

Recovery Notes

Writing Guidelines



What: Recovery Notes articles are short lists of '*5 things I've learned from/about dealing with... [insert personal mental-health experience]*'. Recovery Notes are written by people with lived experience of recovery from mental health problems or supporting someone they care about on the journey. Writers are acknowledged as the author. Writers are welcome to use a pseudonym or make anonymous contributions if they would prefer to protect their privacy.

Who: Anyone with personal experience of mental-health recovery or supporting someone they care about and a few insights to share.

Why: To make it easier for other people to find the things that might help them through.

When: When you are ready.

How: Choose a topic. Make a list. Send your submission.

1. **Choose a Topic:** Choose a difficult experience that has taught you a few things about mental-health recovery in action and how to make it workable for you.
 - You could choose to write about any experience you feel you have learned something about, from grief to work-stress, intense emotions, self-harm, relapse, a certain diagnosis, to using mental-health services, or what recovery means or the experience of being a supporter.
 - It doesn't matter if you see someone else has already written about the same general topic. You will have your own take on things. It helps when different perspectives are available.
2. **Write (or draw) a list of five lessons you've learned and tell us a bit about them.** The shorter the better, but not too short. The maximum word limit is 1 000 words. Each lesson should have a heading and a paragraph or two below it.
 - **Read other Recovery Notes articles to see examples:** www.engagenz.co.nz/?page_id=6183
 - **You're welcome to get creative and use visual art together with your writing.** Kinda like this <http://hyperboleandahalf.blogspot.com/2011/10/adventures-in-depression.html> or this www.boredpanda.com/these-comics-perfectly-describe-what-its-like-to-have-depression-and-anxiety/ or this www.upworthy.com/its-hard-to-speak-about-these-things-in-public-so-he-drew-this-instead-5
3. **Send your submission as a Word document or jpeg image file to Miriam Larsen-Barr at EngageAotearoa@gmail.com for consideration.** Make sure to spell-check your article before sending. Articles will be selected for publication if they meet the content and style guidelines below, and add or expand on the content already covered by other Recovery Notes articles. Include a 50-word about-the-author note in case your submission is accepted.
4. **Editing and Publication:** If your submission is accepted, it will be edited in consultation with you, to ensure it meets the Content and Style Guidelines below, before being published on the website.

Recovery Notes Content and Style Guidelines

1. When choosing a topic and deciding what to write, consider the confidentiality of those around you and just generally what you are comfortable owning publicly or opening up to public comment/reaction. Keep yourself safe. Sharing part of your experience can make us vulnerable. You can choose to publish your article anonymously if you wish.
2. By all means name the difficulties and make it real, but please choose to focus on the helpful lessons you have learned about making recovery work or supporting someone in their recovery - especially ways of coping, making sense of things, reaching out to others etc. There are plenty of other resources that show how difficult things can get, but much fewer that show the strengths and wisdom that can come from those experiences and how we get through it.
3. Aim for a conversational, personal style of writing, using the first person.
4. Acknowledge diversity. Please remember to leave space for readers to have different needs, issues and responses to you. Avoid the use of any discriminatory language directed towards any group of people. This helps prevent people from having a negative response and missing the kernel of your message.
5. Steer away from judgmental words that imply the rightness/wrongness/normality of others (and therefore also yourself). For example, compare the headline “Your Self-Perceptions Are Frequently Wrong” to something like “Our human minds are wired to make mistakes and trick us into unhelpful responses”. The point is the same but the tone and therefore the effect is quite different. Engage Aotearoa does not share content that is pathologising, shaming, or blaming.
6. Please stay consistent with the general Engage Aotearoa perspective and the tips for reducing stigma outlined below.
 - a. A truly integrated bio-psycho-social, non-medical viewpoint of mental-health problems as meaningful responses (i.e. we all make sense even when we are struggling to make sense).
 - b. The perspective that recovery/growth is possible, strategies and new understandings can be learned and social factors can be improved.
 - c. No use of the term ‘mental illness’ or other words that imply mental-health problems are diseases or sicknesses, unless contained within quotation marks and it is necessary to the content.
 - d. No naming of suicide methods or graphic content including detailed self-harm imagery.

Stigma-busting ways of writing about mental-health problems...

1. Creating an experience of positive contact with someone who has experienced a mental-health problem and is a capable equal. Show an example of the strengths, insights and skills of a person with experience of mental-health problems.
2. Sharing information about situations, social conditions, behaviours and responses (context) that help people personally relate with the experience of mental-health problems and recovery.
3. Showing that people can recover or improve their experiences, they do not go on forever in quite the same way.
4. Emphasising the normality of stress, distress and mental-health problems.
5. Sharing the value found in difficult experiences – many people develop a lot of strengths through their experiences, it doesn’t have to be a bad thing forever
6. Demonstrating skills to deal with it well. People often create distance between themselves and people in distress because they don’t know what to do. People who are struggling often don’t speak out because they also do not know what to do either and they don’t want to make others uncomfortable. Finding out how to deal with it well shows people can recover from mental-health problems and manage their experiences.
7. Discussing the impact of mental-health problems, how commonplace it is to experience them and how widespread stigma and discrimination are, can help people to understand that everyone makes a difference in the mental-health of those around us.

Stigmatising ways of writing about mental-health problems...

1. Writing only about all of the hardest or most shocking parts of mental unwellness can make it seem worse than it is and can paint people at their worst, without the context that would give those experiences meaning. Difficult information needs to be balanced with positive information. Where there is dark, people with lived experience of recovery have learned how to find light.
2. Writing about none of the hard parts of mental-health problems can make stories seem a bit made up and 'not what it's really like', so people stick with their existing attitudes, because the story-teller seems like an exception to 'what it's really like'.
3. Talking about people as if they are mental-health problems and diagnostic labels, for example, using the word schizophrenic or saying someone 'is bipolar' or 'a depressive'.
4. Focussing on diagnostic labels which people often do not understand, this can inadvertently reinforce existing attitudes about diagnostic labels being the names of brain disorders.
5. Emphasising a solely biological or 'illness' understanding of mental health and unwellness tends to reduce people's sense of optimism and hope.
6. Emphasising mental-health problems as solely psycho-social conditions can downplay the physical elements of mental-health problems and increase the perception that mental-health problems are a personal weakness or a family shame.
7. Sharing the ideas that "people can't get better without medication," "mental illness is a lifelong condition," "People with mental illness need to be looked after/ are unemployable/are dangerous" also increases stigma and reduces hope and optimism.
8. Emphasising the notion that people with mental-health problems cannot be helped by others or that people who are suicidal cannot be stopped, increases social distancing.
9. **Sharing methods of suicide has been shown to increase suicide.** Engage Aotearoa does not share any content that names a method of suicide.

Now that you've read all that, just write down the first things that come to your mind and email it in.

If your article is selected, **the editing process can take care of all the above.**