

HEARING VOICES: A COMMON HUMAN EXPERIENCE

INTRODUCING THE JOURNEY FROM EMERGENCY DISTRESS TO PERSONAL RECOVERY IN A PUBLIC MENTAL HEALTH SYSTEM

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Hearing voices is a common human experience, much more common than people think. For many years the idea of hearing voices has been the chimaera of all that is schizophrenia and fear, a story that has facilitated the dominant discourse around mental illness. However, in the later 1980's Professor Marius Romme intentionally listened to his patient's explanation for the voices she heard and together they went on a journey to find out more. The international hearing voice movement was born, and a new conversation had begun: People can and do live well with their voices (Romme and Escher, 1989).

2014 saw a mental health nurse practitioner candidate lead a journey, in the public mental health system, of facilitating voice hearing approaches consistent with the international hearing voices conceptualisation and Travelbee's interpersonal aspects of nursing model (1972). Following the World Hearing Voices Congress in Melbourne in 2013, a voice hearer who had attended the Congress returned to South Australia and asked for support with her voices using the Maastricht approach to voice hearing. She wanted to make sense of her voices from a biographical understanding of accepting and making sense of the experience. It was the courage and strength of the individual in taking control of her recovery that sparked the change in Southern Adelaide Local Health Network, just as Patsy Hage had done with Marius in the late 1980's.

Driven by the opportunity to enact the rhetoric of personal recovery, the Mental Health (MH) nurse collaborated with MH nursing leadership, voice hearers, peer workers and clinicians from a range of disciplines in creating safe spaces for people who hear voices to make sense of their experiences. Despite significant resistance from some parts of the mental health system, and repeated requirements for the MH nurse to justify facilitating the approaches, the trauma-informed, recovery orientated, and humane approach has been ensuring choice and empowerment for individuals who previously would have been labelled as chronically ill.

People who hear voices can and do go on to live as full citizens in the world as they develop coping strategies to live with or without voices (Romme et al, 2009). The biographical approach supports the

re-framing of a distressing experience into a more hopeful understanding of a person's journey. This is a paradox to the therapeutic nihilism too often experienced and expressed when a person does not respond to biomedically driven approaches to psychosis and schizophrenia (Corstens and Longden, 2013). Understanding where the trauma originates through many voice hearing experiences and the inevitable recovery when a person is supported to build on their strengths and qualities has become possible at Southern Adelaide Local Health Network (SALHN) since the MH nurse led introduction of the hearing voices approaches.

Since 2014, over 120 people have been referred to the MH nurse practitioner candidate, and over 50 other referrals have been made to other professionals within the SALHN to facilitate working with voices through acceptance and making sense of voice hearing and other extreme states. As the approach has gathered recognition, new opportunities to voices hearers, families and supporters have emerged, and staff have been verbalising their sense of professional recovery in working with voice hearers as care coordinators, therapists and supporters. The hearing voices approach has supported individuals who hear voice in settings throughout the step care model of the mental health system including ED, inpatient, PICU, community, intermediate care and rehabilitation services. The inevitable stories of personal recovery have begun to emerge.

Additionally, groups have been co-facilitated by professionals and voice hearers in the community, hospital ward and rehabilitation settings within SALHN as well as in community venues in partnerships with a non-profit organisation. 2016 saw the development of a hearing voices recovery college course, developed by a voice hearer and the nurse practitioner candidate. A fundamental component of the developing the approach has been to provide training and education, both within the public mental health service as well as to a wider professional and community population. In collaboration with another mental health Nurse Practitioner, people with lived experience and other professionals, twice yearly workshops on facilitating hearing voices approaches has seen a growing number of professionals facilitating hearing voices approaches in the public mental health system.



Amanda Waegeli



Andrew Fort

A crucial facilitator in developing understanding of voice hearing in the public system has been the support and collaboration of state, national and international networks. Education in the voice hearing approach has been provided sporadically across Australia since 2005 with little follow-up or support to transfer this into practice. Hearing Voices Network Australia (HVNA) responded to the growing

knowledge base and emancipation of people who hear voices by developing The Australian Hearing Voices Establishment Project (AHVEP); a culmination of, and indeed, the harnessing of, the collective desire and passion of a range of individuals and organisations, committed to growing and developing the Hearing Voices Movement (HVM) in Australia.

The purpose and intent of the project is to develop a national hearing voices entity that will spearhead and lead a more structured, collaborative and unified approach in supporting the voice hearers of Australia, their carers, families and those who work with people with lived experience at all levels (AHVEP, 2017).

The potential for seeing the person hearing voices as the skilful arbiter of their journey could be the beginning of far-reaching models of care within health services, away from hypothetically informed diagnostic models towards trauma informed consumer led perspectives. Building on the MH nurse led work described; mental health nursing

can be a leader in developing discipline-specific guidelines for understanding the value of the human to human relationship (Travelbee, 1971) when working with a person experiencing psychosis and extreme states. This move would see a departure from current biologically driven guidelines towards consumer and trauma informed guidelines into mainstream acceptance of voices as meaningful human reality.

References:

- Australian Hearing Voices Establishment Project (2017): Project Plan Executive Summary. Unpublished.*
 Corstens, D., & Longden, E. (2013). *The origins of voices: links between life history and voice hearing in a survey of 100 cases. Psychosis, 5(3), 270-285.*
 Romme, M. A., & Escher, A. D. (1989). *Hearing voices. Schizophrenia bulletin, 15(2), 209.*
 Romme, M., Escher, S., Dillon, J., & Corstens, D. (2009). *Living with voices. 50 stories of recovery.*
 Travelbee, J. (1971). *Interpersonal Aspects of Nursing. 1971. FA Davis, Philadelphia.*



Matthew Ball

BREAKING THE STIGMA

Picture left: Along with his article, Matthew Ball also shared a note written by his daughter in light of his current work with school children regarding hearing voices. Cordelia, 6, displays compassion and deep understanding about hearing voices; a clear and strong stigma-breaking statement.

The note reads:

My dad's job is being a psychiatric nurse. He works with people's heads and he talks to voices.

It's okay to talk to voices. You shouldn't be scared to talk to voices. It's not scary to talk to voices.

People won't think you're weird if you talk to voices.

