

<b>Number and Name of Original Issue</b>	Issue (8): Choice of Therapists
<b>Original Description of Issue</b>	Lack of choice in type of therapists i.e. Alternative, Psychologists, OT, Peer Worker
<b>Suggested change to description of Issue</b>	Consumers having a choice of therapists i.e. Alternative, Psychologists, Occupational Therapist, Peer Worker <i>[new description suggestion below]</i>
<b>Prepared by</b>	Linda Mizzi and finalized by the working group on 06/07/2012

**TheMHS Consumer Day 2010 Original Recommendations from group 8**

- Rec No 1:** Changing meds can be terrifying - it should be done in a safe environment (clinic - supervision)
- Rec No 2:** Early access to counseling/therapy with someone who has understanding and suffered (feel the need to share with a counselor without judgment)
- Rec No 3:** More funding and research into complimentary therapies
- Rec No 4:** Doctors should be more informed and have a better referral system - not just adding meds

Linda Mizzi was the Recovery Bus Coordinator for the group. Linda's email address is lindamizzi2002@yahoo.com

**Feedback since the Consumer Day:**

Since the 2010 Sydney TCD 60 people have responded through survey monkey 10 people agreed and 0 people disagreed with the recommendations put forward by the working group. 5 people made comments on the recommendations

**Comments from working group**

The working group has reviewed the 5 comments supplied through Survey Monkey and suggests that this issue is relevant because consumers still do not have a Choice of Therapists

**Rewording suggestions for Recommendations:**

Rec No 1: Promoting the right of consumers to early and appropriate participation in complimentary and alternative medications, with any changes being done in a safe environment of the consumers choice with appropriate supervision

Rec No 2: Provide access, support and information (including informed consent) to a range of complimentary therapies, within hospital and community settings. These include: diversional, music, art, drama, narrative, creative writing, gestalt, reiki, biofeedback, cognitive behavioural therapy, dialectic behavioural therapy, stress reduction, float tank, massage, thai chi, herbal remedies

Rec 3: Access to peer support with someone who has understanding from having similar experiences, acknowledging how peoples lived experience can be used to support other consumers in their recovery journey

Rec 4: Doctors should be more informed, educated and have a better referral system to complimentary and alternative therapies, in supporting relapse prevention and encouraging wellness planning

Rec 5: Develop education packages for all stakeholders involved in delivering complimentary and alternative therapies

Rec 6: More funding, research and promotion of complimentary and alternate therapies to expand the evidence base

**Other issues for working party consideration/discussion:**

**Potential change in description of issue: Consumers have a choice of therapies, including complimentary and alternative**

Include definitions in glossary:

- “therapies” (p41 NSMHS)
- “complimentary and alternative therapies” – include definition emailed by Doug
- “appropriate” (p 29 NSMHS)
- “Informed consent” (p35 NSMHS)

Promote recovery programs: Grief, Loss and Change: Seasons for Growth [www.goodgrief.org.au](http://www.goodgrief.org.au)