**Michelle Baharier’s transcript**

**Introduction: Eleanor**

Let me think about what I’m reading so I don’t mis-represent you. Michelle Baharier is a visual artist and disabled activist who’s lived with experience of mental distress for over three decades. She set up and ran a disabled-led arts organisation, changing the way disabled people were perceived in the mainstream. Michelle has worked with women’s organisations and has been on telephone helplines for women affected with violence and she’s going to talk about work with mental health survivors and their struggle for empowerment. I think we’ve been talking about disability and one of the great factors is people with so-called hidden disabilities as well and so – Michelle.

**Michelle**

Thank you, and thank you to all the other panellists, it’s really interesting to hear what other people have had to say. So I’ll just tell you a little bit about me. So until I was 9 years old I actually couldn’t read and I had dyslexia and I was diagnosed with dyslexia at 9 years old and then I learned to read. My dyslexia is really severe so also the world out there can be quite difficult to negotiate, sometimes, and it can be very difficult to explain to people that actually I need to be talked to face to face and not just sent a letter or an email. And the modern world has become very reliant on text, whether it’s via email or text message or twitter or facebook, so on twitter I put ‘Dyslexic Rant’ so that everybody knows that that’s who I am and live with it because otherwise I couldn’t function in society. And also, I have mental health issues and both of those things are quite hidden, so if I say to people “I’m disabled” they’ll quite often say “You look all right to me.” Because their whole perception of disability is the symbol of somebody in a wheelchair or someone with a stick and I think the diversity of disability is very often not really understood. And I was actually, in England, we have something called ‘Incapacity Benefit’ so I was incapacitated out of the work force and put on benefit at about the age of something like 28. Which in some ways, I was very privileged, because in many countries things like that don’t exist but in other ways it was “You will never get a job, you will never succeed, you will never do anything.” So I could either commit suicide or create a life; I created a life and I set up one of the first disabled people run organisations at that time, so it was quite unique, it’s 25 years old this year, it’s going through transition and it was quite hard. How do disabled people work, running the organisation together and what are the things we bring and how do we do things in a different way? And it might mean that people adopt different types of tasks or just think about how practically we might go about hanging an exhibition and those kind of things. And that’s really important but the other thing with a lot of hidden disabilities, so for instance this instanceLucia mentioned and incident of *a* woman on medication whose partner increased her medication and then raped the person, you know one of the things we fought for in England was actually single sex laws in the psychiatric hospitals because women were actually raped on the hospital wards and when that would happen, because somebody had a mental health issue, the police would not believe them. So your capacity intellectually, if you have a mental health issue, can quite often be negated by people like the police and in court. You’re not allowed to be a witness because you’re seen as unreliable and all sorts of things like that, and what was happening on the wards is, quite often they would put convicts onto the wards in psychiatric hospitals so there might be somebody on the ward who was in there for rape, with women, and then that person, you know, unfortunately there was quite a big incident where somebody was raped and then they were sent to different hospitals. There was no investigation and the patient can’t call the police, so when we talk about people having their rights denied, I don’t know how it is in the US, probably very similar. So people have things like their telephone, their mobile telephones, taken away from them, their keys are taken away from them, so they have less Human Rights than someone in prison. So in prison you get one telephone call, or you get a lawyer. If you’re in the psychiatric system, you have 28 days where you can be confined by a doctor without any access to a person or anything because they’ve sectioned you, because you’re mad and “We’re gonna give you an injection to do whatever we wish to do” and I think that lack of control is abuse, psychiatric abuse, and in the mental health world there’s a lot of people who complained about what’s called compliance: so you have to comply with the medication otherwise you’re an angry, not good patient and un-co-operative, exactly, and in England there’s something called a ‘Home Treatment Order’ but it has a ‘C’ in front of it, so it’s a compulsory ‘Home Treament Order’ where a group of people actually will come to your house once a month and inject you with very heavy duty drugs which will, for about four or five days, make you unable to really function. It will make you very sleepy, very tired and unable to get out and one of the things that’s very problematic if coming off any of those drugs – I don’t know how it is in the States but I know there’s a programme in South Africa because we’ve had people from my project go to South Africa to come off some of those drugs and it’s worked – but certainly in England there isn’t support for that. Some of the drugs’ side effects are Parkinson’s disease which again then needs another set of drugs and there’ll be heart disease, there’ll be obesity … So diabetes type 2 is one of the most common symptoms and one of the things we did in the project that I run was, we set up a cooking club to help people because it’s just inevitable: the diabetes type 2 comes with the drug, so you’re put on the drug, you’re not told the entire side effect, but you will develop the diabetes and it’s very bizarre, before the Second World War there was actually research into our diet to see if that had effect on our mental health and they’ve started to get results and no one’s ever gone back to that research, to my knowledge. And it may be that they will now because they do know Omega 3 and Omega 9 and things like that *gives* our brains fatty tissue so we need fat for our brain. But mental health has a lot of abuse and for women specially. Women can be sectioned by their husbands, by their partners, by their families and there’s a very famous woman whose partner was a brain surgeon, in England, and her son remembers her being thrown through glass French doors in their house and the whole section – and they were very narrow – the brain surgeon told her, if she did anything about it, then her husband would put her straight to psychiatric hospital. So she was silenced and it was only her son who broke the silence after his father died, because he was so powerful in the medical world. And I think that’s something, the abuse of psychiatric treatment and especially to women, when women aren’t compliant in the home, is underhand and perhaps not seen quite a lot because women might be very young and again they might not know and by the time they try to *stop* it’s very hard to then speak and who will believe you if you speak? And I think things like that really need to change we really need to question the kind of drugs and the medication that is given because in the psychiatric system, if you don’t comply you can have – in the UK anyway – you have these people just come and visit you and you have no choice. And it’s something that the whole mental health system has been fighting against but particularly with women it’s very intense because we now have post-natal depression and maybe post-natal depression is confused with modern living because actually most mothers don’t have any support. So whereas years ago you might have had your mother or your grandmother you have no support because of our society. So all of a sudden you’re depressed because you can’t – or whatever, but it might be that there are social situations and poverty ingrained into that and I think also, you know, technology is useful but limited because obviously technology’s made my life better from my dyslexia but it’s also made it very limited because the first email somebody might get from me, they might think “Who is this idiot?” And that’s what people do: I’ve had emails back from people particularly on the *team* and I write “I am dyslexic, please bear with me.” And I’ve had emails back “You didn’t spell blah blah blah …” “I’ve told you, you know, this is my access need.” And even fighting for that access need is really, really difficult and the diversity, really, with disability, is huge. I mean, I bet if we went round this room, everyone would have an access need but they’d all be different, so how do we how do we build that, that inclusiveness, really? I think it’s really important for empowerment. Thank you.