

CANBERRA RIVETERS

Published in the ACT Council of Social Services

-Update on Health: Feb 2007

Trixie starts with the strange experiences that began at school – when she was about their age. Withdrawing from friends, walking down the hall and sensing that she was invisible. Feeling that she was somehow not there, that people could see right through her. Going from an A student to one who did nothing. Becoming depressed: nothing mattered, life was not worth living. Then one day finding herself revved up beyond belief, talking to perfect strangers, re-arranging furniture in an outdoor café, determined to explain and demonstrate the laws of physics she had discovered. Help arrived in the form of a nurse drinking a cup of coffee, the police and a period in hospital. Her parents were upset and confused, her father pleading with her to pull herself together. Eventually, drug therapy and talking therapy and a diagnosis restored her to life again: friends, catching up at school, good grades. She wished someone has stepped in before it got so bad.

Then Robert steps forward, carer of a son who had schizophrenia, who took his own life. He went to this very school, says Robert. He did well in school. Everything was fine until he was eighteen, just after he left school. Smoking dope, not leaving his room, heavy metal. He stopped washing much or caring about himself. We got him away on a holiday – surfing at the coast with his mates. But they rang us because he became paranoid, thought they were demons, and they couldn't handle him. He took off in the night and they didn't know where he was. The police rang us from further down the coast – he'd run out of petrol, thrown his keys into a paddock and was found by the road, raving about shaman spirits and the need to save the whales because they have messages for us. They were holding him and his car – they wouldn't be pressing charges but would we please come and get him? Some kids have tears in their eyes as they watch Robert's sadness. There's three more years to the story: wellness and unwellness. Then the father is arranging the funeral of the son.

Two volunteer-presenters are in front of a Year 10 class. They have talked about stigma, social attitudes to people with a mental illness and about the main kinds of mental illnesses. Now it's time for the personal stories...

When the stories are finished, the students ask questions – about psych wards, about what might have caused these illnesses, about the side-effects of drugs, about the impact on siblings. Robert and Trixie go on to the causative factors: predispositions and triggers. Then it's misconceptions: some stats and reassurances. Finally, it's a piece of paper

for each student with a hand on it: use the fingers to write which five people you would go to for help if you or a friend or sibling showed signs of mental illness? Reminding them that the sooner help is sought, the better the outcome is likely to be.

Some restlessness has returned since the riveters were finished. But when the bell goes and everyone moves, a girl tells Robert that her mother has schizophrenia – does he think that she'll get it? (One in 10 chances

when it's in the family, so almost certainly not.) And a boy walks out with Trixie and tells her he's worried about his friend who has become very withdrawn. She talks with him about what he can do – tell someone – and what he'll say to try to keep his friend safe.

They've been in the building a bit over an hour. Twenty-three students and one teacher heard the presentation. How do we measure health promotion? One of our staff rings an organization to get a contact. It transpires that the person who answers was one of those students six years ago: she's never forgotten the MIEACT presentation and the stories she heard. How can we measure the impact of a riveter? How do we know which rivets have connected which images to which facts and what the outcomes of that will be? All we can know for sure is that riveters mean that people are really listening and that we keep being asked back.

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