



ISSUES 010

Issue

September 2010

No 10

Welcome to the 2010 TheMHS consumer day. This news sheet will give some background information about the history of the consumer day and an update with progress on the 23 Big Issues project since 2006 Townsville TheMHS consumer day.

We believe that this work reflects a consumer perspective especially for the people who have consistently attended the TheMHS Consumer Day since 1996. Approximately 60% of the 4302 consumers who have attended the day have been on more than two occasions

The definition for a consumer perspective is taken from The Kit: p 256:

A way of seeing the world in the light of experience/s of mental/emotional distress. Includes experiences of seeking support (of various kinds), of stigma in the community and within services. Also incorporates a sense of solidarity with others who have had similar experience



2010 TheMHS Consumer Day Forum: *Many Voices One Movement*

Consumer Day 2010, is an exciting program with something for everyone! The day will include a stigma busting exercise titled "You're The Voice" celebrating the participation of consumers in their recovery journey and within the mental health system.

Participants will hear from National leaders from Australia and New Zealand. All will participate in discussions on positive reforms, with consumers presenting on projects being implemented and sharing the process and outcomes.

These will come from the 23 Big Issues report (see page 6 for more detail). The day will end with a Mad Pride Concert celebrating the creativity of people living with mental health issues.

Members of the organising committee include:

Lynda Hennessy & Paula Hanlon Co-Convenors, Linda Mitzi, Prue Acton, Cyndi Reece, Michael Appleton, and Douglas Holmes

All welcome to a fun day, a strategic day, and a day of celebration!

History of the TheMHS Consumer Day

The TheMHS Conference held their first Consumer Day in 1994 and it has been held each year since then. The conference is in a different city each year and a group of consumers from that city assist the conference program committee by organising the consumer day.

The table on the next page gives a list of the years, locations, convenors and numbers that have attended each of the consumer days.

Year	Location	Convenor	Numbers
1994	Melbourne	Rod Salvage	200
1995	Auckland	Mary O'Hagan	250
1996	Brisbane	Melanie Scott	300
1997	Sydney	Douglas Holmes	353
1998	Hobart	Noni Campbell	300
1999	Melbourne	Isabelle Collins	250
2000	Adelaide	Steven Pitcher	235
2001	Wellington	Stewart Fenton	300
2002	Sydney	Jodie Brown	300
2003	Canberra	Lynette Bone	320
2004	Gold Coast	Rick Austin	270
2005	Adelaide	Gerald Greaves* ¹	280
2006	Townsville	Rod Salvage	193
2007	Melbourne	Michael Flemming*	419
2008	Auckland	Deb Christian & Shona Clark	200
2009	Perth	Lyn Marboub	132
2010	Sydney	Lynda Hennessy & Paula Hanlon	?

Total Numbers of Consumers who have attended

4302

How do you get involved in organising a TheMHS Consumer Day?

Each Consumer day is organised by a local group of consumers that report to the local organising committee. Consumers who have coordinated the day in the past are in the table above. Although there are no must do's with a consumer day: history now shows that about 40% of the people who attend are there for the first time the balance have usually attended more than one other consumer day.

There are couple of unwritten rules that came from the 1996 TheMHS Consumer day; this is a consumer only space that is organised by consumers for consumers, the other is that the day needs to happen at the same location as the main conference to accommodate the support we received from the TheMHS office in running the day.

Both these unwritten rules have positive and negatives that we could and usually do debate with each new committee that the Sydney TheMHS Management Committee works with. The benefits far out weigh the negatives as the evaluations and feedback show each year. We receive some financial support from the Commonwealth Government to put on the day, however since 2001 the TheMHS management committee have charged a reduced admission fee for consumers to attend.

Why are the 23 Big Issues important?

One of the crucial ingredients in getting a better outcome for people with mental illness is firstly making sure we understand the issues of importance for them, and secondly letting everyone know what the issues are and what should be done about them.

This means we need to collect information from the people involved: those with mental illness; those that care for them; those that provide services to them; and those that make policy about mental health. The following paragraphs are taken from page 20 of The Knowledge & Attitudes booklet from

'It is important to remind ourselves where we have come from in order to continue the journey to where we are going. It gives us strength to see that change has occurred within a system that, historically, does not embrace change readily'

Helen Glover

* ¹ Deceased 2009

The Kit: *A guide to the advocacy we choose to do* (Commonwealth Department of Health and Family Services 1998).

When looking at the historical developments of the consumer and carer movements, it is important to acknowledge the support and encouragement given by people who do not personally identify with a consumer & carer experience. Without this support, consumer and carer groups would remain ad hoc, sporadic, unresourced and unconnected.

These non-consumer & carer supporters come from a diverse range of backgrounds. Some operate in the policy arena; some are professional colleagues, community sector members, academics, educators and so on. As consumers & carers work towards developing stronger consumer and carer movements, they now have allies among those who traditionally and historically would never have joined them publicly.

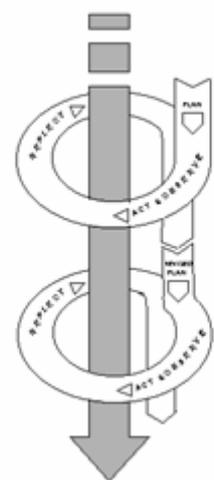
Today is building on the recommendations from the 2006 Townsville Consumer Day, that were:

- There needs to be continued support of the development of the social network associated with the TheMHS Consumer Day. The network promotes information sharing, social support and monitors progress with the 23 Big Issues.
- Further development of an action research project that will examine the gains and losses for consumers since 2000, and identify whether the outcomes are meaningful for consumers and find ways of bringing the issues to resolution.
- Further consultation needs to take place with consumers over the next 18 months to seek out, clarify & highlight the many positive examples happening around these issues.

Action Research is a dynamic approach to getting real outcomes. It can be described as a family of research methodologies which pursue action (or change) and research (or understanding) at the same time. In most of its forms it does this by:

- *using a cyclic or spiral process which alternates between action and critical reflection; and*
- *in the later cycles, continuously refining methods, data and interpretation in the light of the understanding developed in the earlier cycles.*

Action research is thus an emergent process which takes shape as understanding increases; it is an iterative process which converges towards a better understanding of what happens. The purpose of action research is, always and explicitly to improve practice. (Griffiths 1998:21)



Source: Atweh et al (1998: 22)

The future of the 23 Big Issues project

The 23 Big Issues project was discussed at the 2007 TheMHS Strategic planning day and the TheMHS management committee recommended that the project continue to be developed under the TheMHS umbrella with the current Interim steering committee of Douglas Holmes, Arana Pearson, Wayne Oldfield, Gerald Greaves & Michael Fleming (both Gerald & Michael are deceased).

Our next step will be to identify a group of interested consumers in each state to act as the nucleus of the network nodes (network connecting points). A meeting is being planned for this group to meet during the 2010 TheMHS Day Conference in Sydney to further develop the project. If you would like to be involved please complete the contact form on the NSW Consumer Voice web site

www.nswcv.org.au. The web site is being developed to provide an accessible place to record progress. The project will utilise technology i.e. email, elist's & Skype to promote communications across the network. Other communications processes will be developed as appropriate.

Getting started with the 23 Big Issues small group workshop.

An expression of interest was developed and circulated by email through the groups email list, 25 people have responded and these posters will be showcased after morning tea.

Everyone else to pick **one issue** from the 23 Big Issues that they would like to comment on. After morning tea we will be exchanging information about the issues and why we came to the group. Instructions for individuals and Recovery Bus Coordinators are on page 6.

Doing it

- We will break into small groups – see page 11 for layout of room

Each group will look at **one issue**.

- People will share their experiences about this issue.
- The size of the group will be around 15 to 20 people.
- The group will have 90 **minutes** to discuss & develop any recommendations.
- Recommendations will be entered onto the Recovery Bus Stops.

Recovery² Bus Coordinator³

- Each group will have a Recovery Bus Coordinator and be wearing a Recovery Bus Coordinators hat.



Role of Recovery Bus Coordinator

- To guide the group, the group discussion and “keeping the group on track”
- To make sure all members of the group have a fair say
- To feedback the groups’ solutions to the consumer forum delegates after lunch.
- There will be two to three minutes to do this per group.

Support people

A group of friendly support people have been selected by the consumer organising committee to assist. Their role will include:

- Being a scribe (only if asked by Recovery Bus Coordinator)
- Any other odds and ends the group require.

The next steps: Recommendations will be sent to;

- Presented to everyone at TAMHSS meeting on Friday morning during the conference
- Sent to state Consumer Advisory Groups around Australia.
- Given to the National Consumer and Carer forum
- Given to relevant places in New Zealand.
- Sent to the Mental Health Council of Australia.
- Sent to all State NGO Mental Health Peaks
- Sent to state and territories Mental Health & Drug and Alcohol offices
- Presented to various members of the Australian Federal Government during October as part of the National Walking for Pleasure meeting on the ground of Parliament House.

² When Douglas Holmes refers to Recovery the meaning he uses and understand can be found at http://www.nswcag.org.au/files/our_work/MH-CoPES/MH-CoPES_Interim_Report_March2005.pdf

³ Recovery Bus Coordinators will have a unique Recovery Bus Coordinators hat

The next two pages are part of the handout that is given to each person who attends the forum. To see the full results of the workshops from previous consumer days include the following in your web browser



23BI

**Knowledge
Base**

http://www.surveymonkey.com/sr.aspx?sm=7BCYKIIvfwtovcnZLIhOPI6JRilLBiGQlvacDYMRIQY_3d

More Information: A document entitled The Most Important Issues Affecting People with a Mental Illness or Disorder (known to most people as the 23 Big Issues) has more information about the issues with some proposed solutions. The document can be found at

www.nswcv.org.au

List of the Issues

	Issue Title	Description
1	Transport	Transporting people with a mental illness to hospital by police.
2	Seclusion	People experiencing a mental illness being strip-searched and put in seclusion rooms when detained in psychiatric facilities
3	Side Effects	Mental health consumers having little or no choice of prescribed medication and the side-effects that result
4	Accommodation	Lack of choice, safety and support regarding accommodation for people with a mental illness
5	Employment	Lack of employment opportunities for those experiencing a mental illness
6	Access When Unwell	People with a mental illness having to be really unwell to access help
7	Continuity of Care	Continuity of care in the community and hospitals for people with a mental illness
8	Choice of Therapist	Lack of choice in type of therapist i.e. Alternative, Psychologist, OT, Peer Worker
9	Rehabilitation	Lack of worthwhile and appropriate rehabilitation.
10	ECT	Unfair and inappropriate Detention, Treatment and Administrative Orders to force treatment such as Electro-Convulsive Treatment (ECT).
11	Unpaid Work	Amount of unpaid work done by people with a mental illness
12	Stigma	Stigma from the family, community, workplace, police force, mental health service providers
13	Lack of Information	Lack of information given to consumers about their illness and legal rights
14	Lack of Legislation	Lack of legislation protecting mental health consumers
15	Lack of Partnership	Lack of true partnership in service delivery and tokenistic representation.
16	Lack of Empowerment	Lack of empowerment for mental health consumers
17	Rural and Remote	Lack of mental health services in rural and remote areas.
18	Management Plans	Little or no involvement in management plans
19	Support from Hospital	Little support from hospital to home for people with a mental illness
20	Access to Psychiatrists	Lack of suitable access to psychiatrists
21	Children of parents with MI	Children of parents with a mental illness
22	Young People	Unique problems facing young people with a mental illness
23	C.A.L.D.	Culturally and Linguistically diverse people experiencing a mental illness

Instructions and background for 23 Big Issues Workshop

Today is building on the recommendations from the 2006 Townsville Consumer Day, they were:

- There needs to be continued support of the development of the social network associated with the TheMHS Consumer Day. The network promotes information sharing, social support and monitors progress with the 23 Big Issues.
- Further development of an action research project that will examine the gains and losses for consumers since 2000, and identify whether the outcomes are meaningful⁴ for consumers and find ways of bringing the issues to resolution.
- Further consultation needs to take place with consumers over the next 18 months to seek out, clarify & highlight the many positive examples happening around these issues.

Aim of 23 Big Issues small group workshop: to develop recommendations to support the implementation across all services of successful and innovative strategies to progress the issue.

Subheading: Instructions for Participants:

1. Read 23 Big Issues on back of sheet
2. Decide one issue you are interested in discussing
3. After morning tea go to the group displaying that issue – groups to commence at 11.20am
4. There will be a “Recovery Bus Coordinator” appointed who will facilitate the group
5. Notes will be taken of the discussion and written up in a report
6. The last 15 minutes of the group will be focused on developing 2 or 3 strategies and recommendations
7. People interested in participating more with this issue beyond the consumer day will be asked for their contact details

Subheading: Instructions for Recovery Bus Coordinators:

1. To review group size and split if necessary with a second person asked to facilitate the discussion in the second group
2. Welcome everybody and explain the purpose of the group is to be strategy focused on positive solutions; using examples of things we know are happening or strategies we feel could help.
3. Ask for someone from the group to take notes from the groups discussion
4. Invite people who have submitted a poster/abstract (including facilitators) to present their strategy for addressing the issue for 5-10 minutes (5 minutes each if 3 or more posters)
5. Open discussion for other strategies to address this issue. *Prompt question:* “in 5 years if this issue could be resolved, what steps would we have take to achieve this?” (give these notes to Doug to collate in final report)
6. Allocate the last 15 minutes to developing the top 2 or 3 recommendations to be written on the action template for your issue
7. Before closing the group and thanking all for their participation, ask if anybody would like to put their name and details on a list of interested people who would like to continue discussing this issue after the TheMHS Conference
8. Prepare to speak for 2 minutes after lunch on these recommendations to the whole group
9. After feedback to all delegates give all notes and paper work to Douglas.
10. A steering committee will be meeting after the consumer day to finalise the report that will be presented to the TheMHS management committee prior to being uploaded to www.nswcv.org.au



About What You Think – This survey will be circulated after the 2010 consumer day

Question 1: Thinking about your interaction with mental health services and looking at the list of Issues on page 5 (23 Big Issues) and page 7 (other issues that have been identified since 2000), what are the top 3 issues affecting you? (Please list the issue number and title.)

1st choice _____

2nd choice _____

3rd choice _____

If one or more of your choices is a new issue not listed on either pages 5 or 8, please complete Questions 2 & 3. If there is not enough room, please use a separate piece of paper.

Question 2: Please describe the new issue/s you listed in Question 1:

Question 3: Please give some possible solutions to this issue:

About You

In what country were you born? Australia New Zealand Other

If you now live in Australia, what is Your state _____ Your Postcode _____

Which group are you in? Young people (12-17) Young Adults (18-25)

 Adults (26-65) Older Adults (65+)

 Female Male

 How many years have you been involved in mental health? _____

What is your role? Consumer Carer

(You can tick more than one) Service Provider Other

1. List of Additional issues since Adelaide 2000 TheMHS Consumer Day

24. Acknowledging the people who have been supportive of the development of the consumer & carer movement (06 TheMHS Consumer day (06 TCD)
25. Advance Health Directives (Advance Agreement) (06 TCD)
26. Consumer run services (06 TCD)
27. Consumer provided services(06 TCD)
28. Cross border issues (Lets Talk About Action report (LTAA) page 75
29. Day Programs (06 TCD)
30. Develop common language within and through out MH Services
31. Development of NGOs' services (LTAA – page 34)
32. Education in schools (LTAA – page 44)
33. Forensic Issues Goal setting (LTAA – page 72)
34. Indigenous issues (LTAA – page 68)
35. Political Action Development (06 TCD)
36. Promoting peer support groups (06 TCD)
37. Phone Services (06 TCD)
38. Recovery Action plan (06 TCD)
39. Recovery services (06 TCD)
40. Suicide prevention for teenagers (LTAA – page 46)
41. Suicide prevention (LTAA – page 46)
42. The Volunteer workforce (LTAA – page 41)
43. Unmet need in the community (LTAA – page 35)
44. Cross border issues (LTAA – page 75)
45. Women/Gender Issues (LTAA – page 73)
46. Aboriginal and Torres Strait Islander People (LTAA – page 68)
47. Mental Health Research (LTAA – page 79)
48. Accountability (LTAA – page 80)
49. Homelessness (LTAA – page 36)
50. Forensic issues community settings (LTAA – page 72)
51. Sexual Issues (LTAA – page 73)
52. Body Image Rozelle forum (RF) 04/07
53. Peer Support (RF 04/07)
54. Smoking ban in hospitals (RF 04/07)
55. Welfare to work (Centrelink reforms (RF 04/07)
56. Unfilled consumer consultants positions at Rozelle (RF 04/07)
57. Lack of targeted funding for C.A.L.D (LTAA – page 71)
58. Lack of lobbying by consumers (RF 04/07)
59. Privacy Issues re: no lockers for clothes (RF 04/07)
60. Recovery (RF 04/07)
61. Drug & Alcohol Issues (LTAA– page 67)
62. Negative attitude to people with Borderline Personality Disorder (RF 04/07)
63. Poverty (RF 04/07)
64. Standards Kogarah Forum (KF/07) From Consumer to Citizen 1996
65. Training needs of consumers in NSW (KF/07 From Consumer to Citizen 1996)
66. NSW Consumer & Carer workers (KF/07 From Consumer to Citizen 1996)
67. Networking (KF/07 From Consumer to Citizen 1996)
68. Independent assessment of services (KF/07 From Consumer to Citizen 1996)
69. Guidelines for payment (KF/07 From Consumer to Citizen 1996)
70. Clarification of government responsibilities (KF/07 From Consumer to Citizen 1996)
71. Paid Advocacy (KF/07 From Consumer to Citizen 1996)
72. Respite (KF/07 From Consumer to Citizen 1996)
73. Finding the balance: Medical and recovery models of care (A time for Action 03)
74. We are the experts (AtfA 03)
75. Inappropriate care: The forensic alternative (AtfA 03)
76. The shift of care from the institution to the family (AtfA 03)
77. Falling through the cracks: Co-morbidity (Dual Diagnosis) and lack of care (AtfA 03)
78. Parents with a mental illness (AtfA 03)
79. Getting it right (and safe): Gender appropriate services (AtfA 03)
80. The potential for mental health budget erosion under mainstreaming (AtfA 03)
81. CARE in the community: The balance is wrong (AtfA 03)
82. Dignity is important: An attitude change in the mental health system is vital (AtfA 03)
83. Better or worse: Clarity needed on welfare reform (AtfA 03)
84. Only in English: The language barrier
85. Social and Emotional well-being for indigenous communities (AtfA 03)
86. A way forward: Mental health – Outcomes and Assessment Training (MH-OAT) (AtfA 03)
87. Barrier 1: Cover Expenses WHO British Columbia project '92 (WHO BCP '92)
88. Barrier 2: Lack of Information, WHO BCP '92
89. Barrier 3: Process, WHO BCP '92
90. Barrier 5: Role, WHO BCP '92
91. Barrier 6: Isolation, WHO BCP '92

These were the top 3 Issues that were identified by consumers at the 2006 Townsville Consumer Day

Issue (15) Lack of true partnership in service delivery and tokenistic representation

BACKGROUND

Services seem willing to involve consumers in “talk” but not in designing and implementing substantive change. True partnerships between service providers and consumers is very rare (one of the goals of the 2nd & 3rd National Mental Health Plan). For true partnerships to exist the power structure needs to be horizontal not vertical as presently exists. Consumers need to be represented at every level of the service. For public mental health services, this means from the board level down.

SOLUTIONS

- Legislation to enforce consumer power
- Service providers need to share power
- Payment and classification of consumer positions to enhance partnership

Issue (5) Lack of employment opportunities for those experiencing a mental illness

BACKGROUND

Feeling productive and doing meaningful work is a goal of most mental health consumers. Clinical services often do not understand the importance and value of this to consumers. They also tend to expect consumer input to service design and evaluation without just payment for that consultation.

Potential employers need to be educated about mental illness and subsidies and supports offered. In the longer term these are very cost-effective strategies.

SOLUTIONS

- Develop training and support programs to assist consumers in obtaining ongoing employment
- Publicise and improve government subsidies to the wider community of employers
- Support consumers in developing worker co-ops
- Education of employers about mental illness
- Legislate standards for payment of consumers within mental health services, ie classification of positions and amount of payment

Issues (1) Transporting people with a mental illness to hospital by police.

BACKGROUND

This practice has too many adverse affects on people with a mental illness, their family, friends and the community as a whole. Police officers (through no fault of their own) have extremely limited training in this area, and find themselves deficient in the necessary skills to adequately manage these delicate and difficult situations. This often results in total mismanagement, the worst results hitting our news headlines with sickening regularity. Currently in South Australia there is a case before the courts where a person with a mental illness was shot and killed in their own house by a police officer.

This practice criminalizes mental illness causing untold psychological stress and community stigmatization as neighbors see the person with a mental illness ‘dragged’ from their homes by police.

It is also a shocking waste of police time as two police officers have to accompany the person with a mental illness to a psychiatric facility and wait until they have been seen by a doctor.

SOLUTIONS

- Legislation needs to be changed to enable mental health service providers to legally transport people with a mental illness to hospital
- Use unmarked (non-police) vehicles when transporting all people to hospital
- Education for police facilitated by mental health consumers
- Lobby politicians to stop the practice and change the policy
- Use of trained consumers in crisis and intervention mental health teams

September 2010 TheMHS Consumer Day Evaluation Form

Date: ____ 14 September 2010 _ Venue: _ Sydney Conference Centre

Please circle one number - 1 Poor, 2 Fair, 3 Average, 4 Good, 5 Excellent

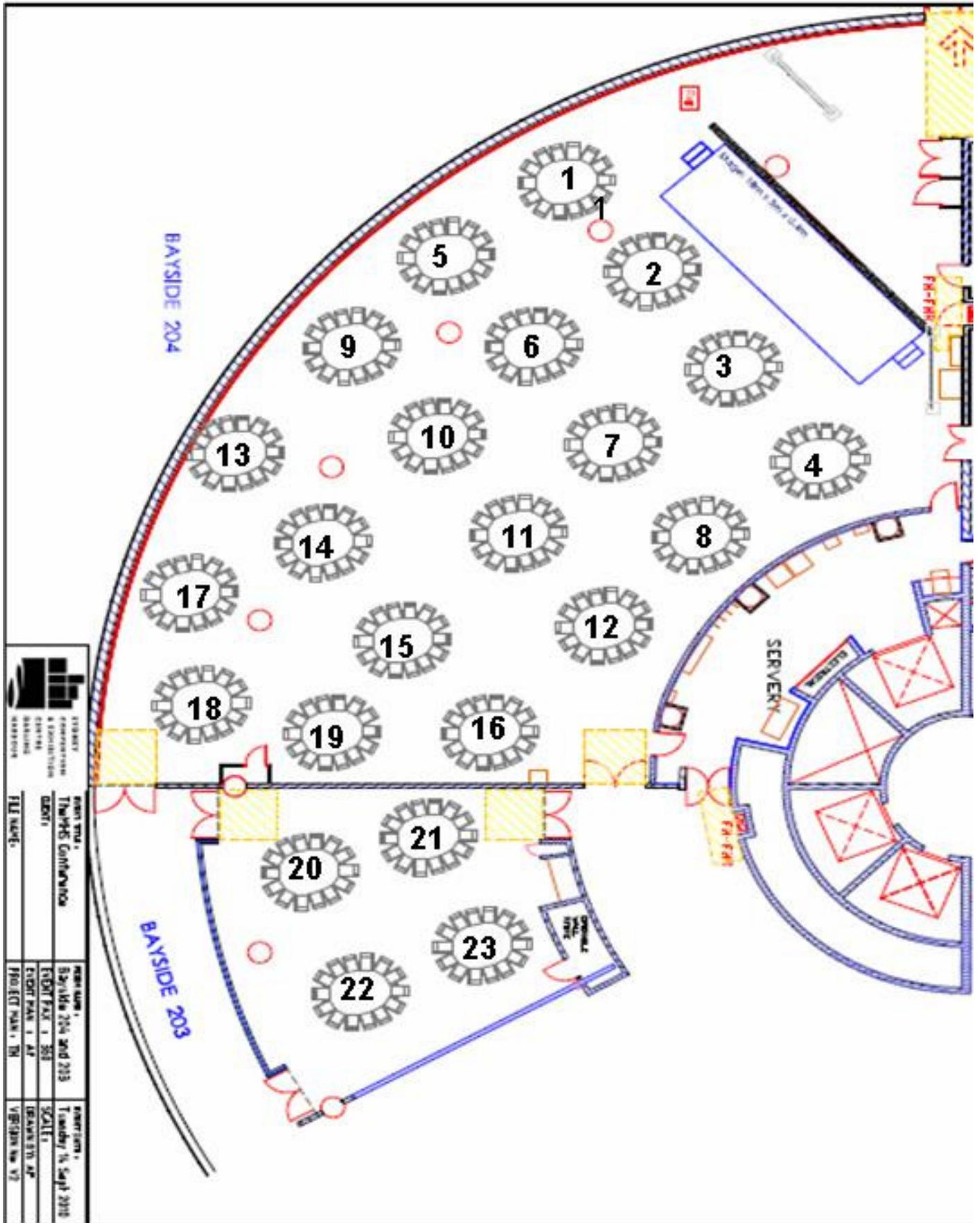
1. How clear to you was the purpose of the day?	1	2	3	4	5
2. How well did the day achieve its purpose?	1	2	3	4	5
3. Was there sufficient time allowed for the small group session to achieve its purpose?	1	2	3	4	5
4. How motivating was the day for you?	1	2	3	4	5
5. How relevant do you consider the content of the day was for you?	1	2	3	4	5
6. Did you feel Respected?	1	2	3	4	5
7. How respectful was the environment?	1	2	3	4	5
8. How would you rate the following					
a. Organisation	1	2	3	4	5
b. Presentations	1	2	3	4	5
c. Handouts	1	2	3	4	5
9. How would you rate the Venue?	1	2	3	4	5
10. How would you rate the catering	1	2	3	4	5

9. **How can we best give you feedback about the day?** (If by email or post please include details on the separate sheet provided)

10. **What I found most useful about the day was:**

11. **What I would change about the day is:**

12. **Other Comments about the day:**



	PROJECT RECONSTRUCTION & RENOVATION CENTER BASKING HARBOR	PROJECT NAME BaySide Conference	PROJECT DATE BaySide 204 and 203 Tuesday 15 Sept 2010
	CLIENT BASKING HARBOR	DESIGNER BASKING HARBOR	SCALE 1/8" = 1'-0"
DATE 11/11/09	PROJECT NO. 09-01	PROJECT NO. 09-01	VERSION NO. 01