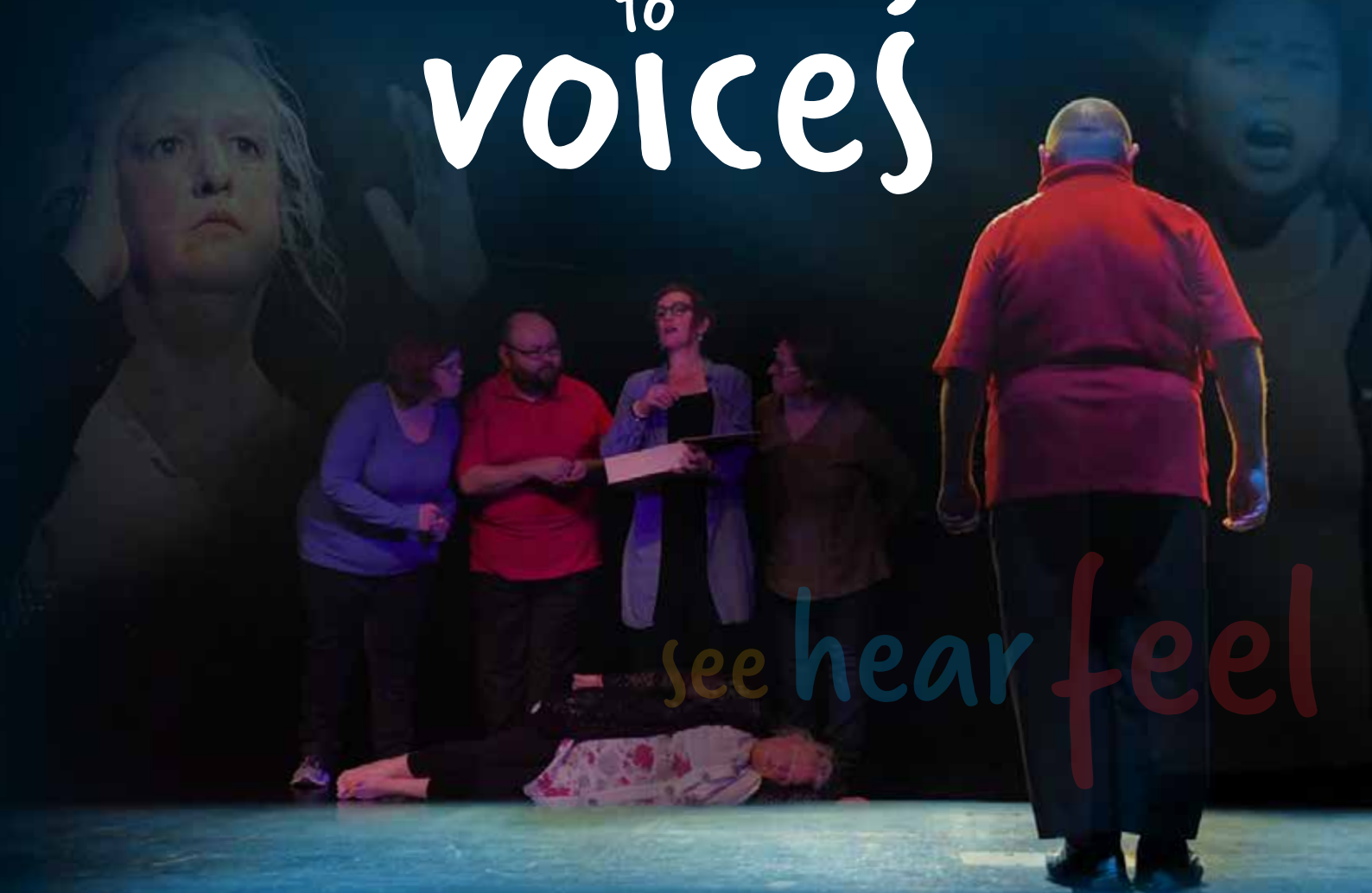


EDUCATION RESOURCE

# listening to voices



see hear feel

## FACILITATORS' GUIDE

You can't find this in any textbook...



# Contents

Background _____	4
How to use this resource _____	5
The Stories _____	6
Topics explored in the stories _____	7
1. Trauma _____	7
2. The system _____	7
3. Stigma and language _____	8
4. Hope and transformation _____	8
Additional readings and resources to support teaching and learning _____	9
1. Trauma _____	9
2. The system _____	11
3. Stigma and language _____	12
4. Hope and transformation _____	13
Websites _____	15
Support services _____	15
Credits _____	16



## Acknowledgements

This resource honours and pays respect to the stories of four people - Ben, Jain, Kelly, and Sarah who have generously and honestly shared their story in the hope that they will make a meaningful contribution to the education of others, to reduce stigma associated with experiences that may lead to a diagnosis of mental illness, and to improve the services, care and support provided to people with these experiences.

The artistic direction and dramaturgy of this project has been thoughtfully overseen by Catherine Simmonds (OAM), the music crafted by Yomal Rajasinghe, and the filming and editing undertaken by Irene Metter in a respectful and attentive manner. Ros Thomas has been an integral member of the project providing behind the scenes support and motivation as well as input to the development of the resource.

This education resource has been supported through funding and in-kind contributions from the School of Community Health - Charles Sturt University, Three Rivers University Department of Rural Health and Gateway Health.



## Background

**Listening to Voices** is an innovative community development project that focuses on the lived experience of people and the language of the arts. Initiated in 2016, the context for this work is to engage and empower people who have experienced mental health challenges and accessed the mental health system, and to position them as the experts. Within this model the people with lived experience become the devisers, performers and experts of the material that is presented. Their stories and their voices are at the heart of others' learning.

The Listening to Voices project (based in Albury-Wodonga) provides the platform from which people who have been recipients of our current mental health system seek to challenge and eradicate stigma, empower others, and stimulate sincere reflection in the mental health space. This innovative work provides audiences and viewers a unique opportunity to listen to the experts through experience and to consider the current way in which we discuss and diagnose human distress.

In student and professional development settings and on the theatre stage, the Listening to Voices project offers "a powerful presentation", "something rare and important that balances humour alongside tough topics such as bullying, self-harm and suicide, to ultimately build empathy and unite us all in the human journey" (Listening to Voices – Gateway Health, n.d.).

In 2019 and 2020, Listening to Voices worked with Charles Sturt University School of Community Health academics to develop an online resource for students. This process involved extensive consultation, filming Listening to Voices live theatre performances, filming interviews with the performers and audience members, and intensive workshops with the performers to identify common themes and issues to present in the learning resource. The workshops involved reviewing and editing recorded materials, transcribing and coding interviews, and discussions with all team members to achieve consensus about the material to be included in the resource.

Drawing on lived experience as an educative tool has been established as an effective way of increasing understanding and developing a deeper appreciation for the lives of other people (Hardy et al. 2018). In addition, education sessions involving

people with a lived experience of healthcare are not only beneficial but have been identified as engaging and positively evaluated by students (Beresford and Croft, 2001). This learning resource has been co-produced to enable educators and student groups to hear the insights of the performers. Through the process of storytelling and performance Ben, Jain, Sarah, and Kelly have been able to explore and then intentionally share content from their own lives. The aim is to challenge the ideas that feed fear and stigma when it comes to mental health experiences, with a particular focus on demystifying voice hearing and exploring the impact of trauma.

It is anticipated that engagement with the material will help people develop their understanding of the lived experience of mental health issues and build their capacity to explore perspectives of the personal experience and the system. This innovative approach attempts to develop a future health workforce that appreciates best practice and utilises lived experience to guide interactions with consumers of mental health services, including an understanding of consumer involvement, recovery paradigms and trauma informed care.

The online learning resource presents four stories each one addressing the topics of trauma; the system; stigma and language; hope and transformation. The resource is designed with a degree of flexibility to enable educators to use the entire resource or to direct students to individual stories or to explore specific topics within the stories. In part, these resources aim to facilitate the sustainability, reach and impact of the Listening to Voices project.

*"something rare and important that balances humour alongside tough topics such as bullying, self-harm and suicide, to ultimately build empathy and unite us all in the human journey"*

## How to use this resource

As an educator it is important to consider the potential impact of these very personal and confronting stories for yourself and your students; we encourage you to engage deeply with the materials prior to using them with students. Topics addressed in the resource include suicide, childhood sexual abuse, bullying and self-harm; explicit language is also used in several scenes. The stories are balanced with humour and hope and we believe they provide an invaluable and authentic learning opportunity. It is essential to consider how opportunities for de-briefing will be provided for students and staff, and to ensure details of support services are readily available.

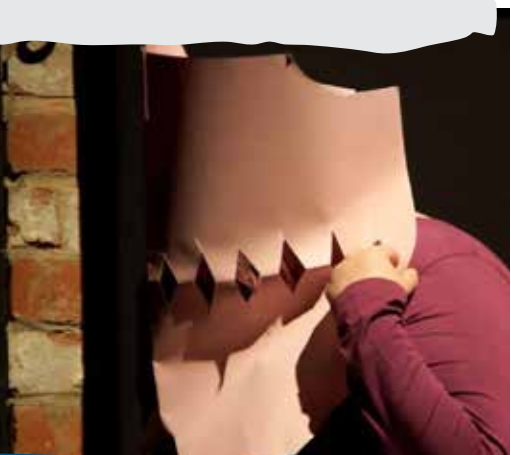
Suggestions for areas that could be explored within each topic are provided in this guide however these suggestions are not exhaustive. Educators are encouraged to consider ways to use the resource to address topics to achieve specific learning outcomes while maintaining respect for the stories that have been shared. Links to some additional resources are provided to enhance learning activities and to facilitate deeper learning about topics.

For each topic within the stories, broad learning outcomes have been developed by the team. These learning outcomes reflect the team's hopes for people who engage with the story/ies. As an educator, you are encouraged to consider how the content in the story/ies can be used to support students to achieve specific learning outcomes of a subject or more broadly, a course. Educators are also encouraged to consider how the materials may facilitate achievement of discipline specific competencies and enhance the development of respectful health professionals.

The chapters and content in them are arranged so that teaching and learning may focus on a particular topic area (for example, experiences of the system form chapter 2 in each story); the topic may be explored across one or more of the stories. Educators may also choose to focus on the story of a single individual and use each of the four chapters shared by that person to facilitate learning and achievement of specific learning outcomes.

On the following pages we provide the learning objectives related to each topic and additional resources to support teaching and learning. The team encourages you to use the resource and stories creatively, reflectively, and respectfully to enhance teaching, learning and assessment activities. If you would like further guidance regarding the use of these resources or if you have feedback about the resources, please use the contact information available on the [Listening to Voices website](#).

**A note about terminology:** The terminology used in this guide and throughout the resource is terminology that has been agreed upon by the group of people involved in this project and who have an experience of mental distress. The group have requested that when you are sharing/introducing this resource, the language used is "people who have experienced psychological/emotional distress and who have accessed the mental health system." Further resources related to the use of language can be found in section focused on Stigma and language.

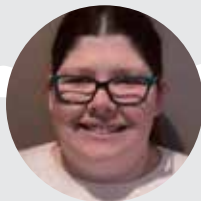


## The Stories



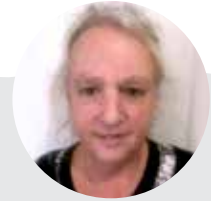
### Kelly's Story

In this film, we meet Kelly, who shares her experiences of early childhood trauma and the impacts of this trauma on her emotional and psychological wellbeing. Kelly details her experiences of voice hearing and coping with alternative realities. Throughout the story, we learn about the difficulty Kelly encountered when trying to find someone to listen, to help, and to support her recovery. We hear Kelly's recollections of inpatient mental health treatment, and the lack of therapeutic options available in a system where there is an over-reliance on prescribing medications and assigning labels. Kelly's recollections incorporate many lessons about the importance of trauma-informed care and the criticality of hope. Kelly shares what has helped her on her journey and challenges the long-held misconceptions about what it is like to hear voices.



### Sarah's story

Family violence, addiction, school bullying and childhood trauma were prominent features of Sarah's childhood - self-doubt, blame, and shame followed soon after. Sarah recalls her experiences of dissociation and voice hearing which started during childhood and continued through adulthood. Sarah reflects on the therapeutic approaches she has trialled over the years and reinforces that, whilst evidence-based, not all therapies work for everyone all the time. She calls for a self-directed and personalised approach to recovery and a willingness to explore options. Sarah provides insights into the damage of labels and the stereotypes that are often attached to them.



### Jain's Story

In this film, we are introduced to Jain, who describes the challenge of finding hope and feeling hopeful in a system full of labels and stigma. Jain highlights what helped the most, and the people who she encountered along the way who made the biggest difference - those who genuinely heard what she was saying, focussed on empowerment, and refused to give up on her - even when Jain was tempted to give up on herself. We hear about the nursing staff, the GP, and the psychologist who were a key part of Jain's recovery team. Jain recalls her discovery of performing arts and the realisation that recovery often happens outside the square.



### Ben's Story

Ben's story starts with the all too common experience of school bullying and peer violence. Ben's reflections also incorporate the impact of grief on his wellbeing after the passing of his Grandmother - and the heartbreak of losing his closest of human connections. During university, Ben had his first experience hearing voices and recollects his early encounters with the formal mental health system. Ben was diagnosed with schizophrenia - a label that was immediately associated with chronicity, disability, and an absolute absence of hope. Ben's reflections indicate that the traditional approach to managing 'auditory hallucinations' contributed to increased levels of distress and fear. We learn about Ben's discovery of new approaches to living with voices, the importance of developing self-acceptance, and the strength that is delivered through hope.

# Topics explored in the stories

## 1. Trauma

### Learning objective

Students develop an understanding of the relationship of trauma, including childhood trauma, to health outcomes.

**Jain** Long history of it all

**Ben** I never told anyone

**Sarah** I needed safety

**Kelly** They don't believe you

### Sub-topics to explore within this topic

- Adverse childhood experiences
- Trauma informed care/practice
- Bullying
- Domestic and family violence
- Relationships
- Attachment
- Suicide
- Self-harm
- Social model of health
- Royal Commission into Abuse of Institutionalised Children



## 2. The system

### Learning objective

Students to reflect on the current mental health service system from those who have a lived experience of it and consider the role of the professional.

**Jain** People who made the difference

**Ben** The 'sick' one

**Sarah** If someone had asked me

**Kelly** Your call is important

### Sub-topics to explore within this topic

- The Australian mental health system
- Consumer and survivor movements
- Mental health in regional, rural, and remote areas of Australia
- Culture, diversity, and mental health
- Historical perspectives of mental health systems including deinstitutionalisation
- The health team
- Disclosure
- Medication
- Working through a recovery approach
- Human rights, justice, choice, and control within the system
- Royal Commission into Victoria's Mental Health System
- The Fifth National Mental Health and Suicide Prevention Plan
- Empathy in practice
- Supported decision-making and consumer choice
- System reform

### 3. Stigma and language

**Learning objective:**

Students will gain an insight into the impact of stigma and relevance of language and will critically reflect on the use and influence of language.

- Jain** Just call me Jain
- Ben** Labelled
- Sarah** More human words
- Kelly** This label

**Sub-topics to explore within this topic**

- The importance of language and the impact of labels
- Stigma - what is it and what is the impact?
- Diagnosis and prognosis
- Unconscious bias, assumptions, and generalisations
- Cultural perspectives
- Who is the expert?
- Validating experiences
- Debates in psychiatry

### 4. Hope and transformation

**Learning objective:**

Students will develop an attitude of hopefulness and be open to exploring diverse approaches to healing emotional distress.

- Jain** My tribe
- Ben** Recovery. A human right
- Sarah** Non-violent communication
- Kelly** Tough conversations, it's OK

**Sub-topics to explore within this topic**

- Hearing Voices approach
- Therapeutic/psychological approaches
- Communication skills - including non-violent communication
- Voice dialogue
- Creativity and health
- Person centred care
- Living a meaningful life
- Co-production, engagement, and empowerment
- Human rights, advocacy, and justice
- The power of hope





# Additional readings and resources to support teaching and learning

The following readings and resources have been carefully selected by members of the team. They are provided as a starting point and are not an exhaustive list. You are encouraged to seek out additional resources relevant to your discipline, subject and learning outcomes.

## 1. Trauma

- Curran, B. L. C. C. L. (2015). *101 Trauma-Informed Interventions: Activities, Exercises and Assignments to Move the Client and Therapy Forward*. Pesi Publishing & Media LLC.

**Resource summary:** This practical workbook contains 101 trauma-informed interventions, tools and techniques designed for use in individual and group settings.
- Herman, J. (2001). *Trauma and recovery*. Pandora.

**Resource summary:** Herman shares observations about her own research into domestic violence and explores the relationship between individual trauma and the broader political environment. Herman asserts that psychological trauma can only be fully understood in the social context.
- Kezelman, C., & Stavropoulos, P. (2016). Dealing with trauma: Acknowledgement of trauma and implementation of trauma-informed practice within legal practice and systems is long overdue; doing so will enhance both individual and community wellbeing. *Law Institute Journal*, 90(10), 36.

**Resource summary:** The authors reinforce the importance of integrating trauma-informed practice within legal practice and systems and argue that doing so will advantage both individual and community wellbeing. The paper highlights the impacts of unresolved trauma.
- Kezelman, C., & Stavropoulos, P. (2018). *Talking about trauma: Guide to conversations and screening for health and other service providers*. <https://www.blueknot.org.au/Resources/Publications/Talking-about-Trauma-For-Health-and-Other-Service-providers>

**Resource summary:** The publication provides information and guidance to service providers to know when and how to talk about and screen for trauma. The guide includes practical strategies for incorporating trauma-informed conversations into everyday interactions.
- Longden, E., & Read, J. (2016). Social adversity in the etiology of psychosis: A review of evidence. *The American Journal of Psychotherapy*, 70(1), 5-33. <https://doi.org/10.1176/appi.psychotherapy.2016.70.1.5>

**Resource summary:** This review summarises the extensive literature showing that adverse events involving trauma, loss, stress, and disempowerment are central in the development of psychosis. Evidence indicating that the neurological changes associated with disease progression can be attributed to the secondary effects of stress or the residual impact of long-term neuroleptic prescription.
- Maté, G. (2011). *When the body says no: Exploring the stress-disease connection*. Wiley.

**Resource summary:** This resource explores the connection between the mind and the body, and the role that stress plays in wellness and illness, with a focus on common diseases such as arthritis, diabetes, cancer, and heart disease.

- McAloonn, J. (2019, October 28). Complex trauma: How abuse and neglect can have life long effects. *The Conversation*. <https://theconversation.com/complex-trauma-how-abuse-and-neglect-can-have-life-long-effects-32329>

**Resource summary:** This article presents a summary of the research indicating that experiencing trauma early in childhood has a significant impact on the development of the brain and the way it works. The author explores the importance of prevention and associated strategies.

- McPhillips, K., Slater, M., Roberts-Pederson, E., & Kezelman, C. (2020). Understanding trauma as a system of psycho-social harm: Contributions from the Australian Royal Commission into child sex abuse. *Child Abuse & Neglect*, 99. <https://doi.org/10.1016/j.chiabu.2019.104232>

**Resource summary:** This article examines how particular understandings of trauma as a form of psychosocial harm informed the establishment of the Australian Royal Commission into Institutional Responses to Child Sexual Abuse and its successful investigatory process. The authors highlight how these understandings of trauma have shaped the Commission's recommendations and outcomes.

- Milroy, H. (2017, March). *Childhood trauma and recovery - learning from Australia's Royal Commission*. [Video]. YouTube. <https://www.youtube.com/watch?v=A3mWVDqAONY&feature=youtu.be>

**Resource summary:** Milroy presents learnings from the Australian Royal Commission into Institutional Responses to Child Sexual Abuse, highlighting the extensive lessons relating to the impact of childhood trauma on health, safety, connections, relationships with others, addiction, and mental illness. The presenter also focuses on the experiences of men who recounted their stories during the Royal Commission.

- Porges, S. (2017). *The Polyvagal Theory: The new science of safety and trauma* [Video]. YouTube. <https://www.youtube.com/watch?v=br8-qebjlg&feature=youtu.be>

**Resource summary:** A new theory about how the central nervous system works and an exploration of the role of the autonomic nervous system. The author explores the involuntary responses and transformations that occur as a result of extreme danger and complex trauma.

- TED. (2015, February). Nadine Burke Harris: *How childhood trauma affects health across a lifetime* [Video]. YouTube. <https://www.youtube.com/watch?v=95ovIJ3dsNk>

**Resource summary:** This talk explores how stress associated with abuse and neglect effects the development of the brain and the increases the risk of heart disease and lung cancer. Burke-Harris calls for action to prevent and treat childhood trauma.

- van der Kolk, B. (2014). *The body keeps the score: Brain, mind, and body in the healing of trauma*. Penguin Books. <https://www.youtube.com/watch?v=9mjRaawM9YU&feature=youtu.be>

**Resource summary:** The author explores the impact of traumatic stress on the brain- and the evidence of compromised pleasure, engagement, self-control, and trust. Van der Kolk explores innovative treatments—from neurofeedback, meditation, sport, drama, and yoga.

## 2. The system

- Australian Government Department of Health. (2013). *A national framework for recovery-oriented mental health services: Guide for practitioners and providers*. <https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-recovgde>

**Resource summary:** This framework is a guide for mental health practitioners and services to Australia's national framework for recovery-oriented mental health services. It provides definitions for the concepts of recovery and lived experience. It describes the practice domains and key capabilities necessary for the mental health workforce to function in accordance with recovery-oriented principles.

- Australian Government Department of Health. (2018). *Fifth national mental health and suicide prevention plan*. <https://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf>

**Resource summary:** The Fifth Plan is a commitment from all Australian governments to work together to achieve integrated planning and service delivery of mental health and suicide prevention related services.

- Benjamin, R., Halibur, J., & King, S. (Eds.). (2019). *Humanising mental health care in Australia: A guide to trauma-informed approaches*. Routledge: Taylor and Francis.

**Resource summary:** This resource explores the effects of abuse and trauma in the general population and on specific populations. There is a focus on the range of individual treatment approaches available, and information about workforce and cultural change.

- Daya, I. (2015). The fifty percent challenge – Embracing the consumer workforce. *New Paradigm: The Australian Journal on Psychosocial Rehabilitation*, Spring, 20-27.

**Resource summary:** This resource defines the consumer workforce and considers the human rights perspective to increasing the consumer workforce. The author presents research findings relating to the effectiveness of the consumer workforce and the key arguments for the growth of the consumer workforce.

- Ham, J. (2017, June 23). *Trauma informed starts with you* [Video]. YouTube. <https://youtu.be/-876Zw-NA94>

**Resource summary:** This video explores how to develop trauma informed organisations and presents the concept of a hospitality mindset. Ham outlines several key steps in developing a trauma-informed culture.

- Johnstone, L., Boyle, M., with Cromby, J., Dillon, J., Harper, D., Kinderman, P., Longden, E., Pilgrim, D., Read, J. (2018). *The Power Threat Meaning Framework: Towards the identification of patterns in emotional distress, unusual experiences and troubled or troubling behaviour, as an alternative to functional psychiatric diagnosis*. British Psychological Society. [www.bps.org.uk/PTM-Main](http://www.bps.org.uk/PTM-Main)

**Resource summary:** The Power Threat Meaning Framework, is an over-arching structure for identifying patterns in emotional distress, unusual experiences, and troubling behaviour, as an alternative to psychiatric diagnosis and classification.

- National Mental Health Commission. (2016). *Equally Well Consensus Statement: Improving the physical health and wellbeing of people living with mental illness in Australia*. Sydney NMHC. <https://www.equallywell.org.au/wp-content/uploads/2018/12/Equally-Well-National-Consensus-Booklet-47537.pdf>

**Resource summary:** Equally Well provides an overview of the evidence that people with a mental illness have poorer physical health; and sets forth six areas for strategic action to improve physical health outcomes for people living with mental illness.

- Mackler, D. (2015, May 8). *Open Dialogue* [Video]. You Tube <https://www.youtube.com/watch?v=k4m2YPjhTiY>

**Resource summary:** This is a 74-minute documentary film regarding the Western Lapland Open Dialogue Project (also known as Finnish Open Dialogue). This program is currently achieving the best results in the developed world for first-break psychosis - approximately 85% full recovery; a vast difference to the results achieved with antipsychotic medication. Filmed in Finland.

- Macneil, C. A., Hasty, M. K., Conus, P., & Berk, M. (2012). Is diagnosis enough to guide interventions in mental health? Using case formulation in clinical practice. *BMC Medicine*, 10(1), 111. <https://doi.org/10.1186/1741-7015-10-111>

**Resource summary:** This paper describes concerns around using diagnosis alone as a tool to select clinical interventions, provides an overview of some current models of case formulation, and examines their potential clinical utility.

- Moncrieff, J. (2008). *The myth of the chemical cure: A critique of psychiatric drug treatment*. Palgrave Macmillan.

**Resource summary:** This resource provides a perspective surrounding the history of the powers that have influenced psychiatric drug development, including new psychiatric drugs, the development of antipsychotic medications, and the introduction of Selective Serotonin Reuptake Inhibitors. The author presents research which questions the effectiveness of psychiatric drug treatment.

- Mental Health Commission of NSW (2015). *Medication and Mental Illness: Perspectives*. Mental Health Commission of NSW. <https://nswmentalhealthcommission.com.au/sites/default/files/uploads/Medication%20and%20mental%20illness%20perspectives%20Nov%202015.pdf>

**Resource summary:** This resource explores medication as a treatment for mental illness from the perspective of consumers, carers, families, and people who work within the mental health system. The role of medication is explored alongside non-pharmacological options. The various perspectives presented reinforce that medication is not always the answer.

- Rogers, A., & Pilgrim, D. (2014). *A sociology of mental health and illness (5th ed.)*. Open University Press.

**Resource summary:** The authors provide a sociological analysis of major areas of mental health and illness and consider contemporary and historical aspects of sociology, social psychiatry, policy, and therapeutic law to help students develop an in-depth and critical approach to this complex subject.

- Slade, M., & Longden, E. (2015). Empirical evidence about recovery and mental health. *BMC Psychiatry*, 15(285). <https://doi.org/10.1186/s12888-015-0678-4>

**Resource summary:** The authors compare two discourses- the dominant discourse associated with the limitations and disabling impacts of mental illness. The second strength-based discourse relating to the possibilities for living well with mental health issues.

- World Health Organisation. (2018). A human rights approach to mental health and people with disabilities. *Bulletin of the World Health Organization*, 96, 520-521. <https://www.who.int/bulletin/volumes/96/8/18-030818/en/>

**Resource summary:** This resource is an interview with psychiatrist Dainius Puras, who explores the worldwide dependency on institutional care, medications and psychiatric hospitals. Puras presents concerns regarding human rights abuses of people with mental health issues and effective alternatives for what Puras considers to be “outdated practices.”

### 3. Stigma and language

- Kinderman, P., Read, J., Moncrieff, J., & Bentall, R. (2013). *Drop the language of disorder*. *Evidence Based Mental Health*, 16(1), 2-3. <http://dx.doi.org/10.1136/eb-2012-100987>

**Resource summary:** the authors highlight scientific, philosophical, practical, and humanitarian weaknesses in the diagnostic approach to psychological well-being, underpinning the Diagnostic and Statistical Manual (DSM) and propose a ‘more scientific grounded and clinically useful system.’

- McNab, S., & Partridge, K. (Eds.). (2014). *Creative positions in adult mental health: Outside in-inside out*. Routledge: Taylor and Francis. <https://ebookcentral.proquest.com>

**Resource summary:** This resource deconstructs the medical model and places adult mental health in a wider social and political context. The book also showcases good practice from the field of mental health.

- Mental Health Coordinating Council. (2018). *Recovery Oriented Language Guide (2nd ed.)*. [https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide\\_2019ed\\_v1\\_20190809-Web.pdf](https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf)

**Resource summary:** The Recovery Oriented Language Guide reinforces the power of language in the context of mental health and recovery. The Guide provides a practical “do and don’t” analysis of language- with an approach that encourages language that conveys hope and optimism, and support and promote a culture that fosters recovery.

- Mosher, L. R., Bentall, R. P., & Read, J. (Eds.). (2013). *Models of madness: Psychological, social and biological approaches to schizophrenia (2nd ed.)*. Routledge: Taylor and Francis. <https://ebookcentral.proquest.com>

**Resource summary:** This resource incorporates a critique of biological approaches to madness and the role of the pharmaceutical industry and argues for psychological and social approaches to relieving distress. The authors suggest that hallucinations and delusions are understandable reactions to life events and circumstances.

- Kinderman, P., & Cooke, A. (2017). *Mind your language; A guide to language about mental health and psychological wellbeing in the media and creative arts*. <https://core.ac.uk/download/pdf/82985128.pdf>

**Resource summary:** A guide to language about mental health and psychological wellbeing in the media and creative arts

- TED. (2009, October). *Chimamanda Ngozi Adichie: The danger of a single story* [Video]. YouTube. <https://www.youtube.com/watch?v=D9Ihs241zeg>

## 4. Hope and transformation

- Bentall, R. (2003). *Madness explained: Psychosis and human nature*. Penguin Books.

**Resource summary:** This resource summarises understandings and misunderstandings relating to serious mental illness and explores the authors research into and observations of psychotic illness- suggesting that the experience of delusions and hallucinations are a common part of human nature.

- Corstens, D., Longden, E., & May, R. (2011). *Talking with voices: Exploring what is expressed by the voices people hear*. *Psychosis*, 42(2), 95-104. <https://doi.org/10.1080/17522439.2011.571705>

**Resource summary:** The resource explores the commonly combative and destructive experience of dialoguing with ‘voices’ and the disruption to social functioning that may occur. The article provides an overview of Voice Dialogue- a method that provides insight into the underlying reasons for voice emergence and aims to inspire a more productive relationship between hearer and voice(s).

- Escher, S. & Romme, M. (2010). *Children hearing voices: What you need to know and what you can do*. PCCS Books.

**Resource summary:** A book intended to provide support and practical solutions for the experience of hearing voices in childhood. It is in two parts, one part for voice-hearing children, the other part for parents and adult carers- founded on the theory and practice of accepting and working with the meaning in voices.

- Gumley, A. I., Gillham, A., Taylor, K., & Schwannauer, M. (2013). *Psychosis and emotion: The role of emotions in understanding psychosis, therapy, and recovery*. Routledge: Taylor and Francis.

**Resource summary:** This resource explores the role that emotional distress play in the onset of psychosis, the experience of psychosis and recovery. This book explores the role of emotion and emotional regulation in the development and recovery from psychosis.

- King's Cultural Community. (2015, February, 23). *Compassion for voices: A tale of courage and hope* [Video]. YouTube. <https://www.youtube.com/watch?v=VRqI4lxuXAw>
- Longden, E. (2010). Making sense of voices: A personal story of recovery. *Psychosis*, 2(3), 255-259. <https://doi.org/10.1080/17522439.2010.512667>  
**Resource summary:** This resource is a firsthand account of a PhD student's experience of voice hearing and treatment for psychosis, along with what helped and what harmed her recovery.
- Longden, E., Madill, A., & Waterman, M. (2012). Dissociation, trauma, and the role of lived experience: Toward a new conceptualization of voice hearing. *Psychological Bulletin*, 138(1), 28-76. <https://doi.org/10.1037/a0025995>  
**Resource summary:** This resource reviews and integrates historical, clinical, epidemiological, and phenomenological evidence and suggests that voice hearing may be more appropriately understood as a dissociative rather than a psychotic disorder.
- Open Excellence. (2020, February 20). *Beyond possible: How the hearing voices approach transforms lives* [Video]. YouTube. <https://www.youtube.com/watch?v=Qk5juEgi1oY&feature=youtu.be>
- Price-Robertson, R., Obradovic, A., & Morgan, B. (2017). Relational recovery: Beyond individualism in the recovery approach. *Advances in Mental Health: Promotion, Prevention and Early Intervention*, 15(2), 108-120. <https://doi.org/10.1080/18387357.2016.1243014>  
**Resource summary:** The authors explore the shortcomings of individualistic approaches to recovery and explore the alternative notion of relational recovery. This includes building awareness of the role of interpersonal relationships imbuing all aspects of recovery, including experiences such as hope, identity, and empowerment.
- Romme, M., & Escher, S. (Eds). (2011). *Psychosis as a personal crisis: An experience-based approach*. Routledge: Taylor and Francis.  
**Resource summary:** The authors emphasise the significant variation between people who experience psychosis and suggests that hearing voices is not in itself a sign of mental illness. The resource incorporates the perspectives and research of a range of international contributors.
- Romme, M., Escher, S., Dillon, J., Corstens, D., & Morris, M. (2009). *Living with voices: 50 stories of recovery*. PCCS Books.  
**Resource summary:** The book includes the stories of 50 people who have recovered from the distress of hearing voices through accepting their voices and learning to cope through changing their relationship with them.
- Rosenberg, Marshall. B. (2003). *Nonviolent communication: A language of life*. PuddleDancer Press.  
**Resource summary:** This resource explores non-violent communication approaches through sharing of insightful stories, anecdotes, practical exercises, and role plays. The communication approach is aimed at strengthening relationships, building trust, preventing conflict, and healing.
- TED. (2013, February). *Dr Eleanor Longden: The voices in my head* [Video]. YouTube. [https://www.ted.com/talks/eleanor\\_longden\\_the\\_voices\\_in\\_my\\_head?language=en](https://www.ted.com/talks/eleanor_longden_the_voices_in_my_head?language=en)
- Tobert, N. (2017). *Cultural perspectives on mental wellbeing: Spiritual interpretations of symptoms in medical practice*. Jessica Kingsley Publishers.  
**Resource summary:** This resource presents case studies that illustrate knowledge and beliefs about health that are culturally determined and cultural theories of illness causation. The dissonance between ideal and actual human behaviours is explored and the authors spend time examining the cultural interpretations of mental health.

- Warren, B. (2008). *Using the creative arts in therapy and healthcare: A practical introduction*. Routledge: Taylor and Francis.  
**Resource summary:** This resource focusses on strategies for the alleviation of distress through therapeutic use of dance, drama, folklore and ritual, story-telling and visual arts- including ideas and examples of how the arts can be used in a range of healthcare settings.
- White, M. (2016). *Listening to people who hear voices*. <https://www.sbs.com.au/topics/voices/health/article/2016/09/14/listening-people-who-hear-voices>  
**Resource summary:** This video involves interviews with medical professionals and voice-hearers who challenge the cultural paradigm that auditory hallucinations are a negative and pathological experience.

## Websites

Blue Knot Foundation. <https://www.blueknot.org.au>

Intervoice: The international hearing voices network. <https://www.intervoiceonline.org>

Mindframe. <https://mindframe.org.au>

National Mental Health Commission. <https://www.mentalhealthcommission.gov.au>

Our Consumer Place. <http://www.ourconsumerplace.com.au/consumer/aboutus>

Understanding Voices. <https://understandingvoices.com>

Voices Vic. [https://www.unitingprahran.org.au/ourservices/voices-vic/#page\\_1](https://www.unitingprahran.org.au/ourservices/voices-vic/#page_1)

Voice Collective: Supporting children and young people. <http://www.voicecollective.co.uk>

## Support services

Lifeline: 131114

Beyond Blue: 1300 224 636

Mensline: 1300 789 978

Kids Helpline (5-25 years): 1800 551 800

Suicide Call Back Service: 1300 659 467

Blue Knot Helpline: 1300 657 380

## Credits

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