Evaluation on the Pilot Chinese Like Minds Media Project

Kai Xin Xing Dong

開心行動

Prepared by Ivan Yeo

2006
Contents

Introduction 3

Background 4

Defining Chinese in New Zealand Context 4
The Media Campaign 4
Stories and Articles 4
Indirect Promotion 5

Report from The Programme Coordinator 6

Feedback from Community Liaison During the Project 6
Qualitative Assessment of the Programme Impact 6
Evaluation of the Pilot Project 7
The Evaluation 7

Questionnaire 8

Conclusion 12

Recommendation 12

Advisory Group 13

Appendices

Appendix A : Published Date 14
Appendix B : Letter to Community 16
Appendix C : Stake Holder Meeting Flyer 17
Appendix D : Questionnaire 18
Appendix E : Brochure 20
Appendix F : Stories and Articles
  Project Introduction (Chinese/English) 21
  How to Work Through Homesickness (Chinese/English) 23
  The Community's Support (Chinese/English) 25
  Bravery and Hope (Chinese/English) 26
  The Angels in My Life (Chinese/English) 28
  How I Become Ill (Chinese/English) 30
  My Experience (Chinese/English) 31
  Misconceptions about Mental Illness (Chinese/English) 32
  My Story – Nick (Chinese/English) 34
  Support from TKA(Chinese/English) 36
  My Recovery Story(Chinese/English) 37
  From Consumer to Volunteer( Chinese Only) 38
  Hope and Faith(Chinese/English) 39
  Dr.Samson Tse(Chinese/English) 40
  How to Get Support(Chinese/English) 42
  Ivan ( My Story)(Chinese/English) 44
  The Pilot Chinese Like Minds Project Changed My Perception 45

Appendix G : Media Information Sheet 47
Appendix H : Participant Consent Form (English/Chinese) 49
Appendix I : Telling Your Story 51
Appendix J : Pilot Like Minds Information and Education Project
  Summary(Phase One) 52

Bibliography 58
Introduction

Phase one of the Pilot Chinese Like Minds Project which started in May 2006 and finished at the end of November 2006. The Objective of this project is to counter stigma and discrimination and raise the awareness of mental health issues in Auckland Chinese Communities.

The project was using culturally congruent manner and Chinese media print to communicate with the Chinese Communities in Auckland region. By doing so we hope to reach out to the Chinese Communities and bring them the message of Like Minds.

During the first three months of this project we gathered stories and articles to be published in the Chinese Newspapers in Auckland Region. Two well known Newspapers were selected after consultation with the Project Planning Group prior to this project, Chinese Herald and Chinese Express. The stories and articles were published over 12 consecutive weeks. From the 5th of September 2006 to the 21st of November 2006, 6 articles and 11 stories had been published.

The advisory group meets once a month, Ivan Yeo the programme coordinator reported back to the group each month in order to ensure the members were informed and decisions were made by consensus.

Through the 6 months of the project Ivan also took on the role of Community Liaison to make contact with people and organisations that have first hand contact with the Chinese Communities.

The Advisory Group decided to name the project “Kai Xin Xing Dong”. In Chinese, “Kai Xin” means being happy or opening your heart, “Xing Dong” simply means action – doing something. When put together, it could be translated as “a happy action”.

3
Background:

Defining Chinese in New Zealand Context
The term Chinese has often been misunderstood in New Zealand. In the context of this project Chinese can be referred to Chinese from China, Taiwan, Hong Kong, Singapore Chinese, Malaysian Chinese or Chinese people born in New Zealand. In other words Chinese people in New Zealand come from diverse cultural backgrounds.

The Media Campaign
The aim of the media project is to ensure the message of Like Minds, Like Mine closing the gap of the language barrier. Up to date, in Chinese Communities they are 12 Chinese Newspapers most of them published in a weekly basic and they are free for the public, 4 Chinese Radio Stations and a major Chinese Cable TV broadcasting TV Programme from Taiwan, China and Hong Kong. The vast number of Chinese media is a reflection of the need of Chinese peoples to receive communications in their own languages. Therefore, the aim of this project is to ensure to include with the Chinese Communities in a culturally congruent manner to ensure we are challenging discrimination and improving understanding what mental health issues are.

Stories and Articles
In Chinese History, folk tale has been past on from one generation to another. There are four major stories which had been existed in Chinese Communities for more then 1000 years. Till this date is still popular and prevalent in Chinese Communities. Take an example of *Journal to the West, the Monkey King*. Therefore, the media campaign is to carry on the legacy of Chinese method by using stories to communicate with the Chinese Communities.

The 11 stories included , The road to recovery, The Communities Support, Face the challenge , The Angels In My Life, How I became Ill, From Consumer to Volunteer, My Experience, The Help I Get from, My Story (Ivan), My Story(Nick) and Hope and Faith. Each exemplifies the personal experience of mental illness, how they seek help and support, also to convey the message of hope (also see appendix F).

Each of the publication also included the Chinese Lifeline and Problem Gambling Foundation helpline free counseling number, in order to allow readers to find out more information as necessary.
Indirect Promotion

Many journalists have shown interest of finding out more information regarding the Kai Xin Xing Dong. During the three months of publication in Chinese Newspapers we had been also given newspaper interviews to a number of local newspapers including North Harbour News, Central Auckland and Franklin District. We have also been interviewed by the NZ Herald and Chinese WTV, EARTH PULSE AOTEAROA, a segment on Triangle TV (UHF 41 & 40) and in Auckland, Asian Affairs National Radio.

This project also been presented at the 2nd International Asian Health and Wellbeing Conference and we were invited to do further interviews for radio and TV after the conference. We also had been invited to present Kai Xin Xing Dong at the Waitakere Shared Vision Forum.
Report from the Programme Coordinator:

During the consultation stage, we intended to use a translation service. However the group had concerns regarding the accuracy of translation and use of appropriate language. Particularly around a topic which is a sensitive within Chinese communities.

David Lee, a Masters in Social Work student at Massey University and a native born speaker from mainland China was employed to assist us with the project by the Mental Health Foundation. He was able ensure the use of appropriate language and concepts. We also translated articles from Chinese to English to make sure the message in the Chinese Articles and Stories were in line with the Like Minds message.

Through discussion we also noticed that the fact that the Ministry of Health was behind this project increased its credibility with the Chinese communities.

Feedback from Community Liaison during the project

During phase one we received overwhelmingly positive feedback about the project and we could not meet the many requests for further information due to lack of capacity. These community liaison meetings also made us aware that Like Minds workshops need to be conducted in Chinese languages if they are to succeed in reducing discrimination against people who experience mental illness in Chinese communities.

Many of the organisations/groups who approached us specifically requested someone who can speak Mandarin or Cantonese. In the phase one of the projects David Lee has been able to provide a combination of translation and mental health promotion skills which has enabled us to conduct a number of culturally congruent workshops in this area. We are seeking further funding in order to continue to work to reduce discrimination in Chinese Communities.

Quantitative Assessment of the program’s impact

The Problem Gambling Foundation and Chinese Lifeline kindly agreed to provide us the statistics about incoming calls relating to the articles or stories.

Problem Gambling Foundation had a small number of calls but Chinese Lifeline had 11.4% increase in coming call in the first month of publication.
Evaluation of the Pilot Project

Phase one of the project included resourcing to undertake a community evaluation of the project in order to:

- Evaluate the overall impact of the pilot Chinese Like Minds Project
- Get ideas about what needs to be improved
- Evaluate if there is a continued need for the project
- Shape the project’s future direction

A full research based evaluation was included in the phase two section of our original proposal.

The Evaluation:

In November, stakeholders from Chinese Communities and allies from other communities were invited to participate in meetings to give feedback on the project.

The stakeholder meetings were conducted as the following:

- a pre-meeting questionnaire was sent out
- a power point presentation of Kai Xin Xing Dong
- questions and answer time
- a general feedback session
- how can we improved the current pilot Chinese Like Minds Projects

They were 31 participants in stakeholder meetings and an additional 9 persons who filled out the questionnaire electronically.
Questionnaire (see appendix D)

We received the following results from the pre-meeting questionnaire

1. Have you heard of Like Minds, Like Mine campaign?
   ● Yes – 25
   ● No – 14
   ● no answer – 1

2. Do you know of any existing anti-discrimination campaign aimed at the Asian Communities in New Zealand?
   ● Yes – 14
   ● No – 25
   ● no answer – 1

3. Have you heard of The Chinese Like Minds Project Kai Xin Xing Dong?
   ● Yes – 14
   ● No – 25
   ● no answer – 1

4. Comments included
   ● Media is one of the best educational tools to help the desired information reach to the target public for desired outcomes. The Kai Xin Xing Dong project breaks down myths about Mental Health issues. Best wishes for the project.
   ● I do listen to the Cantonese radio and read the newspaper from time to time; therefore it may reflect the concentration of the media campaign is still relatively thin which is related to funding and resources. This kind of campaign needs to have much longer time frame and much more resources;
   ● It would be useful to introduce the endeavor (Like Minds Campaign) of other ethnic groups in Chinese language.
   ● We need to make every effort to promote this project to the Chinese community, especially to elderly Chinese.
   ● Further newspaper article and publications, networking on the radio (Chinese) and think what is already happening is fantastic. Just continue do the same and to expand.
   ● More publicity and more investment to the project
   ● This project gathers informative information, good luck
   ● You could expand this project to other Asian Groups and use learning from Chinese Experience
   ● More communication and workshops in the public arena in the community in
schools

- It would be better if this project could be further promoted to the Chinese Community for instance this could be done in the form of presentation in Chinese Communities, workshop and etc
- Involve other groups and working together

6. What other things would you like to see this project do?

- Having collective information about NZ MH (New Zealand Mental Health) system plus local Asian MH (Mental Health) related support services would be other valuable resources for the community. Chinese people are from a background with different Mental Health system
- It would be great if the project implementation include the consideration of informing the Chinese community through local Chinese community media about the concept of “recovery” in relation to the implementation of those perspectives with the system currently. Re: working partnership with community
- Please consider the project strategies include other focus for example educational workshops for Chinese students at different ages at different educational settings.
- I would like to see this project will stimulate our ears and eyes more with radio and TV someday. And hope people can catch the information in their home land.
- I think the project has been well-thought out and can’t think of any improvements yet.
- I think you have produced an excellent proposal;
- Keep up the fantastic work
- Open this up to other Asian groups
- More ads, workshops, activities, drama about mental health, and more connection with the media

How can we improve on Kai Xin Xing Dong

The following feedback about project direction was given at the end of the 3 stakeholder meetings.

- Improve services for recent Chinese immigrants who are finding integration difficult.
- Use the internet
- Use film, comedy or drama. Translate of Like Minds, Like Mine TV ads
- Education – presentations to language schools.
- Pamphlets, a book, speak at Chinese New Year etc.
• Find Chinese celebrities / role models to support the project.

• Respond to big events which influence a lot of peoples’ feelings – e.g. the Chinese man being found in a suitcase, people being kidnapped etc, there are safety seminars held etc, make sure the seminar does not clash with something big happening like this.

• More Television advertising, media, newspapers.

• Say that you don’t have to be a sufferer to be involved. You might know someone or just want to help. Then word of mouth spreads.

• Use people with personal experience as speakers. Instead of a doctor or psychiatrist use consumers.

• Publicity through journals, TV, radio, newspapers and organise peer support groups to go to specific ethnicity groups.

• Community shows to specific groups, telling a story, people get involved in the story and you can pass the message on that they can go and get help, so that they will know what to do.

• Road shows and Community education. Youth programmes are important also, e.g. music concert, rock concert etc, to pass info to youth who will be the adults of tomorrow.

• Target tertiary institutions, colleges etc.

• Donation boxes to raise funds. (this is publicity also)

• Community centres where people can go to get information or support.

• Volunteer groups, especially for new migrants, for different areas/townships.

• These can show people how to fit in, where the banks are, post offices, rubbish days, shopping, the little things are important and effect people in a big way.

• Mass emailing, with personal stories.

• Seeing role models, people who have experienced the same issues as you, gives you confidence to do something about it. Destigmatising. “It’s ok to have depression. It’s normal.”

• Asian youth are a high risk group. The idea of shows and creativity will reach the young people and make it seem fun. Young people who are uprooted early in their development need support and need normalisation – support groups – extend message to families, to include them and educate them. Mothers might be overanxious and have stigma around their daughters not being perfect, not getting married etc.

• Involve the church leaders, who are influential to people. Church leaders are
listened to and looked up to. “Mental illness is ok.

- Celebrating events, like Chinese New Year, put out a positive message about mental health, mental wellbeing and destigmatising
- Involve Chinese personalities, who are respected, this will have a big effect.
- People with experience of Mental Illness making plays/presentations about their own experience. Drama. Sell tickets.
- Must be culturally appropriate, e.g. expression of emotion might create anxiety. Has to be something Chinese young people can relate to.
- TV and radio – internet banner ad campaign- seminars countrywide, continue like minds campaign, use Pansy Wong
- Target families in particular to combat stigma – work with existing communities and support groups and student groups – use local community festivals – use word of mouth.
- Barriers are persistent in cultural stigma around MI, mainstream NZ doesn’t know enough about Chinese attitude to MI, and individuals feeling isolated.
- Educate families in large communities – religious communities, district social services meeting, networking at community groups.
- Education around early warning signs and early intervention.
- Addressing stressors and triggers e.g. financial problems, adaptation to new environment.
- Barriers: having to pay for MH services – lack of culturally appropriate services e.g. workforce development services.
- Separated or distanced dynamics between kiwi and Chinese cultures. Overlap cultural events like Chinese New Year festival.
Conclusion

The feedback from stakeholder meeting and during the Community Liaison visits have been consistently positive. Majority of stakeholders and allies were impressed by the way the Pilot Like Minds Project has taken the initiative to convey an antidiscrimination message to the Chinese Communities in Auckland in a culturally congruent manner.

Through this experience of running this Project we have learned that what we have been doing is just a beginning. Chinese communities would like to see this project to be able to carry on and able to expend into other Asian Communities and Chinese communities around the country.

Workshops, seminars and educational programme are equally important as they play a role in connecting with the Chinese Communities. However, to able to break the language barrier is the most essential element for the successes of this project.

Recommendation

The evaluation indicates this project is successful in reaching Chinese communities. We have submitted a proposal to the Like Minds National Project Manager, Gerard Vaughan and hope continue this project to its second phase with adaptations to the original proposal to reflect the feedback from the evaluation meetings.
## The Advisory Group

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sandy Hall</td>
<td>Mental Health Foundation/Like Minds Project Worker</td>
</tr>
<tr>
<td>Anna Ho</td>
<td>WRAP Project Trust/Consumer Representative</td>
</tr>
<tr>
<td>David Lee</td>
<td>Mental Health Foundation/Translator/Editor</td>
</tr>
<tr>
<td>Martin Molloy</td>
<td>Te Pou/Project Development</td>
</tr>
<tr>
<td>Raymond Ng</td>
<td>Boi Ai She/Peer Support Worker</td>
</tr>
<tr>
<td>Louise Skelton</td>
<td>Mental Health Foundation/Communications Officer</td>
</tr>
<tr>
<td>Sue Wong</td>
<td>Chinese Mental Health Consultant Services</td>
</tr>
<tr>
<td>Ivan Yeo</td>
<td>Mind and Body Consultants Ltd/The Chinese Like Minds Program Coordinator</td>
</tr>
<tr>
<td>Wenli Zhang</td>
<td>Problem Gambling Foundation of New Zealand/Counsellor</td>
</tr>
</tbody>
</table>
## Appendix A

### The Chinese Like Minds Project

**開心行動**

“消除偏見，勇於關愛”

(奧克蘭華人社區反對精神疾病誤解宣傳教育活動)

<table>
<thead>
<tr>
<th>Week</th>
<th>Date</th>
<th>Chinese Express</th>
<th>Size</th>
<th>Date</th>
<th>Chinese Herald</th>
<th>Size</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Sept 5</td>
<td>Introduction of the Chinese Like Minds Project</td>
<td>1/4</td>
<td>Sept 5</td>
<td>Introduction of the Chinese Like Minds Project</td>
<td>1/4</td>
</tr>
<tr>
<td></td>
<td>Tuesday</td>
<td>(消除偏見， 勇於關愛)</td>
<td></td>
<td>Tuesday</td>
<td>(消除偏見， 勇於關愛)</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Sept 12</td>
<td>Myths on Mental Illness</td>
<td>1/4</td>
<td>Sept 12</td>
<td>Myths on mental Illness</td>
<td>1/4</td>
</tr>
<tr>
<td></td>
<td>Tuesday</td>
<td>(人們對精神疾病的幾種誤解)</td>
<td></td>
<td>Tuesday</td>
<td>(人們對精神疾病的幾種誤解)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Sept 19</td>
<td>The road to recovery</td>
<td>1/8</td>
<td>Sept 19</td>
<td>The road to recovery</td>
<td>1/8</td>
</tr>
<tr>
<td></td>
<td>Tuesday</td>
<td>(康復之路就在你的下)</td>
<td></td>
<td>Tuesday</td>
<td>(康復之路就在你的下)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Face the challenge</td>
<td>1/8</td>
<td></td>
<td>Face the challenge</td>
<td>1/8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(只要勇敢的面對，就有康復的希望)</td>
<td></td>
<td></td>
<td>(只要勇敢的面對，就有康復的希望)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Sept 26</td>
<td>Homesickness</td>
<td>1/4</td>
<td>Sept 26</td>
<td>Homesickness</td>
<td>1/4</td>
</tr>
<tr>
<td></td>
<td>Tuesday</td>
<td>(如何應對思鄉的煩惱)</td>
<td></td>
<td>Tuesday</td>
<td>(如何應對思鄉的煩惱)</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Oct 3</td>
<td>The Communities Support</td>
<td>1/8</td>
<td>Oct 3</td>
<td>The Communities Support</td>
<td>1/8</td>
</tr>
<tr>
<td></td>
<td>Tuesday</td>
<td>(社區支持非常重要)</td>
<td></td>
<td>Tuesday</td>
<td>(社區支持非常重要)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>My experiences</td>
<td>1/8</td>
<td>Oct 7</td>
<td>My experiences</td>
<td>1/8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(我的歷程)</td>
<td></td>
<td>Saturday</td>
<td>(我的歷程)</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Oct 10</td>
<td>The Angels In My Life</td>
<td>1/4</td>
<td>Oct 10</td>
<td>The Angels In My Life</td>
<td>1/4</td>
</tr>
<tr>
<td></td>
<td>Tuesday</td>
<td>(我康復道路上的三位天使)</td>
<td></td>
<td>Tuesday</td>
<td>(我康復道路上的三位天使)</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td>Day</td>
<td>Title</td>
<td>Language</td>
<td>Date</td>
<td>Title</td>
<td>Language</td>
</tr>
<tr>
<td>----------</td>
<td>-----------</td>
<td>---------------------------------------------------</td>
<td>----------</td>
<td>------------</td>
<td>---------------------------------------------------</td>
<td>----------</td>
</tr>
<tr>
<td>7</td>
<td>Oct 17</td>
<td>How I became Ill</td>
<td>(我是怎样患上精神疾病的?)</td>
<td>Oct 17</td>
<td>How I became Ill</td>
<td>(我是怎样患上精神疾病的?)</td>
</tr>
<tr>
<td>8</td>
<td>Oct 17</td>
<td>From Consumer to Volunteer</td>
<td>(從精神疾病患者到康復指導員)</td>
<td>Oct 21</td>
<td>From Consumer to Volunteer</td>
<td>(從精神疾病患者到康復指導員)</td>
</tr>
<tr>
<td>9</td>
<td>Oct 24</td>
<td>My Story - Nick</td>
<td>(我的故事 - Nick)</td>
<td>Oct 24</td>
<td>My Story - Nick</td>
<td>(我的故事 - Nick)</td>
</tr>
<tr>
<td>10</td>
<td>Oct 24</td>
<td>The Help I get from TKA</td>
<td>(TKA對我的説明)</td>
<td>Oct 28</td>
<td>The Help I get from TKA</td>
<td>(TKA對我的説明)</td>
</tr>
<tr>
<td>11</td>
<td>Oct 31</td>
<td>My Story - Ivan</td>
<td>(我的故事 Ivan)</td>
<td>Oct 31</td>
<td>My Story - Ivan</td>
<td>(我的故事 Ivan)</td>
</tr>
<tr>
<td>12</td>
<td>Oct 31</td>
<td>Hope and Faith</td>
<td>(有了奮鬥目標，人生就有了寄望)</td>
<td>Nov 31</td>
<td>Hope and Faith</td>
<td>(有了奮鬥目標，人生就有了寄望)</td>
</tr>
<tr>
<td>13</td>
<td>Nov 7</td>
<td>Dr Samson Tse</td>
<td>(專家談精神疾病)</td>
<td>Nov 7</td>
<td>Dr Samson Tse</td>
<td>(專家談精神疾病)</td>
</tr>
<tr>
<td>14</td>
<td>Nov 14</td>
<td>How to seek help?</td>
<td>(如何尋求幫助？)</td>
<td>Nov 14</td>
<td>How to seek help?</td>
<td>(如何尋求幫助？)</td>
</tr>
<tr>
<td>15</td>
<td>Nov 21</td>
<td>“Happy Action” changed my perception</td>
<td>(“開心行動”改變了我的看法)</td>
<td>Nov 21</td>
<td>“Happy Action” changed my perception</td>
<td>(“開心行動”改變了我的看法)</td>
</tr>
</tbody>
</table>
Appendix B

(The name of the Project in Chinese is “Kai Xin Xing Dong”. In Chinese, “Kai Xin” means being happy or opening your heart. “Xing Dong” simply means action – doing something. When put together, it could be translated as “a happy action”).

The Pilot Chinese Like Minds Project is funded by Like Minds, Like Mine. It is the first Like Minds Project directed at the Chinese community, and is being delivered by The Mental Health Foundation and Mind and Body Consultants Ltd. The Pilot Chinese Like Minds Project’s first phase is running in Auckland for six months, from May until November.

The first three months were focused on gathering stories for the articles, meeting with the Advisory Group once a month and community liaison with organisations located in Auckland.

A newspaper article will be in “The Chinese Express” and “The Chinese Herald” for 12 weeks, starting on the 5th of September. Each article will include phone numbers for Chinese Lifeline and the Problem Gambling Foundation, for people who are interested in finding out more information about Mental Health issues, or are feeling distressed after reading the article/stories.

I would like to take this opportunity to say thank you to the Chinese Community for their support. I would especially like to thank Chinese Lifeline and The Problem Gambling Foundation, who have both given their time to help us gather quantitative data for use in the evaluation of the project.

We will also be holding a stakeholder meeting towards the end of the First Phase. The aim of this meeting will be to understand the future directions for, and the needs of stakeholders in, Promoting Mental Health in Chinese/Asian Communities.

For people who are interested in receiving The Pilot Chinese Like Minds Project information and/or stories in Chinese, please contact Ivan Yeo (Programme Coordinator) e-mail ivan@mindandbody.co.nz
Hi all, as the first phase of the Pilot Chinese Like Minds Project is coming to an end, we would like to invite you all to our stakeholder meeting.

The stakeholder meeting is to gain feedback from varied organisations who might have first hand experience working with Asian Communities, and most importantly to understand the needs of Asian Communities in terms of how we can counter the discrimination and stigma in mental illness of Chinese/Asian Communities.

Below are three available dates for the stakeholder meeting; please e-mail me back regarding which day you would prefer to attend. I will confirm the date once people have indicated their preference.

**November**

1st  Wednesday  10 am to 12 pm  
9th  Thursday  10 am to 12 pm  
17th  Friday  10 am to 12 pm

10:00 – 10:30am  Overview presentation  
10:30 – 11:00am  Q and As  
11:00 – 11:45am  Feedback from organisations  
11:45 – 12:00pm  Lunch

*Ivan Yeo*
Appendix D

Hello,
Thank you for taking the time to answer the questions below, we greatly value your input. We will use your responses to help us develop the programme further.

1. Have you heard of Like Minds, Like Mine Campaign?
   ● Yes
     Could you elaborate___________________________________________________________
     ________________________________________________________________________
     ________________________________________________________________________
     ________________________________________________________________________
   ● No

2. Do you know of any existing anti-discrimination campaign aimed at the Asian Communities in New Zealand?
   ● Yes
     Can you name any of the campaigns________________________________________________________
     ________________________________________________________________________
     ________________________________________________________________________
     ________________________________________________________________________
   ● No

3. Have you heard of The Chinese Like Minds Project “Kai Xin Xing Dong”?
   ● Yes
     If yes could you tell us how did you hear about this project
     ________________________________________________________________________
     ________________________________________________________________________
     ________________________________________________________________________
     ________________________________________________________________________
   ● No
Are you
● Chinese
● Non-Chinese

4. How do you think the project can be improved?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

5. What other things would you like to see this project do?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Kai Xin Xing Dong

In September 2005 the Mental Health Foundation and key members of local Chinese communities met to explore how high levels of discrimination and stigma associated with having a mental illness within Chinese communities, both migrant and New Zealand born could be addressed.

There were a number of factors which supported the development of such a project in the Auckland region. These included evidence from the literature which identifies high levels of discrimination around mental illness within Chinese communities and that general antidiscrimination campaigns have not reached this population. Added to this is the personal experience of members of the Advisory Group along with demographic factors.

The project includes the development and publication of articles around discrimination and mental health in Chinese media. It also includes continued liaison with community and government organisations, tertiary institutions and other relevant organisations to gather information and materials for the development of the articles, items and the educational resource.

For more information, see our website: www.mindandbody.co.nz

The name of the Project in Chinese is “Kai Xin Xing Dong”. In Chinese, “Kai Xin” means being happy or opening your heart. “Xing Dong” simply means action – doing something. When put together, it can be translated as “a happy action”

The Pilot Chinese Like Minds Project is funded by MoH (Ministry of Health). It is the first Like Minds Project specifically directed towards the Chinese community, and is being delivered by The Mental Health Foundation and Mind and Body Consultants Ltd. The Pilot Chinese Like Minds Project’s first phase running in Auckland from June until November.

The first three months have been focused on gathering stories for the articles, meeting with the Advisory Group once a month and community liaison in Auckland.

Roll out of the Newspaper articles started on September 5th will be in “The Chinese Express” and “The Chinese Herald”. Each article includes phone numbers for Chinese Lifeline and the Problem Gambling Foundation, for people who are interested in finding out more information about Mental Health issues, or who are feeling distressed after reading the articles/stories.

People who are interested in receiving The Pilot Chinese Like Minds Project information and/or stories in Chinese, should contact Ivan Yeo (Programme Coordinator) e-mail ivan@mindandbody.co.nz
消除偏見，勇於關愛

---

尊敬的各位華人朋友：

奧克蘭華人社區反對精神疾病歧視宣傳教育活動的系列文章從今天開始就要陸續同大家見面了。

奧克蘭華人社區反對精神疾病歧視宣傳教育活動是由紐西蘭政府資助的針對奧克蘭華人社區的心理健康普及專案。它是在紐西蘭主流社會開展，並正在進行的同類國家項目（the Like Minds, Like Mine）在華人社區的延伸，是該項國家心理健康普及項目的一部分。

心理健康是人類健康的一項不可分割的內容。沒有心理健康，就沒有真正的健康。既要有健壯的體魄，又有健康的心理，才是完整的現代健康的新概念。在現代社會中，心理健康問題和精神疾病卻非常普遍。在紐西蘭大約有五分之一的人在人生的某個階段可能患有精神疾病。精神疾病嚴重影響人們的身心健康，增加家庭和社會的負擔，影響社會經濟的發展。然而，心理健康意識的淡薄，知識的缺乏卻往往使人忽視心理健康，漠視或否定精神疾病。更為嚴重的是，由於缺乏對精神疾病的瞭解，有些公眾對精神疾病一直存在著誤解和偏見，羞辱和歧視。毋庸諱言，這種負面的公眾態度在我們華人社區同樣存在。在這樣的輿論環境下，精神疾病患者不僅遭受疾病的折磨，而且還要面對羞辱和歧視的壓力。這不僅是精神疾病患者康復的最大障礙，也影響可能患有精神疾病的朋友及時就醫。因此，為提高我們的生活品質，綜合改善華人的健康狀況，這種負面的公眾態度必須改變。

此項活動的目的是在華人社區普及心理健康知識，提高心理健康意識，反對對精神疾病差辱和歧視，為廣大華人的心理健康和華人精神疾病患者的康復創造宜人的輿論環境。在此項活動中，我們將通過編譯有關精神疾病的材料，收集，整理精神疾病患者的故事情，傳播關於精神疾病的正確資訊，反對對精神疾病及其患者的歧視，並鼓勵人們使用有關精神健康的資源。承蒙《中文先驅報》和《中文一族》的大力支持，在此項活動的第一階段，我們將在這兩份報紙上發表由部分精神疾病患者所獻的故事情和我們編譯的材料在將來，我們還要尋求華語電臺和電視臺的支持，並利用其他途徑廣泛傳播有關精神健康的資訊。在此，我們謙向《中文先驅報》和《中文一族》，向無私奉獻他們的故事情的作者們表示衷心的感謝！

我們發表的材料和故事情結著我們工作人員，尤其是許多精神疾病患者的辛勤勞動，我們希望這些材料和故事情能夠廣泛流傳，但我們同時希望這些勞動能得到尊重。另外，還需要說明的是，我們此項活動的目的是提高公眾的心理健康的意識，反對精神疾病歧視。但我們必須指出，根據紐西蘭的有關規定，任何健康問題都必須諮詢有業資格的專業人員，我們所介紹的知識，不能作爲醫療意見。

各位華人朋友，反對精神疾病活動是項全民參與的心理健康普及項目。我們希望大家能夠積極參與，認真閱讀有關資料，廣泛傳播有關資訊。如有任何想法和意見，請及時回饋給我們。我們相信，經我們帶領華人努力，樂向心理健康，重視精神生活，關愛精神病人，消除歧視和偏見的局面一定會在華人社區形成。讓我們行動起來---關注心理健康，從瞭解開始！
Project Introduction

The name of the Project in Chinese is "Kai Xin Xing Dong". In Chinese, “Kai Xin” means being happy or opening your heart. “Xing Dong” simply means action – doing something. When put together, it could be translated as “a happy action”.

The Chinese article is an introduction of this project, especially aimed at the Chinese Community. The article includes:

- the purpose of the project
- the rationale for the project
- the source of funding for the project
- the educational purpose, that is, normalising mental health issues – the importance of understanding what mental health means
- the incidence of mental illness (one in five New Zealanders experience mental illness at some point in their life)
- how we are delivering the project (“The Chinese Express” and “The Chinese Herald”)
- thanks to people who have contributed their time and stories, to remind readers to respect the stories
- a statement that the information given is to raise awareness but not to replace professional opinions
- encouragement for readers to follow our articles/stories
- encouragement for the Chinese Community to work together to create a better place for all of us – taking action and working towards taking care of our own mental health
- contact details for Chinese Lifeline and The Problem Gambling Foundation
如何應對思鄉的煩惱

思鄉或想家是一種常見的現象，沒有人能夠避免。許多大學生有些時候感到想家，這完全是一種正常的感覺，許多離開家鄉和朋友的人都會有這樣的經歷。有時候思鄉的感受只持續幾個星期，而有些時候這種感覺可能延續兩個月或者幾個月。

思鄉的煩惱對那些到國外求學的人尤其強烈。國際學生不能夠在他們想回家的時候隨便登上下一趟班機回家。對他們而言，每天給家裏打電話也並非明智之舉。每天打電話可以拖延思鄉的感覺，但費用也同樣昂貴。

新來紐西蘭的學生會發現我們的口音，食物，天氣和生活方式很陌生，並且很難理解。不要擔心！只要假以時日，你會熟悉它們的。

下面是部分國際學生奉獻的訣竅。他們願同你分享他們關於怎樣克服思鄉的想法。希望對您能有所幫助。

1. 用同你家裡熟悉的東西，例如家庭和朋友的圖片等裝飾你的房間。
2. 每天要勇敢地做出努力同新人交談，尤其是在剛上學的第一周。
3. 同其他人交談你的感受 — 其他新同學可能同你有相同的感受。
4. 回應其他人的邀請參加他們的活動。你將見到更多的人，這是結識朋友的非常好的方式。
5. 善待自己。思念家鄉是可以理解的，畢竟，到目前爲止你是在那裏度過了你絕大多數的時光。記住要保證適當的飲食，充足的睡眠和鍛煉。健康的身體同健康的情緒同樣重要。
6. 熟悉你所在的學校。如果你知道你的班級在什麼地方，有關建築物在什麼地方，援助服務在什麼地方，你將感到更加自信。
7. 核對當地的有關事件。在奧克蘭有許多民族集市，節日和音樂會。參加這些活動是你感到與你的社區存在聯繫的極佳途徑，它將給一種“回家”的感覺。國際學生援助辦公室存有民族社區名錄，你可以使用該名錄查找這些族群的聯繫資料。
8. 參加俱樂部。在故鄉你參加過體育俱樂部了嗎？爲什麼不查你在你居住的地區是否存在相似的俱樂部，爲什麼不參加他們的聚會。你可能結識同你具有相似興趣的新朋友。
9. 給家人和朋友發送電子郵件，同他們分享你的經歷。這是同他們保持聯繫的較便宜的方式。
10. 請記住給自己留些時間調節新環境。思鄉之情不是一個晚上就可以消失的。如果這種感覺持續下去並開始影響你的學習，你需要尋求心理輔導。如果你認為精神指導將對你有利，請聯繫中文生命線或紐西蘭賭博問題基金會心理輔導中心。他們能給你提供恰當的服務。
How to Work Through Homesickness

Feeling homesick is a common experience, sometimes an unavoidable one, especially for tertiary students who have left home, family and friends to further pursue their study. The experience of homesickness is normal and understandable. For some people, homesickness only lasts for a couple of weeks, for others it can last for months. It is likely that homesickness has a stronger impact for students from overseas; catching a flight home is almost impossible for international students, and, while it might help with the feelings, making international phone calls home is very expensive.

When students first come to New Zealand, it can be hard to adjust to the accent, the food, the weather and the life style. This can lead to a sense of not belonging in the new environment. However, although it feels this way, people eventually adjust to it.

A group of international students got together and discussed what helped them when they first came to New Zealand. They would like to share with you what helped them overcome their homesickness:
1. Use familiar items to decorate your room, such as your family or friends’ photographs.
2. Be brave and take the first step to talk to people, especially if you are in a new environment.
3. Talk to people about how you feel, some of the new students might have similar experiences too.
4. Respond to any invitation or new activities you see. This is a good way to meet new friends, and help you build your social life.
5. Be kind to yourself. Being homesick is normal; after all, this is a new environment to you. You have spent most of your life in your hometown or homeland.
6. Have regular meals, plenty of rest and some exercise. Having a healthy body is equally important as having a healthy mind.
7. Become familiar with your new environment; if you are in University or School, it is important to know where the support centres, learning centre, and your classes are. This will enable you to have more confidence.
8. Take notice of local events. In Auckland, there are plenty of ethnic markets, events, festivals and concerts. Taking part in these can help you to feel like you belong and are a part of the community.
9. To help you to feel at home, many student support centres have ethnic group activities on record. Get in touch with them, and find out where and when they have activities.
10. Were you part of a club back in your homeland? Why not check out what kinds of clubs are available in your new community, you might meet some new friends.
11. Sharing your overseas experience and new life can help you stay connected with your family, so you might like to e-mail them.
12. Remember to allow yourself to have some time to adjust to the new environment. In general, it will take sometime to overcome the feeling of being homesick. If this has an impact on your study, you might need to consider seeking help from a counsellor. If you think this might be a good way to express your feelings of being homesick, you can contact the Chinese Lifeline or Problem Gambling Foundation for their free helpline services. They will be able to provide you with information on the appropriate service.

(Thank you to A.U.T for providing us with this information)
社區支持非常重要

我是七十年代初移居到新西蘭的。我的第一個孩子在4歲左右意外離開了人世，後來生下的一男一女都是弱智，為此，我和我的家庭受到了一些人的歧視，特別是熟人的歧視。

家庭自身的悲劇和外界的歧視導致我的精神出現崩潰，我被診斷為嚴重憂鬱症。我陷入無限的痛苦之中，但並沒有氣餒和失望，而是堅定地開始了我的康復之路。除了遵從醫囑，通過堅持祈禱尋求精神寄託外，我的康復體會主要是，尋求社區支持。

作爲一個華人，在語言不通的異國他鄉患上精神疾病，其痛苦和困難可想而知。尋求華人專業團體和人士的支持是一個行之有效的辦法。在新西蘭尤其是在奧克蘭，華人患者是很幸運的。我們不但有講華語的精神科醫生和護士，而且，有華人的康復支持團體。主流的精神康復機構現在也開始聘用越來越多的亞裔社工（包括華人社工）。我在過去的幾年裏就曾得到過精神康復機構 Te Korowai Aroha 的華人社工的熱情幫助。在 TKA 組織的康復行動計畫（Wellness Recovery Action Plan）培訓過程中，我進一步瞭解了自己的病情並制訂了自己的康復計畫和緊急救護計畫。

我現在已基本上康復，不僅能料理好家庭生活，還能積極投入社會活動。目前，我是奧克蘭華人精神康復互助團體“博愛社”的聯絡員，同時還在奧克蘭德里圖書館從事義務工作。去年，我還獲得了奧克蘭德義務工作者獎呢。

The Community’s Support

In the early 1970’s I immigrated to New Zealand with my family. My first child died in an accident when she was four. After that, I gave birth to a boy and a daughter who both have Down’s syndrome. Because of this, my family has been looked down upon by people, especially by our relatives.

The accidental death of my first child and the experience of being discriminated against by other people both impacted on my mental wellbeing. I was diagnosed with clinical depression. I felt like dropping into a deep hole, but I never give up or felt disappointed. Instead, I decided to start my journey of taking care of myself. I took the advice from my doctor, started taking medication and persisted with my spiritual beliefs; praying to god. But what really helped me was having strong support from my community.

The experience of being sick in a new environment and unable to communicate with the native people made it seem extremely difficult. To have Chinese community support is an effective way of getting support. As a Chinese in Auckland, I find myself extremely lucky, because we have a general hospital that employs a Chinese Psychiatrist and Nurses and a Chinese Support Group. Currently, there are more Asian Support Workers being employed to provide a better service to Asian people (this also includes Chinese people).

During the past few years, I have received good support from Te Korowai Aroha (now called Infinity), with a Chinese Support Worker, who genuinely cares about me. I have also been through the training of Wellness Recovery Action Plan (WRAP) from Te Korowai Aroha. Through the training, I now have a plan for myself, to enhance my knowledge of self-care.
只要勇敢的面對，就有康復的希望

2001年，帶著上大學的夢想與希望，我一個人來到了紐西蘭。

來此之前，我是一個性格開朗，善於交際，樂於助人的人。可是一年下來，我感覺到自己在慢慢地改變。我感到孤獨，寂寞，苦悶。大學第二年的暑假日，我的病情變得更為嚴重，體重嚴重下降，每天以淚洗臉。

我修過心理學，根據我所學的知識，我知道如果要改變自己的狀況，我必須借助專業人士的幫助。這樣我就到醫務所去求診。醫生說我得了抑鬱症。我按照醫生的要求，堅持吃藥，接受心理輔導並保持心情愉快。為了控制病情，我向學校請了一個學期的假，我還向好朋友坦白地說明了我的病情。

有一位朋友最令我難忘。他在最沮喪時給我鼓勵，幫我度過了一段最艱難的時間。他從不問我病情的細節，也不對我發脾氣，而是無私地給予我關心與諒解。他對我的康復幫助最大。

我沒有因為身患抑鬱症而感到自卑，相反，我還學會了照顧自己，知道什麼時候需要尋求幫助，以克服病患。現在，我已經完全康復了。我不僅成功地完成了學業，而且還找到了一份理想的工作。我還能用我自己的經驗去幫助精神病患者。我的體會是：雖然，患有精神病是對人生的一種挑戰，可是只要我們自立自強，不放棄自己，我們的生活同樣可以過得精彩。
Bravery and Hope

I came to New Zealand in 2001, hoping to study at University.

I used to be an outgoing person, and enjoyed socialising with, and helping, people. After a year in New Zealand however, I realised that I had changed. I felt lonely, isolated and helpless. In my second year here, my condition got worse; in addition to crying everyday, I was also losing a lot of weight.

Because of what I was studying at that time (Psychology), I knew that if I was going to change my own situation, I needed to seek help from professional people. I went to see my G.P. and she told me that I had depression. I followed the G.P.’s instructions, taking the medication she had prescribed and having counselling sessions at University. I also took a semester off to control my illness and talked with friends about my problems.

There is one friend who I can never forget. He encouraged me and helped me through the most difficult times. He never asked me about my illness; he never got angry or frustrated with me. What he gave me was unconditional acceptance of who I am. I don’t think he'll ever understand how much he helped me during that time.

I didn't look down on myself because of my mental illness. Actually, I learned how to look after myself; knowing when to seek help and how to overcome my depression. Now, I have recovered from it and have also completed my degree. Besides that, I have a job that I enjoy, helping other people who are like me. My experience has taught me that, although mental illness can seem to be a challenge at the time, as long as we never give up on ourselves, and learn to accept who we are, we can have a life worth living for.
我康复道路上的三位天使

我出生在印度。像亚洲其他国家的文化一样，印度文化在许多方面同新西兰的文化不同。新西兰文化强调个人优先于集体，而印度文化却恰恰相反，它主张家庭和社会优先于个人。

不幸的是，我尽管居住在印度，但更受个人主义的激励和鼓舞。我考虑的是，什么是我所喜欢的，什么是我所要的？而不是仅仅为了社会的缘故牺牲我自己的思想、观点、愿望和期待。我追求著众多的包括工程、管理、法律和顺势疗法等在内大学学位。

在我修读管理学位期间，爱情走进了我的生活。我开始爱上了一个女孩。

我在家裡倍受父母的珍惜和关爱。我确信我的父母无条件地爱我，他们会理解并接受我想念和抱负。我就是抱着这样的信念长大的。然而，有一天，当我要鼓足勇气准备同他们分享我的爱情的时候，我们今天所说的“情绪敲榨”在我的家庭开始了。我的父母告诉我，如果我不能满足他们的期望同我们社区和姓氏的一个女孩结婚的话，他们将死于心病。我觉得世界变得黑暗——一方面是我对父母的爱和奉献，而另一方面则是我自己的爱和梦想。我不愿意牺牲自己的思想、观点、愿望和期待。我努力抗争。

我的父母最终改变了他们的观念和想法，但已经太晚。

我的心爱的人，我的朋友已经离开了人世，而我则在精神病院。

我记得我开始康复的确切的时间和地点。我不知道药物是否对我有帮助。但是，当我把断断续续的记忆连成一起的时候，我认识到我的生活中可能有三位天使：

一位女医生——她作为一位专业人员研究我的病例。用她的话说“当我研究这个病例的时候，我很感兴趣的是他的那么多的大学学位和他患有精神病。我开始看护他，也许是我的同情和对他的无条件的接受帮助了他康复”。这位天使就是我今天的妻子。

一位朋友——他同这篇文章的医生说，建议我参加一个自助康复研讨班。他本人也深受这个研讨班的影响。感谢他给我的生活带来革命性变化。大多数医生和社会权威宣讲同样的内容但是收效甚微，或者根本没有收效。然而这个研讨班的的经历，深深地影响了我的灵魂，我认识到我的精神疾病不是因为别人对我做错了什么，而是因为我本人对自己和别人的感情。后来，我接纳了这个研讨班，把它作为我的职业。

一种有效的疗法——结对康复服务。身心咨询公司支援我和康复，他们提供的结对康复服务加速了我的康复进程。对我来说，结对康复服务可为一箭双雕，在康复的道路上它既帮助了别人，也帮助了我们自己。
The Angels in My Life

In India and many other Asian countries the culture is different from that in New Zealand in many respects. One example that may seem strange to kiwis is that, while in NZ the individual takes precedence over the group, in India it is the other way round, i.e. The family and society takes precedence over the individual.

Unfortunately however, although I was living in India, I was more motivated and inspired by individualism. I would consider what I liked and what I wanted, rather than sacrificing my own thoughts, ideals, desires or expectations for the sake of society alone. I continued my pursuits and completed many University degrees including Engineering, Management, Law and Homeopathy.

During my management studies, love entered my life and I started loving a girl who was from a different caste and social background. I grew up believing my parents loved me unconditionally and that they would understand me and accept my dreams and aspirations. Therefore, one day I gathered the courage to share my love with my parents. Unfortunately, my family started to, what I would call today, ‘emotionally blackmail’ me. My parents told me they would die of heart attacks if I did not live up to their expectations and marry a girl from our community and caste.

At this point, the world started getting darker for me; on one side was my love and devotion for my parents and on the other side was my own love and dreams. Ultimately, my parents did change their point of view, but by then it was too late. My love, my girlfriend, had gone and I was in a mental asylum.

I do not exactly remember when and where my recovery started. I do not know if medical treatment helped me or not. But when I join the broken links still floating in my memory, I think my recovery became possible due to three angels in my life:

A lady doctor – she studied my case as a professional. In her words “when I studied this case, I was amused by so many University degrees and yet his having mental illness. I started visiting him and perhaps my empathy and unconditional acceptance helped his recovery”. Today, this lady doctor is my wife.

A friend – he talked to this doctor and suggested that I attend a self-empowerment workshop that he had personally been influenced by. This brought a revolution in my life. Most doctors and social gurus had preached the same learning but with little or no effect. The experience in this workshop, however, affected me deep in my soul. I realized my mental illness was not because of others doing wrong to me, but because of my own perception of others and myself. Later I adopted these workshops as my career.

Mind and Body Consultants Ltd has reinforced my self-empowerment. Their peer support service has accelerated my recovery process. The peer support service for me is a two way process in which, while helping people in their recovery, we are ourselves helped in reinforcing our recovery.
How I became ill

In 1990, my husband, my newborn daughter and I came to New Zealand from Hong Kong to live a new life.

Just like many new immigrants, we had many dreams and hopes for our new future and at the same time faced challenges like adjusting to the new culture and language. It is a long and challenging journey to adjust to a new environment, to change oneself and learn a new language. I can still remember the fear, the anxiety, the confusion, the mood swings and the crying.

At that time, we were staying with my husband’s parents; unfortunately I did not have a close relationship with them. To make matters worse, my husband was constantly busy with work and other tasks. I was facing enormous stress. I tried to keep everything inside and, after some time, I became ill.

All of these stresses had a negative impact on our marriage; as a result, my husband and I decided to separate. We tried to get together again after two years of separation, but again it didn’t work out. This time, I became depressed. My health also began to deteriorate; I suffered from constant pain, especially in my stomach, and needed an operation. During these struggles, my husband began to have an affair. I couldn’t sleep, but then I couldn’t get up from bed as I felt fatigued all the time; I felt a lot of weight on my body and felt hopeless. I started isolating myself, I was afraid of seeing people, and I locked myself at home.

Now, I have recovered. I am living proof that, although we have struggles, we can come out the other end. We Chinese people believe life is a journey with ups and downs, sunshine and rain; all of these are just part of life. However, we need to look after our mental health in order to battle with the bad weather.
My Experience

When I was two years old, I was diagnosed with nervous asthma. In my teens I was diagnosed with anorexia. My friend discovered me one day when I was not in a good place in my mind and I had to go to hospital. This was in Sydney. I returned to N.Z., where I isolated myself totally and became agoraphobic for 13 years.

It was a long climb back. I started by going into my garden and digging a new patch of ground each day, ignoring all else around me. Some of my neighbours began talking to me over the fence and I could not ignore them; I don’t think they realise to this day the help they were.

I became even more depressed and went to see a Psychiatrist. From there we decided I should attend a Women’s Support group, which I did for two years, and got a huge amount out of it. I also attended and participated in a joint Psychotherapy group run by Manaaki House and Segar house. I went to this group for two years during the evenings. It was a huge turning point in my life, as I realised I was not alone.

During the group times, I met lots of service users of Manaaki House and when I applied for the consumer representative position of eight hours a week, through election by service users, I was elected for two consecutive two year terms. When Jim Burdett set up Mind and Body Consultants, I was offered a full time position as Consumer Advisor.

My life is now a joy which through all its stages has reached a continuing journey of recovery.
人們對精神疾病的幾種誤解

人們對精神疾病及精神疾病患者的歧視和羞辱同他們對精神疾病的誤解有關。這些誤解包括：

1. 精神疾病與我無關。事實是，人們受精神疾病的影響不分年齡、性別、背景、能力和經歷。根據有關資料，每年有五分之一的紐西蘭人經歷精神疾病，這些五分之一的紐西蘭人可能是和你有關的人。他們可能是你的職員，你的家庭成員，你職員的家庭成員，你的顧客，你的朋友等等。這說明精神疾病同你密切相關，你和你周圍的人都可能會患精神疾病。

2. 精神疾病是個人的軟弱造成的。有人認為，如果個人堅強，患有抑鬱症的人就會逃離這種疾病。事實是，精神疾病同所謂的“軟弱”，缺乏能動性以及性格缺陜沒有任何關係。複雜的生理，心理和社會因素引發和保持。

3. 精神疾病患者有暴力傾向，是危險的。事實是，這種說法沒有科學依據。相反，資料顯示，絕大多數精神疾病患者都比較退縮，被動和善良。如能按時服藥，再接受專業人員的輔導和照顧，會更為安全。極少數有暴力行為的患者，多數是缺乏適當的治療所致。

4. 精神疾病無法痊癒的。事實是，多數精神疾病是暫時的，持續數周或數月，患者便幾年或者終身沒有進一步的困難。大多數精神疾病患者經過適當治療，病情會穩定，逐漸恢復正常生活。

5. 獲得康復的或正在接受治療的精神疾病患者不能成功地工作。研究表明，在工作能力方面，有精神疾病經歷的人同其他雇員沒有區別。

6. 精神疾病患者的行爲都是胡言亂語的。事實是，胡言亂語，手舞足蹈以及其他失常的行爲只是為數不多的精神疾病患者在發病時的表現。許多精神疾病患者並不是這樣。對於有這些表現的精神疾病患者，只要不是正在發病，他們的思維，他們的言談舉止同常人一樣。
Misconceptions about Mental Illness

Some common misconceptions about mental illness include:

1. It’s got nothing to do with me
   Mental illness affects people of all ages, backgrounds, abilities and experiences. In fact, one in five New Zealanders will experience mental illness in any given year.

2. People experience mental illness because they have a weak character
   Experience of mental illness has nothing to do with a person’s character. In fact, the causes could be sociological, psychological, environmental, biological, or any combination of these.

3. People with mental illness are dangerous and violent
   In fact, people with mental illness are no more likely to be violent than the rest of the population, and many times more likely to be the victims of violence.

4. People with mental illness never recover
   The vast majority of people fully recover from their illness.

5. People who have experience of mental illness are unable to hold down a job.
   There isn’t any scientific proof of this.

6. People with experience of mental illness are “hu yan luan yu” (means unable to talk logically, the closer explanation in English is where thoughts and speech may become very jumbled and difficult to follow). “Hu yan luan yu” (胡言乱语) or “shou wu zu dao” (手舞足蹈 – meaning showing extreme behaviours, such as jumping up and down to express feeling extremely happy), and other abnormal behaviours, are myths associated with mental illness.

   The vast majority of people who experience mental illness do not exhibit such behaviour. If people do show extreme behaviour, it is a temporary stage in their experiences; they get through it and their thoughts and behaviours are again no different from anyone else.

   (Note, In Chinese Culture, people in general believe people with experience of mental illness are either “hu yan luan yu” or “shou we zu dao”, and these are the misconception that has been held by the Chinese Communities for decade. As a result, the need to address and correct such a deep held belief is essential and necessary).
我的故事 - 尼克

我叫尼克。从小到大，在我眼中，父親都是個非常挑剔並且消極的人。他過去總是貶低我和我的兄弟。我母親很愛我們，在我看來她盡了最大努力撫養三個孩子。

我記得，在我很小的時候，我就對許多事情感到擔憂，並且很敏感。當我漸漸長大，大概7歲的時候，我開始出現睡眠問題。每天晚上，睡眠對我來說都是一場戰鬥。即便是一點聲音，我都感到極度恐懼。只有周圍完全安靜下來時，我才能入睡。這種狀況一直持續到我11歲左右。然而，我仍然擔憂許多事情，包括我認為自己“愚笨”，在學校裏不能取得任何成績。

當我15時，我懷孕了，不得不做流手術。這件事對我影響極大。我父母認為最好的解決辦法就是把我送到寄宿學校。16歲時，我離開了寄宿學校，並繼續我以前那種無拘無束的生
活方式。這種狀況持續了幾年。後來，在我可是，那個男人對我以及我的女兒根本不負責任。懷孕期間，以及後來生下我女兒之後，我變得極度沮喪抑鬱。唯一使我活下去的事情就是露易絲.賀著的創作生命的奇跡。我開始試著做書中建議的做法，例如採取正面積極的心態，這似乎對我有所幫助。我感覺是那本書拯救了我。

在過去4年裏，我的飲食注意全面營養，我儘量做到足的睡眠，有規律的鍛煉。我認為這些做法都對我的康復極為重要。我仍然有壓力的問題，但是，總體上，我的生活很好。

當然，我的生活中還有更多的故事，例如，我獲得了教育學學士學位和教學大專證書，作為病友支援工作者組長在心靈和身體（Mind and Body Consultants Ltd.）工作。最重要的是，我認為，通過對自己的康復負責，相信自己能做到，我已經成功地獲得了生活上的成功！
Hi, my name is Nick. I grew up with a Father who was very critical and negative. He used to put me and my brothers down quite a lot. My Mum did her best and she was a loving Mum, but I think she found it hard raising three children.

I remember worrying about a lot of things as a very young child and being very sensitive. As I grew older, around the age of seven, I began to have sleeping problems. Every night would be a battle to get to sleep and I was terribly phobic about the slightest little noise. I felt like I couldn't sleep unless it was completely quiet. This lasted until I was about 11. But I was still worried about a lot of things, including the fact I thought I was “dumb” and would not be able to achieve anything at school.

When I was around the age of 15, I got pregnant and had to have an abortion; I think this affected me deeply. My parents thought the best solution was to send me away to boarding school. However, I left school when I was 16 and continued my out of control ways. This went on for years; until I had my daughter at age 23 to a guy who didn't want to have anything to do with either me or my daughter. During the pregnancy and after the birth of my daughter I was terribly depressed but didn't really realize it. The one thing that kept me going was a book by Louise Hay, “You Can Heal Your Life”. I started doing some of the things the book suggested, like positive affirmations, and this seemed to help. I feel like that book saved my life.

For the last four years I have been eating well on the whole, trying to get enough sleep and exercising regularly. I think all of these things are really important to recovery. I still struggle with stress from time to time, but on the whole I have a pretty good life. Of course, there is a lot more to my life than what I have written about, like getting a Bachelor of Education and a Diploma of Teaching, and working for Mind and Body as a Peer Support Worker Team Leader. The most important thing is that I believe I have made my life successful through taking responsibility for my own recovery and believing that I can do it!!
TKA 對我的說明

1999年在中國，因與家人發生矛盾，我的精神受到了強烈的刺激，幾乎每晚都不能安靜入睡，想入非非。經診斷，我患有精神分裂症。為了脫離舊環境，我於2001年跟隨兒子來到新西蘭定居。

我在剛到新西蘭時，曾從社會工作收入局得到過福利補助。那裏的工作人員察覺到我精神異常，於是我被介紹給TE KOROWAI AROHA (TKA)。在TKA我得到了華人社工的熱情幫助和文化上的支持。TKA的華人社工幫助我聯繫到當地的社區精神衛生中心看精神科醫生，該中心為我提供了免費的翻譯和免費的醫療服務。我的醫生是一個KIWI，華人社工每次都陪我去看病，在語言和文化交流上給與幫助。當我病情相對好轉，被轉介到就近的家庭醫生就診後，TKA的社工做了不少解釋溝通工作，讓那位家庭醫生理解華人患者的特殊文化背景。現在我的家庭醫生對我的態度有了很大的轉變。在我接受TKA社區支援服務期間，華人社工定期家訪，電話問候，幫助我接觸主流社會的資源和文化。最重要的是，TKA使用發揮優勢模式，幫助我重新找回自己的信心，堅信自己一定能夠戰勝疾病。

現在，我已經基本上康復，並能積極投入到社會和家庭生活。目前，我是奧克蘭華人精神康復互助團體“博愛社”（Bo Ai She）的主要成員，同時還在教會從事義務工作，幫助他人。

Support from TKA

1999 in China, my mental health was severely effected, because issue with family, I were unable to sleep almost every night. After being diagnosed from the doctor, I was advice by him that I am experiencing mental distress. In 2001, my son and I decided to come to New Zealand.

When I first came to New Zealand, I was getting help and support from WINZ. The case manager noticed that I was feeling distress, so she introduced me to Te Korowai Aroha (TKA). In TKA, I was fully supported by the Community Support Worker (CSW) regarding varies issues. TKA helped me to gain access to the Adult Mental Health Service, through them; I was able to get support through translation, and medical support. My doctor is a Kiwi, so my CSW often came with me to the meeting to give me language and culture support. After I recovered, I was being transferred to the local G.P. Once again, the CSW from TKA support me through language and culture communication to unable the G.P to gain a fully understand of the Chinese Culture. During the time from the TKA community support, the Chinese CSW make regular visit to my house, and telephone contact, she also helped me to integrate to the host society. Most importantly, through TKA's CSW service, I was able to gain back my confidence, and believe that I will get better.

Now, I had recovered, and been actively involved with societies, and families’ activities. Currently, I am a volunteer worker of a Chinese Consumer Self Help group, called Bo Ai She. I also am getting involved in the church, as a volunteer to help others.
My Recovery Story

My physical health has never been great; as a child I could never sleep or eat well and I constantly suffered from stomach pain. When I was 18, I had mild pulmonary tuberculosis. Unfortunately, my doctor was irresponsible and I suffered for a long period of time in pain. After my physical health got better, I was diagnosed with a mental illness. Although initially the Doctor misdiagnosed me with Schizophrenia, it eventually turned out that I had Bipolar Disorder. My mental illness kept relapsing, and I was in hospital for three months. However, I held strongly to the belief that, as soon as I got better and was discharged, I would be alright.

The forth time I had a relapse, I stopped being worried about how people looked at me, and decided that I didn't have to look down on myself because of a mental illness. Instead, I accepted my illness and looked for a good doctor. As I mentioned before, my physical health was never in good condition, but after this time, my physical health got better. I strongly believe this will be the last time I relapse. I used to cry a lot and feel angry and lonely. But now, in taking medication and maintaining my wellbeing, I don't have any physical illness.

Now I have goals and wishes. I am studying English Literature and Psychology and, although I am already 54 and it is a bit difficult to study, I am extremely proud of myself. Even better, I have a husband who loves me and a beautiful daughter. Recovery is up to you; the key is to believe in yourself and take the first step. I hope my story will help people gain hope and inspiration; that it will encourage people to be proactive and have the right attitude to face their illness.
從精神疾病患者到康復指導員

我是一名精神疾病患者。我的精神科醫生建議我做義工幫助其他精神病患者，作為我康復過程的一部分。我非常感興趣，我就答應見見他們。在同其他精神疾病患者會面的會議上，我真不敢相信他們這些人竟然也患有精神疾病。他們的話同健康人一樣。看到他們的表現，我增強了康復的信心。我暗下決心，我一定要康復，重新成為一個健康的人。

為了實現我的願望，首先我決定改變自己。我要求自己接受患精神疾病的事實，要求想法要正面，積極。

去年，我參加自我幫助小組—博愛社。在這個小組裏，我重新學習如何做日常事物諸如洗臉，刷牙，在陽光下散步，鍛煉等等。這個小組還教我們怎樣識別早期發病信號例如感到孤獨等。這些都非常有用，我知道怎樣照顧自己了。我還同小組裏的其他患者成了朋友。

我沒有滿足這些，我還要求做這個小組的義工，幫助像我這樣的人。為了提高我的做義工的技巧，我還在香港的一家大的精神病醫院做義工。通過幫助病人，我學到了如何處理我個人的難題，如何照顧好自己，如何珍愛我周圍的一切。

我是抑鬱症的見證人，同時也是抑鬱症患者的指導員。更為重要的是，我對我現在的處境很滿意。
Hope and Faith

I am a person who has experience of mental illness. I have been through the ups and downs. In the past, after every time that I felt better, I became depressed again. This was repeated for many years.

A nurse introduced me to a consumer run art group, which teaches art, music, drama and other different, but interesting, classes. I was a part of the group for about a year and from there I gained my confidence back. Because of that, I decided to go back to University. At first I was studying at A.U.T (Auckland University of Technology), but later carried on pursuing my Degree at The University of Auckland and I will be finishing it next year.

Now, I have direction in my life. I believe that, as long as we work hard, we will be able to create hope and not be defined by the experience of mental illness. I like to share my story with people, because I hope my story can inspire people; I hope it will help those people who can't see any hope at the moment. I believe we can all do it; take me as an example.
專家談精神疾病

Dr Samson Tse 博士是奧克蘭大學 醫療衛生科學學院（國際）副院長。他同時是該院公共衛生系 心理健康發展項目的的高級講師，亞裔健康研究和評估中心主任。在奧克蘭大學公共衛生系的賭博研究中心，Samson 博士是一名非常活躍的研究者。在奧克蘭大學的東奧克蘭校區（East Tamaki Campus）Dr Samson Tse 接受了“開心行動”協調人 Ivan Yeo 的採訪。

Samson 博士說，一般人常犯的錯誤是把經歷精神疾病苦惱的人看作病或診斷本身而不是人。這種做法給這個人所造成的傷害比疾病本身更大。當這種情況發生時，病人將內化別人的意識，把他們自己看作病而不再是他們自己（羞辱）。當專業人員犯同樣的錯誤時，治療就會出問題。因此，幫助病人的第一步是設法瞭解這個人。

Samson 博士引用了 2005 年他同一家精神健康機構（Te Korowai Aroha）所做的關於華人精神疾病患者的力 量的研究。他说，人們通過平衡的生活方式，有規則的鍛煉和有意義的生活獲得力量。因此，來自社會和社區方面的援助，例如，來自工收局的經濟方面的援助，來自房屋署的房屋援助和來自專業人員的幫助等，對已經取得了紐西蘭國籍的人有著非常重要的意義。

成為社區的一分子可以 使精神疾病患者同有相似經歷的人分享他們的經歷並幫助他們。從當地教堂或廟堂或得援助能夠給人們帶來希望。通常，教堂或廟堂舉行活動可以使人們彼此聯繫，結識新朋友。

家庭可以通過鼓勵他們同朋友和社會聯繫，鼓勵他們就業來扮演重要的角色。如果他們退休了，那麼就讓他們照顧他們的孫輩。在其他時間，他們可能需要的是實在的幫助 例如交通或治療安排。

Samson 博士說，在過去二，三十年，關於精神健康的多數強調精神療效的消極方面。然而，從八十年代末，開始轉向強調康復和能力的賦予。有些研究發現家庭成員在幫助有精神疾病經歷的家庭成員中成長。這一結果顯示，家庭更為堅強，更為敏感，更能相互體諒。他們對什麼是家有更好的理解。

家庭應該避免把自己孤立，相反，應積極的尋找幫助。家庭不應該控制病人而應該自己平衡生活，在需要的時候爭取專業人員的支持。

除了以上幾點，心理教育也能幫助家庭瞭解治療的另外一種途徑，在複雜的情況下學會制訂更好的計畫。
When talking about mental health problems, Dr. Tse said a common mistake made by the general public is to see or think about the illness or diagnosis first before the person. This can do more harm to the person than the illness itself. Often, when this happens, the person will internalise these perceptions by others and see themselves as the illness, no longer as themselves (Stigma). When professional people make the same mistake the treatment can become problematic. Therefore, the first step of helping is to get to know the person.

Dr. Tse cited his 2005 research with Te Korowai Aroha regarding the strengths they found in the Chinese people who were experiencing mental distress.

People gain their strengths by having a balance lifestyle, exercising regularly and having a life they find meaningful. Societal and community aids play an important role for those people who have gained New Zealand Citizenship, such as financial support from WINZ, housing support from Housing of New Zealand, and professional help from professionals.

Being part of a community helps them to connect with people. This enables them to use their own experience to share and help others who are having similar experiences. Getting support from a local church or temple can help to bring hope. Usually, they provide activities that help people to stay connected, and meet new friends.

Family can play an important role by encouraging them to keep in touch with friends and society, and encouraging them to find a job. If they have retired, let them take care of their grandchildren. At other times, what they may need is practical help, such as transportation or referral.

Dr Tse said that, in the last 2-3 decades, research in mental health mostly focused on the negative aspects of mental distress. However, since the late 80s, there has been a shift to focusing on recovery and empowerment. Some of the research has found that family members grow from helping another family member who experiences mental distress. The results show that families become stronger, more sensitive and empathetic towards each other. They also have a better concept of what family means.

Families should avoid isolating themselves; instead, they should actively seek help. Families should not control the person; they should have a balanced life themselves and get third party professional input when help is needed.

Besides the above, psycho-education can also help families to understand the alternatives to treatment and learn to have a better plan during complicated situations.
如何尋求幫助？

如果一個人患上了精神疾病或者存在著精神健康方面的問題，應該怎樣尋求幫助？這是有的讀者向我們提出的一個問題。我們就這個問題採訪了紐西蘭賭博基金會的張文麗女士。張女士就職於紐西蘭賭博基金會亞洲服務部，從事社會工作和心理輔導工作。她是紐西蘭註冊社會工作者，亞裔社區精神健康服務顧問，同時也是“開心行動”所聘請的諮詢小組成員。在亞裔社區精神健康服務領域，張女士有著豐富的經驗。

張女士首先介紹了紐西蘭的精神衛生體系。她說，紐西蘭精神衛生體系包括政府機構，非政府機構和私人機構三部分。在政府機構裏面，地區醫院設有精神病人住院部。住院部只接收比較嚴重的患者。有些患者可能要在精神健康法下接受強制治療。患者接受治療後，一般要被送到醫院下設的康復中心和療養中心。經過一段時間的康復和療養，病人會被轉到社區裏，回到家裏進行康復。如果病情和家庭情況許可，病人也可直接回家。在紐西蘭，每個衛生局下面都設有若干個社區精神健康中心（比方說，奧克蘭衛生局就有四個這樣的中心）。這些中心負責管理和照顧患者的在家康復。在此期間，患者及其家庭成員也可以得到有關精神健康方面的其他社會服務機構（一般為非政府機構，也有少數私立機構的幫助）。經過康復，當病情進一步好轉後，患者會被轉回由家庭醫生照顧為主。

本人或親友患有精神疾病，如需要接受專科治療，可通過四種不同的途徑：一，如覺得自己情緒異常，或陷入某種心理困境而不能自拔超過兩到三個星期，或者行為舉止有異常變化，應及時看家庭醫生。家庭醫生如認為某位患者可能患有精神疾病，便將該患者轉介到社區精神健康中心，在那接受專科診斷和治療。如患者病情嚴重，便被轉送入院。二，如果是突然發病，家人或朋友可通過家庭醫生或直接將患者轉介到社區精神健康中心的危機處理小組。危機處理小組將酌情處理。奧克蘭地區危機處理組的電話是：0800 800717 三，如情況更緊急，可以直接撥打“111”。警察能將與危機處理小組攜手把患者送進醫院。四，各不同社會服務機構的工作者也可直接向社區精神健康中心聯繫，但需要家庭醫生的轉介。

張女士最後說，同身體上的疾病一樣，對於精神疾病也是預防勝於治療。所以，精神健康意識的提高非常重要。如覺得行為舉止異常變化，或情緒異常，請及時看家庭醫生。如有心理煩惱，無處訴說，請尋求專業心理輔導。例如：紐西蘭賭博基金會的亞洲熱線 0800 862 342；中文生命線 09-522 2088； 0800 888 880。他們提供免費保密專業的華語心理輔導。紐西蘭心理健康基金會備有大量心理健康資料可供閱讀。TKA 和 Amhis 是兩個主流社會非政府心理健康服務機構。他們擁有華人僱員。博愛社（625 1668）是一個華人患者康復的團體。仁愛社為精神病患者的家屬舉辦定期的華語講座。SF—Auckland 爲精神病患者的家屬提供服務，也僱有華人職員。想瞭解更多的服務機構，大家也可聯繫公民諮詢局華語專線 09-634 2840。
How to Get Support

If someone experiences mental health issues or feels distress, how they can get support? This question was presented by one of our readers. For this reason we took the opportunity to interview Wenli Cheng, a Chinese Counsellor and Social Worker from The Problem Gambling Foundation of New Zealand. She is a registered Counsellor and Social Worker who is working for Chinese Mental Health Consultant Service. Wenli is also a member of the Chinese Like Minds Project Advisory Group. She has considerable experience working with Asian Mental Health Services.

If you or your family member is experiencing distress, these are the places that you can seek help:

First, you can contact your local G.P.

Second, if the experience of mental illness has occurred suddenly, friends or family members can contact their G.P or the local Crisis Team. The Crisis Team phone number in Auckland is 0800 800 717.

Third, if the situation is urgent, friends or family can telephone “111”.

The mental health system in New Zealand includes: Government Services (also called secondary services or specialist services); Non-Government Organisations.

Some independent services and organisations provide free and confidential Chinese counselling services, such as: The New Zealand Problem Gambling Foundation Asian helpline 0800 862 342, or Chinese Lifeline 09 5222088 or 0800 888 880. They also have lots of reading material regarding self-help and support.

Affinity, and AMHS (Mental Health Support Service Inc.), are two mainstream, non-government organisations who provide mental health services; both also employ Chinese Support Workers.

- Bo Ai She, 09 625 1668 is a Chinese Consumer Self-Help Group.
- Yu Oi She is an organisation that provides family support and they have regular seminars and workshops.
- SF, 09 378 9134 Auckland is another organisation providing support to family members; they also employ Chinese Field Workers.

If you would like to find out more about these organisations, you can contact the CAB (Citizen Advice Bureau Chinese Line 09 634 2840).
Ivan 的故事

For as long as I can remember, I have known that I am 'different'. When I was younger, however, I did not know what the 'difference' was. As I grew older and gained more life experience, I slowly began to understand better what it was that made me 'different'. However, I still kept it a 'secret', as I felt guilty and ashamed. I kept this 'secret' for 28 years.

After I came to New Zealand, I learned about my 'secret' in the papers that I was studying at University. The long term impact of the stress of keeping the 'secret' and the feelings of guilt were damaging my mental health. On top of that, I was faced with a new environment, I was worried about my study and I was experiencing financial difficulty. Finally, I couldn't cope with the stress any longer.

After many sessions of counselling and preparation, I decided to tell my parents about my sexual orientation. This was at the end of my first year in New Zealand. We had countless phone calls and many negotiations; finally my family accepted me as who I am.

Now I have a same sex partner who loves me dearly. Next February, we will go back to Malaysia to visit my parents and sisters to celebrate the Chinese New Year. In terms of work, I am a Peer Support Worker and a Chinese Like Minds Project Worker. This work has given me an opportunity to work with people who experience mental illness, and an opportunity to work towards countering stigma and discrimination.

My experience tells me that having support from family members is important. Their acceptance of who I am helped me to recover. I am not defined by my experience of mental illness, or by my sexual orientation. Through this journey I found my identity.
“開心行動”改變了我的看法

我是一名社會工作專業的學生。今年六月，作爲實習生，我有幸參加了“開心行動”，並幸運地成爲這項活動的一名工作者。這項活動的目的是普及精神健康知識，提高精神健康意識，反對對精神疾病及精神疾病患者的歧視。通過參加這項活動，我本人也受到了教育。

首先，“開心行動”增加了我的精神健康知識。從介紹精神疾病和精神健康知識的到講述個人康復的故事，從闡述家庭、社區和社會對康復的作用到介紹對精神健康資源的利用，“開心行動”的系列文章，像一幅幅畫面為讀者展示了什麼是精神疾病，怎樣面對精神疾病。作爲該項活動的參加者和第一讀者，通過閱讀這些文章，我對精神疾病和精神健康有了較全面的瞭解。

其次，“開心行動”消除了我對精神疾病的誤解。在我沒有參加這項活動之前，儘管我是學習社會工作的，但對精神疾病知之甚少，對精神疾病仍然存在著誤解。象有些人一樣，我原來也認爲，只有極少數人才會患精神疾病，而且精神疾病無法治癒。通過編寫有關材料，也通過接觸一些患有精神疾病的朋友，我瞭解到，原來，精神疾病是一種非常常見的疾病，它可能發生在任何人身上。常言說，人吃五穀雜糧，難免會生身體上的疾病。其實，人除了吃五穀雜糧外，還有七情六欲。因此，在精神上、心理上生病完全是正常的。而且，絕大多數精神疾病患者都會得到康復。

再次，“開心行動”也改變了我對精神疾病患者的看法。由於專業訓練的緣故，我對任何顧客包括對精神疾病患者沒有歧視的態度。但原來因爲對精神疾病缺乏瞭解，我一直以爲精神疾病患者是危險的，有暴力傾向的，至少，精神疾病患者不能工作。通過參加“開心行動”我瞭解到，絕大多數患者是沒有暴力傾向的。只有極少數患者有暴力傾向。但有這種傾向的患者的比例不比其他群體的比例高。通過接觸有過精神疾病經歷的朋友，我發現他們不僅能夠工作，而且多才多藝，在許多領域工作得非常出色。

通過閱讀“開心行動”刊登的故事，我瞭解到精神疾病患者多半都有段辛酸的經歷，他們不僅經受了或正在經受着疾病的折磨，而且在不懈地同命運進行抗爭。所以，我感到精神疾病患者不應該受到歧視，相反，應該得到同情、尊重。他們值得學習。

“開心行動”教育了我。它給了我一個學習的機會。
The Pilot Chinese Like Minds Project Changed My Perception

I am a Master's Student who is studying Social Work. In June 2006, as my Master's degree placement, I was fortunate to work as part of the Pilot Chinese Like Minds Project team (Kai Xin Xing Dong). This project is aimed at raising awareness of mental health issues, and countering stigma and discrimination. Being part of the Project team taught me a lot and helped me to understand more about mental health issues.

First, Kai Xin Xing Dong has helped me to improve my knowledge of mental health issues. The project articles include personal stories, family issues, and input from community support groups, social supports and from mental health services. This project has created a whole picture of what mental health is, and how to work with your own recovery. As a Project worker, I had the chance to be one of the first people to read the articles. This helped me to gain a deeper understanding of mental health issues.

This Project has changed my perception of mental illness. I am a Social Work student and, prior to undertaking this assignment, only had a basic understanding of mental illness; just like many people, I misunderstood what mental illness is.

I thought mental illness only affects a very small percentage of the population and is untreated. Through writing and editing the articles, and from the first hand experience of working with a person who experiences mental illness, I now understand that mental illness is a common issue, it can happen to anyone. There is an old Chinese saying that goes, We eat, so we sick (人吃五穀糧，難免會生身體上的疾病 ). In fact, besides eating, we also have our feeling and emotion (人除了吃五穀雜糧外，還有七情六欲). Therefore, it is completely normal that someone’s mental health may become interrupted. However, the vast majority of people who suffer from mental illness can recover.

Furthermore, this Project changed my perception toward people who have experienced mental illness. Through my professional training, I have neither prejudice nor biases against people who experience mental illness. However, I still held some misconceptions regarding people who experience it. I thought most of them would not be able to hold down a job. Through this project I now understand that the majority of people who experience mental illness are just like any one of us, working hard, contributing to society and with lots of talent and skills.

Through the Project articles, I also realized that the majority of people who experience mental illness experience a lot of ups and downs in their life. They know that, just as they are fighting for their recovery, at the same time they are fighting to create a better life for themselves. I deeply feel that, not only should we not judge people who experience mental illness, we should also respect them and learn from their experiences too.
Appendix G

Like Minds Information and Education Project to Counter Stigma & Discrimination and raise the Awareness of Mental Health Issues in Auckland Chinese Communities

MEDIA INFORMATION SHEET

Deciding to be involved

The media can be a powerful medium though which to tell your experiences of mental health issues.

Personal stories told through the media help to reduce stigma and discrimination, and promote positive attitudes. However, sharing your story publicly can be a difficult and distressing experience. It is important consider the impact the experience may have on you before deciding to take part.

Things to keep in mind:

What effect may your participation have on your family, friends or community?

What is your motivation for telling your story through the media (what do you want to achieve)?

Once your story is published, it becomes public knowledge. Do you feel alright about this happening?

It is best to participate in this project if you:

- Are currently well, and believe that participating will not cause you unmanageable stress.
- Have good support (see Support section below)
- Feel comfortable telling your personal experiences.

If you are not confident of any of these issues, it may be better to wait and participate at
another time.

Support
Telling your story (whether you are writing it yourself or telling it to someone else) may bring up distressing experiences. Consider arranging to have a support person present, such as a friend or associate, as you tell your story, and/or the opportunity to debrief afterwards. You should also make sure you have contact numbers for people who can support you, in case you need them.

Be prepared
Telling your story is more likely to be a positive experience if you prepare beforehand.

Think about what parts of your story you are comfortable telling, and do not say/write anything that you do not want to be published.

It is also helpful to think about the main points you want to get across.

General points to consider
- Ensure you talk about ‘me’ or ‘I’ – we want to communicate your experiences, so try not to generalise. No one can question your own experiences, so be confident in sticking to your own story. Remember that it is you who is the expert.

Think of examples to back up what you are saying, as it will make your story more memorable.

Avoid jargon wherever possible – specialist terms can alienate the audience. For example, does the general public know what a consumer is? If you do need to use jargon, explain it as you go.

You should also think about the audience. In this case it is most likely to be Chinese Aucklanders – consider what they know, what their interests are, and what their preconceptions are. Your message must be prepared in a way to generate the response you want from the audience, and your words must be appropriate to this audience. The information you provide must be easily understood by your whole audience. People will engage more with your story if it is easy to read and understand. Try to use simple, clear language.
Like Minds Information and Education Project to Counter Stigma & Discrimination and raise the Awareness of Mental Health Issues in Auckland Chinese Communities

PARTICIPANT CONSENT FORM

I agree to participating in the Like Minds Information and Education Project to Counter Stigma & Discrimination and raise the Awareness of Mental Health Issues in Auckland Chinese Communities.

I acknowledge that I understand the details of this project as outlined in the attached information sheet, and that I have the right to withdraw from this programme at any time.

I agree to provide a story about my experience of mental illness to the Mental Health Foundation of New Zealand and Mind and Body Consultants Ltd. I understand that the story will be published in Chinese media, and consent to it being used in this way on the understanding that identifying information will not be published without my permission.

I acknowledge that I have read the accompanying media information sheet, and understand the implications of telling my story through the media.

I understand that the story may be stored and used, with my permission, to produce other resources for this project.

Please delete the option that does not apply:

I do / do not give permission for my story to be published in Chinese media.

I do / do not wish to have identifying information published.

I do / do not give permission for my story to be stored and used to produce other resources for this project.

Signature: ___________________________________________

Date: ___________________________________________

Full name (printed):
項目參與同意書

我同意參加奧克蘭華人社區反對精神疾病羞辱和歧視，提高精神健康意識的資訊宣傳和教育項目。

我瞭解了項目說明書中所提供的關於這個項目的細節，我知道我有權利在任何時候退出這個項目。

我同意提供有關我精神疾病經歷的故事給紐西蘭精神健康基金會和身心健康諮詢公司。我明白我的故事將被發表在中文媒體上。我同意這樣做，是因爲我知道沒有我的允許，能夠表明我身份的任何資訊都不能發表。

我已經閱讀了該項目的說明書，明白了通過媒體講述我的故事的含義。我明白這個故事可能被保存，經我允許，這個故事可能被用來編輯為這個項目的其他資料。

請刪除不適用的選項：
我同意/不同意在中文媒體上發表我的故事。
我願意/不願意公開表明我身份的資訊。
我同意/不同意我的故事被保存並被編輯為這個項目的其他資料。

簽字：

日期：

姓名（印刷體）：
Appendix I

Pilot Like Minds Information and Education Project to Counter Stigma & Discrimination and raise the Awareness of Mental health Issues in Auckland Chinese Communities.

Mind and Body Consultants Ltd, and the Mental Health Foundation are starting a new Like Minds, Like Mine project in Chinese communities, called the Pilot Like Minds Information and Education Project to Counter Stigma & Discrimination and raise the Awareness of Mental health Issues in Auckland Chinese Communities.

The project is funded by Like Minds, Like Mine and was developed by the Mental Health Foundation in conjunction with a group of people from Auckland’s Chinese communities who have experience of mental illness or as health care providers. The target audience is the Chinese community, particularly those who don’t speak English.

The project will include the development and publication of articles around discrimination and mental health in Chinese media. During the initial scoping phase it was decided that the Chinese Herald and the Chinese Express would be the most suitable papers for the initial campaign.

At this stage we are seeking stories from people with experience of mental illness on a voluntary base. If you would like to share your stories with us, you can write it in English form, and we will translate it into Chinese, or you can write it in Chinese.

The stories will be between 400 to 500 Chinese words long. The stories will focus on the issues below:

- Personal story – exemplifies the person not the illness
- How discrimination has affected/them?
- Which kind of help is most effective?
- From personal experience - what is helpful, and what is not
- Suggestions from personal experience about what and how families and friends could play an important role?
- Current situation (focus on a possible message).

If you have any further question, please contact the Program Coordinator, Ivan Yeo, at ivan@mindandbody.co.nz.
Appendix J

Pilot Like Minds Information and Education Project to Counter Stigma & Discrimination and Raise the Awareness of Mental Health Issues in Auckland Chinese Communities.
(Phase One)

The need for an initiative to assist people in Chinese communities to counter effectively the stigma and discrimination associated with mental illness has been identified. Specifically, the project described below proposes to:

- Counter the discrimination faced by people with experience of mental illness who are from Chinese communities
- Utilise suitable mediums of communication that will reach the widest population in the Auckland Chinese communities
- Educate the Auckland Chinese communities about mental illness via the Chinese media and the development and distribution of educational resources
- Assist people from Auckland Chinese communities with experience of mental illness to communicate with others about their experience
- Include people with experience of mental illness in all aspects of the project’s development and delivery and ongoing evaluation into all the project’s outcomes.

Our objectives are:

- To promote positive messages about the experience of mental illness within Chinese communities in Auckland
- To combat discrimination and stigma encountered by Chinese people with experience of mental illness
- To do so in a culturally congruent manner using media accepted by the community
- To seek ongoing feedback from Chinese community members about both the direction and the impact of the project
- To evaluate the effects of both phases of the project

Structure

The project will include the development and publication of articles around discrimination and mental health in Chinese media. The first phase will focus on print media and also include a community feedback forum. It will also include continued liaison with community and government organisations, tertiary institutions and other relevant organisations to gather information and materials for the development of the articles, items and possible educational resource.

The Media Campaign

- Develop a format for stories that contains the messages of the Like Minds campaign to counter stigma and discrimination to be used as a general guideline for people contributing personal stories
- Translate the guidelines
- Compile a series of stories (in people’s first languages) from community members with experience of mental illness/distress that describe the experience. The stories would be between 500 to 1000 words long and include and /or be accompanied by anti discrimination and positive mental health messages
● Make the focus positive, including overcoming difficulties, the value of support – rather than ‘a story about mental illness’
● Emphasise normalising the experience of mental illness/distress and present practical examples of respect, support and help
● Supply additional information and articles that explain the experience of mental illness/distress and challenge stigma and discrimination and identify support available locally
● Engage editors and broadcasters who would support and promote the articles and stories
● Start off gradually with local print media and build on initial successes to grow the campaign across different media
● Seek and record any feedback from community liaison, consultation sessions or media themselves
● Retain a story archive for future reference.

Suggested media

● Local Chinese language newspapers
● Migrant News
● Student newsletters
● Chinese language pages on the internet visited by local community members

During the initial scoping phase it was decided that the Chinese Herald (because of its widespread readership) and the Chinese Express (because of its popularity with youth) would be the most suitable papers for the initial campaign. Both lowered their costs because of the involvement of Community groups and the MHF (Mental Health Foundation).

Evaluation

In the short term the outcomes of the Pilot Project will be analysed via a qualitative and quantitative analysis of feedback received in the media. A community feedback session of at least 40 participants from various sections of the Chinese community will also be conducted at the end of Phase One. We have also proposed that Chinese Lifeline undertake a simple quantitative analysis of calls that appear to have been generated by the media campaign. Longer term we propose that an independent evaluation of the project should be conducted. If you have any further question, please contact the Program Co-ordinator, Ivan Yeo, at ivan@mindandbody.co.nz
This is a brief overview of Chinese Culture, Chinese perceptions of mental illness and some of the problems faced by Chinese immigrants in New Zealand. The first part provides a brief overview of three Chinese cultural traditions and their concept of mental illness. The second part looks at Chinese perceptions of mental illness. And the third discusses factors that may contribute to mental illness among Chinese immigrants.

This article understands the term “Chinese” to refer to people of Chinese descent regardless of their nationality. Thus when we refer to “Chinese” people we mean people of or pertaining to China and its culture. It can, for example, refer to people from China or Taiwan, or Chinese New Zealanders or Chinese people from Hong Kong or Singapore.

Chinese Culture

Confucianism, Buddhism and Taoism have been dominant influences on Chinese culture and values.

Confucianism is an ethical system concerned with individual conduct through family and interpersonal relationships. In Confucianism, five relationships are seen as essential to maintain social harmony: sovereign and subject; parent and child; older and younger brothers (women are not included); husband and wife; and relationships between friends (Ino, 2004).

Taoism and Buddhism are the two dominant religions in Chinese history and are still practiced. Taoism sees human beings as passive creatures with no power or control over the existing environment. It places value on nature over the individual and emphasis is placed on the “flow”. Taoism suggests that our destinies are predetermined by a “higher power”. Therefore, acceptance of our destiny is the key to success (Ino 2004; Sheng-yen, 1992; Yip, 2004).

Buddhist doctrine talks about the four noble truths: life is suffering; suffering originates from unfulfilled or inappropriate desires; desire originates from ignorance and illusion; and the road to salvation lies in enlightenment. Buddhism sees life as a road of suffering. The only way to end suffering is to give up oneself and to cultivate compassion for others. To achieve enlightenment is to discipline your mind by meditation (Ino, 2004). Buddhism also places emphasis on the personal qualities of character that one has developed in this life: loyalty, respect, compassion, self-control and ancestor worship. Being faithful to these qualities will result in a better next life (Ino, 2004).

Considerable research and practice theory exists on Buddhist enlightenment practice — meditation, or how to cultivate the mind. Meditation or “mindfulness” has been used by psychologists and therapists to help people who suffer from borderline personality disorder (Sheng-yen 1992).

Political doctrine also influences perceptions of mental illness. For example, during the Cultural Revolution in China people who suffered from mental illness were perceived as having wrong political thinking and thus in need of re-education (Chang & Kleinman 2002). According to traditional Chinese medicine, mental illness is caused by an imbalance of the internal organs, and its principle treatment is in correcting psychosomatic and physiological functions of the body (Chang & Kleinman 2002).
Stigma and discrimination

The stigma and discrimination that often confronts people with mental illness influences the way that Chinese people seek help.

In societies such as China and Hong Kong, people with experience of mental illness are stigmatised and devalued. People with mental illness have been chained, locked in their homes and in some cases arrested and charged with crimes. In extreme cases, people with mental illness are thought to be possessed by demons. Indeed, such misconceptions about mental illness are common. Mental illness may be attributed to the wrong-doing of an ancestor, the family of a person with experience of mental illness may be seen as cursed and friends and relatives may discriminate against the family, and mental illness can be perceived as a transmitted disease with resulting discrimination against entire families (Serdarevic & Chronister, 2005).

The belief that mental illness is punishment for wrong-doing by an ancestor or by the person with experience of mental illness themselves can prevent individuals or families from seeking help in the effort to protect the family from shame (Phillips et al., 2002). In Chinese culture it is inappropriate for people to admit to failure, to be shamed and especially to experience mental illness or admit to having a mental illness. There is a strong cultural disposition not to disclose problems in life. And Chinese people have a particular fear of being labelled as “lazy” (Lee et al., 2001).

Stigma and discrimination affects Chinese men and women differently. Men and young males with experience of mental illness are less likely to have a job and find it more difficult to find a life-time partner. Men face greater challenges than women because of social and family expectations about their role as providers through which social status is gained. Women, and especially married women, by contrast, are expected to stay at home. They are more aware of the negative impact that stigma and discrimination has on the family. Moreover, people who experience mental illness are particularly susceptible to “self-stigma”. Low self-esteem and a feeling that they are unable to contribute to society can result in further withdrawal from society (Phillips et al., 2002 & Tam et al., 2004).

If a person consults a mental health practitioner there is a concern that the whole family may be perceived by the Chinese community as mentally ill. This may discourage the person from seeking help. However, the initial fear of stigma and discrimination that may result from a family member seeking help can change after they have consulted a mental health practitioner. Consequently, people with of experience mental illness and their family may be grateful for the unexpected care they receive from a mental health practitioner (Lee et al., 2001).

People feel betrayed when they do not get support, understanding and acceptance from their friends and family. Being understood and being supported by friends and family is essential to help people cope with their mental illness (Lee et al., 2001).

Chinese people also value practical support more than verbal support. Examples of practical support include cleaning the house, cooking a meal, providing transportation and looking after children (Lee et al., 2001).

Chinese Immigrants

It is common for immigrants to attribute the cause of their depression to loss of status because their qualifications and professional credentials are not recognised in their new
country. This can be exacerbated if the only available work for a new immigrant is considered by them to be menial or beneath their ability or qualifications. A new immigrant may feel that they have let down their family, and they may question their decision to emigrate (Ho et al., 2002 & Tam et al., 2004).

Another major source of stress in immigrants is the language barrier. Children become the helpers of the family because they tend to pick up the new language more quickly. Financial difficulty, loneliness and isolation from the community can also contribute to mental illness (Phillips et al., 2002 & Lo & Fung, 2003).

Concluding summary

The three dominant traditions in Chinese culture are Confucianism, Taoism and Buddhism. Chinese culture is still influenced by one or more of these traditions. People with experience of mental illness are stigmatised and devalued because of misconceptions about mental illness. And fear of shame often means that families will discourage people from seeking help from professionals. Chinese immigrants are more vulnerable to depression due to lost of status, language and support network.
References


Bibliography


Sheng-yen (1992), *Buddhism and Mental Health*. Ch'an Newsletter - No. 90, January


