



Video: Asha's Story

Asha:

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Psychosocial disability means, to my thinking,

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the parts of you that make it hard to move through the world in a standard way,

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things that might inhibit you from being able to

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hold down a job, for example, that aren't necessarily obvious.

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Things that might stop you from accessing other parts of society

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because of those internal, either thought processes or emotions, that society

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doesn't have space for, doesn't make accommodation for.

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It's like I start the day with my resources depleted. Every day, waking up, knowing that

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I've gotta get my kid ready, that I've gotta get to work,

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and all those things mean that

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resources that I have for my own mental health, self care, and boring things

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like cleaning the house and getting to appointments and stuff,

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I don't have the resources for it, and it's really difficult to

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force myself to get a lot of those things done,

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which then of course I feel really shameful about, which depletes things even further.

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And also just having to constantly question myself and

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rethink my emotional response and

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measure it against what is considered valid or acceptable in society.

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That's really difficult, it's really challenging to have that constant self-doubt,

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and also the sense of dread that if I make the wrong move,

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if I say the wrong thing, then I might be taken back to hospital.

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And avoiding hospital is not a really good reason to

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try and force yourself to appear well, but sometimes it feels like that's what I have to do.

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But on the other side, I do a lot of work in consumer advocacy, and working with consumers

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to be proud of who they are, to talk about mental illness, to really destigmatise it

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and challenge prejudice and discrimination, I find that really empowering and I

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couldn't do it if I wasn't mad.

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I think stigma is everywhere and it's in everything from people using "crazy" as a

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shorthand for "disorganised" or "mad" as a shorthand for "challenging"

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that kind of stigma is so ingrained in society that it's really difficult to escape.

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But more specifically, there's also the kind of discrimination and prejudice

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that comes in through things like the healthcare system when people are not

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believed because they have a mental health diagnosis, where complaints are not

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taken seriously, and when reasonable reactions to terrible situations

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are written off as simply being a product of madness, rather than reasonable emotions,

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which they often almost always are. Just because people don't see the whole situation

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doesn't mean that the reaction isn't real, and that discrimination comes into play

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definitely in healthcare settings, but it can be in the workplace, it can be in

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relationships, it can be dealing with the justice system. It's really prevalent and often

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goes unquestioned.

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I'm really conscious of having to walk this line between not being too crazy in order

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to move through the world, but also being crazy enough to access an NDIS plan.

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It's been really challenging, and having to also encounter my own internalised shame

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around mental health, am I crazy enough? Am I irrational? Is what I'm feeling valid?

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And especially when trying to go through bureaucratic processes which don't account

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for those experiences, that internalised shame talk is really difficult to put aside.

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One of the big things that's really helped me with my mental health is recovery-focused,

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recovery-oriented language and practice, and that is wonderful because it's

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saying "this is a thing that I experience but it doesn't mean that the rest of my life

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is ruined.