Making Sense: Art and Mental Health

Education Kit (The Dax Centre).

CURRICULUM LINKS:

This Resource links to relevant learning outcomes for:

- VCE Psychology (Units 1 – 4),

- VCE Health and Human Development (Units 1-2),

- Health and Physical Education: Health and Promotion, AusVELS levels 8 – 10.

Other areas that may be relevant are:

- VCE Art

- VCE Studio Arts.

- Visual Arts AusVELS levels 8 – 10.

- Humanities (History) AusVELS level 10.

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This Education Kit was prepared by Jennifer Choong and Maryanne Sammut.

Contributors: Carly Richardson and Franca Hanane.

For further information visit http://www.daxcentre.org

Contents:

PART 1: Art and Diagnosis

TREES AND THEIR MEANING: The Tree test

In the early part of the twentieth century and well into the 1950's and 60's, there were a growing number of psychologists including people like Carl Jung, who believed that the art made by people with an experience of mental illness could reflect their inner emotional world.

This belief led to the introduction of drawing tests such as the *House-Tree-Person test* (Bruck, 1948) and the *Tree Test*, also known as, the Baum Test (Koch, 1949/1952). These tests are classified as projective tests. These are personality tests that aim to reveal unconscious personal issues, fears, desires and thoughts.

In Victoria, a small number of Psychiatrists used the tree test with patients, in addition to other forms of assessment, such as interviewing the patient. Once patients had completed the first drawing, they were given a second, then a third piece of paper and asked to draw a tree again. These trees could then be read together, bringing about the *Three tree test.* Participants of the Tree Test, were given paper and a graphite pencil and then were asked to draw a tree under test conditions. Koch had devised a system for analysing tree drawings and this was used to aid with diagnosis of the patients. The manual was developed based on Koch's belief that each part of the tree, such as the roots, trunk, canopy and the overall naturalistic representation of the tree, could depict specific aspects of a person's mental state and personality.

ACTIVITY 1.1: Trees and Their Meaning.

Instructions and Materials:

For this task teachers may like to divide students into groups of 3 or 4, then give each group a large blank sheet of paper and a marker to write with. Using the paper in landscape format, students draw a table with two columns. One column has the title "Observations" and the second column has the title "Analysis of mental state or personality traits."

Take a look at this drawing depicting trees. Please note this particular drawing was **NOT** produced as part of the Tree Test.

Renee Sutton
No title, 2001
oil pastel and felt pen on paper
32.5 x 45.5 cm
2007.0293
The Cunningham Dax Collection

Task 1:

Think about the way that the tree tests were being interpreted by Psychologists and Psychiatrists in the early to mid-twentieth century. Then, in groups of 3 or 4, discuss and write in the 'Observations' column, a detailed description of this drawing, taking note of all aspects of the drawing that you think a psychologist at this time may have noted down to analyse. Some examples of things you may observe are:

- *Whether the trees include leaves or just the branches?*

- *Whether a full canopy has been depicted or whether there a lot of space between clusters of leaves?*

- *How would you describe the trunk? Thin? thick?*

- *Are there holes in the trunk? Did the artist draw the details of the bark?*

- *Are there any other significant characteristics included?*

Take a few moments to allow each group to share their observations with the class.

Task 2:

As mentioned previously, some psychologists believed that each part of the tree, such as the roots, trunk, canopy and the overall naturalistic representation of the tree, could depict specific aspects of a person's mental state and personality. In the second column of your table, next to each observation you have made about the tree, discuss and write down how you think this drawing may have been interpreted in terms of the person's mental state and personality.

For example:

>*What kind of mental state might be interpreted from a tree depicted with sharp*
>
>*branches and no leaves?*

ACTIVITY 1.2: Using art for diagnosis

Examples of interpretations that were made when analysing the tree tests included:
interpreting the Crown of the tree as representative of the goals and aspirations of
individuals, stunted trees representing a damaged sense of self and the trunk representing
the strength of a person's ego or identity. Heavily shaded trees might also indicate the
person to be anxious, but light shaded trees might indicate that a person was shy or timid.

Read the following quote by Dr Eric Cunningham-Dax:

> *'Drawings of tree have many meanings, the downcast, drooping, black, leafless tree with
> broken branches represents depression. The windswept bent tree with leaves blowing away
> in the face of an approaching storm is associated with anxiety, whilst opposing forces show
> conflict, blocked roads demonstrate frustration, and cliffs insecurity.'* (Dax, 1992, p. 4).

Task:

 *Based on these interpretations of trees and after attempting to analyse tree drawings
yourself, what do you think are the **advantages** and **disadvantages** of this kind of projective
testing? How reliable and valid do you think the results would be? Why?*

After discussing with your group, fill in the table below.

Advantages	Disadvantages

Do you see any issues with diagnosing patients in the way suggested by Koch and Dax?

The Role of Art making in Mental Health:

The tree test is not commonly used today and is criticised by many as lacking in reliability and validity in terms of its function as a tool for measurement and assessment. The reliability of a test is determined by how consistently the test measures the constructs it is supposed to measure each time the test is given. The validity of a test is determined by how well it actually measures the constructs that it is supposed to measure. As art is a very subjective thing, and different people have different levels of ability, it is difficult to know whether a drawing reflects a person's ability or their mental/emotional state. This is why these tests were not used to diagnose a patient on their own but were used with other analysis measures.

However, using art as part of a person's recovery process can still be beneficial to people experiencing mental illness. It was this interest in what a picture could reveal about a patient that led Dax to introduce art therapy into Victorian Psychiatric hospitals from 1954. In these sessions, patients were not directed as to what to draw. They were able to produce whatever they felt like expressing and the artworks were seen as a valuable tool that doctors could use to assist with assessment. Other benefits were that these creative sessions provided another mode of expression for the patient. It produced something visually that could be reflected upon by both the patient themselves and by the medical professionals working with these patients and in this way Dax hoped the art sessions would facilitate a better understanding of patient illness by both patient and doctor.

ACTIVITY 1.3: ART ACTIVITY: DRAWING TASK

Materials:

You will need blank paper (A4/A3) and coloured pencils, or other coloured drawing

materials.

Note: the aim of this task is **NOT** for self-diagnosis.

For 10 minutes draw and image of anything you like.

Examples could include drawing and/or rendering:

- Something from direct observation,

- An image of a special person, animal or place.

- Abstract shapes

- Something completely made up from your imagination

After completing the task, think about and respond to the following questions:

- *Where was your attention when you were completing the task?*

- *What was your level of concentration when you were completing the task? Why?*

- *Did the activity relax you? Why/why not?*

Now think about the benefits of creative processes for people with an experience of mental illness.

What do you see as the biggest benefits of engaging in creative processes for people living with mental illness?

Art and Diagnosis: Resources:

www.daxcentre.org

Dr Phillip Greenway. (2008). Tree Drawing as a Method of Assessing Personality. *Beyond the Three Trees*. The Dax Centre. Melbourne.

Dr Tracy Spinks. (2008). *Beyond the Three Trees*. The Dax Centre. Melbourne.

Gregory, R. (2000). *Psychological Testing: History, Principles an Applications (3rd Ed).* Allyn and Bacon Inc. MA.

PART 2: STIGMA and MENTAL ILLNESS

Most individuals who receive early treatment recover from mental illness and can continue to participate in the life of the community. Unfortunately, current statistics indicate that only approximately 22% of young people who experience mental illness seek professional help.

Stigma against individuals experiencing a mental illness can affect every aspect of their lives.

Looking back through history we see the stigmatisation, with mental illness once thought to be about being possessed by demons. Today these views are no longer held, but stigma still continues, with mental illness often being viewed as a sign of weakness. The lack of awareness and understanding of mental illness contributes to the perpetuation of stigma. A study undertaken in Australia in 2006 by the Western Australia Mental Health Commission found the following:

- Nearly 1 in 4 people felt depression was a sign of personal weakness and would not employ a person with depression

- Approximately one third would not vote for a politician with depression

- 42% thought people with depression were unpredictable

- One in five said that if they had depression they would not tell anyone

- 2 in 3 people surveyed considered people with schizophrenia were unpredictable and ¼ felt that they were dangerous.

"*Less stigma*" was the number one thing identified by people with mental illness and their families that they felt would make their lives better; a community that "*would understand that we are not lazy or weak*", and that recovery from mental illness is much more than "pulling yourself together" (SANE Australia. What's your view? SANE phone-in 2000. http://www.sane.org/campaignsbluesky.html)

ACTIVITY 2.1: FACT OR FICTION

Task 1:

Instructions:

This activity can be completed:

- *individually,*
- *with a small group or*
- *with the class as a whole. As a class activity, indicate one side of the room as 'FACT', and one as 'MYTH'. Students move to the appropriate side of the room as each statement is read out. Individuals could be asked to provide an explanation. **Alternatively** the statements could be printed, placed on the wall/display board under and students each have access to two different coloured sticky notes, one to represent 'Myth' and the other colour to represent 'Fact'. Students walk around the room reading each statement and sticking the appropriate coloured sticky note under each of the statements. Engage students in a discussion to pick up on statements where there is no consensus as to whether it is 'Fact' or 'Myth'. A general discussion of each of the statements should follow. (Copy of the statements is found in the Appendix)*

For each of the following statements about mental illness, circle whether it is **'Fact'** or a

'Myth' and explain briefly why.

When you have finished, discuss your responses with a small group of other students.

1. People with a mental illness are usually fully aware of their illness.

    FACT / MYTH

    Explanation:_____
    _____
    _____

2. People with a mental illness are usually born with it.

    FACT / MYTH

    Explanation:_____
    _____
    _____

3. People with a mental illness are usually dangerous to themselves and to others.

    FACT / MYTH

    Explanation:_____
    _____
    _____

4. If you have a parent with mental illness you will also experience a mental illness.

    FACT / MYTH

    Explanation:_____
    _____
    _____

5. People with a mental illness need to be hospitalised.

    FACT / MYTH

    Explanation:_____
    _____
    _____

6. Mental illness is reasonably common in our community.

    FACT / MYTH

Explanation:_____

_____

_____

7. Most people with a mental illness can continue to work in the community.

FACT / MYTH

Explanation:_____

_____

_____

8. Mental illness is due to a brain injury.

FACT / MYTH

Explanation:_____

_____

_____

9. Relationships with other people are important for people who experience a mental illness.

FACT / MYTH

Explanation:_____

_____

_____

10. Mental illnesses are always incurable and lifelong.

FACT / MYTH

Explanation:_____

_____

_____

11. Anyone can develop a mental illness.

FACT / MYTH

Explanation:_____

_____

_____

12. Most people experiencing a mental illness seek help.

FACT / MYTH

Explanation:_____

_____

_____

13. Depression and other mental illnesses such as anxiety disorders are just part of life for the average adolescent.

FACT / MYTH

Explanation:_____

_____

_____

14. Mental illness is rare and as long as you stay physically healthy you will not experience a mental illness.

FACT / MYTH

Explanation:_____

_____

_____

15. Stigma surrounding mental illness is an obstacle to many people seeking help for their mental illness.

FACT / MYTH

Explanation:_____

_____

_____

TASK 2:

BRAINSTORM AND DISCUSSION: Why are there so many myths about mental illness? Record your responses on a large sheet of paper for display.

EXTENSION ACTIVITY:

Select one of the 'myths' from the list above. Work with a partner to brainstorm the

possible development of the myth. How might it have started?

Undertake online research to help you dispel the myth. Share your ideas and understanding with the class.

ACTIVITY 2.2: FINDING OUT ABOUT STIGMA

Stigma is a negative and prejudicial attitude toward someone with a mental illness. According to the World Health Organisation research three out of four people with a mental illness report that they have experienced stigma. Discrimination occurs when people with a mental illness are treated unfairly, or are denied their rights because of their mental illness. These attitudes create a cycle of alienation and discrimination and can become the main obstacles to recovery, causing social isolation, unemployment, homelessness, and hospitalisation for people experiencing a mental illness.

The World Health Organisation says that in the 400 million people worldwide who are affected by mental illness, only about twenty percent reach out for treatment (Mental Health Foundation Australia).

Research in the United Kingdom found that 'young people use an extensive vocabulary of 270 different words and phrases to describe people with mental health problems. Most were derogatory terms.' (https://www.researchgate.net/profile/Peter_Huxley/publication/237642511)

TASK 1:

- Design and conduct a survey where individuals are asked to describe mental illness in one or two words. Before conducting the survey, hypothesise about your findings. Write down your hypothesis. *(If this is being conducted as a class task, discuss the possible hypothesises and develop one agreed hypothesis.)*

- Results should be collated and analysed to see whether the findings are similar to those found in the United Kingdom study.

- Graph the results for display in a simple pie graph showing the proportion of words used that were positive, and those that were derogatory.

- Students should be engaged in determining which words were positive and which were negative or derogatory towards mental illness.

- Describe the results found.

- Based on your findings, write a Conclusion for your research that identifies whether your hypothesis was supported or rejected, and explores possible reasons or explanations for what you have found.

Think, pair, share – possible reasons for the survey findings.

EXTENSION ACTIVITY:

The findings of the survey could form the basis of:

- a research report (For VCE Psychology students this could be used in undertaking the Student-directed Research Investigation in Unit 1)

- a Newsletter article informing the school community about stigma and mental illness

- the creation of a 'Wordle' relating to stigma

- a school campaign to address stigma. This could be as simple as creating slogans/ posters/badges addressing stigma, or a much larger curriculum based program for the year level or whole school

ACTIVITY 2.3: REDUCING STIGMA

Each of us can play a role in reducing the stigma against mental illness. The following are some simple ways that we can help:

- increase our own awareness and understanding of the facts about mental illness

- share this understanding of mental illness with others

- listen to people with a personal experience of mental illness and get to know them

- don't judge people with a mental illness and make sure they are treated with the same degree of respect everyone else is

- offer support to people with an illness, whether it is a physical or mental illness

- if you have your own lived experience with mental illness, don't feel you need to hide it. The more mental illness is hidden, the more people will think it is shameful, and the less well informed people will be

- speak up when you hear friends, family and others using false beliefs about mental illness or using negative stereotyping of mental illness

TASK 1: Reducing stigma

The Dax Centre promotes an awareness and understanding of mental illness and psychological trauma. It seeks to change community views towards mental illness by increasing empathy and understanding of mental illness, psychological trauma and the mind through art. It aims to bring about a reduction of stigma towards mental illness and mentally ill people.

Research the website of The Dax Centre at www.daxcentre.org and view the other objects

in this story on the Culture Victoria website http://www.cv.vic.gov.au/stories/ .

- Identify and describe three (3) ways that The Dax Centre works towards reducing the

  stigma associated with mental illness and psychological trauma.

1. _____

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   _____

2. _____

   _____

   _____

3. _____

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From The Dax Centre website, read the information about the current exhibition.

- What is the title of the current exhibition?

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- How is this exhibition contributing to the community's awareness and understanding of mental illness?

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Many of The Dax Centre's School Programs include the opportunity for school groups to engage with an individual who has a lived experience with mental illness (Mental Illness Fellowship Advocate). The group hears about the individual's personal experience with mental illness and has the opportunity to ask questions and participate in discussion.

- How could this experience help to reduce the stigma towards mental illness?

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- What other benefits might there be to this aspect of the program where students

  engage with a Mental Illness Fellowship Advocate?

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EXTENSION ACTIVITY:

Visit The Dax Centre at 30 Royal Parade Parkville to view the current exhibition.

Teachers: For information about the Education Programs offered at The Dax Centre and

group bookings, visit the website at

https://www.daxcentre.org/education/bookings/

TASK 2:

SANE Australia works towards breaking down and eliminating stigma toward mental illness. Visit their website at
https://www.sane.org/changing-attitudes   View each of the following sections of the website, and for each, outline how you think this is
working towards reducing stigma.

Website area	Brief description	How this is working towards reducing stigma
Stigma Watch		
Stigma and Good News Files		
 https://youtu.be/kYoi9RAxzvQ?list=PLl8ygrAao0dzQZwGtRko8Tq6bOjuXJ0ZB&t=3		

TASK 3 : Using art to reduce stigma

Look carefully at the image below of Donna Lawrence's artwork titled *'Names'*.

Donna Lawrence
Names, 2006
acrylic, oil and collage on canvas
60.2 x 60.2 cm
The Cunningham Dax Collection
2011.0004

- Describe what you see in the painting *'Names'*. Think about the colours, images,

  placement of the images within the paintings etc.

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- Why do you think Lawrence has chosen the words she has included in this artwork?

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- What do you think about when you see these words that the artist has used in her

  paintings?

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Think, Pair, Share - How could producing and displaying this artwork help to reduce stigma?

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TASK 4: Reducing stigma internet logo search.

There are many organisations in Australia working towards reducing stigma. Many of these organisations use a logo to help promote the need to reduce the stigma associated with mental illness.

- Conduct a web search of organisations working towards reducing stigma. Select one of these organisations to profile.

- For your chosen organisation present a mini-poster highlighting the logo they are using to alert people to the need to reduce stigma and outlining briefly what the organisation is doing to reduce stigma.

TASK 5:

- Design your own logo aimed at reducing stigma towards mental illness and turn it into an item that would allow it to be viewed by many people eg. a badge, a coaster, a bumper sticker

TASK 6: Mental Health Week

World Mental Health Day is held every year on October 10th. Mental Health week in Victoria

is the week around World Mental Health Day where we aim to activate, educate and engage

Victorians about mental health (Mental Health Foundation of Australia, Victoria).

Mental Health Week in Victoria began in 1985 and each year provides a wide range of

activities, festivals, art exhibitions, music, theatre and seminars to help increase the

community's awareness and engagement with mental health.

- Research Mental Health Week to identify the range of activities offered this year.
  Select and describe three (3) of these activities, and explain how you think Mental
  Health Week and these activities help to reduce stigma against mental illness and
  promote improved mental health.

Mental Health Week activity 1:

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Mental Health Week activity 2:

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Mental Health Week activity 3:

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- Find out what your school and community are doing to highlight World Mental

  Health Day on October 10th and Mental Health Week this year?

EXTENSION ACTIVITY:
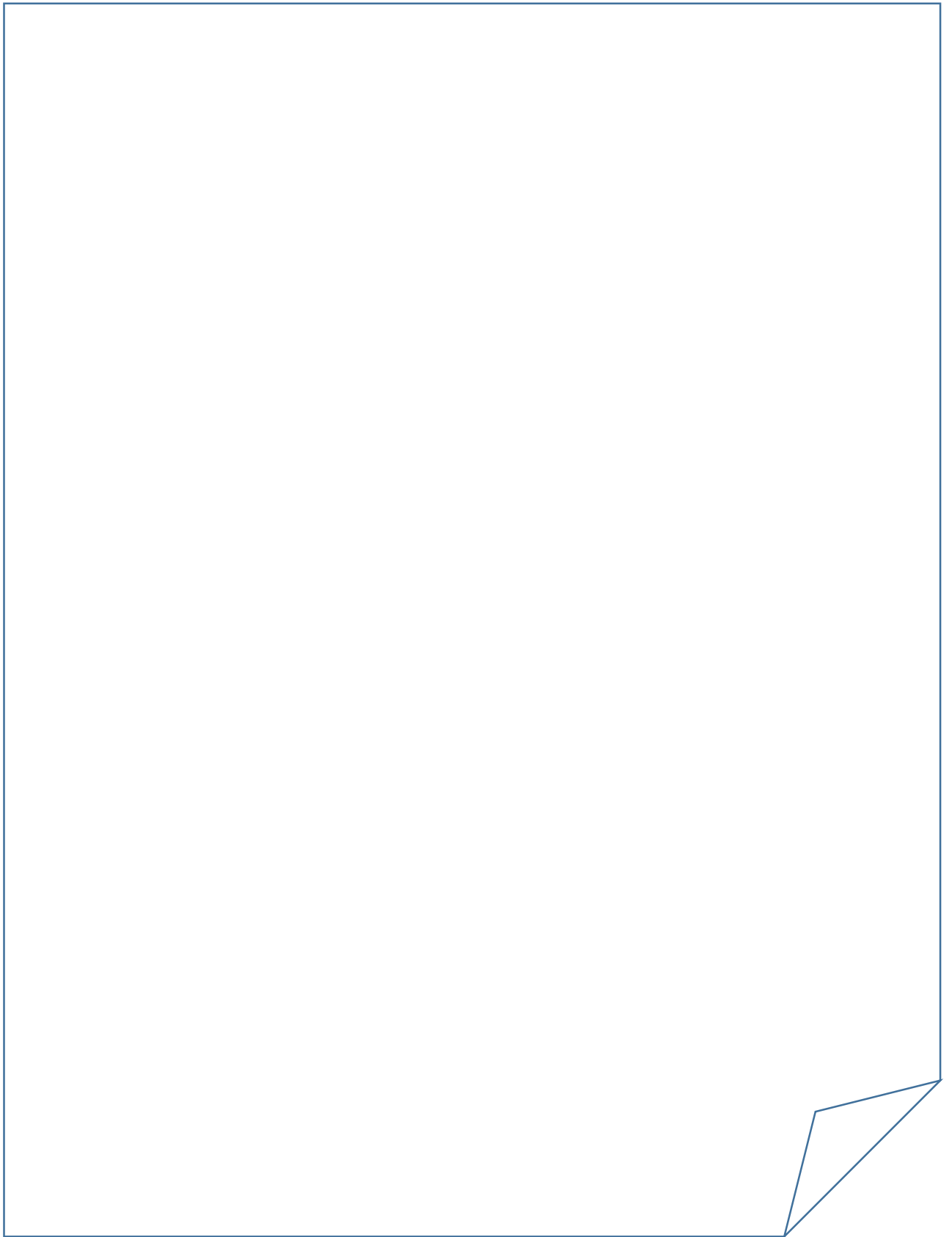
You and your class, or group of friends, could get involved and organise some activities for

Mental Health Week to help increase awareness and understanding of mental illness and

mental health. The Mental Health Foundation of Australia Victorian branch provides a range

of free promotional material that you can access to support your Mental Health Week

activities. These materials can be accessed from

http://www.mentalhealthvic.org.au/index.php?id=promopacks

Use the space below to brainstorm some ideas about possible activities for Mental Health

Week.

Promotion and activity ideas for Mental Health Week:

Part 3: FROM ASYLUMS TO COMMUNITY CARE

A Brief Historical Overview of Mental Health Care:

At first settlement there was no specific means of managing and caring for individuals experiencing a mental illness. 'Troublesome' people, both criminals and 'lunatics', were restrained in irons on ships and in gaols. Governor Macquarie was interested in the mentally ill, and this interest resulted in the opening of Australia's first asylum housing twenty in-patients at Castle Hill, NSW, in 1811. Macquarie ordered that those in charge of looking after the 'mentally deranged' weren't to be unnecessarily severe in their treatment and were to ensure that they were treated with mildness, kindness and humanity. The practices here in Australia followed those that were operating in Europe and America at the time.

A further two small asylums were opened in Van Dieman's Land (Tasmanina) in 1824. The first large in-patient psychiatric asylum at Tarban Creek, NSW , was opened in 1838 and continued to operate as an in-patient facility until 1997.

In Victoria, individuals experiencing mental illness were referred to as 'lunatics' and were initially isolated in a gaol in Collins Street, before the first asylum at Yarra Bend was ready to take patients in 1848. The most difficult patients were, however, shipped to the asylums in New South Wales. The loading of the patients ready for sailing became a public event with many people gathering to watch, and the newspapers of the day published the names of the individuals being shipped off to New South Wales.

The gold rush of 1851 resulted in a large increase in the population and in the number of individuals who were regarded as lunatics. Overcrowding in the asylums meant that many were jailed instead of being cared for at one of the asylums. In response to this many more asylums were built between 1860 and 1890. Private hospitals, Receiving Houses or early treatment centres were opened and some general hospitals started to house psychiatric patients. To help meet the demand, out-patient clinics were established and boarding of patients in the community was tried. The following 100 years saw the building of many more asylums as Australia.

Asylums were built on the outskirts of the metropolitan areas and towns, and often required the building of infrastructure such as roads and railway lines so that material deliveries could be

received and patients and their families could reach the asylum. The earliest asylums were custodial rather than curative, with their focus on being a safe place to house individuals exhibiting unusual or extreme emotions. Individuals who behaved in a way considered inappropriate could find themselves placed in an asylum. Drunkenness, deviant sexuality (the term used for homosexuality), conditions such as epilepsy and many more behaviours were considered to be madness or the beginning of madness, resulting in incarceration in an asylum.

The early 1900's saw the beginning of a number of changes in the way mental illness was managed. For example the previously titled Department of Lunacy (1800s – 1938) became the Department of Mental Hygiene in the early 1940's. With the arrival in Australia of Dr. Eric Cunningham Dax in 1951 the title was changed to The Mental Health Authority. In 1978 the Victorian Health Commission was established, followed by the newly formed Office of

Psychiatric Services of the Victorian Department of Health in 1982. Psychiatric services were later incorporated into the Department of Health in 1995. Changes were also evident in many aspects of life in the institutions with the previous focus based on custodial values beginning to change to a more medical approach and the use of improved treatments.

Advances in clinical knowledge of mental illness and treatments, together with changing community attitudes, media awareness and campaigns, and the actions of individual with a lived experience of mental illness saw many changes in response to and in recognition of the need for the focus to be on recovery. The 1960s began a trend towards deinstitutionalisation and the increasing development of general hospitals with psychiatric in-patient beds. Severe mental illness was still, however, treated via admission to a psychiatric hospital.

From the early 1970s a number of community health teams were established, but these tended not to provide specialised services for those with mental illness. In the 1980s a shift of resources from psychiatric hospitals to providing services and support for people with severe mental illness and their families began. These changes were slower to occur in Victoria, with the institutions continuing to be the main focus of care for the mentally ill until the end of the 1980s/early 1990s. Within the institutions changes had begun to prepare patients to be relocated into the community. Advances in medications continued to be made and the number of pharmacists

Stand-alone psychiatric hospitals have been closed and replaced by community based facilities. Major general hospitals have facilities for acute and long-term admissions as needed. Locating these

facilities within general hospitals is seen to provide residents with a less stigmatised setting for their treatment.

Details of some of the Asylums in Victoria 1848 – 2000.

NAME	CAPACITY	OPENED	CLOSED
Yarra Bend	1000+	1848	1925
Ararat Asylum (later called Aradale Mental Hospital)	2000	1865 (completed 1867)	1923
Carlton Lunatic Asylum (together with Collingwood Stockade)	Previously housed a small number of prisoners	1866	1872
Beechworth Asylum	1200	1867	1995
Kew Asylum	Approx 900	1871	1988
Ballarat Asylum (Lakeside Mental Hosptal)	-	1877	1997
Sunbury Asylum (Caloola)	-	1879	1985
Kew Cottages	-	1887	2007
Royal Park	-	1909	1999
Mont Park Asylum (Complex when completed resulted in a concentration of psychiatric institutions in Melbourne and included Larundel and Plenty hospitals.)	Initially built to house 84 patients	1912	1999
Larundel Psychiatric Hospital	747	1953	2001
Brierly Mental Hospital (Warrnambool)	200+	1957	
Thomas Embling (Kew)	116	2000	Still operating

Activity 3.1:

TASK 1:

- Using the information above, construct a timeline to show the changes that have

  occurred in our treatment and care of individuals experiencing a mental illness.

Eg.

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┌──────────────────┐
│  1811 Castle Hill │
│  Asylum opened    │
└──────────────────┘
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◄──►

TASK 2:

- Why do you think people experiencing mental illness were placed in jails in the early

  days of settlement in Australia?

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- When the earliest asylums were built, they were located on the outskirts of towns.

  Why might these locations have been chosen?

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TASK 3:

Think for a moment about the information you have read above and the image you have of

what an asylum in Victoria built in the 1800s would look like. In the space provided on the

following page, sketch an external view of what you think the asylums looked like.
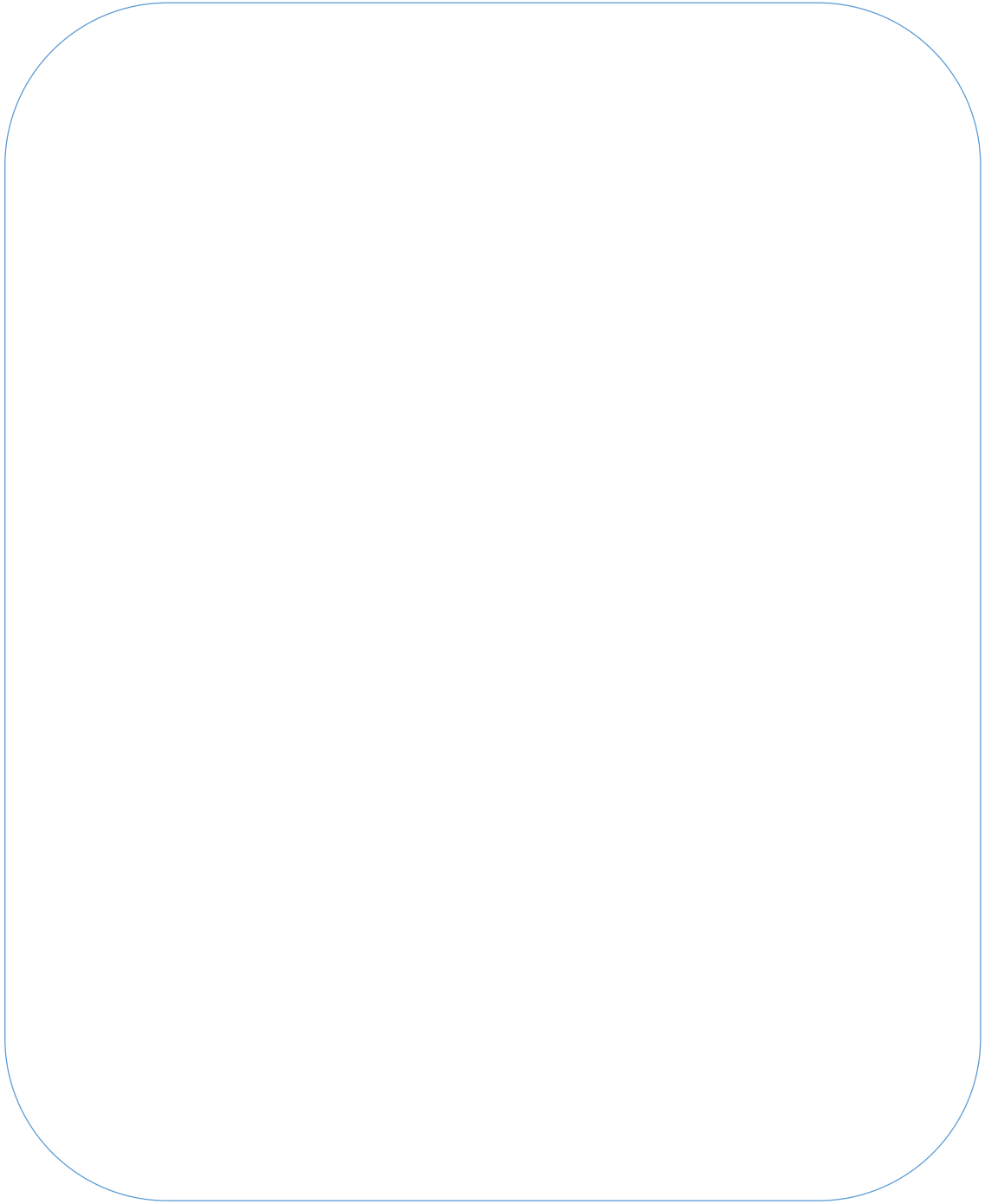
TASK 3 cont:

The following are a range of images of a number of Victorian asylums. Look carefully at the range of images.

Lunatic Asylum Beechworth
Intercolonial Exhibition Melbourne 1866.http://handle.slv.vic.gov.au/10381/151336

Mess room, Asylum, Sunbury [Vic.] [picture]. Circa 1912 http://handle.slv.vic.gov.au/10381/362390

Kew Lunatic Asylum'
Undated but circa 1878-1894
Holyhead collection of J. W. Lindt photographs.
http://handle.slv.vic.gov.au/10381/41805

THE ROSE SERIES P.1651
COPYRIGHT
MENTAL HOSPITAL, ARARAT, VIC.

Mont Park ca. 1917 http://handle.slv.vic.gov.au/10381/41805

Mont Park ca. http://handle.slv.vic.gov.au/10381/96294

- Describe the external appearance of these asylums? Do they share any common features?

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- How similar was the sketch you made to the images you have just looked at? What was similar? What was different?

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Activity 3.2: Using Documents

TASK 1: Mont Park and Larundel – using documents

- Look carefully at the range of following documents:

Mont Park Hospital complex, circa 1990
Unknown photographer
The Dax Centre Archive

Unknown Photographer
Bathroom at Mont Park, undated
A2016.0006a The Dax Collection
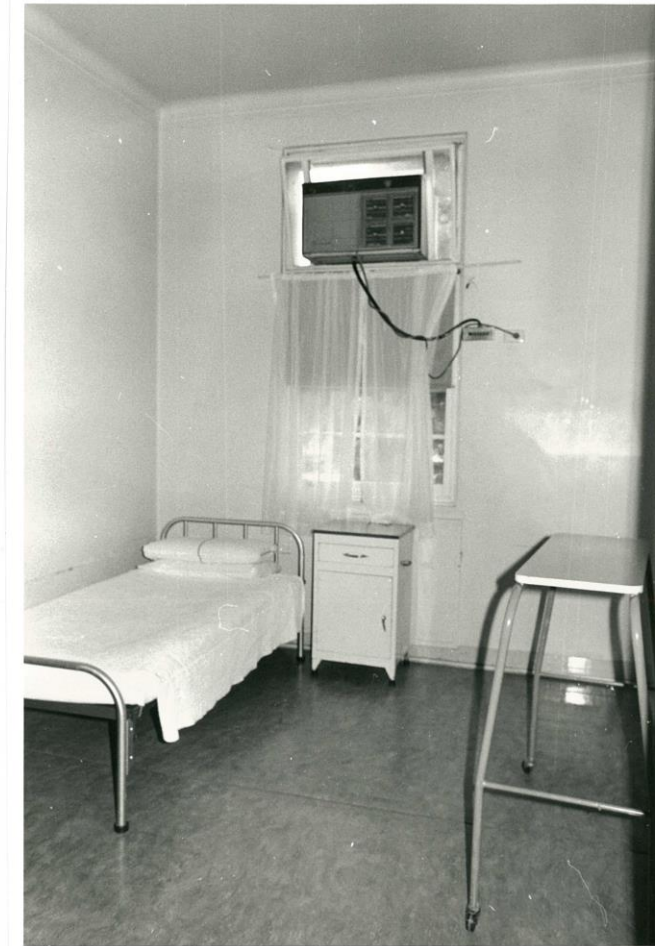
Unknown Photographer
Bedroom at Mont Park, undated
A2016.0006b The Dax Collection

Unknown Photographer
Small group art session, undated
A2016.0006ac The Dax Collection

Unknown Photographer
Art studio, undated
A2016.0006d The Dax Collection

Larundel Mental Asylum http://heritage.darebinlibraries.vic.gov.au/article/328

Hospital Grounds, The Dax Centre Archive

The following is a copy of a brochure provided to patients and their families when they were admitted to Larundel.

LEAVING LARUNDEL

Arrangements will be made between yourself and the treating team for follow-up treatment and support. For this reason a broad range of community treatment and support services are available, i.e. community health centres, visiting community teams, general practitioners, voluntary agencies, and private psychiatric services. Any of these services could assist you in your adjustment and continued wellbeing.

LARUNDEL HOSPITAL
PLENTY ROAD
BUNDOORA
3083 VIC.
Tel. (03) 468 1222

LARUNDEL HOSPITAL

INTRODUCTION

Larundel is a psychiatric hospital specialising in the care, treatment and rehabilitation of people suffering from mental illness. The purpose of this brochure is to explain to you how the hospital is structured and the treatment that is available.

The Hospital is divided into three specific areas of treatment — acute psychiatry, psychosocial rehabilitation, and geriatric psychiatry.

Naturally, the type of treatment you will receive will depend on your individual needs. You will have the opportunity to talk about your problems with support and appropriate involvement of families and friends. Medication may also be part of your treatment. Your day to day programme in association with staff and co-patients is arranged and includes social, recreational and occupational therapy activities. For this reason a team consisting of psychiatrists, medical officers, nurses, occupational therapists, social workers, psychologists, chaplains, and other professionals will be involved in your treatment.

ADMISSION TO LARUNDEL

This can be arranged —

(1)   As a voluntary patient, having applied for admission, recognising your own need for treatment.

(2)   As an involuntary patient, having been recommended by a medical practitioner based upon personal examination. This situation usually arises where a person is unable to recognise his or her need for treatment.

FACILITIES

The Hospital has various facilities available to assist your recovery —

- All wards have a public phone for patient's use. The number can be obtained from nursing staff. Personal mail is delivered to the wards daily.

- Laundry facilities for your personal use are available in each ward.

- The Hospital kiosk is open daily.

- Hairdressing appointments can be arranged for you by the nursing staff.

- Podiatry services are available on a fee for service basis.

- Fitness and sports facilities include a swimming pool, tennis court, and fully equipped gymnasium.

CHAPLAINS

Patients can arrange to see chaplains of different denominations on request. Times of chapel services are displayed in the ward.

INTERPRETERS

Where English is not the patient's first language, the service of an interpreter will be arranged.

PERSONAL INFORMATION

VISITING

Relatives and friends are encouraged to visit and welcome to do so. Please arrange with the nursing staff for mutually convenient visiting times.

PERSONAL PROPERTY

The right of patients to control their own property is encouraged. Trust Office facilities are available to secure money or valuables if required. Indemnity forms will have to be signed if you choose to retain your property.

SICKNESS BENEFITS AND

PENSIONS

On admission you will be assessed as to your eligibility for sickness benefits.

Pensioners will continue to receive their entitlements during hospitalisation. However, a maintenance deduction may be made after a set period.

If you have any problems, social workers are available to assist you.

GENERAL INFORMATION

LEGAL INFORMATION

Larundel Hospital operates under the provisions of the Mental Health Act of 1986. On admission each person will be given a statement of rights, which will include information on how to obtain legal representation, personal advice and assistance.

PRIVATE CARS

Private cars are not permitted on the hospital grounds.

ALCOHOL AND DRUGS

Unauthorised use of drugs or alcohol is not permitted during your treatment.

FEES

In certain circumstances fees are payable. Precise details are included on the "Statement of Patients' Rights".

PLANNING FOR DISCHARGE

The primary objective of your treatment team is to assist you in your recovery and return to your normal life style. Part of your discharge planning could include assistance with your personal, financial, occupational, or accommodation problems.

In Victoria, institutions providing some form of care or control for people with mental illness or intellectual disability have existed since 1848, with the opening of the Yarra Bend Asylum, which later closed in 1926.

When the need to close the Yarra Bend Asylum arose, land in Bundoora was purchased in 1907. This site later became the home of Mont Park Psychiatric Hospital, and consequentially, Larundel and Plenty Psychiatric Hospitals, of which Mont Park was the parent hospital.

It was not long after the completion of the first building in 1910, that physical activity for patients was introduced. With the arrival of the first patients from Yarra Bend asylum in July 1912, housing in the Farm Workers' Block - to stimulate patients considered to be 'dull and lifeless' – was encouraged (Bircanin, 1995, p.3). However it was not until 1934, with the appointment of Miss Lucy Syme in the role of occupational therapist at Mont Park and Kew Mental Hospitals for six months that such practices were actively encouraged. Proving successful, Symes continued in role of department occupational therapist until 1949. During the 1950s and 1960s, a dual emphasis emerged that encouraged patients to express themselves through the creative arts, and providing patients with experience of industrial-type work. After Dr Eric Cunningham Dax became appointed the Chairman of the Mental Hygiene Authority in 1952, he introduced art programs in Victorian psychiatric hospitals, inspired by the work produced by patients of Netherne hospital in England. Run by art therapists or occupational therapists, Dax believed the practice of art making was therapeutic and acted as a form of recovery.

These images, circa 1960s, capture the wards at Mont Park Hospital along with female patients in the midst of an occupational or art therapy activity. Poet Sandy Jeffs, who spent some time at Larundel, recalls similar wards, stating:

'In the 1970s and '80s, I recall the rooms in Larundel in the North Wards had no heating or air-conditioning, and they were freezing in the winter and hot in summer. At least that is how I remember them. In a sense they were soulless rooms as were many of the buildings

The following is a poem written by Sandy Jeffs, a former patient of Larundel:

Alice in Larundel Land[1]

Alice

     fell

        down

            a

              rabbit hole

   & landed in

            topsy-turvy Larundel Land

 locked up

         captive to lunacy

              & a passing parade of

    Mad Hatters & March Hares

              eccentrics &

musos & artists & a poet or two

            & ordinary folk

    with the

        d

         e

          e

           p

            e

             s

              t

              sorrows

    & in-con-ceiv-able lunacy

              sharing delusions

     like needles

    voices babbling in the background

ECT before breakfast

     stelazine for lunch

          prothiaden for dinner

              melleril at suppertime

                  & to bed with a hallucination & a moggi

—a place full of hunger—

        hunger for

              —kindness,

                    —friendship,

                        —love

            a curious, (secluded) world

                        its dark side

kept well hidden

            shadow-haunted inmates longing for peace

                with themselves

      no one knowing the wars that raged within

or the deep pain wedged between

      (spirit & flesh)

          destroying lives—

friends & family picking up the pieces.

Larundel Land's

          red brick walls now rubble

windows s-h-a-t-t-e-r-e-d

          graffiti telling another story

      a playground for vandals & urban explorers

          once peaceful gardens

              dis-mem-ber-ed

   sombre ghosts roam the precinct

      calling us to remember them—

we will remember you

      sitting in smoky rooms

          crying alone

      laughing with deranged angels

        —muddled & paranoid

           —chaotic & manic

             —anarchic & confused

prisoners stalking locked wards

        keys jangling

medication trollies

     r-u-m-b-ling into melancholic rooms

  & the humour

      the-blacker-than-black-humour

 the-cut-through-all–the-crap-&-misery-humour

  you will not be forgotten—

    we shall erect a monument

  to commemorate all who

       passed

through Larundel Land

      we *will* remember

   the hell-hole & sanctuary

the bottomless pit of despair

     unexpected place of healing

 Alice landed on her head

  in upside down

     Larundel Land

the madhouse that once stood on the

     —edge of town

  where time dawdled

  & everyone hid in the shadows.

1. *Alice in Larundel Land* is the name of a pantomime that was written by chaplain Len Blair and performed by staff at Larundel Psychiatric Hospital in 1979. Larundel was situated in the outer Melbourne suburb of Bundoora. It was closed down in 1999.

© Sandy Jeffs 2014

View the following short clip of two former nurses from Larundel discussing the closure of the asylum https://www.youtube.com/watch?v=ctJuLWYqK0E

Copy of a menu from Larundel Hospital, April - May 1966.

LARUNDEL HOSPITAL

PATIENTS ' MENU NO. 2 (A) - OPERATIVE FROM 3rd APR.66 to 28th MAY.66

DIETS: A - All Patients; F - Full Diet; S&M - Soft & Mince Diets.
        W - Working Diet (C Ward & Male Wards) S- Special

	BREAKFAST		DINNER		TEA	
S	Cereal	A	Sliced Corned Beef	F	Cold Meat	A
U	Meat Croquettes		Cornef Beef &	S&M	Potato Salad	A
N	& Gravy	W	Potatoes - Fritters		Lettuce, Tomato	A
D	Eggs to order	S	Potatoes	A	Beetroot	A
A	Toast	A	Vegetable	A	Salad Dressing	A
Y	Butter) every	A	Pickles	A	Fresh Fruit	A
	Jam, Tea) day	A	Carrington Peach		Bread & Butter	A
			Mould	A	Cheese, Jam	A
			Mock Cream, Tea	A	Honey Tea	A
M	Porridge	A	Portuguese Meat		Devilled Mutton	
O	Grilled Tomatoes		Rolls	F	& Foreqtr.Chops	F
N	& Bacon	W	Mince & Spaghetti	S&M	Portuguese Meat	
D	Eggs to Order	S	Tea		Balls.	S&M
A	Toast	A			Potatoes	A
Y	Butter etc.				Vegetable	A
					Banbury Tart	A
					Custard. Tea.	A
T	Cereal	A	Mixed Sandwiches	F	Roast Mutton	F
U	Hamburger Steak		Egg a la King	S&M	SAvoury Gravy	F
E	& Tomatoes	W	Fresh Fruit	A	Potato Pie	S&M
S	Eggs to Order	S	Tea	A	Potatoes	A
D	Toast	A			Vegetable	A
A	Butter Etc.				Steamed	
Y					Marguerite Pudd.	A
					Custard. Tea	A
W	Porridge	A	Cold Meat Salad	F	Roast Beef	F
E	Chops & Onion		Lettuce, Tomatoes	F	Steak & Kidney	
D	Gravy	W	Beetroot	F	Pie	S&M
N	Eggs to Order	S	Salad Dressing	F	Potatoes A	
E	Toast	A	Steak & Egg		Vegetable	
S	Butter etc.		Casserole	S&M	Apple Crumble	
D			Tea	A	Custard. Tea	A
T	Cereal	A	Mixed Sandwiches	F	Baked Mutton	
H	Braised Sausages		Egg, Potato &		Cutlets	F
U	& Onions	W	Bacon Savoury	S&M	Veal & Ham	
R	Eggs to Order	S	Fresh Fruit	A	Croquettes	S&M
S	Toast	A	Tea		Potatoes	A
D	Butter etc.				Vegetable	A
A					Cream of Rice	A
Y					Tea	A
F	Porridge	A	Macatoni Cheese	A	Fried Fish	F
R	Scrambled Eggs	A	Tomato Soup	A	Fish Patties	S&M
I	Toast	A	Tea	A	Potatoes	A
D	Butter etc.				Vegetable	A
A					Jellied Fruit	A
Y					Jellied Fruit	A
					Blancmange. Tea	A
S	Cereal	A	Steak & Veg. Pie	A	Cold Meat Salad	A
A	Crumbed Mutton		Potatoes	A	Cole Slaw	A
T	Cutlets & Gravy	W	Vegetable	A	Lima Beam Salad	A
U	Eggs to Order	S	Baked Rice Custard	A	Beetroot	A
R	Toast	A	Tea		Hot Scones	A
D	Butter etc.				Bread & Butter	A
A					Jam, Honey Tea.	A
Y						

Larundel Hospital Menu instructions March – April 1966

LARUNDEL HOSPITAL

Patients' Menu No. 2 will come into operation on Sunday 27th March 1966. The Menu is divided into two parts A & B. Menu No. 1 (B) operates from 27/3/66 to 2/4/66 inclusive, and Menu No. 2 (A) operates from 3/4/66 to 9/4/66 inclusive and then the full menu repeats every fortnight until the 28th May, 1966.

The dates for commencement of each section of the menu are as follows:-

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1st Week Menu B Sunday 27th March, 1966.
2nd Week Menu A    "     3rd April, 1966.
3rd Week Menu B    "    10th April, 1966.
4th Week Menu A    "    17th April, 1966.
5th Week Menu B    "    24th April, 1966.
6th Week Menu A    "     1st May,   1966.
7th Week Menu B    "     8th May,   1966.
8th Week Menu A    "    15th May,   1966.
9th Week Menu B    "    22nd May,   1966.
```

Sandwiches will be supplied for lunch on Tuesdays and Thursdays for patients on full diets.
A soft diet will be provided for patients who are unable to eat the sandwiches and special diets will still be supplied on those days.

On days where a special meal is not provided for soft or mince diets the person responsible for dishing up the meal should ensure that the meal is finely cut up.

The menu must be strictly adhered to and any departure from same is not authorised unless instructed by the Supervisor of Catering.

Psychiatrist Superintendent.

- Describe the patient facilities at Mont Park and Larundel Asylum, shown in the **photographs**.

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- Referring to the poem ' Alice in Larundel Land', what did Sandy Jeffs think about her experience of being a patient in Larundel? Provide evidence from the poem to support your response.

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NB: *You can hear more from Sandy Jeffs in the introductory story 'Making Sense: Art and Mental Health' on the Culture Victoria website.*

- What role did Dr. Eric Cunningham Dax play in the changing nature of how patients in the Victorian asylums were treated?

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- In what ways were these changes thought to be beneficial for the recovery of the patients?

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- Suggest other possible benefits for recovery that may result from activities such as

  those shown in the photograph of 'a small art group'.

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The brochure Larundel provided for their patients outlines many facilities, activities and

services that were available to the patients during their hospitalisation. These conditions

were very different to those experienced by patients in Victoria's first asylums in the late

1800s and early 1900s.

- The brochure tells patients that during their stay a team of people would be involved

  in their treatment. Identify each of those listed and explain what you think their role

  in the patient's treatment would be.

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- Outline some of the facilities, activities and services that were available to the

  patients in Larundel.

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- Why do you think this was important for the patient's recovery and return into the

  community?

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- What is identified as the primary objective of the treatment team?

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- What additional assistance would be provided to patients as part of their discharge

  planning, and why would this be important?

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_____

- Using at least three of the documents above as sources of information, write a letter

  that a voluntary patient admitted to Larundel may have written to a family member

  describing life at Larundel.

Dear

EXTENSION ACTIVITY:

Conduct further research into the history of the Mont Park Hospital and Larundel Asylum (or any of the other Victorian Asylums) to gain a better understanding of this era of treating individual's experiencing a mental illness.

Some possible places to begin your research include:

- Victorian Heritage Council

  http://vhd.heritagecouncil.vic.gov.au/places/5619/download-report

- Bircanin, I., & Short, A. (1968). *Glimpses of the Past: Mont Park-Larundel-Plenty.* National Library of Australia.

- Darebin Heritage Libraries http://heritage.darebinlibraries.vic.gov.au

ACTIVITY 3.3: An example of treatment and care today

The following is a summary of an interview between a 23 year old female who has a lived experience with schizophrenia and an Education Officer from The Dax Centre.

Maria (name changed to protect confidentiality) is a 23 year old female living in the eastern suburbs of Melbourne. She lives with her family, consisting of her mother, father, three younger siblings and her pet dog Harley. Maria has lived with a diagnosis of schizophrenia since she was 14 years old.

When Maria's symptoms of schizophrenia first appeared she was hospitalised at a general hospital where she spent a period of two weeks in the psychiatric unit. During this stay she was treated by a psychiatrist, who Maria says, "helped her to understand and manage the hallucinations she had experienced." She was also placed on a number of different medications during her hospitalisation which helped to manage the symptoms she had experienced. Maria recalls feeling very frightened at first and unsure about the future.

Maria's mother spent most days at the hospital with her and they read magazines and played cards together in the time between seeing the medical team members. This medical team consisted of two nurses who worked different shifts, the psychiatrist, a psychologist, and occupational therapist and a social worker. Maria was also able to attend some of her school classes via an internet link arranged with the hospital Education Centre, and her close friends visited her in hospital. There were many activities available and Maria enjoyed the art making classes where she learnt to create lino prints and make 'really awesome' cards from them.

When she returned home from hospital, Maria continued with her medication and began to attend school again. She was able to practice the various strategies she had learnt in hospital, such as controlling her breathing and talking about how she was feeling, when she was feeling stressed.

During the first semester of Year 12 Maria again spent a short time (4 days) in hospital. Her medication was adjusted and she was able to rest. Maria recounted that she doesn't enjoy having to go to hospital, but is 'ok' about it now. She no longer finds it frightening, and knows that her friends understand and are supportive of her now that they are aware of her diagnosis.

Maria completed her VCE successfully and is now studying a science degree part-time. She continues her medication and regularly sees her psychiatrist, psychologist and counsellor from the mental health organisation she is now associated with. When asked about other supports for her recovery and management of her illness, Maria explains that she has just begun to learn to practice Mindfulness and ensures that she keeps in contact with her friends. She also believes spending time with Harley is very helpful!

TASK:

- Identify how Maria was treated and supported when first hospitalised.

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- Who are the people involved in helping Maria manage her mental health?

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- If Maria had been born in 1901, how would her treatment have been different to the treatment she has received, and the way she manages her mental health today?

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The Mental Health Act 2014 places people with mental illness at the centre of decision making by promoting recovery oriented practice and safeguarding the rights and dignity of people with serious mental illness. It also supports the important role of families and carers in recovery. A number of core principles and objectives are identified. These include:

• assessment and treatment are provided in the least intrusive and restrictive way

• people are supported to make and participate in decisions about their assessment, treatment and recovery

• individuals' rights, dignity and autonomy are protected and promoted at all times

• priority is given to holistic care and support options that are responsive to individual needs

• the wellbeing and safety of children and young people are protected and prioritised

carers are recognised and supported in decisions about treatment and care.

• How does the treatment Maria received when first diagnosed with schizophrenia, and the treatment she has continued with, meet the core principles and objectives of the Mental Health Act 2014 as outlined above?

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_____

_____

- 'Community Care' is the term used to refer to the treatment and care for individuals

  experiencing a mental illness today. Use the principles of the Mental Health Act

  2014, and Maria's example of her treatment and care to explain what 'Community

  Care' involves.

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PART 4: – ART MAKING AND SELF REFLECTION

Activity 4.1: ART: RESPONDING AND REFLECTING (An exercise in developing self-reflection)

The following activity has been created in conjunction with Franca Hanane, Arts Therapist, Counsellor. It is suitable for students from the age of 9 years. It is an individual reflection activity and should be completed in silence. It is **not** the intention of this activity that students would share or display their responses.

Teachers: Please be aware that a reflective art activity like the following may lead to a strong emotional response in some students. It is advised that you discuss your planned use of the activity with your Student Support/Welfare team. You are also welcome to make contact with the Education Team at The Dax Centre for advice in creating and maintaining an appropriate and supportive classroom environment. The Dax Centre also conducts Teacher Professional Development to support teaching about mental health.

This activity is best undertaken with the teacher calmly reading out each of the instructions as the activity proceeds in silence. Please allow plenty of time between each step for the students to focus on their observations, thoughts, feelings and drawing as the activity progresses.

Materials:

- *Device on which to individually view the art work*

- *An A4 sheet of paper to cover the image of the art work. Cut a hole 5cm x 5cm out of the paper (size of the cut out may need to be adjusted dependent on the screen size of the device being used by students to view the image). If the device being used has a 'spotlight' function available, this could be used instead of the paper.*

- *Pen, pencils or crayons for drawing*

- *Copy of the Spiral diagram below*

- *Electronic copy of the art work*

Background information to the task: (this can be read out to the class as the beginning of the activity)

By means of inspecting parts of ourselves that are engaged in the simple act of viewing a painting, we can develop a deeper understanding of what is going on inside of us.

Often our thoughts and feelings influence our reactions. And the more we become aware of them, the more choices we have in how we might respond rather than react, in a particular situation.

Responding to art work is a very personal experience. Often our experiences will vary from those of others who are viewing the same painting. This is what makes us unique and our different perspectives add to the broader understanding of what we are viewing and our own responses to it.

For the following exercise allow yourself to be with what is true for you, focus on your own observations, thoughts and feelings.

TASK:

- Take some time to view the painting 'Mother in the Moon' in silence. Think about what you are seeing. Consider things such as the shapes, colours, placement of objects and so on in the painting

- When you are ready, take your sheet of paper with the cut out and place it over the image of the painting. Move it around to select one small section of the image that interests you and that you would like to focus this activity on.

- Take some time to inspect this part of the painting

- Working on the spiral printout, use the following guidelines to begin writing around the spiral and recording your responses as the activity proceeds.

- **Observation**: Look closely at the section of the painting you have chosen. Inspect the different elements, layers and forms which go to making up this

  section. It may be the colours, the thickness of the paint,

  the forms, composition, positioning of certain elements.

  Write in the spiral after the word Observation, all the things you notice.

- **Thoughts**: Now think about the section of the image that you are focussing on. Following around the spiral, write down the thoughts that come to mind along with

any memories, ideas, or imaginings about the things you noticed. Note them down,

whatever they are, even if they seem unrelated.

- **Feelings**: Give yourself some time now to check in with your feelings about this

   section of the painting. What do you experience when you view this

   work? What does your body feel like in response to the painting? What

   emotions and feelings are being stirred in you? Note these on the spiral.

- **Image**: The spiral opens up into a blank area in the centre of the page. Here you can

   illustrate your response to the work. Sit for a while and check in with what you are

   feeling about the work now. See what it is that you now want to draw. Let an image

   come to mind and begin drawing. You may have a distinct idea of what to draw or

   the image may change as you progress. Allow some time for this.

- At the bottom of the page to record any additional thoughts and feelings you have

   about the painting, the process, or what you have discovered about yourself.

- When you are finished, take a short time to just focus on how you are feeling, and

   what you were feeling when completing this activity.

(Students may be interested know that this artist uses her art work to reflect upon various

aspects of her life and experiences. She has used the phrase 'leaking out' to describe how

the works are created. The stories, or understandings they provide her when she reflects

upon their meaning have 'leaked out' of her mind via the art work.)

Joan Rodriquez
Mother in the Moon, 1988-1989
charcoal and pastel on paper
57.4 x 59 cm
2008.0068

observations

thoughts

feelings

image

The Dax Centre
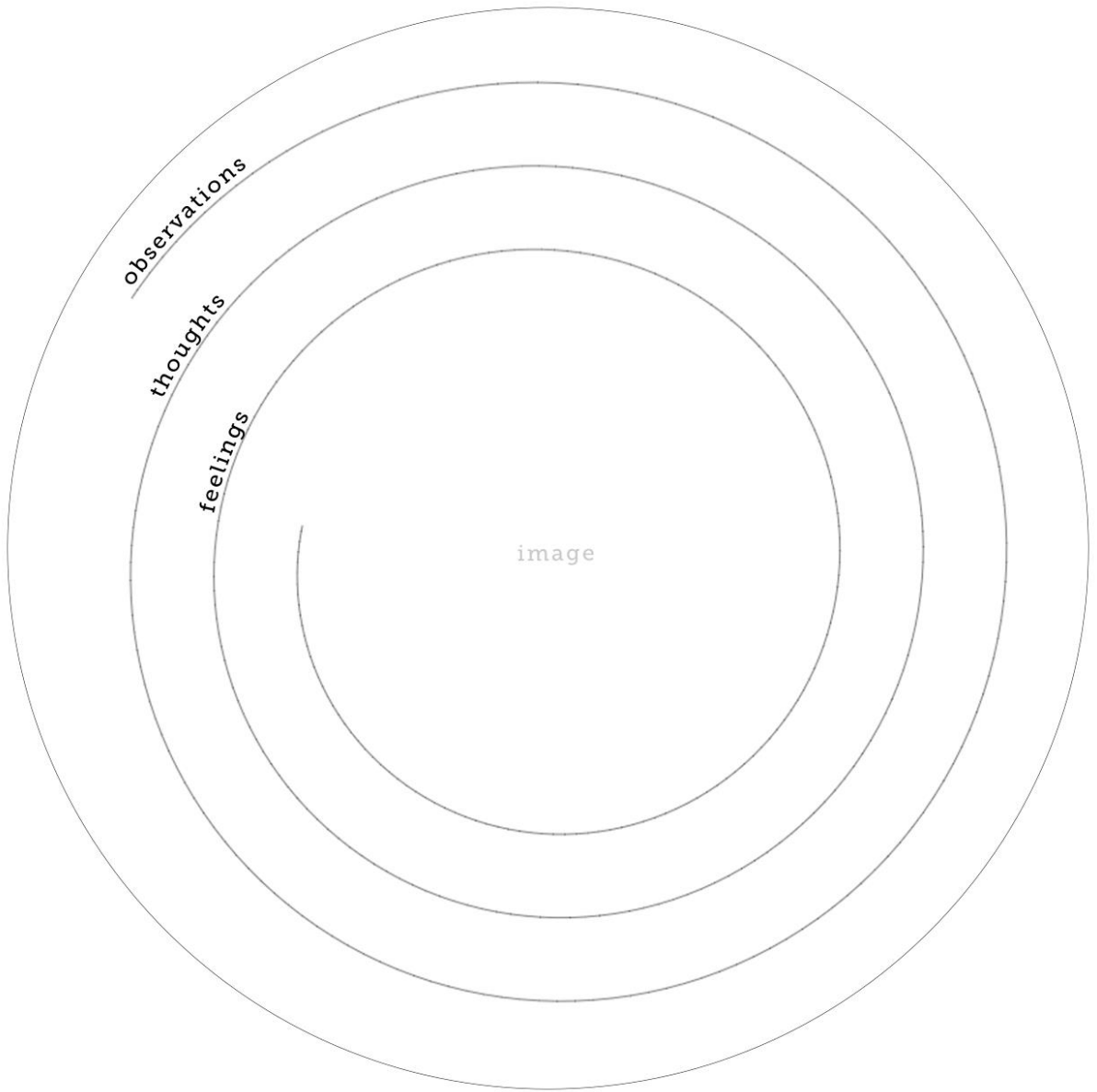
APPENDIX

'FACT OR MYTH' **Statements:**

1. People with a mental illness are usually fully aware of their illness

2. People with a mental illness are usually born with it

3. People with a mental illness are usually dangerous to themselves and to others

4. If you have a parent with mental illness you will also experience a mental illness

5. People with a mental illness need to be hospitalised

6. Mental illness is reasonably common in our community

7. Most people with a mental illness can continue to work in the community

8. Mental illness is due to a brain injury

9. Relationships with other people are important for people who experience a mental illness

10. Mental illnesses are always incurable and lifelong

11. Anyone can develop a mental illness

12. Most people experiencing a mental illness seek help

13. Depression and other mental illnesses such as anxiety disorders are just part of life for the average adolescent

14. Mental illness is rare and as long as you stay physically healthy you will not experience a mental illness

15. Stigma surrounding mental illness is an obstacle to many people seeking help for their mental illness

The Dax Centre