

# LABEL FREE



A newsletter published by Birmingham Positive Mental Health Group  
For anyone with an interest in mental health services in Birmingham and Solihull

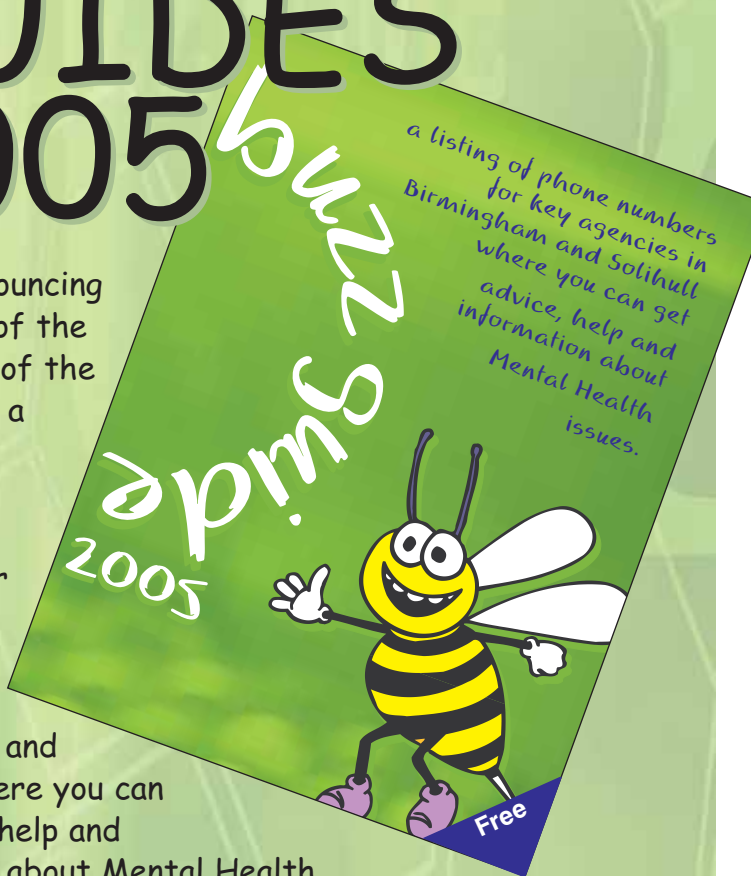
## LAUNCH OF BUZZ GUIDES 2005

Proudly announcing  
the arrival of the  
5th edition of the  
Buzz Guide, a  
pocket size  
listing of  
phone  
numbers for  
agencies in

Birmingham and  
Solihull, where you can  
get advice, help and  
information about Mental Health  
issues.

Nationally recognised and promoted by MIND and  
Rethink.

For more information, or a copy, please contact Claire or Michelle at  
the Mental Health Promotion Department of Birmingham and Solihull  
Mental Health Trust on 0121 678 4150.



## LABEL FREE

is a lively user journal for the  
community of Birmingham and  
Solihull, with:

- ☀ information on groups & services
- ☀ debates
- ☀ news stories
- ☀ events
- ☀ letters & poetry

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St Patrick's Day Parade



Vaisakhi



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**LABEL FREE** is produced by Positive Mental Health Group.

Our monthly meetings are held at BVSC, 138 Digbeth, Birmingham every last Thursday of the month from 2.30 - 4.30 pm.

Contact: Claire Swindale on 0121 678 4150 / or e-mail [claire.swindale@bsmht.nhs.uk](mailto:claire.swindale@bsmht.nhs.uk)



Contributions come from a variety of sources, including people who use services, work in them, or do both.

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(200 words max)

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Articles published in the  
**LABEL FREE** Magazine are  
the views of the writer  
and not necessarily of the  
PMHG.

# EDITORIAL

We offer you a warm welcome to the re-launch of the **LABEL FREE** magazine. We hope you enjoy the new design and format and that you find plenty of things that are helpful, thought-provoking and entertaining.

As well as regular news features, a letter section and the latest adventures of the Positive Mental Health Group at Birmingham's festivals and public events, we will be focussing on a key theme in every issue.

We thought it would be appropriate to begin with the topic of "Labelling in Mental Health". We have articles examining the pros and cons of labels, some personal narratives and looking at whether labels can be reclaimed by those that have been given them.

If you would like to comment on any of the articles you have read, suggest a theme for a future edition of the magazine or write a letter on any aspect of mental health then please write to Claire Swindale, c/o Mental Health Promotion Dept.,

Magnolia House, 73, Conybere Street, Highgate, Birmingham B12 0YL or e-mail her at [claire.swindale@bsmht.nhs.uk](mailto:claire.swindale@bsmht.nhs.uk).

There are plenty of positive and supportive mental health groups, projects initiatives and events in Birmingham at the moment and one way to find out about them is by getting involved with the Positive Mental Health Group.

You could get on the mailing list for a monthly update of events and groups, attend the PMHG meeting every last Thursday of the month at 2.30pm at the Birmingham Voluntary Service Council in Digbeth or come along and visit or help out on the PMHG stall.

We hope to hear from you or see you soon!

## RECLAIMING LABELS

Many of us have suffered from the use of derogatory terms - connected to our culture, backgrounds or abilities. It is often the case that terms used in the playground don't even stay in that arena. The media can often help perpetuate the use of terms that are really not appropriate or pleasant.

What do disadvantaged groups do about this?

Energies are often placed in campaigns and struggles to persuade people not to resort to these terms. How about a different approach?

The terms paki, queer, mad and nigger are just a few that have been reclaimed.

Not everyone agrees with such a strategy. Those who have reclaimed their derogatory labels often use them proudly. Having a hold on the very language used to put you down can be liberating, and provide an element of control again. It won't work for everyone, nor in every situation. Just don't be too compulsive about it, or then again, why not?

# LABELS



I didn't receive a diagnostic label when I used mental health services: a fact which I found in some ways frustrating at the time. Later this feeling turned to relief. I have been asked by others who have used services what my label is and also been informed that my brother, who really helped me through a dark period, would always be my carer. At the time I hadn't seen my brother for about three months! It made me think how all pervasive labels and labelling is once you have used mental health services. **Matt**

## My Own Private Label

First I had "chronic sub-acute depression". Yes, I know I feel rotten, what else is new? Since I wasn't "acute", they weren't going to spend much time on me - until I decided to be a pain in the bum about it.

Then, I got labelled "heartsink patient".

Later on I had "generalised anxiety disorder". Big deal, I already know I get terrified of nothing much.

They said I might be a bit "obsessive". But I didn't qualify for OCD...

Finally I made up my own label: anxiety disorder with obsessive-compulsive features. Nobody argued with me. And it has proved useful.

It helped me to be taken seriously (and to take myself seriously) as a long term benefit claimant.

Incapacity plus DLA gave me income security. Income security gave me a chance to think about what to do with my life, instead of just scraping by. I could access employment support in my own sweet time. So I went back to work! **Barbara**



**Have you seen my brand new label?** Ooh look at it, shiny with the effort of those in "the know" to once again squeeze me into one of their pigeon holes.

It's not the first. I've been reactive, manic, clinical, a natural progression I suppose! Oh and there was that brief flirtation with BPD and, of course, bi-polar, but who hasn't?

I guess it makes them feel better now they know what to look up in the books! They can explain away the hurt, pain, rage and fear "honestly dear, I read it, now shut up, do as we tell you and you will "get better".

You know what it's like, you wear it for a while, part of you hoping that it WILL fit, because then they'll stop messing you about and maybe... Sometimes it's sudden, more often it's a gradual realisation that it doesn't fit, and you know the long, slow battle to stay well (whilst trying to discover what in God's name is going on in your soul) is just beginning.

Wouldn't it be great if they just stopped? And accepted that we are all unique, individual humans who can't, and won't, be neatly boxed and labelled. **Valerie**

## On Labelling and Removing labels, 1961-1997

In 2001 a 'History of Highcroft' was published, describing the work of the institution over 130 years, from the workhouse to its modern mental health service. The book provoked some strong feelings about institutions, their coercive nature and the effect on professionals and patients within them.

In the late 1990's some publicity had been given to a former patient of Highcroft Hospital, who in 1961-2 had been admitted and given large number of E.C.T treatments (Electro Convulsive Therapy).

The patient, whom I shall call 'Margaret' had not been offered follow-up other than long term medication, and lived with the confusion and doubts about had her 'alleged' serious mental illness for nearly 40 years.

A thorough medical review of her care including examination of available records from 1961 - 1962 drew the current medical opinion (1997) that her original hospital admission was based on a mis-diagnosis that had stuck with her ever since.

Imagine the sense of loss that comes with a life free of serious mental illness but constrained by the idea that she had been

diagnosed as mentally ill, and could not shed that label because of the power of the medical profession to justify a diagnosis, even when the evidence was not strong. Margaret recalls the era when it was still relatively easy for relatives to have family members 'committed' to a mental institution; she received 19 ECT treatments in 5 months and had become so unwell in hospital that she reduced to five stone in weight and went into a coma.

Having had her psychiatric history reappraised at the instigation of a previous medical director in 1996-7, doctors concluded that she had been mis-diagnosed in 1961. Margaret is rebuilding her sense of self through has what is for her a bleak period of decades during which she lived with a label of serious mental illness which has never been justified.

Margaret reflects on her experience in

1962 " I found that the term 'voluntary' was a misnomer. ECT treatments, were often mal-administered as I was conscious of a doctor telling the psychiatrist he had given me insufficient anaesthesia."

"Finding the treatment unbearably painful, I exercised my right as a 'voluntary' patient (I thought), to stop ECT after 12 treatments, but I was physically dragged into the treatment room by a nurse."

"I strongly believe ECT to be wrong. I found with few exceptions, the staff to be callous and given to rough treatment. I found very little of anything to commend my stay in hospital, which shattered my life and has left its shadow until today."

From a longer article edited for **LABEL FREE** Julian Cleaver





# Positive Mental Health St. Patrick's Day and V



## USEFUL CONTACTS Out of Hours Numbers

In an emergency always dial 999

Saneline (National Mental Health helpline)

0845 767 8000

Samaritans (24 Hours, 7 days a week)

0845 790 9090

Chinese Wah Sum Helpline

0845 122 8660

Focus Line (support service for anyone affected  
by mental health issues) 0800 027 2127

Birmingham and Solihull Mental Health Trust

0121 678 2000

NHS Direct (24 hour help line, multi lingual)

0845 4647





To become one of our team of volunteers please contact Claire at the Mental Health Promotion Department on 0121 678 4150.





# Books in libraries

All libraries in Birmingham have a range of books about mental health issues that you can borrow free of charge. We have books about different illnesses, ranges of treatments, medication, caring for someone who is experiencing mental health difficulties etc.

All libraries also carry a range of leaflets with useful

information from organisations such as Mind and Rethink that we can photocopy for you.

For more information contact Inge Thornton on 0121 464 1184



## This month's Hero



## Our Hero: Julian Cleaver

Julian was a founding member of Positive Mental Health Group and led the initial work on the Buzz Guide and Label Free Magazine.

A pioneer in Community Development Work in North Birmingham Mental Health Trust Julian enabled the users of North to have a strong voice.

He has been behind the many flourishing user groups at the Custard Factory and also instrumental in the creation and continuation of Brainstorm.

Julian can often be seen lending a hand at countless community events in Birmingham and has been known to strike up the odd tune donning his Bermuda shirt and tambourine!!

Julian would like to see PMHG flourish and will no doubt continue to play a key part in its development, alongside others who wish to make a more public voice for mental health issues in Birmingham and Solihull.



## NIMHE tackle stigma with SHIFT campaign



The real mental health problem is a society that discriminates against people with mental health problems. In fact, people with mental health problems say that the misunderstanding, prejudice and isolation they experience is far worse than their symptoms.

Shift is a new, five-year initiative (2004 - 2009) run by the National Institute for Mental Health in England (NIMHE), to tackle stigma and discrimination surrounding mental health issues. Its work is set out in a plan called "From Here to

Equality" The aim is to create a society where people who experience mental health problems enjoy the same rights as other people.

Issues they look to address include stigma, physical health and employment issues. They are also interested in media reports of mental health and are looking for your input. Shift want to keep on top of your views as readers, about how mental health and people with mental health problems are portrayed in the media. Is media

coverage helpful or inspiring? Is the language appropriate? How could a report be improved? What makes coverage particularly good?

Shift would like to hear your views. Write to:

Maureen Mellodew  
Shift Media Advisor  
c/o NIMHE North East, Yorkshire and Humber, genesis 5, Innovation Way, heslington, York YO10 5DQ  
Tel: 01904 717260  
Fax: 01904 717269  
Email: [feedback@shift.org.uk](mailto:feedback@shift.org.uk)

# A Critique and a Defence of Labelling

## "False Assumptions" by Marion Aslan

"It is a most extraordinary thing, but I never read a patent medicine advertisement without being impelled to the conclusion that I am suffering from the particular disease therein dealt with in its most virulent form"

Jerome K. Jerome 1859 -1927; Three Men in a Boat (1889)

Just over a year ago, a series of life events - the sudden death of my father, redundancy, the murder of a friend, physical illness, the break up of a relationship and a car accident - led to me being sectioned. The labels started to come thick and fast.

"Depressive, Suicidal, Voice-hearer," and "Bi-polar".

It is indicative of how the medical approach to distress

sometimes misinterprets the most fundamental human emotions and categorises these normal reactions to life events as symptoms of some greater illness. For example, the doctors said I was depressed, I said I was grieving.

Whilst using or working in mental health services in the last 10 years, I have rarely encountered anyone whose involvement with mental health services has not been as a direct or indirect result of difficulties or traumas in their lives. Their "strange behaviours" were a way of communicating their distress, which is why, to

me, the notion of labelling people based upon a set of symptoms, is madness in itself.

A diagnosis gives us no indication of how to work with people, and in my case was one of the most disempowering events in my life. If anything, the labelling process serves as a barrier because often it is "expected" that people will behave in a certain way rather than being seen as individuals, and there is also the danger that individuals themselves learn to conform to the stereotypical view of their "illness".



## Defence of Labels by Adrian Gill

Labels are names; something to call a thing by. In mental health terms these are usually descriptive names, which are by far the most useful. Labels should tell you about your problem and help you and others understand it.

They break it down into characteristics which can be understood, making the illness easier to know and less threatening. When first diagnosed with chronic clinical

depression I was finally able to 'get a handle' on what had been happening to me, which made me feel less vulnerable. The 'label' gave a frame of reference within which to clarify and understand what was going on and what might improve it.

Other labels are often less helpful to the patient. They carry extensive and technical definitions to which the label itself offers no immediate access for the patient. They do however empower the patient to go away and personally research and try to understand what has been diagnosed.

The purpose of labels is to label a condition and empower the patient, not to label the patient and empower the doctor.

The overall objective is to better understand and improve the patient's condition. By carefully examining the definitions of the labels used, a patient can identify what problems they don't have, as well as those they do.

Above all, if a label doesn't help you, don't use it.

# LETTERS



On February 2nd 2005, MIND organised a vigil at the Houses of Parliament to protest against the new Mental Health Bill. This Bill includes provisions to protect the public against people with mental health problems who are considered to be dangerous. But some of these provisions could seriously threaten the civil liberties of all people with a mental health diagnosis. Below, a staff member and a service user describe the experience of being at the vigil. **Barbara**

Two other staff members and myself supported six tenants of Oak View in attending the MIND Vigil outside Parliament on February 2nd. We went with a Birmingham delegation organised by User Voice. The purpose of the Vigil was to make MPs aware of the concerns mental health service users have about the Mental Health Bill that is before Parliament.

We arrived in Parliament Square at 3 pm and met with other supporters of the campaign. We all took our turn to hold up banners and hand out leaflets to try to raise public awareness.

I was so proud of the way in which the tenants felt passionate enough to "stand up and be counted". It was an honour to support them.

The vigil was very peaceful and moving, with strangers coming together and sharing their (often very personal) experiences of mental health services that they had, or still were receiving.

I want to thank all who supported the event, and I hope our concerns were heard.

Some of the tenants were inspired to write their own accounts of the day. One account is published in this magazine, and the others will appear in the Trident Housing Care and Support Newsletter **Jo Shaw**

I was shocked and astonished at the drastic and far reaching proposals in the Mental Health Bill. It is physical and psychological genocide against those who are already stigmatised and isolated and cannot defend themselves. People with mental problems are already social pariahs and this Bill will make things worse.

It has been put together by people of questionable sanity - "the lunatics are running the madhouse" - God help us!

I attended the Vigil with eight others from Oak View in Birmingham. It was a quiet, peaceful event, with only 100 people allowed to demonstrate at any one time, probably for security reasons. Most of those present had mental health problems or learning disabilities, or had been ill in the past. I found the trip stressful, as I suffer from claustrophobia, but it was heart warming to see so many people making an effort to be there despite their problems.

The general public reacted to us with indifference, but frankly I did not expect anything else. People turn a blind eye and think "other people" have this problem, not they themselves. But this is a delusion - and isn't delusion a symptom of mental illness?

The square peg has to fit the round hole. "If you don't fit, you are in deep \*\*\*\*!" **Chris**

## Poetry "thee greatest pretender"

Seemingly all my days I've felt so confused & blue, almost giving amiss loves existence that plays true.  
Then inspirational thoughts conjured as it be said, it was a bolt from the blue as I lay my single bed.  
I got a startle but thankfully not quite of fright, dawning arrival pondered my carte-blanche insight.  
Why should I remain so blue when I can heal a-pink, so I obtained a dictionary & writing materials ink.  
Then without prior intention its therapist said, such love I behold & it's all truth that's now read.  
I type always in honesty to strive along to succeed, try as I may to rid loneliness to ease my dire need.  
A reward in its self is worthwhile work just to do, so I strike relentlessly to gain hope I never knew.  
The future hints recognition that I care to arrive, being fresh as a fool & reborn with knowledge live.  
Now my work makes print! My despair goes a show, a purposeful transit for sufferers sharing no hello...

By Paul James Matthews