



Turning Up the Volume

An activity which includes a quiz and discussion to look at the ways in which what we see as mental illness/distress symptoms can be related to everyday experiences.

It includes listening to the story of Peter, who experienced psychosis after drug use.

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Turning Up the Volume

Pick and Mix Section, Activity 1

Objectives:

- To increase understanding about mental health related symptoms and how these are related to everyday experiences.
- To educate + enhance empathy around the experience of hearing voices.

Key messages:

- Mental distress is common.
- There is no one explanation for mental distress.
- Recovery is possible.
- The ways that people experience mental distress vary widely, and recovery is different for everyone.
- People with mental distress are not violent and are far more likely to be victims of a violent crime than to commit a violent crime.
- Your attitude makes a difference.



Recommended group size: Suggested maximum of 12 people per facilitator.

Time: 45+ mins (15 mins quiz and explanations, 5 mins Peter's story, 25 mins discussion).

Resources to have ready:

- Print out copies of the quiz sheet for each participant.
- Group Agreement and Places for Support brainstorm pages from the first activity.
- Audio resource — Peter's story at [www.rethink.org.nz/people 'Peter'](http://www.rethink.org.nz/people/Peter).
- The means/equipment to listen to this video (it doesn't need to be viewed, just heard).

Before you start

- Make sure all participants have pens.
- Read and understand the table in this guide.

Introducing the activity

If this is done on a separate day from the 'Mental Illness Is' activity, remind the group of the Group Agreement and Places for Support pages. Give out copies of the quiz sheet.

Read out the following, or introduce the activity in your own words.

"We're going to start with a small quiz about some really everyday experiences. When you hear the question, put a tick beside that question number if you have ever had this experience or something like it."

Turning Up the Volume quiz

Each set of four quiz questions describes a different set of mental health experiences.

Read out the quiz questions.

1. You can't help picking at that pimple even though you know you'll make it worse.
2. You avoid stepping on cracks in the footpath.
3. You go back to double check if you turned the iron or hair straightener off, or if you locked the door.
4. You wash your hands a hundred times after accidentally touching dog poop, even though you know they're already clean.
5. You feel shaky or sweaty before a performance or speech.
6. You know it doesn't help, but you can't stop worrying about something.
7. Something good happened, but you feel emotionally flat and not able to enjoy it.
8. You do something well, but you're down on yourself and your abilities.
9. You're talking to someone and your mind wanders from the conversation.
10. You daydream or tune out.
11. You feel like you need to put on a mask in some situations to feel more confident.
12. You're pretty sure that you did, but you can't actually remember brushing your teeth this morning.
13. You ate more than your body wanted and now you feel stink about it.
14. You stayed up all night, even though you knew you had to get up early.
15. You kicked or punched something in frustration or anger.
16. Picking at a scab feels kind of good though you know it takes longer to heal.
17. You have a crush on someone and you can only see the awesome things about them.
18. You can't get to sleep because your mind is racing.
19. You were having a great day and spent more money than you should have.
20. You can't relax because you're way too excited about something that's coming up.
21. You wonder if it's you when a conversation stops just as you walk into a room.



22. You follow your gut, simply because it seems like the right thing to do.
23. You walk home and have a horrible feeling someone might be following you.
24. You reckon you can tell who's calling you before you pick up the phone.
25. You have a really vivid dream or nightmare.
26. You can't stop hearing a song play over & over in your head.
27. You thought you heard your name, but no one's there.
28. Someone talks about there being a terrible outbreak of nits recently — and your scalp becomes itchy.

Ask: "How many ticks did you get? Would you say most of these

experiences are pretty normal?" Reassure the people in the group that these experiences are definitely common experiences in our society!

Ask: "If we 'turned up the volume' on any of the last four items in the quiz (dreams or nightmares, repeatedly hearing a song in your head, thinking you heard your name, or imagining you have nits) so that it became something more intense, what do you think that might look like?"

Ask: "Why do you think we have done this exercise in a resource on mental health stigma and discrimination?" (Look for the response that these are normal experiences that help us to get a bit of insight and empathy into the experiences of people with mental health conditions.)

We are describing	When the volume is turned right up on this experience, the mental health term for it is:
1–4 Acting on an obsessive thought	Compulsions. Compulsive actions offer temporary relief from the discomfort, distress or disgust caused by a strong thought or obsession. Compulsions put an end to, or prevent, anxiety and discomfort arising from obsessive thinking. What may begin as something that helps (like going home to check the stove wasn't on) can develop into habits that you can't stop doing.
5–8 Feeling anxious, sad, depressed	Anxiety and depression. There are many ways to experience depression and anxiety. People with depression may feel flat rather than sad. Some people with anxiety have ongoing worry about many things; they may find it difficult to control this worry and expect the worst to happen. Other people experience their anxiety around particular situations (social situations, air travel, dogs). When anxiety around a situation is particularly strong and ongoing, it may be diagnosed as a phobia. Many people with depression also experience some anxiety, and many people with anxiety also experience some depression.
9–12 Escaping from the now (the present moment)	Dissociation. Dissociation sounds like a scary word, but it is basically the way we tend to 'check out' from the present moment if we are bored, distracted or scared. A tendency to dissociate may be associated with trauma — when a person learns a way of escaping from what they can't physically escape. An approach like this may have been a good way of coping for a child who lacked other choices. However, it can be a problem for people later in life, if they keep on dissociating automatically rather than seeing they now have other choices.
13–16 Doing something that is bad for you to feel better	Self-harm. Some forms of self-harm (such as over-work, over-exercise and binge drinking) can be considered normal in our culture. There are many, many reasons why people self-harm, and some self-harm acts are riskier and more potentially damaging than others. People do not self-harm when they are feeling good about themselves and their lives.
17–20 An excited or really good (elevated) mood	Mania. People often think of bipolar disorder (which used to be called manic depression) when they think of mania. However, a manic episode can also occur due to prescription or non-prescription drugs, or because of physical illness. There are even reported cases of people experiencing what looks like mania after excessive caffeine intake. Sometimes people who are experiencing mania are mistaken as 'being on drugs'. Sometimes people have a manic state where they talk very fast and can't sleep — but instead of feeling excited they feel anxious, irritable and/or depressed. This situation is called a 'mixed state'.
21–24 Thinking something strongly even if others do may make them not believe your evidence	Delusions. A delusion can be described as a belief that is clearly false and that indicates an abnormality in how someone is thinking about a situation. The false belief cannot be accounted for by the person's cultural or religious background, or his or her level of intelligence. The difficulty with a delusion is the person really firmly believes it. Trying to convince someone that their delusional belief is not accurate angry, frustrated, or cause them to stop sharing with you. It may be useful to instead think about empathising with the person's feelings about a belief or situation, without necessarily agreeing that you accept their interpretation of it. Like mania, delusions can also be the result of a medical or neurological disorder.
25–28 Hearing, seeing, smelling or feeling things that others around you cannot	Psychosis. People often think of schizophrenia when they hear the word psychosis, but there are several different types of mental illness that can include psychosis as a symptom. These include brief psychotic episodes, drug-induced psychosis, and bipolar disorder, as well as some other medical conditions. There is information in the Hints and Help section about how sometimes what is called psychosis in Western medicine can also be understood in other ways.

Peter's story

Say something like: "Now we're going to listen to the story of a guy called Peter, who has had some experiences of psychosis — like those experiences of thinking someone called your name — but with the volume turned right up. Peter's story is quite full-on, and mentions his drug use and thoughts of suicide. Things get better, however, so please stay in the room to hear the end of the story, and talk to someone afterwards if you need to."

Discussion — ask these questions:

1. What was it like hearing Peter's story?
2. Research suggests that drug use makes it more likely you will have experiences like psychosis. Do you think most young people know this?
3. Some people who hear voices have never used drugs — how would the stigma or judgments they face be different from what Peter faced?
4. Who was Peter a danger to when his voices were telling him to hurt himself?

5. If a friend or a cousin was in the kind of situation Peter was in before he got support, what would you like them to know?
6. Peter hasn't used his real name — why do you think this is?
7. At the end of Peter's story he was still having some difficulties, but he was experiencing his voices as a lot less upsetting. Some people reach a point where they don't have any mental health symptoms, while others have ongoing symptoms, and other people have symptoms which only turn up in times of stress. Which do you think

Peter would find more important — having fewer symptoms or finding the symptoms less distressing?

8. A mental health peer support worker is a person who has experienced their own mental distress, got to a better place, and is trained to support people. What kind of things do you look for when choosing someone to support you?
9. What difference does it make when you know somebody has been through their own hard times?
10. Is there anything you would like to find out more about after hearing Peter's story?

Hints and help

The quiz may result in questions like "At what point does someone's experience get called illness?" This question is a great one for participants to consider, and different people will have different answers. One general answer is that we consider someone's experience illness when the experience is causing distress for the person, or for those around them. (If someone is not harmed or distressed by hearing voices, is it an illness?) Examples of this situation might be that the person understands their voices in a non-distressing way (in a spiritual or cultural sense, from God, angels, ancestors or as a positive support to them) or as the chatter of the mind, or even just as a part of who they are.

If participants are particularly interested in any of the different diagnoses included in the table, encourage them to visit www.mentalhealth.org.nz in their own time. Two reasons that we do not talk a lot about different diagnostic labels in this resource are that sometimes there can be specific stigmas or assumptions made about a person based on their diagnostic label, and often even psychiatrists do not agree on which diagnosis category best expresses a person's experience. In addition (as covered in the Fresh Eyes activity) how we understand mental health issues is influenced by our time in history and our culture.

Participants in your group may have heard voices or have a family member who does. Sometimes people find their voices distressing, but will not mention them to anyone because they are frightened that their experience may mean they are terribly mentally ill. The Hearing Voices Network is a network of voice hearers and individuals who are interested in the experience of hearing voices. The following quote is from their website.

"Hearing voices has been regarded by psychiatry as 'auditory hallucinations', and in many cases a symptom of schizophrenia. However, not everyone who hears voices has a diagnosis of schizophrenia. There are conflicting theories from psychiatrists, psychologists and voice hearers about why people do hear voices. We believe that they are similar to dreams, symbols of our unconscious minds. Although the Network is open to many diverse opinions,

we accept the explanation of each individual voice hearer. Traditionally, the usual treatment for voice hearing has been major tranquillisers, administered to reduce the delusions and hallucinations. However, not everyone responds to this treatment. There are some psychiatrists and psychologists who now work with people who hear voices using talking therapies and exploring the meaning of the voices. Although this is not yet 'the norm', this practice is increasing."

People who have spoken about hearing voices include John Frusciante (guitarist, ex-Red Hot Chili Peppers), mathematician Dr John Forbes Nash (played by Russell Crowe in the movie 'A Beautiful Mind'), actor Anthony Hopkins and Gandhi. People who have experienced hearing the voice of God include many religious figures such as Moses and Joan of Arc. www.rethink.org.nz has links to more audio stories of New Zealanders who have heard voices, and whose recovery journeys are different from Peter's.

Peter believes his voices were connected to his drug use. This connection has some support in research, with data suggesting that the earlier someone begins using substances like cannabis, the greater the risk that they will experience psychosis. (See the information contained in the Attitude Statements activity.)

The following message is from the NZ Drug Foundation: "[Our] message is clear: No drug use is the safest drug use. However, we know there will be occasions when people ignore warnings and use drugs in a dangerous manner. To help keep communities safe, here is some information about proven methods of drug harm reduction." (To view the information, visit drughelp.org.nz.)

Harm reduction methods include becoming educated about the risks and effects of different drugs, and ways to decrease the negative impacts of drugs: e.g. using smaller amounts, delaying use, and using safer methods.

The idea that mentally ill people are dangerous is a particularly harmful one. People with experience of mental health conditions, including psychosis, are more likely to be the victim than the perpetrator of violent crime.



Further Reading

Links to studies, articles, evidence and further information to support this resource can be found at www.rethink.org.nz/conversationsforchange

