given a diagnosis of mental illness have had their perception of themselves and their world altered.

No longer are they invincible, in control of their lives or safe in their world. The sureness that we take for granted is no longer theirs.

Many concentrate on what they can't do instead of what can be done.

"If I say I can't- I definitely won't".

"If I say I can -I might".

For some we must believe and hope for positive change even if this doesn't seem possible for them. **Some get caught up thinking that everyone they meet can see just by looking at them that they are not normal.** By taking time to build up self esteem and encouraging a broader consideration of situations, we find that many decide they not only like themselves better, but are also more comfortable within their world. By acknowledging each person's uniqueness and what they have endured; we work to show them that they are not only survivors, but have strengths that can only be admired.

Programming became a challenging exercise in changing the negative perceptions of our members and broadening their participation within the local community while also changing community perceptions. **(Plenty of photos)**

CHOICE:

"1 choosing, the right of choosing", is the Oxford dictionary's definition of choice.

Taking control and being responsible.

When mentally ill one of the first things lost is the right to choose. Often due to the nature of the illness, making a decision is almost impossible, so autonomy is lost to the pursuits of wellness. As the individual begins to think more clearly and to reclaim their 'life', having to make choices and decision can be overwhelming.

The other side to this is the person fearing to make a choice because it may be seen as wrong or inadvisable. That if an error is made it will be seen as relapse. ABC fosters the individuals right to make choices, it encourages the acceptance and acknowledgement of the consequences of these choices and to grow and develop as a productive member of society, to look at each situation as an opportunity to gain wisdom, to identify miss steps as learning experiences and not a tragedy. What better way to validate self than to have and accept the autonomy of choice?

At Balgarnie all programmes operate under the guiding premise of the ABC philosophy. Attitude, belief and choice. A can do attitude, belief and hope in change and the right to be accountable for choices made.

Choice:

The power of selection : the rights and responsibilities this brings.
(Official definition)

How empowering to be able to choose and to feel responsible for that choice.

We had found that many people continued to doubt their choices after being diagnosed with a mental illness or conversely felt overwhelmed by them.

We had always been aware that we couldn't make people "do anything". All programs were offered with our members being given the choice of participation and knowing that a level of commitment was expected if an option was taken up. Some programs dealt with the responsibility of choices made such as Assertiveness, Taking Aim (goal setting for beginners). Staff offer choices, options and assistance rather than taking control. This has meant we needed to be innovative in program design and delivery.

By encouraging people to make choices; discussing the consequences and acknowledging the wisdom learnt, we all grew stronger and more determined. By working through **Attitude** and **Belief** we found that **Choice** was seen not only as a right but as a positive re-affirmation of self. All programs and services delivered revolved around this circle of **Attitude, Belief and Choice.**

Basically when you work in hope, value the people you work with; the choices become positive steps to recovery.

ABC does not stop life tragedies from happening, nothing can. What it can do is help individuals to try a more positive outlook and to be, hopefully, more resilient when things happen beyond their control. It gives them a new life philosophy. ABC gives Balgarnie a philosophy to utilise as the premise for all programmes but can be used as the basis for specific programmes. It has given Balgarnie a philosophy they

believe can and does make a real difference in the lives of the people who come to them for rehabilitation.

Wristbands :

We had stumbled upon a principle that not only allowed us to simplify all services provided but one that could be honed to create specific programmes and used by individuals to foster “Lives that work”

A principle that could make a real difference.

**A principle: so simple, So magic, So good, so user friendly.
SHARE.**

Here is a principle that allows us to meet all the requirements of a PDRSS, The Mental Health Act, Human Right’s Charters, Accreditation etc and it is as simple as ABC.