The Journey of TheMHS

The Mental Health Services Conference Inc. of Australia & New Zealand to TheMHS Learning Network Inc.

1991 - 2015

Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it’s the only thing that ever has³.
Use of titles in this book

“Consumer” – refers to people with lived experience of mental health problems and issues. This term has been largely used here because it has currency in Australia and New Zealand, and is still the term of preference of many in the movements of individuals of lived experience of mental illness in Australia and New Zealand.

TheMHS Learning Network acknowledges that many supporters and people in the mental health sector prefer other language, such as “service-user”, “identifies with a lived experience of overcoming the effects of mental illness”, and “peers”.

Similarly with the term “Carer”, which refers to a family member of the person with a lived experience of mental illness.

TheMHS Learning Network understands that the above language is not necessarily the preferred language of all people interviewed, or referred to, in this booklet, or involved with TheMHS Learning Network over the past 25 years.

As evidence of this, there have been several TheMHS Conference presentations discussing the use and power of language, including Merinda Epstein’s keynotes in 1997 and 2006 – visit our Resource Library at www.themhs.org for Merinda’s presentations.

TheMHS Learning Network’s Governance

TheMHS is an international learning network for improving mental health services in Australia and New Zealand. TheMHS Learning Network is an independent, incorporated, not-for-profit organisation funded by delegate registrations, government grants and sponsors. It is run by a volunteer Management Committee.

TheMHS Learning Network’s Management Committee has delivered conferences by working closely with local organising committees since 1994.

TheMHS Learning Network Incorporated has several trading names that are used in this booklet, including TheMHS Conference, TheMHS Awards, TheMHS Summer Forum and TheMHS Foundation. To distinguish the conferences from other activities, TheMHS Conference is commonly used in this booklet.

Acknowledgments

TheMHS Learning Network acknowledges all contributors to this booklet – for their willingness to be interviewed and their thoughts recorded and published. We appreciate their honest reflections and loyal support.

Dr Valerie Gerrand conducted 18 of the booklet’s interviews. Valerie has attended all TheMHS Conferences to date, and all but one Summer Forum. Amongst other publications, she was author of Neami’s First 25 Years: A Remarkable Journey - the history of Neami National.

TheMHS Learning Network thanks Alex Cotton of Ready Set Design for the booklet’s graphic design; Jeff Saul as a keen motivator for all our 25th anniversary celebrations; and Ash Wood who pulled the booklet together.

TheMHS Learning Network acknowledges the Wangal people of the Eora Nation as the traditional owners of the land on which their office is located. TheMHS Learning Network also acknowledges the traditional owners of the lands in the location that our annual conference takes place across Australia and New Zealand. Please note that this document may contain images of deceased Aboriginal and Torres Strait Islander persons.

Other Stories

TheMHS Learning Network acknowledges that there are countless other stories and reflections of the past 25 years of mental health conferences. We are therefore encouraging supporters to tell their reflections of their first TheMHS Conference experience either in the Memory Book at TheMHS Learning Network exhibition space at the Conference Exhibition Hall, or on our website www.themhs.org/About Us.

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Contents

How Did TheMHS Conference Begin? 4
1991 7
1992 11
1993 15
1994 19
1995 23
1996 29
1997 35
1998 41
1999 45
2000 49
2001 55
2002 59
2003 63
2004 67
2005 71
2006 75
2007 79
2008 85
2009 89
2010 93
2011 99
2012 105
2013 109
2014 115
How Did TheMHS Conference Begin?

In 1990, a group of psychiatrists met at the Royal Australian and New Zealand College of Psychiatrists (RANZCP) Conference in Perth, Australia, and decided that it would be good to organise a conference/forum on mental health service issues which would be broadly-based and multidisciplinary. After a couple of years, it became The Mental Health Services Conference Inc. of Australia and New Zealand (known widely as TheMHS Conference).

TheMHS Conference was one of the first multidisciplinary mental health conferences in Australia and New Zealand

This first multidisciplinary mental health conference was held “back to back” with the 1991 RANZCP Conference in Adelaide, South Australia. This first TheMHS Conference attracted 170 delegates and featured Simon Champ (consumer advocate) and Geoff Shepherd (United Kingdom rehabilitation clinical psychologist) as keynote speakers. The organising committee was: Viv Miller, Alan Rosen, Andy Campbell, John Hoult, Margaret Hoult, Roger Gurr and Eli Rafałowicz.

A couple of members of this committee had been attending the forerunner of the current Institute of Psychiatric Services, a community psychiatry oriented conference of the American Psychiatric Association during the 1980’s, as it was bringing together many of those interested in community-based mental health services. This conference was multidisciplinary at a professional level, and published a relevant journal, but did not include consumers.

At that time in Australia, there was nothing similar.

The Royal Australian and New Zealand College of Psychiatrists, the Australian Psychological Society, The Mental Health Nurses Congress and different professional groups were all running conferences for their own constituencies but no-one was offering any regular combined forums focussing on services and teams.

The timing was just right. The bigger picture of the time helped to develop and grow the momentum that helped establish TheMHS Conference. Alan Rosen noted that:

“...around this time the Commonwealth Government was gearing up to back a reform vision of mental health service in Australia. They chose Roger’s (Gurr) Blacktown (New South Wales) service and the service John Hoult and I were leading, in the lower North Shore of Sydney and...
its neighbour, Ryde, as the national benchmark services for this reform model for the National Health and Mental Health Strategies.”

These reforms, under the former Australian Minister for Health, the Hon. Brian Howe, MP, and Director of the Australian Government’s National Health Strategy 1990–93 and current Labor Shadow Minister, Jenny Macklin, MP, set a strong environmental context encouraging reform for the development and operation of early TheMHS Conferences.

Out of these experiences and societal changes, key elements of TheMHS Conference emerged:

- multidisciplinary and multi-professional nature;
- focus on mental health service development (as opposed to individual therapies or professions, or just eminent individuals);
- focus on integrated community and hospital mental health services, resetting the balance towards community based services;
- strong consumer and family participation and keynotes; and
- an “awards program”.

As Roger Gurr explains,

“The single discipline meetings tended to be focussed on individual therapies, medications, their applications and their academic research results. The Institute of Psychiatric Services of the American Psychiatric Association was broader than that. It saw that there was an evidence base in interventions and also an evidence base of the service delivery systems for those interventions. It showed that the evidence for improving service delivery vehicles was important too.”

So much enthusiasm was generated that a second conference was held in Sydney, Australia, in 1992 that attracted 300 delegates.

Conferences have been held annually since 1991 throughout Australia and New Zealand.

Why Are We Now Called TheMHS Learning Network?

Originally, TheMHS was the acronym for The Mental Health Services Conference Incorporated of Australia and New Zealand. In 2014, TheMHS changed its name to TheMHS Learning Network Incorporated (trading names include TheMHS Conference) and developed a new logo in order to better address our current and future directions in bringing people together and providing quality educational experiences. It was also a statement about our way of delivering conferences and networking opportunities. TheMHS Conference values learning, particularly shared learning, and believes we all have something to offer as both a teacher and a learner. Our strapline became “A learning network for improving mental health services in Australia and New Zealand”.

Achievement Awards – TheMHS Awards

The first Australia and New Zealand Achievement Awards were presented by the Australian Deputy Prime Minister and Minister for Health, the Hon Brian Howe, MP, at the 1992 TheMHS Conference. These awards are given to mental health services, programs and individuals in Australia and New Zealand who provide high quality services for people who have mental illnesses and their families.

Invited presenters of TheMHS Awards have included a long list of eminent Australians and New Zealanders from all walks of life connected to mental health, including Governors General, two Australians of the Year, politicians, judiciary, bureaucrats and media personalities. (Each chapter identifies the award presenter).

TheMHS Awards have continued each year and are now funded by both the Australian and New Zealand Governments.
TheMHS Awards are currently given out under the categories of: Exceptional Contribution, Services to Mental Health, Media Reporting and most recently, Research. For more information on current Awards and prize money, go to Awards section of www.themhs.org

A Broad Coalition

TheMHS Conference attracts a broad cross-section of people involved in mental health services.

**1994 - First Consumers Day**
The first Consumers Day was successfully held on Melbourne with 200 consumers attending. TheMHS Consumers Forum was organised by consumers for consumers.

**1995 - First Indigenous Forum**
The first Indigenous People’s Forum was organised in 1995 in Auckland, New Zealand.

**1996 - First Carers Forum**
The first Carer (families of people with mental illness) Forum was organised in Brisbane, Queensland in 1996.

**1999 - First Summer Forum**
Each Summer Forum focuses on a “hot” topic in mental health services. It is held each February in Sydney and is a two day forum capped at 200 delegates.

Forums held on the day prior to the conference have enabled defined groups to gather, explore and share their specific agendas.

TheMHS Conference always had consumer keynote speakers (eg. Simon Champ in 1991) and later, carer and Indigenous keynote speakers. Instituting safe and identified space through pre-conference forums enabled groups to constructively express their views, ideas, emotions, and in fact their anger, about specific service issues.

At the 1993 TheMHS Conference (Sydney), there was a meeting of consumers which brought back some resolutions to the main conference. After this, the 1994 Conference saw a natural progression which was to a Consumer Forum on the day prior to the main conference. Indigenous and Carer Forums followed in 1995 and 1996 respectively, and occasional trans-cultural forums have also been held. These forums continue and are programmed on the day prior to the main conference.

The need for, and purposes of, such events have changed as consumers, Indigenous groups and carers have become integral to the conference program. Pre-conference forums provide a great opportunity for these groups to develop and run their own specific focus program as well as extend and develop consumer, carer and Indigenous participation in the conference program.

**Still Relevant 25 Years On**
One of the founders, Roger Gurr, recalls the sense of empowerment that infused TheMHS Conference from the beginning:

“This conference was always... about creating a cause as well - a structure to get the word out. We always sought to pass resolutions and to try to tell politicians and bureaucrats what they should be doing.

We also wanted to empower consumers, carers and people working in mental health services. We wanted people to go back and be advocates for reform and to be contacts within their own States and regions.

TheMHS Learning Network is celebrating its 25th annual conference in Canberra, ACT, in August 2015. 1,000 delegates are expected to attend, making it the largest and most inclusive mental health conference in Australasia. The 18th TheMHS Summer Forum will be held in Sydney, Australia, in February 2016 on the subject of services for ICE/P and other current drug dependencies.

The 26th annual TheMHS Conference will be held in Auckland, New Zealand in August 2016.

The 19th TheMHS Summer Forum in Sydney, Australia will be held in February 2017 in conjunction with the International Initiative on Mental Health Leadership (IIMHL), which will be held in Sydney one week later.

These events continue to enable people in the Australasian mental health sector to broaden their connections, hear the latest developments from around the world, and participate together to keep improving mental health services.
1991 Conference –
Mental Health Services To The Year 2000
Glenside Hospital, Adelaide, Australia

Keynotes:

John Hoult, a psychiatrist and lead researcher in a ground-breaking Randomised Controlled Trial of a home-based, crisis service as an alternative to hospitalisation (Australia).

Simon Champ, an activist in mental health reform, a founding member of the Schizophrenia Fellowship of NSW and inaugural chair of the Australian Mental Health Consumer Network (Australia).

Geoff Shepherd, psychologist from Fulbourn Hospital, Cambridge (UK): Recent Advances in Psychiatric Rehabilitation.

Importance:
First ever! Held back-to-back with the RANZCP Conference in Adelaide and established strong link with RANZCP.
Barbara Wieland

Interview with...

Barbara is South Australian, and a mental health nurse by training. She also has extensive experience as a regional manager of mental health services. Barbara attended the first TheMHS Conference in Adelaide in 1991. Since then, she has been to about 20 TheMHS Conferences and around 10 Summer Forums. In 2005, Barbara was the winner of the Exceptional Contribution TheMHS Award (go to Resource Library at www.themhs.org for Award citation).

Impact of new approaches to mental health service delivery for South Australians

The first TheMHS Conference had a big impact on Barbara. In 1991, she was the Director of Nursing at Glenside Psychiatric Hospital, where the conference was held, and was directed to attend the conference by the Chief Executive Officer.

Barbara said that South Australia was slow off the mark to set up the more community-based delivery of mental health care being undertaken in New South Wales and elsewhere. There were a few who supported the new directions such as psychiatrists Dr Peter Yellowlees and Dr Eli Rafalowics, The first TheMHS Conference was very important for presenting alternative approaches to mental health service delivery to South Australians. For instance, senior psychiatrists from Sydney who supported community-based mental health services met with local South Australian psychiatrists to discuss the New South Wales changes.

She also found herself that it was confronting to hear consumers at the conference talk about their experience of mental illness, and articulate what it was like to be psychotic (see 1991 keynote speaker

Australian Prime Minister = Bob Hawke (Labor);
New Zealand Prime Minister = Jim Bolger (National)

First use of term ‘consumer’ in the UN General Assembly’s adoption of “Rights of the Mentally Ill to Protection and Care”

UN General Assembly Adopted “Principles for the Protection of Persons with Mental Illness and for the Improvement of Mental Health Care” – this was later used as the basis for the first set of Australian National Standards for Mental Health Services

Australia ratifies United Nations Convention on the Rights of the Child

Australian Human Rights and Equal Opportunity Commission begin a National Inquiry into the Human Rights of People with a Mental Illness

1991
The first TheMHS Conference was very important for presenting alternative approaches to mental health service delivery to South Australians.

Simon Champ. This made Barbara revise the way she interacted with consumers, which she realised had focused on their symptoms, rather than asking about and listening to their experiences.

Attending TheMHS Conferences inspired Barbara's work with consumers. Barbara wanted to get more South Australian consumers to attend the conferences, so she hired a bus! About 30 consumers came on the first bus trip in 1997 from Adelaide to Sydney and Barbara said it was brilliant. (See Tully Rosen's short film All Consuming about the bus trips on TheMHS website). She had organised accommodation, and the consumers and mental health workers spent time together on the bus, ate together and went together to the conference venue.

Barbara said this whole experience reinforced the process of recovery for those consumers. Through the bus trips, Barbara found consumers who could become consumer consultants. After the TheMHS Conference, a program called Club 84 in North Adelaide introduced a number of innovative programs such as linking consumers to adult education, setting up a food safety course and exercise programs, and checking consumers for metabolic disorders.

Barbara had started employing consumer consultants in Northern Metropolitan Adelaide. By 2006, each inpatient service across metropolitan Adelaide employed a consumer and a carer consultant half-time, in addition to the consumers already employed. They undertook the Certificate IV mental health training program. This was because all the feedback from consumers and from TheMHS
TheMHS Conferences have helped in providing consistency across the development of mental health services in Australia.’

... presentations showed that the first experience of inpatient admission coupled with a first experience of a mental illness were the most distressful for consumers. Families were also stressed out by this experience.

She said that in South Australia, it is now accepted that every new service (sub-acute, rehabilitation services) would have peer workers and carer consultants as part of their staffing establishment.

**Importance of TheMHS**

Barbara: ‘TheMHS Conferences have been important in developing contacts with other services. This has led to mentoring and support from others in setting up new initiatives’

‘If I was unsure about anything, there were like-minded people I could ring at TheMHS secretariat and at other services as I had built up friendships, and was able to use these networks to find out what was happening’.

‘The major difference is the heavy involvement of consumers and carers – this makes the conference real’.

‘TheMHS Conferences have helped in providing consistency across the development of mental health services in Australia. If there had not been this forum, there was no other venue where consumers and carers could present directly to professionals’.

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**What TheMHS Learning Network means to me by Management Committee member Alan Rosen**

“We (TheMHS Conference) do not have to last forever. We only need to last as long as we have a purpose, and our purpose needs to be more than just running a conference”.
1992 Conference –
Status Quo To Go!
Westmead Hospital, Sydney, Australia

Keynotes and Titles:

**Thomas Fox**, A Psychiatrist, on behalf of Robert Drake, New Hampshire-Dartmouth Psychiatric Research Centre and Lecturer at Harvard Medical School (USA): *New Outcomes For Old Challenges/Real Jobs For Real People.*

**Chris Heginbotham**, Fellow in Health Services Management, King’s Fund College, London (UK): *Market Reforms and Mental Health Services/Mental Health and Human Rights.*

**Jenny Macklin**, Director, the Australian National Health Strategy (Australia): *National Mental Health Policy.*

Opening Address and TheMHS Awards Presented by:

The Hon Brian Howe, MP, Australian Deputy Prime Minister and Minister for Health.
By only its second conference, TheMHS Conferences had quickly developed a two-way role as both a vehicle for dissemination of government strategies in mental health and for broad discourse into current and future strategy development. It was a parallel process that fed each other.

Interview with...

Roger Gurr

Roger is one of the founders of TheMHS Conferences and is a psychiatrist. In 1980, Roger commenced building one of Australia’s first community-based integrated mental health services in the Blacktown area of Sydney, Australia. Roger’s service received recognition as one of the benchmark services in the National Mental Health Strategy process.

In 2000, Roger had senior roles in mental health at Liverpool Hospital and Community Services, and in 2005 he was appointed Area Director of Mental Health for Sydney West Area Health Service and in 2012 he returned to clinical work in the City of Blacktown with interests in youth mental health, a short stay unit and teaching. In 2015 he became Clinical Director for the headspace Youth Early Psychosis Program in Western Sydney.

Roger is Chair of the New South Wales Service for the Treatment And Rehabilitation for Torture and Trauma Survivors (STARTTS).
The first TheMHS Achievement Awards...

Roger was prominent in leading the introduction of The Mental Health Service Achievement Awards that have been managed by and presented at TheMHS Conferences from 1992. The motivations for the Awards programme included:

- recognition and reward for exemplary or model service delivery
- showcasing and sharing best practice in service delivery
- profile-raising for mental health service delivery and the mental health issues stimulating the service
- profile-raising of TheMHS Conference due to the association with the Awards program.

TheMHS Awards require all submissions to include the service objective and not just delivery actions. **This enables a real opportunity for replication or service modelling from those services given awards.**

TheMHS Awards also built upon other award schemes that were operating in the mental health space when TheMHS Conference started. The significant differences include that other award programs were focused on individuals rather than services; were presented by professional bodies within separate disciplines; and mostly focussed on research and other academic achievement in that discipline. TheMHS Awards have, over time, also included acknowledgment of individuals through the Exceptional Contribution and Research Award streams.
The Awards judging panel has always been selected with a broad spectrum of professional, discipline and service backgrounds, including consumers and carers, across Australasia. Both of those aspects have also assisted the awards program in gaining and maintaining credibility for relevance and shared values. The measure of the award winners has been more about the ability of that service to develop models to effectively achieve the objective that the service is seeking through its existence and delivery.

Roger noted that the Awards had a positive impact in the sector in terms of sharing and modelling successful services and acknowledging achievement. The Awards have also played a role in protecting services in the face of funding reductions and avoiding the resulting adverse impacts on service delivery.

“Over the years, many services have said that their funding was close to running out but due to receiving these awards their funding was rolled-over”.

What TheMHS Learning Network means to me by Management Committee member, Lynne Dunbar

Being involved with TheMHS has meant 25 years of connectedness with extraordinary people who care about mental health matters from many different perspectives but all with a depth of humanity and persistence that is remarkable. Looking back it is clear that the “big” TheMHS Conferences have provided the platform for coming together in a way that would not have been possible otherwise and I believe that through the existence of these events, the consumer movement in Australia has been supported in gathering strength and growing their voice. It has been an absolute honour to be a small cog in the wheel.
1993 Conference –
On The Street Where You Live
Holme Building, University of Sydney, Australia

Keynotes and Titles:

Paul Carling, Director of the Centre for Community Change through Housing and Support at the Trinity College of Vermont (USA): Integration and Empowerment, Mental Health’s Challenge in the 21st Century.

Iwa Natana, a Māori networker who works for the Aotearoa Network of Psychiatric Survivors (New Zealand): Whakamāa.

John Hoult, a psychiatrist and lead researcher in a ground-breaking Randomised Controlled Trial of a home-based, crisis service as an alternative to hospitalisation (Australia): Do You Rate?

Opening Address and TheMHS Awards Presented by:

The Hon Brian Howe, MP, Australian Deputy Prime Minister and Minister for Health.
Bridget is a mental health nurse by training, with experience in community mental health and inpatient settings. She is now employed in the School of Nursing at the University of Melbourne, and as well as teaching, undertakes research into key nursing practice issues, such as seclusion and restraint.

Bridget attended the first TheMHS Conference in Adelaide, having driven across from Melbourne in one day with the senior psychiatrist and social worker from Hawthorn Community Mental Health Service. Since then she has been to four other conferences (three in Melbourne – 1994, 2007 and 2013), and one in Sydney in 2002.

**Impact of TheMHS Conference**

The 1991 TheMHS conference was the first conference which Bridget had been to outside Victoria, and it had a big impact. It was also her first exposure to mental health services outside Victoria. She found the conference was a good size, accessible and not hierarchical. Alan (Rosen) and Vivienne (Miller) set the tone and were positive and welcoming. Bridget thought the conference process matched its goals.

From Bridget’s perspective, the first TheMHS Conference presentations had a good mix of critical social theory as well as psychological and clinical approaches, with a strong social care flavour. It was her first experience of interdisciplinary discussion and interaction outside of clinical settings. She also found it a great networking opportunity. For example, through informal catch-ups with Victorians, she was able to fill gaps in her knowledge of the history of mental health services in...
Bridget found that attending the first TheMHS Conference (1991) “lifted her sights beyond the local context” – she got to see the bigger picture.

Victoria such as the quite different origins of two community mental health clinics. When in Adelaide, she also took the opportunity to visit the Dulwich Centre to follow-up prior experience of Michael White’s approach to working with families.

Bridget considered that the Summer Forum she attended (in 2013) was more like the first TheMHS Conference, being smaller in size and with a diverse and, in part, different audience to the annual TheMHS Conferences. She found the focus on one issue helpful and the approach sophisticated.

**Importance of TheMHS**

Bridget found that attending the first TheMHS Conference (1991) “lifted her sights beyond the local context” – she got to see the bigger picture. She became involved beyond her immediate service context into seeing the larger Australian context and the international context as well. There was also value in sharing across services and their history and what was happening in terms of developments in different states eg. comparisons between Victoria and NSW. She felt the 1994, 2007 and 2013 Conferences had been on the front of new waves of development.

Compared to other conferences Bridget has attended, such as nursing-specific conferences, psychiatry conferences and methodological research conferences, she has found that TheMHS Conference has more diverse audiences and that contributors are less likely to be slotted into silos. The continuity of people who are still attending adds to the sense of a community and vibrancy.
Interdisciplinary Mix

The mix at TheMHS Conference is genuinely interdisciplinary, with those attending coming from different services and backgrounds. There is not one disciplinary model being presented. People are encouraged and welcomed to express different opinions, and there is an even-handedness in the response to different contributors. She also considered there was an increasing mix of social care and support, and not just a focus on clinical interventions.

Bridget thought there was value in the overarching organising committee being consistent in their inclusive approach. TheMHS Conferences can introduce and reinforce developments across countries – there is an international perspective which is important. However, Bridget noticed that there are few if any representatives from our own Asian region, which she sees as a gap – for example, some Japanese clinicians are interested in using Phil Barker’s Tidal Model. It would also be good to have more on innovations in other countries, such as the Finnish use of Open Dialogue.

The Next 25 Years

Bridget sees a possible future agenda that counters the focus on ‘the pathological brain’ in the clinical field. She sees potential to broaden TheMHS Conference’s focus into well-being and social influences, as well as including groups such as lawyers, ethicists, and social scientists.

There should be more of an Asian focus to engage with Australia’s future relationships with the region. This could include regional service awards. Also there should be more openness to culturally appropriate alternative practices. For example, is case management appropriate to be on-sold into an Asian culture?

What TheMHS Learning Network means to me by Management Committee member Paula Hanlon

“As a consumer member of the TheMHS Learning Network for 15 years, I have been honoured to be part of a group that are torchbearers for mental health reform through professional development and promotion of efficient and effective practice. TheMHS Learning Network provides opportunities for consumers and carers to share their personal stories of recovery, providing guidance for clinicians and hope for other consumers and carers. The evolution of consumer participation with greater emphasis on work practices and research, while still valuing the personal recovery journeys, reflects the expanding focus of consumer roles in the mental health spectrum.”
1994 Conference –
Surviving Mental Illness: Families, Consumers and the Mental Health System
Wilson Hall, Melbourne University, Australia

Keynotes and Titles:

Richard Warner, Medical Director at the Mental Health Centre, Boulder, Colorado (USA): *Economic opportunities and disincentives for the mentally ill.*

Agnes Hatfield, Professor Emeritus at the University of Maryland and founding member of the National Alliance for the Mentally Ill (NAMI), (USA): *Recovery from mental illness.*

Mary O’Hagan, the first chair of the World Network of Users and Survivors of Psychiatry, an advisor to the United Nations and World Health Organization; and a Mental Health Commissioner (New Zealand): *Self Help: Returning Power and Competence to Consumers*

Opening Address
The Hon Marie Tehan, MP, Victorian Minister for Health

TheMHS Awards Presented by:
The Hon. Dame Margaret Guilfoyle, OBE
Supporter Interview with...  
**Mary O’Hagan**

Mary was the keynote for our first Consumer Day in 1994. Mary used mental health services in New Zealand for eight years as a young woman. Ever since, she has worked to make a difference to the way society and services respond to people with major mental distress.

Mary has been an initiator of the service user movement in New Zealand; the first chair of the World Network of Users and Survivors of Psychiatry; an advisor to the United Nations and World Health Organization; and a Mental Health Commissioner for New Zealand. Mary now runs a social enterprise in mental health.

**Impact of TheMHS Conferences**

TheMHS Conferences stand out to Mary because ‘psychiatrists attend TheMHS, unlike other mental health conferences’. She sees TheMHS as a ‘broad church’ in that there are some fairly traditional sessions and posters, as well as those which are more progressive.

Mary said that the more traditional/conservative approach is one which she sees as a legacy from earlier times – more pessimistic about the future of people who have a mental illness, more paternalistic and patronising, and which argues that people with a mental illness always need medication if they are to get better. In contrast, the more progressive approach is more questioning and more optimistic, and sees the need to challenge established practice.

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**First Consumer Day**

- featuring Mary O’Hagan who spoke on “How Do Consumers Survive Mental Illness”

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**Apartheid is dismantled in South Africa with multi-racial elections and a new constitution**

**1994**

**Australia’s ACT Government gives same-sex relationships the same legal standing as heterosexual de facto relationships via its Domestic Relationships Act**

**Winner of TheMHS Award For Individual/Team Outstanding Contribution to Theory/Education/Practice was Robyn Byers who was nominated by the Nelson Marlborough Health Services Ltd (New Zealand)**
For Mary, the networking is really important. She noted that one can go to keynote presentations then afterwards spend time catching up with people and meeting new people. She traced her learning as having involved reading, connecting with consumer networks and then being part of the New Zealand Mental Health Commission.

**Importance of TheMHS**

Mary stated there has been a useful interchange between policy and TheMHS Conference. In the early days of TheMHS Conference, the New Zealand Mental Health Commission was influential in Australia and got visibility through TheMHS Conference – particularly Barbara Disley (see interview in 1995) who played a key role. Mary also said New Zealanders saw themselves as ahead of Australia and TheMHS did not have such a big influence on New Zealand mental health policy and service development. However in recent years there has been more innovation in Australia than in New Zealand.

**The Next 25 Years**

Mary “would like to see more in-depth round table discussions and/or debates – people sitting around face to face, not in rows. And with a focus on action outcomes eg. what to do next”. This would include having more keynote presentations with follow-up sessions with the keynote presenter.

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**LET’S TALK ABOUT ACTION:**


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**77 entries in TheMHS Awards**

Australian Government passes the Human Rights (Sexual Conduct) Act legalising sexual activity between consenting adults in private.
What TheMHS Learning Network means to me by Management Committee member Sadie Robertson

“Using education to build better mental health services by presenting challenges to the status quo and through fostering the participation of consumers, which since the beginning, has been a real bonus for me and I have learnt a lot from them – from the bold questions challenging the accepted view during the early years to the great contributions being made now by consumer researchers, consumer academics and consumer workers”.

From left to right, Janet Peters, Winston Maniapoto, Brian Howe
1995 Conference –
Meeting the Challenges: Prevention, Partnership, Integration
Aotea Centre, Auckland, New Zealand

Keynotes and Titles:

Hanita Rodeny, President of Enosh (Israel): The founding of Enosh Mental Health Association – Israel.

Jack Pransky, an international consultant, speaker, and author in the field of prevention and community organizing (USA): Presenting a conceptual framework for understanding prevention.


Harvey Whiteford, Director of Mental Health, Queensland Health Department and Chair, Australian National Mental Health Working Group (Australia): Integration of mental health services.

Vivienne Miller, Clinical Education Coordinator, Mental Health Site Visit Program Blacktown and Ryde, Sydney, (Australia): I Took the Road Less Travelled By…and that has made all the difference. Pathways towards mental health service integration.

Opening Address and TheMHS Awards Presented by:
Dame Catherine Tizard, GCMG, DBE, Governor General of New Zealand.
Supporter Interview with...

Barbara Disley

Currently, Barbara is the Chief Executive of Emerge Aotearoa, the organisation that was recently formed from the merger of Richmond New Zealand and Recovery Solutions Groups.

In 1989, the World Mental Health Congress was in New Zealand and Barbara was involved in the organisation through her role as Deputy Director of the Mental Health Foundation. In 1991, Barbara became the Director of the Mental Health Foundation in New Zealand.

She met Alan Rosen and Vivienne Miller (part of TheMHS Learning Network founding committee) in 1991, when they came to New Zealand to teach a session on quality outcomes. At the time Dr Janice Wilson, who was the Director of Mental Health in the Ministry of Health in New Zealand, was a lynchpin between the two countries and one of the prime movers in having the first TheMHS conference in New Zealand.

Barbara started attending TheMHS Conferences in 1992. She then attended several TheMHS Conferences and Summer Forums including being on the organising committee for the Auckland TheMHS Conference in 1995.

In 2005, Barbara was awarded a special Exceptional Contribution achievement award at TheMHS Conference (see Resource Library at www.themhs.org for full citation).

Impact of TheMHS Conferences

Barbara said that she really values TheMHS Conferences. TheMHS Conferences gave Barbara a chance to have ‘big dialogues' with people who understood New Zealand. The consumer movement was developing in both in Australia and New Zealand in the early period of TheMHS and it was an important forum of exchange for all. In these
early years, New Zealand was beginning to reflect on the importance of culture and its contribution to wellbeing and service approaches. Māori participation in the New Zealand TheMHS Conference was an opportunity to share some of the developments and create a stronger recognition of the place of First National people.

Barbara noted that there was a genuine exchange of ideas at TheMHS Conferences, leading to joint learning. Australians were looking to set up Mental Health Commissions and could learn from the New Zealand experience. There was also recognition that TheMHS Conference should be ‘doing cultural connections better’ and could learn from New Zealand. From 1996 onwards (start of Indigenous Forums), Māori mental health was growing and developing momentum. TheMHS was a strong place for Indigenous consumer connections and ensuring cultural recognition. New Zealand had Māori language throughout their national documents – this was embedded and taken for granted.

From Barbara’s viewpoint, TheMHS Conferences cover a range of areas. There is a strong service user theme, with recovery stories. It is also a forum for debate and discussion of policy. Barbara considered that the earlier TheMHS Conferences had a greater focus on national policies eg. Janice Wilson presented on New Zealand national policies (1995). Janice played a major role in supporting the changes to New Zealand’s mental health system over a long period of time and she was a bridge between the two countries.

Barbara said TheMHS Conferences differed from others by having more focus on mental health issues from a consumer as well as clinical perspective, tackling national policy issues in both countries. Barbara states that the conferences bring a broad range of people together.
from a range of professional, community and consumer backgrounds. TheMHS also became a forum for raising the issue of stigma and discrimination.

TheMHS Summer Forum

Barbara said that she has found the Summer Forums very useful as they are ‘cohesive and concentrated’. The example she gave was the forum on physical health and wellbeing (see 2013 Summer Forum: Mental Disorders and Physical Health: Linking Body and Mind). This stimulated New Zealand to develop a strategy about physical health (Equally Well) and consider how to introduce health promotion. She finds the focus on a specific theme and the deeper discussion really useful.

Building Partnerships Between New Zealand and Australia

Barbara acknowledged that the networks established through TheMHS between New Zealand and Australia were extensive and very useful. TheMHS Conference offers an opportunity for informal contact outside the formal channels. For example, following TheMHS presentations at early conferences in New Zealand, links were developed with Victoria. New Zealand looked to Victoria for ideas about the development of community-based services (NGO and clinical) – as well as the sharing of visions for new services.

Barbara describes the interchange between TheMHS Learning Network and mental health policy and service development in the following ways: “For example, in one of the conferences in Sydney, there was a focus on outcome measurement. At that point, New Zealand was interested in how to measure outcomes so this was timely”.

Winner of the Gold Award for an outstanding contribution to theory/education/practice is Patrick McGorry, a psychiatrist from the Early Psychosis and Intervention Centre (This was the first ever winner of what is now termed the Exceptional Contribution Award).
“TheMHS often brought key people out from overseas which was a source of new ideas. Sharing of expertise from overseas about how people have driven change”.

“TheMHS Conferences have helped in working out where to put the focus and energy in bringing about change, for instance, the New Zealand anti-discrimination program called ‘Like Minds, Like Mine’. TheMHS Conferences provided validation about directions being followed and reflection on what worked”.

“TheMHS often brought key people out from overseas which was a source of new ideas. Sharing of expertise from overseas about how people have driven change”. Barbara gave the example of Ron Coleman (Keynote address at 2005 Conference – available at Resource Library www.themhs.org), a United Kingdom consumer, who gave a keynote presentation which gave her new ideas. He talked about the hardest experience as a consumer advocate being when he was sitting opposite his own psychiatrist. For Barbara, that was a reminder that at times, consumers are not empowered in decision-making about their own lives.

The Next 25 Years

Barbara questioned whether TheMHS Conference has got too broad. She said there needs to be room in TheMHS Conference for key policy issues to be discussed in a way that engages the whole sector. Ensuring strong linkages continue between TheMHS and the International Initiative for Mental Health Leadership network is also really important and strengthened connections will foster ongoing sector leadership and learning. There needs to be the opportunity for in-depth discussion in a way that enables people to build forward with innovative future focussed thinking. Barbara also said there is a need to identify the key initiatives/directions that could benefit from this approach.
Barbara gave the following examples of key policy issues needing ongoing attention and debate:

- How to measure the outcomes of change.
- How to get the locus of control out of hospital settings, as the funding gets diverted, and hospitals impose high overhead or infrastructure charges on MH service budgets. Hospitals are controlling community mental health services.
- How to reconfigure services based on strong learning paradigms, so that people can learn how to navigate the system and manage their own conditions. She gave the examples of diabetes and heart conditions, where self-management has been a major focus of change.
- Substance abuse and its impact on mental health.
- The impact of imprisonments and the traumatic effect of being in prison and the link with mental health problems.
- Indigenous health and mental health – still a challenge especially in terms of the impact of alcohol and drug abuse.

Barbara believes TheMHS Conference will be successful if people across the mental health sector feel connected to each other and have a sense of belonging to a wider group committed to improving the lives of people with a mental health, alcohol and drug issues. This is important as mental health and alcohol and drug services slip up and down in terms of political priority. If innovation and ideas are seeded and widely shared, then TheMHS Conference will have been successful. If there is a wider cross section of the sector attending and contributing to conferences and forums and if there is identifiable action being taken as a result of the agenda put forward at these then TheMHS Conference will have made a difference.

What TheMHS Learning Network means to me by Management Committee member Tom Brideson

“TheMHS Management Committee unanimously agreed that the organisation will strive towards ensuring its work aligns to key UN documents (on Human Rights, Rights for People With Disabilities and Rights for Indigenous People). This was a very proud moment in time for TheMHS Learning Network and a moment that reflected real maturity as a diverse organisation and the conference audience wishes articulated over many years. It was a moment in time that articulated the essence of the unique organisation we wish for the future.”
1996 Conference –
There’s a Person in Here
Brisbane Convention Centre, Australia

Keynotes and Titles:

John Strauss, Professor Emeritus of Psychiatry, Yale University School of Medicine, (USA): The Person and Mental Illness: The Nature of Disorder and Treatment.

Charles Rapp, Associate Dean and Professor of Psychiatry, School of Social Welfare, University of Kansas, (USA): Principles of Strengths Models: There is a “Great” Person in There.

Patricia Deegan, Director of Training, National Empowerment Centre, (USA): There is a Person in Here.

Opening Address and TheMHS Awards Presented by:

His Excellency the Hon. Sir William Deane, AC, KBE, Governor-General of Australia
Supporter Interview with...

Ellie Fossey

Ellie is Professor and Head of Department in Occupational Therapy at Monash Uni. Before moving to Australia in 1994, Ellie had trained as an occupational therapist in Oxford and worked in London, Dunedin and Adelaide.

Ellie’s first full TheMHS Conference was Brisbane in 1996. Subsequently, Ellie has attended a further 10 TheMHS Conferences as a session presenter, a session chair on a regular basis; and involved in running three local TheMHS Conference committees – including as a member of both the Organising Committee and Program Committee in 1999 and the Program Committee in 2013. She has also been a member of TheMHS Awards panel for several years.

Impact of TheMHS Conference

The first TheMHS Conference in Brisbane in 1996 stood out. Ellie had not been to a conference where consumers were so actively involved in the organisation and the discussions, or where consumer and carer perspectives were as strongly represented as those of service providers. In comparison, she recalled being struck that unusually the Brisbane TheMHS Conference co-convenors were a psychiatrist (Vaidyananathan Kalyanasundaram) and a consumer (Melanie Scott).

She remembered the conference theme was ‘there’s a person in here’ – and in particular John Strauss’ keynote (access the keynote at the Resource Library at www.themhs.org). She recalled him describing how, at one stage during his longitudinal study, he found himself on the floor surrounded by his data trying to make sense of it but also wanting to connect with people in the data. She particularly recalled the sense of his concern and efforts to understand people’s stories and lived experiences.

The Ngai Tahu people make a land settlement with the New Zealand Government and regain some fishing rights.
In comparison to other conferences, Ellie also commented that the inclusion of policy perspectives in her early experience of TheMHS was refreshingly new, including the involvement of staff from the various government departments at both state and federal level. However, in her view, this has been of varying strength over the years.

For Ellie, an important impact has been in building links with people in the consumer movement. This has led to undertaking collaborative presentations, and finding ways to work collaboratively in research and to organise consumer input in teaching students. Whilst Ellie planned to do this anyway, TheMHS Conferences provided the connections to make it happen.

Ellie commented that consumer involvement was evidently relatively new/unfamiliar to many people at the first TheMHS Conferences she attended. She reflected that over time TheMHS audiences have become more familiar with it as a multi-stakeholder space and more comfortable to present diverse views. However, she also noted that if the atmosphere becomes too cosy, then debate can be squashed and the more radical, challenging and uncomfortable positions get marginalised. On the other hand, she considered a sense of safety is important - perhaps particularly for those new to TheMHS Conferences.

Ellie commented that at the earlier conferences, there were often feisty debates about issues that maybe people feel less need to be feisty about more recently. For instance, she thought it was less common these days for professionals to use inappropriate language (eg, referring to people as ‘schizophrenic subjects’).
Importance of TheMHS

The networking aspect of TheMHS Conferences has been very useful to Ellie (see above re consumer movement). This includes making professional links with international presenters from UK and USA, such as John Strauss and Larry Davidson (1999 Conference keynote), both of whom she has visited in their respective USA locations, as well as many personal and professional connections in Melbourne and interstate/New Zealand.

Other conferences do not actively promote and support the involvement of people with different perspectives, and in particular consumer and carer perspectives, to the same degree as TheMHS Conference. For example, Ellie states that consumers are rarely a part of Occupational Therapy conferences and would not be included in the ongoing conference process. She commented that in her experience, profession-specific conferences were not moving in that direction at all, and interdisciplinary conferences were often less inclusive of diverse perspectives than TheMHS.

Ellie also noted that many conferences try to be more narrowly focused than TheMHS (eg. early intervention, dual diagnosis, recovery, forensic). In comparison, TheMHS Conference’s focus is broad: on services, service delivery, practice and service innovation. More diversity, so potentially more engaging for wider range of people, is generally one of its strengths.

Ellie thought that TheMHS has played a key role in capacity-building in terms of running a conference with involvement of consumers, carers and mental health workers (eg. organising pre-conference consumer
TheMHS Conference’s focus is broad: on services, service delivery, practice and service innovation. More diversity, so potentially more engaging for wider range of people, is generally one of its strengths.

and carer workshops, program etc). She also thought TheMHS had had an influence on the growth of the peer support workforce, development of new service delivery models and recovery-oriented practice. It has also contributed to national mental health service standards and workforce standards, with key TheMHS people actively involved in each of these developments. TheMHS people have also been champions in other settings.

TheMHS conferences have also been an educational tool to socialise and educate government bureaucrats at federal and state level, as well as service managers. She is not sure how many mental health service managers actually attend TheMHS Conferences but considered they should be encouraged to attend.

She considered that the TheMHS Awards have been another way in which TheMHS has influenced policy and services development. As a sign of their significance, she commented how some services who won Awards have put them on the wall in reception. Also a sign of the status placed on the Awards is that after the winners were announced, some services rang to ask why their service did not get an award and others to query why they got a silver not a gold. She considered that it was difficult for smaller services to put together an application for an Award, and that paper submissions did not always reflect the quality of a service. She thought it could be useful to distinguish awards for services which have had a national impact or influence, and for smaller services to gain recognition for local innovation.

Winner of the Gold Award for an outstanding contribution to theory/education/practice is the Mental Health Program at the Department of Public Health and Nutrition at the University of Wollongong, NSW, Australia

Nokia launches the first mobile phone with internet connectivity

81 entries in TheMHS Awards
The Next 25 Years

Ellie noted that, over recent years, clinical mental health services seem less present in TheMHS dialogue about the directions of mental health services, recovery etc (eg. perhaps at recent Adelaide or Melbourne conferences). As a result, TheMHS Conferences at times might potentially seem more like NGO conferences (eg VICSERV). She thought that clinical mental health services were more involved in the past, especially in discussions of deinstitutionalisation and the development of new service delivery models. Her view is that TheMHS would lose out if clinical services were no longer key participants in TheMHS Conferences as they are a key part of public mental health services. Ellie supported more attention to life-span issues in the program, as well as in keynote presentations – children and adolescents, older people with issues of ageing, dementia and mental health – as being important.

Value of TheMHS ‘Network’

Ellie has been involved in the TheMHS ‘Network’ (now called ‘Conference Connections’) which meets after each conference and includes around 20 to 30 people from previous, present and future TheMHS Conferences, as well as the Sydney Management Committee. She sees this as a culture-carrying exercise which serves to maintain some key pieces of the TheMHS structure, and to pass learnings from one local organising committee to the next.

In 10 years’ time, TheMHS would be successful if all the voices that should be there are there, and all voices are heard and equally respected.

What TheMHS Learning Network means to me by Management Committee member Douglas Holmes

“Involvement with TheMHS Conference has allowed me to go from a future on the DSP (Disability Support Pension) in 1994 to a valued and senior member of St Vincent’s Hospital mental health team”
**1997 Conference –**

*Tapestry: Weaving the Threads Together*

Sydney Town Hall, Australia

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**Keynotes and Titles:**


*Iokapeta Enoka*, Clinical Nurse Consultant, Mental Health Nursing and Lecturer in the Faculty of Nursing at the University of Samoa (Samoa): *Weaving Mental Health Care in Samoa: A Personal Perspective.*

*David Goldberg*, Professor of Psychiatry at the Institute of Psychiatry, London (UK): *The Future Pattern of Care for People with Mental Illness.*

*Courtney Harding*, Director of the Mental Health Program at Western Interstate Commission for Higher Education, Boulder, Colorado (USA): *Debunking Seven Myths about Schizophrenia: The Evidence and the Treatment Implications.*

*Harriet Lefley*, Professor of Psychiatry and Behavioural Sciences at the University of Miami School of Medicine, Florida (USA): *Families Coping with Mental Illness: Changing Theories, Models and Services.*

*Beverley Raphael*, Professor and Director at the Centre for Mental Health, NSW Health (Australia): *Policy as Intervention: Public Health and Personal Health Care in Mental Health.*


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**Opening Address and TheMHS Awards Presented by:**

The Hon Dr Michael Wooldridge, MP, Australian Minister for Health and Family Services.
Interview with...

Alan Rosen

As one of the founders of TheMHS Conference, Alan is a psychiatrist. Alan has 30 years of experience as a Senior Specialist Psychiatrist, Service Director, and then Director of Clinical Services of the Royal North Shore Hospital and Community Mental Health Services.

Alan has presented at the TheMHS Conferences and Summer Forums on a wide variety of topics since its inception.

Alan was made an Officer of the Order of Australia (AO) in June 2014 for distinguished service to medicine in the field of mental health as a psychiatrist and clinician, to national health service reform, and to professional organisations.

Impact of TheMHS Conference

Alan is clear that the impact of TheMHS Conference is more than holding conferences – that it is about people. The people working to deliver mental health services, the consumers of those services, the consumers now increasingly working in the sector, carers and family members and the administrators and policy makers behind service delivery.

Alan believes that the strength of TheMHS has been its recognition of people and their personal stories and the space and opportunity that TheMHS provides to share, discuss, even debate and learn from these experiences.

1997

‘Bringing Them Home’ - Report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from Their Families.

Alan believes that the strength of TheMHS has been its recognition of people and their personal stories and the space and opportunity that TheMHS provides to share, discuss, even debate and learn from these experiences.

Alan sums up the progressive reform driven by TheMHS when he states “(After that first conference), I have always seen TheMHS as a front for the bi-national mental health reform movement across Australia & New Zealand. In fact it was the meeting place, the crucible where these things were debated, including things like Mental Health Commissions and so. All the reforms that we needed were debated ... the ideas were exchanged at TheMHS”.

**Importance of TheMHS**

Alan states that over the 25 years, the original committee have increasingly reflected the multidisciplinary nature of the organisation, with organising committee members coming from a variety of mental health fields. These include consumers, carers/families, nurses, psychiatrists, occupational therapists, psychologists, social workers, educators, researchers and administrators.

The organising committee believed strongly in the quality and relevance of the conference program and the appeal of keynote and other speakers. The first keynote speaker for the first conference was Geoff Shepherd, a leading psychologist from the United Kingdom. Professor Shepherd went on to deliver keynotes at several TheMHS Conferences and later at TheMHS Summer Forums. Simon Champ was another keynote speaker at that first conference. Simon was one of the first consumer advocates prepared to speak out on consumer issues. Alan views Simon’s presentation as starting the model of consumer keynote presentations that has been a cornerstone of TheMHS Conferences.

Winner of the Gold Award for an outstanding contribution to theory/education/practice is the Centre for Indigenous Mental Health Research and Education, University of Melbourne Department of Psychiatry, St Vincent’s Hospital (Australia).

New Zealand – Jenny Shipley elected Prime Minister (first female Prime Minister).
Alan identifies this spirit of ‘collective ownership’ of TheMHS, local custodianship of the right to deliver each conference plus continuing overview from the national Management Committee as elements that support the notion of TheMHS as a network of people with shared interest, purpose and passion.

The Next 25 Years

Alan outlines some of the many things that TheMHS Conferences have delivered to the mental health services sectors of both Australia and New Zealand during its 25 years of facilitating conferences, forums and workshops. Examples of such deliverables include:

- Delivering training, information and networking connections to mental health service system organisations
- Showcasing new initiatives and evidence based changes to essential services in mental health
- Hosting many meetings of specific interest groups.
- Generating and facilitating many and varied networks in mental health
- Being a “crucible” of discourse promoting mental health political and service reform.

The influence of TheMHS has been further exemplified by the actions of some federal and state governments over the years in actively encouraging Ministers, Ministerial Staff and senior bureaucrats to attend TheMHS Conferences. In many cases, TheMHS Conference has delivered to a politician the largest mental health audience they will ever address. Conversely, it is also a most sobering learning experience for any senior government minister to face an audience of over a thousand discerning mental health service stakeholders, all of whom vote. It is also an audience that includes their direct constituency (consumers and carers), not just “professionals pushing their own barrow”.

Alan believes that TheMHS is changing in a planned and reasoned manner. That change has been demonstrated in the recent shift from ‘TheMHS Conference’ as the organisational entity to the “TheMHS Learning Network”.

Additionally, Alan has identified, with his colleagues on TheMHS Learning Network’s Management Committee, that ongoing change
means the organisation must retain:

• an ASPIRATION to stay relevant and connected through use of all the modern connection technologies;

• a REALISATION that the conference market is changing. Therefore diversification of TheMHS products is vital to developing further relevance to contemporary mental health learning needs in the current / modern market, survival for its own sake would be futile;

• an absolute DETERMINATION to stay faithful to core ideal principles of TheMHS to deliver “new teaching / new learning and upskilling” for Mental Health Workforce Development; and

• its determination to remain INDEPENDENT of government, big pharma and all other private or vested interests, other than the interests of individuals and families with living experience of mental illness.

This ongoing change to TheMHS signals a refreshing, re-branding and a highlighting of the differences between TheMHS and other “just conference” providers.

In recognising the changes that TheMHS is undergoing Alan makes a few strong and relevant observations

“We never anticipated the public policy impact of TheMHS. We may have hoped for it, but certainly didn't anticipate the extent to which it now occurs. We are happy to continue to provide a forum for that. But we also never anticipated the extent & speed of “new media” and its impact on connecting, sharing information, conferencing, information access and presentation delivery. Nobody anticipated this, but we all need to respond to that. We are trying to lead a relevant TheMHS”

Alan considers that the opportunities or needs for the future of TheMHS are enmeshed in being able to:

• develop and facilitate Communities of Practice around various evidence groupings;

• facilitate and support the translation of research to practice;

• help meet the need for skills training and development; and

• continue to develop an evolving, stable and continuing mental health workforce.
From left to right, Maree Teesson, Leonie Manns, Kevin Kellehear, Vivienne Miller
1998 Conference –
Making History: Shaping The Future
Wrest Point Casino, Hobart, Australia

Keynotes and Titles:
Michael Clighton & Anne Olsen,
Michael is Professorial Fellow and Chair of Clinical Nursing and Research at Ashford Community Hospital, and Anne is a consumer who has been involved in research, writing and editing for consumer-led and consumer-inclusive projects in the mental health field (Australia): Collaboration for Mental Health.

Mason Durie, a psychiatrist, is a member of the Ngati Kauwhata and Rangitane tribes, and a Fellow of the RANZCP and Royal Society of New Zealand (New Zealand): Strategies for the Improvement of Māori Mental Health.

Phil Iker, is a member of the National Community Advisory Group (Australia): Her Story/To His Story – Cultural Differences and Traditional Aboriginal Concepts of Illness and Health.

Carolyn Quadrio, a psychiatrist trained in child and adolescent psychiatry, in psychodynamic psychotherapy and marital and family therapy (Australia): Boundary Violations Between Therapists and Patients.

Nancy Tomes, is Professor of History at the State University of New York (USA): From Patients’ Rights to Consumers’ Rights: Historical Reflections on the Evolutions of a Concept.

Harvey Whiteford, a psychiatrist who is the Director of Mental Health in the Commonwealth Department of Health and Family Services (Australia): What We Have Learned From The National Mental Health Strategy and How This Will Influence Mental Health Reform in Australia in the Future.

Opening Address and TheMHS Awards
Presented by:
Dr Harvey Whiteford, Director of Mental Health for the Australian Government.
Interview with...

**Cath Chapman**

Cath is a Senior Research Fellow at the Centre for Research Excellence in Mental Health and Substance Use (CREMS) at the National Drug and Alcohol Research Centre (NDARC), University of NSW, Sydney, Australia. Cath is also a member of the TheMHS Learning Network Management Committee and one of the chief organisers of TheMHS Summer Forum.

**Impact of TheMHS Conference**

Cath's first involvement with TheMHS was as a participant at the 1994 TheMHS Conference in Melbourne. That experience eventually lead her to more active involvement as part of the organisation’s management team.

Cath recounts that first experience as...

“In 1994 I was a new graduate, recently set free from the cloistered world of an academic psychology department.

Under the guidance of my first employer, Professor Maree Teesson, I went to TheMHS Conference to present on our recently funded, randomised controlled trial of assertive case management in the Eastern Suburbs of Sydney. It was the first such conference I had ever attended.

One of the keynote speakers at that conference was Richard Warner who spoke about recovery from Schizophrenia. He put forward data to suggest that recovery was actually better in cultures where there may not be money for medication or psychiatrist visits or assertive case management teams – but where there was a legitimate space within that society to ‘be unwell’ and ‘to recover’ and to continue to be valued.

His ‘out of the box’ thinking challenged my naive, university-trained view that an affluent western society was the only place to recover from mental illness.
Since the first TheMHS Conference, we have seen significant advances in science and research in the mental health field. For me, one of the most significant was The Global Burden of Disease (GBD) Study.

He argued that we had a lot to learn by challenging dominant cultures and their role in medicine. We also needed to listen - really listen - to each other if we were to progress our understanding of mental illness and of recovery.

I remember it all, very clearly, more than 20 years later. Of course it also helped that Alan (Rosen) started a conga-line around the auditorium during the closing ceremony!

I won’t forget that either…all in all, a very ‘TheMHS experience’……! “

**Importance of TheMHS**

One of the benefits of being involved in TheMHS from the very beginning of my research career has been the opportunity for my TheMHS experiences to help me learn and grow as a researcher. I have been continually challenged to keep my head out of the numbers long enough to see who is in front of me and what the numbers might mean to them (a big ask when you often have your head in large population datasets!).

Since the first TheMHS Conference, we have seen significant advances in science and research in the mental health field. For me, one of the most significant was The Global Burden of Disease (GBD) Study. This study – and the program of work that followed – was a landmark study for the mental health field. By enabling us to quantify the non-fatal consequences of disease, for the first time we were able to count the population burden of mental disorders alongside physical health problems around the globe.

**Winner of the Gold Award for an outstanding contribution to theory/education/practice is CREATE – Community Recreation, Education, Access, Training and Employment Team, Cornucopia, from Ryde Community Mental Health Service, Sydney (Australia)**

**Google is incorporated as a private company, based in a garage in California, USA**

**New Zealand Mental Health Commission**

“The Funding Needed for Mental Health Services in New Zealand”

**72 entries in TheMHS Awards**
We now know that mental and substance use problems are among the leading causes of burden of disease worldwide – they dominate the top 10 causes of disability among young people in many countries including Australia. Many, many studies, refinements and revisions have followed the original GBD study – but it really did herald a paradigm shift in our thinking about population health.

Over the years, I have had the opportunity to participate in some of this work and it has been presented at TheMHS in one form or another many times – both at the Summer Forum and as part of the main conference. TheMHS really has been at the forefront of driving and maintaining connections between research and practice in Australia and New Zealand. It is a challenge as a researcher to keep your feet grounded: to constantly ask yourself “What does this work mean? Who will it benefit? What will it change?” TheMHS provides a forum where these questions can be asked, debated, re-framed and asked again.

At the Summer Forum these questions can be asked in a focused way – it allows us to come together over two days and really nut out the issues around a particular topic. Together with Maree Teesson, Kevin Kellehear and Viv Miller, I have had the opportunity of co-ordinating the program for several Summer Forums over the years. TheMHS Summer Forum has provided opportunities to hear world class research presented alongside cutting-edge developments in service delivery and practice change.

The Next 25 years

As TheMHS Learning Network grows and develops, it is critical that we continue to integrate the latest developments in science with clinical practice and lived experience.

We need to grow and develop, to make use of technology and online avenues for learning and communication. However, for me there will always be a place for conferences and summer forums – because there will always be value in coming together in person to be part of the conversation.

Besides which...an online conga line is just not the same!
1999 Conference –
Whose Dreams? Whose Realities?
Melbourne, Australia

Keynotes and Titles:

**Larry Davidson,** Assistant Professor of Psychiatry at the Yale University School of Medicine, New Haven, Connecticut (USA): *Psychiatric Disability and the Restoration of Citizenship.*

**Jill Gray,** Coordinator of Training and Development at VICSERV (Australia): Skilling Up The Community To Maximise Consumer Outcomes: *The Role of Mental Health Services in Community Education And Training.*

**Elizabeth Kuipers,** Professor of Clinical Psychiatry at Institute of Psychiatry, Kings College, London (UK): *Talking About Psychosis.*

**Gavin Mooney,** is Foundation Professor of Health Economics at the University of Sydney (Australia): *Young Men Dream Dreams...Old Men See Visions, But Who Is To Deal With The Realities Of Priority Setting In Mental Health Services?*

**Cath Roper & Arana Pearson,** are Consumer Consultants within Mental Health Services in North West Health and Lakeland Health Services respectively (Australia): *The Lyre Bird And The Huia: Voicing Song – Dreams.*

**Harvey Whiteford,** is a mental health specialist with the World Bank (Australia): Mental Health, Human Development And Economic Growth: *A View From The World Bank.*

Opening Address and TheMHS Awards
Presented by:
Merinda has been involved with many TheMHS Conferences since 1994. Merinda has been a keynote presenter twice (1997 & 2006), a session presenter, member of the Melbourne local organising committee twice, and an exhibitor. She was also an award winner in 1995 for the “U & I” project, in 1998 (for Deep Dialogue) and in 2006 (for Our Consumer Place). She has also been a member of TheMHS Award judging panels.

Merinda was awarded the Human Rights Medal in 2004 and the citation observed: “Merinda has been actively involved in mental health politics for 15 years. She is recognised as one of Australia’s leading mental health consumer advocates and internationally recognised for her contribution to mental health service development. Ms Epstein was recognised by the judges for her determination, bravery, moral integrity and insight in ensuring that the rights of people with psychiatric disabilities are defended”. Merinda was also a member of the landmark 1994 National Community Advisory Group Report (see 1994).

**Impact of TheMHS Conference**

Merinda noted that the first TheMHS Conference, the Burdekin Inquiry and the First National Mental Health Plan all happened around the same time, meshed in together and influenced each other.

Merinda believes that the networks established through TheMHS Conferences have been a source of support as well as information and education. She has found TheMHS Conferences valuable for meeting people, both new and familiar, and for building new networks.

Merinda’s first TheMHS Conference was in Melbourne in 1994. Mary O’Hagan from New Zealand gave the 1994 keynote presentation and...
Winner of the Gold Award for an outstanding contribution to theory/education/practice is Kathleen Stacey (Australia) and SPHERE: A National Depression Project (Australia).

Filming started in New Zealand for JRR Tolkien's Lord of the Rings trilogy.

Australia voted no to becoming a Republic.

82 Service Award entries and 12 entries for Media Awards in TheMHS Awards.

Merinda has been actively involved in mental health politics for 15 years. She is recognised as one of Australia’s leading mental health consumer advocates and internationally recognised for her contribution to mental health service development.

delivered a memorable line that ‘mental illness is the only industry in which the consumer is always wrong’. Merinda considered that Mary has had a critical role for consumers at TheMHS Conferences, and more broadly in Australia, as Mary is a consumer who has been in a senior policy position (a former Commissioner in the New Zealand Mental Health Commission).

In Merinda’s view, the consumer voice was much stronger, much earlier in New Zealand than in Australia. She saw this as flowing from the Māori culture, in which the concept of ‘HUI’, or gathering, requires that different parties meet together as equals in a Māori setting. She also noted that consumers initiated New Zealand’s community awareness program ‘Like Minds, Like Mine’.

Merinda has found the Summer Forums less tiring than the main TheMHS Conferences, as the Summer Forums focus on one issue, and do not require making choices about what to attend, which is a feature of the main conferences.

Role of Consumers at TheMHS Conference

Merinda considered that TheMHS Conferences are the only accessible conferences for consumers in Australia, apart from ones run by NGO peaks like VICSERV and MHCC. She also commented that, over time, the consumer presence at TheMHS has become more sophisticated. Consumers are no longer just ‘a story’. TheMHS has been good at keeping up with the understanding that consumers are not there only to ‘tell their story’. Also, TheMHS has actively subsidised consumers to enable them to attend TheMHS Conferences, particularly those involving overseas air travel to New Zealand.
Merinda also commented that TheMHS Conferences are mostly a place “where consumers have held their own amongst carers”. Merinda noted that many consumers no longer go to the pre-conference consumer forums, although she sees the forums as still helpful for those new to TheMHS, as they provide a ‘soft’ entry into the larger TheMHS Conference.

The Next 25 Years

In Merinda’s view, TheMHS Conferences are already big enough in terms of the number of presentations and those attending. She would prefer that TheMHS put energy into getting better, not bigger.

Merinda would also like to see more sessions on new and experimental approaches, especially by locals, such as a session on Deep Dialogue, but with enough time and the right space to do this properly. Although the chairs have instructions about setting time limits, in her view too many sessions are dominated by particular people talking too much. However, she thought that TheMHS has to be careful about not riding popular waves eg. Voices, Open Dialogue.

Merinda considered that there should also be room to critique the use of language, different ideas and interventions, and ‘psychosis-centric’ services. She noted that the term ‘serious mental illness’ has now been replaced by the Commonwealth with the term ‘severe and enduring mental illness’, which warranted critical examination.

In 10 years’ time, Merinda would like to see a greater variety of consumers attending TheMHS, and sessions which address their needs. She suggested that the program streams should include a ‘newbie’ stream for those attending TheMHS for the first time, an ‘ordinary’ lived experience stream, an academic stream, and a consumer workforce stream. The latter stream would recognise that in 10 years’ time, the consumer workforces will have grown in all states and territories. In addition, consumers will be taking on managerial roles.

Additional themes for TheMHS to include in the future are new mental health legislation, mental health complaints commissioners, and advocacy organisations. Under the new (2014) Victorian Mental Health Act, the state Legal Aid Commission is the host body for a new advocacy organisation, which will have 25 advocates.

Merinda considered that TheMHS conferences have overly focused on people with psychosis or people with ‘serious mental illness’. For Merinda, these terms are ‘gatekeeping language’ and can lead to the exclusion of people who are also seriously affected but who do not fit this diagnostic category. She noted that her keynote presentation on borderline personality disorder did not occur until 2006.
2000 Conference –
Creativity & Development: Services for the Future
Adelaide Convention Centre, Australia

Keynotes and Titles:

Julian Leff, is Professor of Social and Cultural Psychiatry, Institute of Psychiatry, London (UK): Can we manage without the Psychiatric Hospital?

Paul Nestor and Sandra Miller, are Consumer Peer Workers in rehabilitation and acute inpatient settings (Australia): Who Are The Experts?

Polly Sumner is CEO of Nunkuwarrin Yunti in South Australia (Australia): Reflecting On The Past, Establishing The Future

Virginia Lafond, is a social worker, CSW Schizophrenia Service, Royal Ottawa Hospital, Ontario (Canada): The Grief Of Mental Illness: Our Common And Fertile Ground.

Opening Address and TheMHS Awards Presented by:
Mr Dermot Casey, Director Mental Health and Special Programs Branch, Australian Department of Health and Aged Care, Mental Health and Special Programs Branch.
Supporter Interview with...

John Farhall

John is an associate professor of psychology and clinical psychologist. His current position spans teaching and research at La Trobe University and service development and evaluation, supervision and research at a large public mental health service in Melbourne. He is also on the Board of MIND Australia.

He attended the first TheMHS Conference in Adelaide 1991, and has been to every one since except 2012 in Cairns.

John has been a session presenter, session chair, and member of the local organising committees for each of the four Conferences held in Melbourne. John is also a member of the ‘TheMHS Network’ (meetings held on the Saturday after a TheMHS conference, and attended by past, present and future conference organisers).

Impact of TheMHS Conference

For John, the impact of TheMHS Conference was in extending and validating what he was doing and how things could be done. The early conferences opened up a broader picture and bigger space which helped enormously with the service reform work he was involved with at the time. Networking was very important. John got to know people and to develop collegial relationships, which, in turn, enabled him to call on people as needed – mainly those in Sydney such as Wendy Weir, but also Mary O’Hagan from New Zealand and Dick Warner and Max Birchwood from North America and Europe.

The focus on consumer issues at TheMHS Conferences helped John in developing his own awareness and work with consumers. The highlighting of consumer issues gave him greater confidence that this was worthwhile, helpful and worth doing.
Consumer involvement at TheMHS Conferences became not just about telling their story.

The First Conference

John recalled his first TheMHS Conference in 1991 well. More than a token number of consumers were present, and they were highly vocal. The 1991 Conference was based on a model of hearing and respecting the consumer voice.

At the time, John headed the Office of Psychiatric Services Staff Training Team in Victoria which he thought was in touch and ahead in terms of pioneering consumer involvement. Instead, he was shocked by the forceful consumer voice at TheMHS, led by New South Wales consumers such as Leonie Manns and Simon Champ. Amongst about 140 attendees, there were around 15 consumers, including several from Victoria. The consumer contribution was substantive and vocal with high participation in debates. John wondered whether this was helped by the Sydney consumers knowing each other and by being fostered by key conference organisers like Alan Rosen.

John felt that there was tension in the air around the challenges raised by consumers, and what might happen next, especially how this might play out in a collaborative context. It was not clear who was managing the situation. However, he noted that this tension dissipated over the later conferences and that there was increased integration of consumers in all key roles such as keynotes, session chairs etc. Consumers became accepted ‘players’ which made it easier for participation, rather than being advocates at the edge. Consumer involvement at TheMHS Conferences became not just about telling their story, although those consumers new to TheMHS might still want to tell their stories, and there’s a need to keep space in the program for that to happen.

New Zealand is the first country to successfully defend the America’s Cup with Team New Zealand.

Cath Roper appointed as Victoria’s first consumer academic at the University of Melbourne.

Australia’s National Mental Health Report

76 Service Award entries and 11 Media Award entries in TheMHS Awards

2000
From an organising committee perspective, initially all submissions were accepted for consumer presentations which told their stories. Over time, with a larger number of submissions, the priority became consumer presentations which linked to the conference theme, took leadership on issues, or built on the work and experiences of others.

For John, the significance of the first conference was not just that it was exciting but also that it was interdisciplinary, which was rare at that point in Australia. There was also a focus on services and service reform. At that time, New South Wales and Victoria were in the midst of reforming mental health services. The United Kingdom was also involved in reform and TheMHS had international visitors coming from there. John noted that, particularly in the first few conferences, it was stimulating and validating to hear from other countries involved in reform. There was excitement about service reform, and active spreading of reform ideas including about new service types.

John commented that the choice of international speakers for TheMHS conferences was important in terms of influence. A key contribution of TheMHS was to bring in international speakers to talk about a reform, and also to link this person to key people in Australasia.

**Melbourne 1994**

The other significant conference for John was the 1994 conference in Melbourne. He was on the organising committee, and there was a big ramp up in terms of size. This was also the first TheMHS Conference which had a pre-conference consumer day. Rod Salvage was on the organising committee and pushed for this innovation, which was attended by about 200 consumers. Other speakers were added to the program through a new session after lunch - such as Max Birchwood from Birmingham, United Kingdom, talking about relapse prevention. The conference was held at the University of Melbourne which made for difficulties in terms of finding large enough rooms for sessions, but the venue had more of a community feel than corporate settings.
An example of TheMHS' role in driving reform has been the campaign for mental health commissions.

**Importance of TheMHS**

TheMHS has been used by some as a vehicle to influence state and federal ministers and bureaucrats, such as through the choice of keynote speakers, who were often then introduced to ministers and bureaucrats, often through the lobbying skill of the Sydney TheMHS leadership. However, there was a recent example in Perth, where the RANZCP (Royal Australian and New Zealand College of Psychiatrists) organised a meeting of around 30 local psychiatrists with Patrick Bracken and Kenneth Thompson, the two keynote speakers who were also both psychiatrists. Leverage of the international speaker can be used to draw in and influence locals.

An example of TheMHS' role in driving reform has been the campaign for mental health commissions. This had been tenaciously driven by Alan Rosen and has been successful as several States have now set up mental health commissions, and the previous Australian Government established a national mental health commission. Another example of the TheMHS influence is the creation of national standards for mental health services, with standards set for the quality of service delivery. This was then extended to national standards for the mental health workforce. In both instances, the conference was used as a vehicle for generating momentum and also consulting with stakeholders.

**The Next 25 Years**

For continuity into the future, forward planning and succession planning will be critical.

In John's view, not all professional groups are well-represented in attendance at TheMHS, such as clinical psychologists and psychiatrists. Over time, there has been an increase in attendance by staff from community-managed mental health NGOs with fewer from clinical mental health services.

John considered that signs of success would be that TheMHS conferences still exist and that there would have been generational change in the Sydney TheMHS office. The vision and burden of work would have moved to another generation. There would have been a safeguarding of certain values, but a refreshment and renewal as well.

There would be continuity of engagement with service issues and service development – a key feature of TheMHS – and greater variety in the content and formats, with an emphasis on showcasing innovation and good practice.
What TheMHS Learning Network means to me by Management Committee member Maree Teesson

“My question has always been - how do we improve mental health? There are many ways but the one I am passionate about is through increasing access to our best knowledge. TheMHS Learning Network is a unique organisation that is focused on building that critical knowledge transfer partnership.”
2001 Conference –
No One Is An Island
Wellington Convention Centre, New Zealand

Keynotes and Titles:

Whatarangi Winiata, is Tumaki (Director) of Te Wananga o Raukawa, Otaki (New Zealand): Mental and Social Health in Tikanga Māori.

Anne Deveson, Writer, broadcaster and filmmaker - best known for her work on mental illness (Australia): Resilience and Mental Health

Jennifer Koberstein & David LeCount, Jennifer is the founder and Director of SOAR Case Management Services Inc, and David is Mental Health Coordinator of Dane County Department of Human Services (USA): SOAR Case Management Services – Making Recovery a Reality – Towards a System’s Integrated Approach.

Opening Address and TheMHS Awards Presented by:
The Hon. Annette King, MP, New Zealand Minister for Health.
Supporter
Interview with...

Sharon Lawn

Sharon is a social worker, public health lecturer and family carer in South Australia. She is also a researcher and Director of a research unit within the Department of Psychiatry at Flinders University.

Sharon began attending TheMHS Conferences in 1999 in Melbourne. At that Conference, she presented on consumers’ experience of smoking. In 2002, won a TheMHS Award for smoking cessation campaign, and in 2007, won another Award – Exceptional Contribution by an individual to mental health services - nominated by South Australian consumers and the public advocate (a psychiatrist).

Sharon has regularly attended TheMHS Conferences since 1999 – as a clinician, she mostly took her own leave and funded herself to attend because she saw it as important.

For the conference in Melbourne in 2007, she was responsible for consumer participation from her services in Adelaide and organised for eight consumers to attend from that area.

While Sharon has only been to one Summer Forum where she presented on peer work, she thought there was value in having a focus on a particular issue.

Sharon has been a session presenter and session chair, Award winner, and member of the pre-conference carers’ day committee at TheMHS in Adelaide.

Impact of TheMHS Conference

Sharon found that attending TheMHS re-affirmed her critical view of what was happening around her in South Australia’s mental health services, and the importance of holding firm to the consumer voice and its importance; it validated the consumer voice and the importance...
Sharon noted that the consumer voice is now more visible and supported of the consumer experience. She said that it’s easy to get engulfed in clinical language and culture. At TheMHS, consumers are outside their sick role. She noted that some clinicians attend from South Australia’s mental health services, but she wonders how much they take away and whether they change their practice.

Sharon noted that the consumer voice is now more visible and supported in the NGO (Non-Government Organisation) sector in South Australia, which is growing. Young people are coming in to jobs in NGO services.

Her First Conference

The first TheMHS Conference Sharon attended was the first national conference she had ever attended (funded herself). This first Conference made a big impact as it was the first time she stepped outside her own service and realised how different services operated. Maree Teesson approached her afterwards and asked about the paper she had presented. Sharon realised she had something to contribute and there was value in contributing.

At that conference and later ones, she was struck by the closeness of the organising committee – ‘the TheMHS family’. A good example was Leonie Manns and Alan Rosen doing a joint effort – to Sharon, this epitomised bringing consumers and clinicians together. At that time, she was working in an inpatient unit and coming to TheMHS meant sharing equally with consumers – going past the labelling.

Changes in TheMHS

Sharon has seen a change in TheMHS since then – the percentage of consumers and carers seems to have increased over time, and more
How could we tell in 10 years’ time whether TheMHS is really successful?

Sharon suggested the following criteria were important:

- People of influence at all levels are still attending.
- Consumers and carers are still attending.
- Private psychiatrists are attending, and consumers using private mental health services.
- People in key policy positions eg. every public advocate across Australia, ombudsmen, community visitors.

NGOs are attending. Also, more TheMHS sessions include presentations which pay attention to physical health issues. Now there is an increased focus on the impact on carers of the physical health of their family member.

Sharon said coming to TheMHS is now a bit like coming home for Christmas – catching up with ‘the family’ and catching up with the current and new ideas.

She had a strong memory of Aranda Pearson presenting and playing his guitar.

Importance of TheMHS

Sharon commented that at TheMHS Conference, there are like-minded people and the conference enables network-building. The networks are important for validating different approaches. She notes that those who attend from South Australia’s mental health service are still mainly managers and senior managers, not lower-level clinicians. Sharon observed that services often won’t fund others to attend.

Sharon wondered about those who don’t come to TheMHS but perhaps should! For example, only some psychiatrists come to TheMHS. She considers that the first experience of a TheMHS Conference for some mental health clinicians can be a shock and a challenge, especially when consumers get up and ask questions and present papers.

TheMHS Conference is a safe environment for ideas to be developed and shared. Dialogue at TheMHS helps consolidation. However, Sharon also commented that tokenism about consumer and carer rights is too easy. We all have to nurture the dialogue and keep it building, so that ideas gain credibility and are validated. The challenge is how to get translation across to services.

Sharon said she had been to the RANZCP (Royal Australian and New Zealand College of Psychiatrists) Congress earlier in the year (2014) and there was a session run by a psychiatrist and consumers talking about psychiatrists’ experiences of mental health issues. She noted there was a queue outside the door to get in. A good sign of change.

The Next 25 Years

She considered that TheMHS has had an influence in the mental health commissions being set up nationally and in particular Australian States. This marked the strength of TheMHS. However, she also thought that TheMHS should encourage those attending to take the ideas back to their own services.
2002 Conference –
There’s No Health Without Mental Health
Sydney Convention Centre, Australia

Keynotes and Titles:

Margarita Alegria, Professor and Director of the Center for Sociomedical Research and Evaluation in the Graduate School of Public Health at the University of Puerto Rico (Commonwealth of Puerto Rico): Encouraging equity of access to mental health services for those in need

Vicki Katsifis, a consumer advocate and trainer who currently works for the NSW Institute of Psychiatry and runs an education consultancy (Australia): An Holistic Approach To Recovery

Peter Huxley, Professor of Social Work in the Health Services Research Department at the Institute of Psychiatry, London, (UK): Promoting mental health and quality of life through social inclusion

Opening Address and TheMHS Awards Presented by:
Dr Norman Swan, Australian Broadcasting Corporation journalist and Producer/presenter of ABC Radio National’s The Health Report.
Pamela trained as a social worker and worked as the executive officer on the landmark 1983 NSW Richmond Report (Inquiry into Health Services for the Psychiatrically Ill and Developmentally Disabled).

In 2009, she started as the CEO of what is now Richmond PRA (the two organisations of PRA and Richmond Fellowship of NSW came together in 2012).

Pamela went to her first TheMHS Conference in 2010 (Sydney). She has chaired a symposium and other sessions, been a presenter and her service presented a poster in Sydney (2010).

**Impact of TheMHS Conference**

Pamela was struck by the diversity of her first TheMHS Conference (Sydney, 2010) in terms of topics and those attending. She was also struck by the openness with no barriers to attendance, and the opportunities for networking. Pamela recalls this was particularly helpful as a new CEO as it enabled her to build new relationships.

Pamela thought the 2014 TheMHS Conference had been good in terms of the level of consumer input and the emphasis on the peer workforce. Richmond PRA had brought ten people to the 2014 TheMHS Conference – they get together and pool notes on what has been learnt and what is most useful. Pamela stated that TheMHS is a source of validation about what they are doing, as well as opportunities for new learning and ideas.

By contrast, Pamela has found the Summer Forum format more intense, with its focus on a single topic.
Pamela was struck by the diversity of her first TheMHS Conference (Sydney, 2010) in terms of topics and those attending.

TheMHS represents a community of practice. It is easy for people to connect with others – as it provides a common base for networking and exchange. However, Pamela noticed that not many delegates are attending from the private practice arena.

**Importance of TheMHS**

Pamela believed that TheMHS Conference had a strong role in the establishment of Mental Health Commissions both nationally and at the state level.

**The Next 25 Years**

Pamela thought that TheMHS could focus more on the evidence base for interventions and services. Those presenting would need to have subjected their interventions to evaluation. Pamela also suggested that TheMHS Conference could add a section or stream of research papers which would have been subjected to peer review and more rigour. This could be added to the TheMHS mix.

Pre-conference workshops – does this divert consumer and carer input away from the main TheMHS Conference. Pamela thought it would be worth checking the presentations.

Pamela considered keeping the focus on the reform agenda is important eg. NDIS and Mental Health Commissions. In future, it would be useful to have reflection on the changes in Victoria through the recommissioning of NGO (Non-Government Organisation) services. This is also happening in other parts of Australia where Queensland and New South Wales will also be re-tendering.
How could we tell in 10 years’ time whether TheMHS is really successful?

- Same high level of accessibility.
- A unique conference offering.
- People can bring ideas that are just beginning.
- Capacity building still key.
- An increase in consumer participation.
- A focus on the peer workforce.
- Evidence for effective ways of engaging people with lived experience in employment and support.

What TheMHS Learning Network means to me by Management Committee member Tully Rosen

I was the TheMHS baby. My first conference was Sydney 1997, licking envelopes and checking name tags. It was eye-opening to see a major event populated with so much passion and forward thinking. Having come full-circle from business to communications and back in to mental health policy, TheMHS is the rosetta stone that drives my work across sectors and stakeholders. It’s unique for the sector, and absent from many others.
2003 Conference –
From Rhetoric to Reality
National Convention Centre, Canberra, Australia

Keynotes and Titles:

David Castle, Professor and Chair of Psychiatry at St Vincent’s Health and The University of Melbourne (Australia): From Rhetoric to Reality in meeting psychosocial needs in people with psychosis: An overview of Collaborative Therapy

Sandy Jeffs, a consumer advocate who speaks to community groups, primary and secondary schools, university students and doctors about what it is like to live with a mental illness, (Australia): The Language of Madness: A Meditation on Madness, Language and Poetry.

Phil Barker, Visiting Professor at Teeside University, England and Trinity College, Dublin (Ireland): A Bridge over Troubled Waters: The Tidal Model of Recovery and Reclamation.

Opening Address and TheMHS Awards Presented by:
The Hon Trish Worth, MP, Parliamentary Secretary for the Australian Minister for Health and Ageing. Awards were jointly presented with Mr Simon Champ, an activist in mental health reform, a founding member of the Schizophrenia Fellowship of NSW and inaugural chair of the Australian Mental Health Consumer Network.
Supporter Interview with...

Helen Glover

Helen has a background in social work and education as a trained teacher. She currently works as a consultant running workshops on mental health recovery and other topics. Helen identifies with a lived experience of overcoming the effects of mental illness [Ed. see note language on page 2 of this booklet] and is completing a leadership course at Deakin University in Victoria. Helen has been a co-researcher in the qualitative Australian study: "Recovery from Schizophrenia from a Consumer Perspective" and lectures and trains internationally on the opportunities, challenges and tensions of creating recovery-oriented practice and support environments.

Helen went to her first TheMHS Conference in 1994 (Melbourne). At the time, she was a social work student at the University of Queensland and it was the first conference she had attended.

Helen has been a keynote presenter (2004 Gold Coast Conference and paper available from www.themhs.org), a session presenter, a session chair and a member of the local organising committee for the 1996 Brisbane conference.

Impact of TheMHS

Helen identifies several key impacts from TheMHS Conferences:

First is the ability to engage and network with her colleagues and peers.

Next was the 1994 TheMHS Conference (Melbourne) where Mary O’Hagan (see 1994 Chapter) was the keynote speaker at the inaugural consumer day. By 1996, the consumer workshop was integrated into the conference as a pre-conference day. Helen saw TheMHS Conferences as a new way of engaging with other peers.

The 1996 TheMHS Conference (Brisbane) stands out for Helen due to the quality of the keynote presentations and the efforts of the local...
Helen notes that the convenors of Brisbane’s 1996 Conference helped to ‘push the boundaries’ in many ways. 

organising committee. The three keynotes were John Strauss, Charles Rapp and Pat Deegan. The Australian Consumer Network was launched at this Conference following much work beforehand in preparation. Helen was struck by Charles Rapp’s practical focus e.g. ‘we teach people to prepare spaghetti for 20 but not for just one person’. Pat Deegan’s presentation made vivid use of a visual image (the sea rose) – the paper is included in Pat Deegan’s online collection. Pat also ran an experiential workshop on hearing voices.

Helen notes that the convenors of Brisbane’s 1996 Conference helped to ‘push the boundaries’ in many ways. Co-convenors Melanie Scott and Vaidyanananathan Kalyanasundaram – from a lived and clinical perspective respectively - achieved high numbers of delegate registrations and got the Australian Governor General, Sir William Deane, to hand out the Achievement Awards. Helen also commented on ‘The Wellbeing Day’ held in Brisbane on the Saturday, which had used an innovative structure to engage people.

Helen has also found other keynotes impressive at later conferences – Alain Topor (two keynotes), Larry Davidson, and Pat Bracken (2014). The ideas presented by keynotes have influenced her thinking and approach.

**Importance of TheMHS**

Helen believes that “people come [to TheMHS Conferences] for the networking as much as the presentations and input”. For Helen, TheMHS Conference has been about re-connecting with people moreso than making new connections.

Helen considered that TheMHS Conference has been instrumental in the growth of the National Mental Health Consumer Network. This was a national development fostered by TheMHS Conference.

New Zealand’s population passes four million people

From left to right, Simon Champ, Nick Franklin, Minister Trish Worth

**54 Service Award entries and 23 Media Award entries in TheMHS Awards**

Winner of the Gold Award for an outstanding contribution to theory/education/practice is SANE Australia
How could we tell in 10 years’ time whether TheMHS is really successful?

Helen made the following suggestions for measuring the success of TheMHS Conference:

- It is still running.
- New leaders have emerged.
- It is known locally and has engaged new local cohorts.
- It is a more critical-thinking group.
- It sets up an exchange program with a comparable service overseas.
- It would not be just ‘an event’ but the development of a learning network.

Also, Helen notes that TheMHS Conference has had a key role in the development of Mental Health Commissions. Helen saw the role of TheMHS Conference as an anchor for the National Mental Health policy and plan, enabling reflection on these policy developments. In her view, this has been the underpinning rationale for TheMHS Conferences.

Helen commented that TheMHS Conference differed from international conferences, especially those in Europe, in that the latter would have one major focus or theme, then different speakers on the same theme or topic eg. citizenship. She thought this was useful as there was an opportunity to have more extended dialogue about the particular theme between those attending. These conferences were also usually shorter than TheMHS Conferences and often reflected their local culture eg. an Italian conference had a two-hour lunch.

She also referred to the Creating Futures conference set up by Professor Ernest Hunter, a psychiatrist in Northern Australia who specialises in working with Indigenous people. The structure of these conferences avoids talking at people and not leaving sufficient time for discussion.

The Next 25 Years

In Helen’s view, TheMHS Conference needs to develop new ways of engaging people in learning and education. For example, life-long learning as the framework for a one-day conference, with planned outcomes and actions to follow (what you will commit to doing tomorrow). This would assist the development of a co-learning structure. Helen’s view is that you need to get knowledge from outside your familiar system of understanding, for example, using inspirational leaders. The aim should be to enhance knowledge.

Helen also suggested that TheMHS Summer Forum should be run in different states, not just Sydney, and that TheMHS Conference should be a smaller event around one topic or theme. An alternative is to run TheMHS as a one-day conference x seven times across Australia, instead of three days in one city. Helen believes that if the Conference is more local, then this would enable more local, lower level staff to attend, not just the senior staff, who are the ones who tend to go to TheMHS Conferences.

Helen emphasised that TheMHS Conference should always consider the impact on those with lived experience. For instance, Helen thought it was inappropriate to use the Award ceremony to give out certificates to people who had completed the peer work course. She thought this was over-acknowledging people with lived experience, which historically was important but now seemed tokenistic. Now people with lived experience should be treated as equals.
2004 Conference –
Harvesting Hope: Across the Lifespan
Gold Coast, Australia

Keynotes and Titles:

Adrian Falkov, a child and adolescent psychiatrist at Westmead Childrens’ Hospital, Sydney (Australia): Children of Parents with a Mental Illness: A Family Perspective for Professionals, Systems & Carers.

Eric Vernberg, Professor and Associate Director of the Clinical Child Psychology Program, University of Kansas (USA): Innovative Model for Treating Children with Severe, Early-Onset Serious Emotional Disturbance.

Helen Glover works with professionals, consumers and their families to promote practices that support wellness – most recently as CEO of CHANGE in Birmingham, UK: Recovery and All That Jazz!!!!

Henry Brodaty, is Professor of Psychogeriatrics, UNSW (Australia): A model for management of behavioural and psychological symptoms of dementia.

Anthony Wee-Kiat Ang, trained as a psychiatrist in Singapore and London, he currently works in various National Health Service Psychotherapy Departments in London (UK): Reclaiming the Transformative Spiritual Horizon: Beyond the Biopsychosocial Paradigm in Mental Health.

Tracy Westerman is Managing Director, Indigenous Psychological Services (Australia): The Value Of Unique Service Provision For Aboriginal People – The Benefits Of Starting From Scratch.

Anne Helm is currently an advisor at Otago’s hospital-based mental health services (New Zealand): Reclamation and Reconciliation.

Jack Yatsko is Director of Training for the International Centre for Clubhouse Development (USA): The Clubhouse Model: Communities of Hope, Recovery and Belonging in Society.

Brett McDermott, Director of Mater Child and Youth Mental Health Service, Queensland (Australia): Hope at the clinical coalface: Is intersectoral collaboration enough or do we need new child and youth service provision models?

Horst Kaechele, Professor in Psychosomatic Medicine and Psychotherapy, Ulm University (Germany): Why Do We Need Psychotherapy In Public Mental Health Services?

Margaret Fleming is Coordinator, Monaghan Community mental Health Team (Ireland): The Monaghan Model. A Community Mental Health Service In A Rural Community

Opening Address and TheMHS Awards Presented by:
Professor Allan Fels, AO, Dean of Australia and New Zealand School of Government (ANZSOG), patron of many mental health networks, a long-term advocate of mental health policy reform and a carer for his daughter.
Supporter Interview with...

Lesley Van Schoubroeck

Born in Queensland, Australia, Lesley spent much of her working life in Western Australia until her appointment as the new Mental Health Commissioner in Queensland in July 2013.

Lesley was a key player in setting up the first West Australian Mental Health Commission in 2010.

Lesley went to her first TheMHS Conference in Sydney in 2010, and has attended each Conference since then. She worked with Alan Rosen and others to get the symposiums on Mental Health Commissions established from 2011 Conference (in Adelaide, Australia) onwards.

Impact of TheMHS Conference

Lesley found her first TheMHS Conference (Sydney in 2010) very different to her experience of mental health in Western Australia. She was struck by the extent of consumer and carer involvement and the degree of mutual respect shown. She had been used to consumers and carers being represented by NGOs (Non-Government Organisation), whereas at TheMHS Conferences they spoke for themselves.

Conference Balance

Lesley considered there was enough time for people to catch up with others as there were not too many concurrent sessions and the length of the sessions was appropriate. She also noted that you always want people to have wanted to go to something else. The choice of venue was really important for facilitating interaction.

Lesley thinks it’s a good system to have a local organising committee as well as an overarching central committee. She thought TheMHS Learning Network managed the balance well – there was a good mix

Winner of TheMHS Award For Exceptional Contribution to Mental Health Service in Australia or New Zealand was Lifeline’s 24 hour Crisis Telephone Counselling Service

New Zealand launches Māori TV

Film Festival featured Sugarman: a Dionysus Tale

2004
Lesley thinks it’s a good system to have a local organising committee as well as an overarching central committee.

The Next 25 Years

Lesley saw TheMHS under some threat/risk due to the increasing competition from other mental health conferences, eg. the International Mental Health Conference on the Gold Coast which often is on at the same time as TheMHS Conference, as well as conferences on suicide prevention, early intervention and youth mental health. She also considered that the establishment of Mental Health Commissions has now been adopted by New South Wales and Queensland. New South Wales came to Western Australia and Queensland to talk about Mental Health Commissions. South Australia also came to talk to Western Australia and Queensland, although the South Australia Mental Health Commission has yet to be set up.

Importance of TheMHS

To Lesley, the opportunities for cross-pollination and networking at TheMHS Conferences are useful, as is the wider exposure to the mental health sector.

Establishment of Mental Health Commissions

Lesley notes that Alan Rosen’s (co-founder - see 1997 chapter) passion for Mental Health Commissions has been a strong driver. Helen Morton, Western Australia’s Minister for Mental Health, drove the setting up of the Western Australia Mental Health Commission but TheMHS had a significant influence too.

In addition, the concept of a mental health commission has now been adopted by New South Wales and Queensland. New South Wales came to Western Australia and Queensland to talk about Mental Health Commissions. South Australia also came to talk to Western Australia and Queensland, although the South Australia Mental Health Commission has yet to be set up.

This 14th TheMHS Conference was held in partnership with the 5th AICAFMHA Conference – Australian Infant, Child, Adolescent and Family Mental Health Association

New Zealand’s Parliament passes a Bill recognising civil unions between gay couples

“Improving Mental Health”
New Zealand Ministry of Health Consultation Document on 2nd Nat. Mental Health and Addiction Plan 05-15

55 Service Award entries and 28 Media Award entries in TheMHS Awards
central planning committee membership needed ‘refreshing’ so that it did not look as though TheMHS was ‘owned’ by particular people.

She noted that the pre-conference consumer and carer forums were set up separately early in the history of TheMHS but this is based on a model which needs to be more transparent. Lesley questioned whether they should be separate.

Lesley believes that if TheMHS want people still to come, they will need to feel they have ownership, including what is on the conference agenda. This might include locals who are not on the local organising committee. They need to know what is on the agenda and if some issue is not there, why not.

Lesley believes it would be good to have some flow-on to the main conference from the pre-conference workshops eg. reporting back. She also wanted to ensure that there are separate sessions through the main conference addressing Aboriginal mental health issues and it would also be good to have an Aboriginal person as a keynote speaker.

**How could we tell in 10 years’ time whether TheMHS is really successful?**

Lesley noted that if TheMHS is to last over the next 10 years, it will have to retain its credibility amongst diverse groups. TheMHS Conference needs to be clear about the depth and breadth of the networks – who comes and how often. Lesley also believes that TheMHS will also have to market itself to the new Mental Health Commissioners.

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**What TheMHS Learning Network means to me by Management Committee member Cath Chapman**

As a member of TheMHS Management Committee over the last 15 years, I have had the privilege of working alongside some passionate, brave and fabulous people. As a researcher I have learnt to ask different questions, to expect different answers and to never stop asking “What does this really mean? Who will it help? How will it change things?” But most of all, I have learnt what it means to find your voice, stand up for what is important, and work towards positive change.
2005 Conference –
Dancing to the beat of a Different Drum: Mental health, social inclusion, citizenship
Adelaide Convention Centre, Australia

Keynotes and Titles:

Roberto Mezzina, Director of Mental Health Services in Trieste (Italy): Citizenship - the Social Dimension of Recovery

Ron Coleman, leading consumer activist (UK): Recovery! From Rhetoric to Reality

Doris Kartinyeri, a Ngarrindjeri woman who has not only survived being a member of the Stolen Generation but also has a mental illness, (Australia): Growing up in the Stolen Generation: A Journey Into The Soul

Opening Address and TheMHS Awards Presented by:
Dr Sev Ozdowski, OAM, Australian Human Rights Commissioner and Disability Discrimination Commissioner, HREOC.
Supporter Interview with...

Peter Huxley

Peter is Professor of Social Work & Social Care at Swansea University in Wales, United Kingdom. He previously was Professor of Social Work at Kings College, London, and Manchester University. He has a particular research interest in quality of life and social inclusion outcome measures.

The first TheMHS conference he attended was in 2002 in Sydney. He has also attended other TheMHS Conferences - 2005 in Adelaide, 2007 in Melbourne, 2009 and 2014 in Perth, and 2011 in Adelaide.

Peter has also been a keynote presenter twice, and has also run several symposiums.

Impact of TheMHS Conference

TheMHS Conference has enabled Peter to establish relationships with those with common interests in Australasia – particularly to set up networks with those with similar research interests. For example, Robert Bland (Professor Social Work) invited Peter to Tasmania and another social work academic invited Peter to do a seminar at his hospital. Peter considers that he has many good collaborations outside of the United Kingdom and that many were set up through TheMHS Conference (for example, Tom Trauer from Victoria became a good colleague).

Importance of TheMHS

What stands out for Peter is the lack of professional dominance at TheMHS compared to professional conferences. He noted that mental health conferences in the United Kingdom used to be dominated by social psychiatrists whereas now there is greater emphasis on genetics and physical psychiatry.

International Leadership Exchange Network meeting – Wellington, New Zealand

Winners of TheMHS Award For Exceptional Contribution to Mental Health Service in Australia or New Zealand were Barbara Wieland from Australia and Barbara Disley from New Zealand

2005
Peter considers that he has many good collaborations outside of the United Kingdom and that many were set up through TheMHS Conference.

Peter commented that he has found TheMHS Conferences are well organised and well-balanced in terms of content. TheMHS has had forceful presenters on consumer issues eg. Mary O’Hagan and Ron Coleman. For Peter, there are also local drawcards in terms of Australian developments such as beyondblue and the Black Dog Institute.

According to Peter, there are no conferences in the United Kingdom like TheMHS with a high consumer involvement and also a strong emphasis on research and evidence base for particular approaches. In comparison, MIND conferences in the United Kingdom “would be all about service delivery, with little on research and the evidence base”.

**Standout Conference**

For Peter, the 2007 TheMHS Conference (Melbourne) was a standout through the presence of ‘therapy dogs’. Neither Peter nor his partner, Sherrill, had come across the use of dogs for therapy before.

In Peter’s view, there are shared interests across TheMHS and the state and Commonwealth government departments, and better relationships between TheMHS and government departments than in the United Kingdom.

Peter keeps returning and attending TheMHS Conferences because he can learn what is happening here and take this back to the United Kingdom. He gave an example of Tina Smith in NSW who has a network of agencies with research interests.
How could we tell in 10 years’ time whether TheMHS is really successful?

Peter suggested the following criteria could be applicable:

• TheMHS Conferences were still being put on.
• A younger cohort was being engaged.
• TheMHS taking a more pro-active role in encouraging younger professionals to attend and present their research or other facets of their work.

The Next 25 Years

One suggestion from Peter was that TheMHS could host a workshop with young allied health researchers (post-graduates, post-doctoral fellows) presenting their mental health research (Robert Bland piloted a similar workshop in Brisbane which Peter attended and thought was very effective). TheMHS would offer the opportunity for younger researchers to get together with their peers, and also consumers, carers and more experienced professionals.

He also suggested that TheMHS could set up as a franchise and run similar conferences in the United Kingdom. In the United Kingdom, there were mental health research network conferences which went well – they were initially somewhat like TheMHS. In Wales, there is a National Centre for Mental Health, but this is focusing on physical aspects eg. neurological imaging etc.

From left to right, Sadie Robertson, Lynne Dunbar, Liliana Algorry, Anne Allen
2006 Conference – Reach Out, Connect
Townsville, Australia

Keynotes and Titles:

Xavier Amador, Adjunct Professor in Clinical Psychology at Teachers College, Columbia University, (USA): ‘I am Not Sick, I Don’t Need Help!: How to Help Someone with Mental Illness Accept Treatment

Jon Jureidini, head of the Department of Psychological Medicine, Children’s Youth and Women’s Health Service, Adelaide, (Australia): Children’s rights in 21st century Australia.

Nicholas Procter, Associate Professor and Academic Integrity Officer, School of Nursing and Midwifery, University of South Australia (Australia): ‘They first killed his heart (then) he took his own life’: Reaching out, connecting and responding as key enablers for mental health service provision in multicultural Australia.

Merinda Epstein, Policy Officer in the Mental Health Legal Centre, Melbourne, (Australia): The Emperor’s New Clothes: On being invisible and neglected within the mental health system; a gendered perspective from a “Borderline Pioneer”.

Opening Address and TheMHS Awards Presented by:
The Hon. Tony Abbott, MP, Australian Minister for Health.
Supporter Interview with...

Ailsa Rayner

Ailsa is a Queenslander based in Cairns, Australia, who has attended TheMHS Conferences since 2010 (Sydney). Ailsa has been a session presenter, a session chair, and member of the local organising committee for the TheMHS Conference in Cairns (2012) and of the consumer group planning the pre-conference workshop.

**Impact of TheMHS Conference**

Through connections made and involvement in TheMHS Conferences, Ailsa has become involved in a national register of consumers; a member of a peer support workers’ group; and the consumer representative of an “Expert” Reference Group advising COAG (Council of Australian Governments) on targets and indicators.

Ailsa noted that she gains support from consumers, carers, clinicians and administrators at TheMHS Conferences. This support reinforces what she thinks the changes should be in terms of extra knowledge and extra skills. The contact with other consumers is reassuring as she finds others are involved in seeking changes.

She found TheMHS a very positive experience, especially the pre-conference consumer day, but also meeting with mental health professionals.
Ailsa was particularly impressed by Mike Slade’s presentation at TheMHS in Melbourne (2013) – especially his ideas about capacity-building and consumer participation. [ed.This paper is available on the Resource Library at www.themhs.org] Ailsa said she had brought these ideas to her service some years ago, but they had been out of reach. So she found Mike’s presentation in Melbourne valuable as it validated these ideas and reinvigorated what she had known and heard from others.

**Importance of TheMHS**

Ailsa states TheMHS is different in terms of the variety of topics and formats. There is some fantastic work presented at TheMHS and the future is bright, but the changes in services never happens quick enough. However, she is concerned about the emphasis on clinical models and would prefer even more consumer-focused models.

Ailsa considers that ideas presented at TheMHS are influential and that people have to be ready to hear what’s being said, innovative in service delivery and prepared to change practice. TheMHS tries to keep up with the consumer movement and has the potential to influence the services to be aware of the necessary changes. Ailsa sees this in the case of human rights and the sharing of standards. Also the ability to have a
How could we tell in 10 years’ time whether TheMHS is really successful?

In Ailsa’s view, TheMHS would have been successful in 10 years’ time if the following were evident:

- Consumers were at every level in services and connected and safe in these environments to implement change
- There was an established peer support workforce
- More consumers joined the central organising committee for TheMHS so that after ten years, it comprised only consumers, including the chair.

conversation with people both in Australia and throughout the world in person has meant that the communication barriers and the subtleties that sometimes get in the way are not influencing understanding.

Ailsa would like a greater focus on human rights. In fact, she would like to make the conference all about human rights. She considers that some presentations appear too focused on clinical issues and do not take into account the unique individual and bemoans the resistance of service systems to implement new ideas and ways of supporting people.

She would also like TheMHS made more accessible to people who currently cannot afford to attend eg. perhaps more bursaries.

The Next 25 Years

Ailsa believes that Aboriginal people need more prominence and in her view, this could be through doing a keynote presentation, like Tom Calma did in Cairns (2012).

What TheMHS Learning Network means to me by Management Committee member Barbara Tooth

Since beginning to attend TheMHS in the early 90's, it has been a great place to share ideas and learn from a diverse and inclusive range of supportive and thought-provoking people. As a beginning researcher back then, this was very important.
2007 Conference –

2020 Vision: Looking toward excellence in mental health care in 2020

Melbourne, Australia

Keynotes and Titles:

Peter Huxley, Professor of Social Work & Social Care at Swansea University in Wales, (UK):

Til Wykes, Professor of Clinical Psychology and Rehabilitation at the Institute of Psychiatry, Kings College London (UK): From subjects to participants: service user involvement in research.

Mary O’Hagan, the first chair of the World Network of Users and Survivors of Psychiatry; an advisor to the United Nations and World Health Organization; and a Mental Health Commissioner (New Zealand): A vision for recovery oriented services and systems in the future for people with mental health problems

Opening Address and TheMHS Awards Presented by:

Senator The Hon Brett Mason, Minister assisting the Australian Minister for Health.
Margaret is a clinical psychologist by training. Initially, she worked as a clinical psychologist but over the past twenty years or so, she has had extensive experience in mental health service management and development, including government administration, private clinical and consultancy practice, drug and alcohol programs and primary health care. She has also been active in consulting with countries across Asia about the development of their mental health services (in her current role as Associate Director of Asia Australia Mental Health).

The first TheMHS Conference Margaret attended was in 1994 (Melbourne). Since then, she has been to around 15 TheMHS Conferences and was an active member of two Melbourne TheMHS Conference local organising committees – including as Chair for the 2007 TheMHS Conference. Margaret has been active at other TheMHS Conferences including as session presenter, session chair and member of a plenary panel. She attended one Summer Forum on leadership (as a presenter), but not any others as she has found the timing of the Forums difficult and the topics often too specific.

Impact of TheMHS Conference

Margaret believes TheMHS Conferences are unique due to the breadth of interests represented: clinicians, consumers, carers, NGO (Non-Government Organisation) staff, service managers and policy makers. This means that there is a range of input eg. clinical issues, policy, consumer, carer etc.
Margaret noted that TheMHS Conferences provided confirmation about what she was trying to do in service development – affirming and validating that directions being followed were okay. The Conferences also stimulated developments – for example, after Margaret attended a particular TheMHS Conference, she set up a carer advisory committee at St Vincent’s so that carers could provide direct input into service development, rather than only act as consultants to other carers.

Margaret also commented that in the late 1990s, she had observed what she called ‘palpable tension’ between some presenters and consumers at TheMHS Conferences, with consumers actively challenging the psychiatric system and demanding to have their concerns heard. However, she considered that through this process, consumers found their voice, and were more able to challenge rather than just be a token presence at TheMHS Conferences. As a consequence, more recently there has been greater collaboration between consumers and other interest groups, including joint presentations. There is no longer a sense of them and us – we have a common mission and purpose to improve services.
In Margaret's view, consumers now constitute a critical mass at TheMHS Conferences and support each other. She considers that in the last ten years, there is a sense of TheMHS Conferences being ‘owned’ by consumers, so there is not the same type of adversarial challenge from consumers. There are now fewer workshops or sessions just for consumers. The introduction of the pre-conference consumer workshops some years ago has also provided a venue for consumers to discuss issues.

2007 Conference Was Significant

Margaret was the chair of the organising committee, which had to deal with the last minute withdrawal of a keynote speaker from the USA, Kim Mueser, whose house had burnt down. A substitute speaker was rapidly found, and proved excellent. That conference was also memorable because of the high attendance level; Andrew Denton’s interviews with consumers (later made into the film ‘Angels and Demons’ about experiencing mental illness); and the social activities aimed at inclusion of all attendees.

In 2007, the local organising committee wanted to bridge the gap between consumers and carers. Also, at the end of the end of the pre-conference consumer and carer forums, there was a celebratory coming together of consumers and carers.

2001 Conference

Another conference which Margaret found significant, but in a different way was the 2001 TheMHS Conference in Wellington, New Zealand. She thought this was due to the Māori influence, and the Māori culture, which has a strong emphasis on people celebrating coming together. A group of Indigenous Australians went to the pre-conference workshop at the Wellington conference. This had a big impact on them, although they were also sad about their loss of language and culture compared to New Zealand Māoris.

Policy Influence

Margaret thought it noticeable that government bureaucrats at both federal and state level regularly attend TheMHS Conferences. Often panels present a review of what’s happening, and include government representatives. The conferences serve as a forum to learn about what is happening across Australia and New Zealand, especially innovations. TheMHS Conferences also provide education for young and/or new bureaucrats who are unfamiliar with the mental health arena.
TheMHS Conferences were early to promote a focus on recovery and encouraged the growth of a recovery movement in Australia. They have also promoted the Italian Trieste community model of mental health services.

An obvious example of policy influence is the establishment of mental health commissions, for which TheMHS had strongly advocated over a number of years. This includes the National Mental Health Commission, but also those at a state level. Mental Health Commissions have now been set up in a number of states. For several years, TheMHS Conferences had included a focus on mental health commissions, with presentations and debates, and the Canadian Mental Health Commissioner even attended a TheMHS Summer Forum. Apparently after the Hon. Mark Butler, MP, the first Minister for Mental Health in the Australian Government, took up his position in September 2010, he confirmed with consumers that they wanted such a commission set up. He then moved to establish the Australian National Mental Health Commission.

**Importance of TheMHS**

Margaret saw the TheMHS Conferences as unique as they bring together clinicians, consumers, carers, service managers and policy makers. TheMHS Conferences are uplifting and inspirational. There’s a sense of all being in it together to make things better.

Margaret believes it is very important that there are no drug representatives present, and there is no push from the pharmaceutical industry. Also, professional conferences are different as they focus more on professional development for members, whereas TheMHS Conferences focus on service delivery for people with high needs and more severe problems, and are not just about clinical diagnosis and treatment. TheMHS Conferences avoid a ‘them and us’ divide between clinicians and consumers.

Margaret admits there is an element of ‘the converted’ in terms of who goes to TheMHS Conferences, but each conference has new people attending and younger people as well. Perhaps there are more consumers attending now, and fewer carers. The consumer voice is more powerful.

Margaret said TheMHS Conferences enable delegates to meet people from other states and territories, and learn about their innovative ideas and practices. For example, Dr Kaly from Caboolture in Queensland talked about how his service responded to people with acute mental illness given inpatient beds were a long way away. The Caboolture service found families willing to take people into their own home who were acutely unwell, with support from the Mental Health Service.
How could we tell in 10 years’ time whether TheMHS is really successful?

- A lot of people wanting to attend.
- The conferences are not captured by any one group, but retain balance and mix.
- Presentations are rigorous, although there should still be room for consumer presentations or those by newer workers.
- There should also be entertaining presentations.

The Next 25 Years

Margaret considers it is important to include celebratory events, which help people mix and promote conviviality. The choice of venues very important – the smaller, more contained venues are more successful.

TheMHS Conferences should not get more expensive, as budgets are tight and services are not funding people to attend. It is important to keep up the mix of consumers, carers, policy makers, service managers, and the NGO sector. Margaret said it would be good to see more mainstream clinical services represented. She noted that consumers need to be supported to attend and helped once there eg. befriending and encouragement.

Margaret thought it is important that TheMHS Conferences are held in different states and territories, and New Zealand as well as Australia, as this raises the local visibility of mental health and its importance, and makes it easier for locals to attend.

In terms of content, more attention to older people’s mental health is needed - a growing issue given changing demographics.

Margaret thought the level of attendance by psychiatrists and General Practitioners was not high, however, a lot of service managers attend and she said they are responsible for setting service directions.
2008 Conference –
Be the change you want - workforce ingenuity
Auckland, New Zealand

Keynotes and Titles:

Antony Sheehan, Chief Executive, Leicestershire Partnership NHS Trust and Professor of Health and Social Care Strategy at the University of Central Lancashire, and a Visiting Professor at the University of Central England (UK): Personalising Mental Health services ... The Only Future for Policy and Practice

Hinemoa Elder, works as a Child and Adolescent Psychiatrist in South Auckland, in an aspiring Kaupapa Māori Child and Adolescent team within Counties Manukau District Health Board – CAMHS, (New Zealand): Reflections on a theme; communicating being from a culture which has no need for the verb to be.

Stephen Onken, holds an associate faculty appointment with the School of Social Work and an affiliated appointment with the Social Science Research Institute of University of Hawai‘i at Mānoa, (USA): ‘A ohe pau ka ike i ka halau ho okahi.’ (All knowledge is not taught in the same school).

Opening Address and TheMHS Awards Presented by:

Dr Janice Wilson, a psychiatrist and Deputy Director-General of the Population Health Directorate at the New Zealand Ministry of Health.
Interview with...

Douglas Holmes

Douglas is the Consumer Participation Officer at St Vincent’s Hospital, Inner City Health Program, Sydney, Australia. Douglas is also a member of TAMHSS Secretariat, Honorary Secretary of The ARC Group NSW, a member of the NSW Clinical Advisory Council for NSW Health and TheMHS Management Committee and TheMHS Consumer Forum Advisor. Douglas first attended a TheMHS Conference in Brisbane in 1996, and has since attended every TheMHS Conference.

Impact of TheMHS Conference

Douglas stated that TheMHS Conference had a major impact on his practice. Douglas says it “opened up my thinking to how we could provide services that were more receptive to peoples’ needs and also acknowledged the pressures the mental health workforce were expected to work under to keep pace with demand”. Douglas also used the TheMHS Awards criteria for any projects he started.

Douglas said that he realised early on in his TheMHS Conference experience that “I would need to take a collaborative approach to bringing change to a system that was under a lot of pressure to change, very medically focused and going through massive changes from large institutional focus to working with people in the community”.

TheMHS Conference also opened up opportunities for Douglas to start a second career as a Consumer Worker in NSW. From being placed on the Disability Support Pension in 1994, Douglas has now found that in 2014 while working at Sydney’s St Vincents Hospital, he reached 65 years of age and is earning too much to receive a pension and is also a valued member of St Vincent’s mental health senior management team.
Douglas says it “opened up my thinking to how we could provide services that were more receptive to peoples’ needs and also acknowledged the pressures the mental health workforce were expected to work under to keep pace with demand”.

**Importance of TheMHS**

Douglas says “1996 was my first Conference and I remember thinking, wouldn’t it be great to create a project that received a TheMHS Award. In 2013 I was involved with the Deck of Dreams that received a Gold TheMHS Achievement Award. In 2014, Douglas was awarded the Winner of the TheMHS Award For Exceptional Contribution to Mental Health Service in Australia or New Zealand.

In 1996 - Douglas was also fortunate to meet and speak with Pat Deegan and Charlie Rapp – both keynote speakers (see 1996 Conference).

The 2007 conference was memorable for many reasons including working with Michael Fleming in Melbourne to put on the Consumer Day with over 400 consumers attending.

I was also involved with producing the Andrew Denton “Angels & Demons” documentary that was shown twice on ABC TV in 2009.

Finally the logo and words for the Conference were: “2020 Vision: Looking toward excellence in mental health care in 2020”.

Leading the way, I will give a couple of examples. In 2003 I was asked to talk about the need to have mental health Commissions in Australia at both a state and national level, I was told in no uncertain terms that this would never happen and pigs would have a better chance of flying backward before this would take place.

Having the interaction with the New Zealand Mental Health sector has also been a useful reminder that we still have a way to go with how we interact with our services.

Australian Parliament makes an Apology to Indigenous People, particularly the Stolen Generations “for laws and policies that inflicted profound grief, suffering and loss”
What TheMHS Learning Network means to me by Management Committee member Fiona Orr

The first TheMHS Summer Forum I attended was in 2007 and it was encouraging to see a forum that brought consumers, carers, health professionals, educators and researchers together, but one that was not dominated by professionals. Consequently, in my work as a lecturer in mental health nursing, TheMHS inspired me to develop ongoing collaborative partnerships with consumers in the education of nurses. Recently, as an observer member of TheMHS Management Committee, I have witnessed the group’s collegiality and enthusiasm for their work, and I am hopeful of a long association with them and TheMHS Learning Network.
2009 Conference –
YOU - Your Family, Your Community, Your Mental Health: The Path Ahead
Perth, Australia

Keynotes and Titles:

Tseng, Wen-shing, Professor of Psychiatry, University of Hawaii School of Medicine, (USA): Transcultural Practical, Clinical, Theoretical, and Philosophical considerations for Mental Health Services.

Judy Atkinson, Director of the Gnibi College of Indigenous Australian Peoples, Southern Cross University, NSW (Australia): Generational trauma as a stressor in Aboriginal health and well-being. Generational healing—what we have learnt is what we can teach.

Margaret Leggatt et al.
Margaret was part of a panel who stepped in at the last minute when Keynote, Gregor Henderson, was suddenly unable to attend (Australia): New Thinking and Acting for Turbulent and Challenging Times Working With Families in Mental Health – The Evidence Base.


Opening Address and TheMHS Awards Presented by:
Senator the Hon. Claire Moore, Chair of the Senate Community Affairs Committee.
Joe has been Chief Executive Officer of Richmond Wellbeing (previously Richmond Fellowship WA) since July 2005 and has three decades of experience in the human services area.

Joe attended his first TheMHS Conference in 2006, and has since been to about seven TheMHS Conferences. Joe has also been to three Summer Forums.

Joe has chaired concurrent sessions and been a member of the local organising committee for both the 2009 and 2014 Perth Conferences.

**Impact of TheMHS Conference**

In the first couple of conferences he attended, Joe said that he was struck by the openness of discussions between consumers, carers and clinical staff and how important it was for everyone to be in the same room at the same time to have these discussions.

He also commented that a Western Australia psychiatrist he met at the Cairns conference (2012) said that TheMHS provided a safer environment than other conference for a psychiatrist to mix with the different interest groups e.g. the psychiatrist would not be verbally attacked. In Joe’s view, TheMHS is more inclusive and more established than some other conferences. It also does not have ‘extremist’ presenters, who might be out of the comfort zone of some clinicians.

Joe observed that building networks through TheMHS is very important, especially for isolated states like Western Australia. He also said that TheMHS provides a level playing field in a space which is both conflictual and hierarchical.

**Significant Conferences**

Joe recalled Rufus May’s presentation at the Cairns Conference as being particularly impressive, especially his imaginative way of using puppets...
Joe observed that building networks through TheMHS is very important, especially for isolated states like Western Australia. He also said that TheMHS provides a level playing field in a space which is both conflictual and hierarchical.

and other visual material to convey his points. Joe is impressed when a speaker is within the system but is prepared and able to critique it.

Other speakers who have impressed him include Bernadette McSherry at the Melbourne Conference in 2013, for her use of clear overheads and pictures to communicate the complexities around human rights, and Roberto Mezzina (Cairns 2012), because of his emphasis on employment and housing as being front and central for recovery.

**Importance of TheMHS**

Joe considered that in the early years, TheMHS was influential in driving reform, but seemed less so now. He felt it was no longer involved sufficiently in cultivating and nurturing existing relationships, and building new partnerships but as these processes go in cycles he saw there was the potential for this to change with the 25th Anniversary conference in Canberra.

Joe’s view is that people change their thinking when they are engaged. He gave the example of when TheMHS has been held in Western Australia – the local committee gets the keynote speakers to meet with key people in the State e.g. the state Minister for Mental Health and the Mental Health Commissioner and the Minister’s chief of staff. Joe noted that when Rachel Perkins was in Western Australia for ASPAC 2012, Richmond Fellowship Western Australia organised for these key people to have lunch with her. This contributes to their thinking about mental health.

**Challenges for TheMHS**

Joe saw it as critical that TheMHS find ways to build relationships with psychiatrists. Joe considered that psychiatrists should be at the centre of the change process as well as decision-making and that it’s a problem for TheMHS that not more psychiatrists are attending TheMHS.
How could we tell in 10 years’ time whether TheMHS is really successful?

Into the future, Joe believes one measure of success is whether TheMHS can get more mainstream psychiatrists along to the conferences where there is a genuine open discussion between them and consumers, families and other service providers. Joe sees an opportunity for debate that can genuinely influence national policy.

Joe thought that it was a challenge to get ‘mainstream’ psychiatrists to attend TheMHS Conferences so that they could hear directly from consumers and family members. His view is that if TheMHS wants to make a difference to psychiatrists, a strong marketing bid is needed e.g. purchase a TheMHS booth at psychiatrists’ conferences such as the Royal College conference (RANZCP), find out what psychiatrists would like TheMHS to cover which might encourage their attendance, or sponsor a psychiatrist to present at TheMHS. He also considered this approach would be useful for encouraging more links with mental health nurses e.g. a booth at nursing conferences because of the strong interrelationship between nursing and psychiatry and their impact on consumers and families.

Joe is also concerned that TheMHS might be focusing too much on commercial aspects which might conflict with its mission. He agreed it was essential for TheMHS to be run along business lines however this also needed to be linked with purpose. He considered that recently keynote presentations have become less challenging and critical, and more mainstream. Joe’s view is that keynote speakers should challenge and stretch people, and that it was important to select keynotes who can bring about real change while holding credibility with stakeholders.

Joe used the 2012 ASPAC conference held in Perth to have psychiatrists challenging each other in a public debate. The debate was between Professor Pat McGorry and Professor Allen Frances from the United States National Institute of Mental Health, with Dr Norman Swan as facilitator. Joe noted that ASPAC is held every two years, which allows more lead time for preparation than TheMHS. It may be that having an annual conference is a problem for TheMHS as it is hard to keep fresh - an annual conference has to have something which is ‘out of the box, but not out of this world’ to keep up attendance. TheMHS has done well to have continued for so long as an annual conference and still genuinely stimulate debate.

Joe believes the 25th anniversary of TheMHS Conference in 2015 is a good time for a stocktake. In Joe’s view, TheMHS Management Committee needs to pay more attention to relationships with stakeholders, and the relationship of stakeholders to the conference. Maybe time too for refreshing membership of the Management Committee to ensure a broader national base with consumer and family connection. He also congratulates the TheMHS Committee on their dedication and resilience in keeping this forum for discussion alive in challenging times and he sees the Canberra 2015 Conference as being a watershed conference.
2010 Conference –
20 Years Strong: and now a renaissance
Sydney, Australia

Keynotes and Titles:

Anthony Mancini, is an Assistant Professor in the Department of Psychology at Pace University in New York, (USA): Infusing Recovery Principles into Public Policy, Program Design, and Clinical Intervention.


Alain Topor, a psychologist and assistant professor at the Department of Social Work, Stockholm University (Sweden): Evidence-based recovery: Helping professionals - the consumer's knowledge.

Opening Address and TheMHS Awards Presented by:

Senator the Hon. Claire Moore, Chair of the Senate Community Affairs Committee.
Interview with...

Vivienne Miller

Vivienne has been there since the start, since before the first TheMHS Conference in 1991 and will celebrate Conference 25 in Canberra in August 2015. Her insights, reminiscences and perspectives are important for any history of TheMHS Conference.

Vivienne has worked in mental health services in Australia and England for over 40 years in many capacities: occupational therapist and manager, quality improvement manager, university lecturer, co-ordinator of site visit educational programs, project officer to develop mental health standards, member of research teams, mental health educator and conference director.

The First Years

The 1991 Conference, “Mental Health Services Towards the Year 2000” was billed as an ‘Interdisciplinary Conference’. This two-day event in Adelaide ran one common day with the 1991 RANZCP Congress and then a second stand-alone day.

Vivienne was watching the organising group and noted the possibility for problems with organisation. Most of the organising psychiatrists were in Sydney, the intended conference organiser was in Melbourne and the conference itself was to be in Adelaide. Vivienne knew the organising committee to be highly skilled and acclaimed professionally in psychiatric services but less assured in organisational arts. So Vivienne submitted a low bid to be Conference Organiser and was awarded with the job. Her bid was based on serious experience in events organising.

Winners of TheMHS Award For Exceptional Contribution to Mental Health Service in Australia or New Zealand was Isabel Collins (Australia) – “an active and effective voice for mental health consumers”
“In Adelaide in 1991, we thought we would get 70 registrations but we ended up with 140 delegates. We were pretty excited about that and that is when we decided to do another one the following year.”

As Vivienne recounts …

“I was the chair of a group called NECTA – The Network For Exploring Creativity And Therapy Through The Arts. At that stage we had been around for 10 years so I had run a lot of workshops and forums through that.”

But Vivienne also recounts that this first conference ran on a budget and ran because of lots of volunteer support …

“ There was, in fact, the wife of another psychiatrist who was involved, helping out. The night before the conference we sat in our hotel room packing satchels, because we thought we better give the delegates something when they arrived the next morning”

So 1991 was the first Conference that became TheMHS, but not yet the birth of the actual organisation. Over to Vivienne again …

“ In Adelaide in 1991, we thought we would get 70 registrations but we ended up with 140 delegates. We were pretty excited about that and that is when we decided to do another one the following year.”

... and when did TheMHS emerge as a brand and an organisation? Once again, Vivienne recalls

" The Year 2 conference came about because Year 1 was successful. After the first one we started the Achievement Awards and then the following year we started applying for grants and we incorporated. So we needed a name!"
The first TheMHS office was one small room in a building in Sydney, Australia. Vivienne noted that TheMHS set up its own office as a PCO (Professional Conference Organiser) rather than employ expensive PCO services. In 2001, TheMHS transferred to its present office in Sydney, Australia.

**Character of TheMHS**

**Local Organising Committees:**

The 1994 TheMHS Conference was held in Melbourne, Australia. For the first time, the main conference organising fell to a local committee formed specifically for that conference. This was the start of the current model whereby a local committee is formed to drive the conference from the local perspective, and to build on the legacy of having this conference in their city.

From this time, TheMHS office supported the local committees with logistics and organisational support carried through year by year, with the local organising committee bringing innovation and local knowledge.

**Networking:**

Vivienne believes that the networking at TheMHS Conference has always been important. She credits the longevity of TheMHS and its continued growth and relevance to the fact that TheMHS has always taken opportunities when they were presented. TheMHS participants may be a political minister, a social worker, a psychiatrist, a carer, a consumer, policy developer or service provider, but TheMHS remains independent of government.

Vivienne declares: “Yes we have adapted but it’s probably also that we have amazing connections and we are not afraid to lead towards the emerging issues. We have also been willing to take opportunities as they arise. We have had a good grasp of what the current issues are and where we need to head to keep improving the services for people with mental illness and their families”. 


“Yes we have adapted but it’s probably also that we have amazing connections and we are not afraid to lead towards the emerging issues. We have also being willing to take opportunities as they arise. We have had a good grasp of what the current issues are and where we need to head to keep improving the services for people with mental illness and their families”.

Importance of TheMHS

Vivienne identifies the connection between TheMHS Conference and some turning points in mental health:

1. The 1992 Conference was opened and addressed by the Hon Brian Howe, MP, who also presented the inaugural Mental Health Service Achievement Awards. At this time, he was Australia’s Deputy Prime Minister, and Minister for Health. For TheMHS, it was a very positive thing to get him to come to only our second conference. Jenny Macklin, then a senior officer in the Department of Health as Director, the Australian National Health Strategy (1990-1993) (and currently a Commonwealth Member of Parliament and Shadow Minister), was a keynote speaker on National Mental Health Policy at that 1992 Conference.

2. 1991 saw the national publishing of the document “The Rights And Responsibilities In Mental Health” and that was one of the very first mental health strategy documents and it was followed the next year by the first part of a National Mental Health Strategy.

TheMHS Conferences had quickly developed a two-way role as both a vehicle for dissemination of government strategies in mental health and for broad discourse into current and future strategy development. It was a parallel process that fed each other.

3. TheMHS Conference was the first Australasian mental health conference that was truly multi-disciplinary and inclusive of consumers and carers. This was a big key difference from any other conference. (Pat Bracken, a keynote speaker at the 2014 TheMHS Conference, believes our conference is unlike any other he is aware of across the world).

4. The first consumer forum happened at the 1994 Conference in Melbourne. These forums have continued as a valuable way of disseminating information to consumers. I think it has been a really valuable part of the conference that consumers and their families can come and find out what is happening and have their say as equals at the conference.

5. There was the time when the Federal Government, while wanting to disseminate national strategy information, requested the use of the TheMHS mailing list because they didn’t have one as comprehensive or as useful as ours. In those days, our list would have been about 1,000; now it is over 10,000.

6. For many years, we ran a symposium where the National Director of Mental Health was prominent.
7. TheMHS has had a specific, high profile record in the development of Mental Health Commissions in Australia. Following the model of New Zealand’s Mental Health Commission, the development of Mental Health Commissions in Australia started with a letter with about 1-2 dozen signatures from active TheMHS Conference participants. This letter was not a letter from TheMHS as such but an 'open letter'. TheMHS’s role was not as an advocacy group, but rather TheMHS was the facilitator of collaboration and a vehicle for connections that have enabled developments such as forming Mental Health Commissions to occur. The drivers for Mental Health Commissions were individuals, BUT TheMHS was the place that brought them together (and continues to do so).

The Next 25 Years

Vivienne states:

“I hope what we are doing now is setting the groundwork for the next 25 years….we have rebranded and changed our name to have a wider focus as a learning network, rather than only a conference.

We are trying to set the groundwork for TheMHS to continue and there is no way of knowing what it will be like in 25 years’ time. We are also very mindful of succession planning and we are trying to make an effort to bring young people into TheMHS as presenters, organisers and researchers.

What is also very important and what helps keep us relevant is the local committee of each conference. We now have local hosts that I work with for up to 18 months before each conference and that is one of the key things in TheMHS’ success. We have so many people wanting to put time and effort in from their end to make it work.

My objective with any local committee by the end of the conference is we are all still talking to each other! It is natural to have 'ups and downs' between people over 18 months but the key thing is to ensure the local committee have engagement and ownership of the conference content".
2011 Conference –
Resilience in Change
Adelaide, Australia

Keynotes and Titles:

Alain Topor, a psychologist and assistant professor at the Department of Social Work, Stockholm University (Sweden): *Time, rules and helping relationships*

Helen Glover, with a background in social work and education, Helen uses her lived experience in her work as a consultant with Enlightened Consultants (Australia): *Could ‘resilience’ be the forgotten X Factor of personal recovery?*

Andrew Fuller, a clinical psychologist, family therapist and Fellow at the Department of Psychiatry and the Department of Learning and Educational Development at the University of Melbourne (Australia): *Promoting Resilience in Young People*

Opening Address and TheMHS Awards Presented by:

The Hon Mark Butler, MP, Australian Minister for Mental Health.
Supporter
Interview with...

David Lovegrove

David is a health and wellbeing advocate, and a stretch therapist from Canberra. He is a consumer representative, mentor, and a former Chair of the ACT Mental Health Consumer Network (ACTMHCN Inc).

The first TheMHS Conference David attended was in 2003 (Canberra). The ACT Consumer Network was rebuilding, and was able to send at least ten consumers to the first Canberra conference. Since then, David has been able to attend most TheMHS Conferences.

**Memorable TheMHS Conferences**

For David, only a taste of numerous, memorable and inspiring conference experiences can spring to mind here.

The 2012 Conference in Cairns on Recovering Citizenship was, more recently, a significant one for David – at the pre-conference consumer workshop, Italian keynote presenter, Roberto Mezzina, came to the workshop and apologised to consumers for the harm psychiatry has caused many over the years. Rufus May also led a fantastic interactive workshop. David was impressed with Rufus’ use of video, puppets, and his active engagement of everyone in fun physical, vocal and cognitive exercises, which he uses in ground breaking therapy. Additionally, Flick Grey from Our Community in Melbourne presented on the work and ongoing significance of Paolo Freire for the consumer movement.

David recollects that at the 2008 Conference (Auckland titled Be the Change you Want - Workforce Ingenuity), a consumer group went from Canberra and were very impressed by the extent to which...
David noted that TheMHS Conference has been a springboard for him getting involved in other related activities and networks.

Māori themes and approaches were integrated throughout the conference, as well as by the developed level of consumer-run services. An inspiring session on Recovery from the inimitable Mary O’Hagan was also noteworthy. The group also negotiated a visit to the cutting edge peer service provider group, Mind & Body, which was a highlight of the trip.

The 2006 Conference in Townsville titled Reach Out: Connect – David highlights the art exhibition, including of lived experience artists like Maria Altman, and a huge, vigorous, outdoor collective drumming session. He also first learnt there about ‘anosognosia’ from a keynote presentation by Xavier Amador.

David noted that TheMHS Conference has been a springboard for him getting involved in other related activities and networks. Attending TheMHS Conference has been a great education in mental health matters, systems and services, it has also helped him develop a national and international perspective on these, and allowed him to be part of, and help build networks across Australia and beyond.

TheMHS Conference has given David valued opportunities for networking with consumers from other states and territories, as well as for building relationships with colleagues in the ACT. His first conference in 2003 (Canberra) was noteworthy in other ways too. He was impressed to hear for the first time a presentation by a psychiatrist, Gordon Parker, being critical of the testing done on psychotropic drugs by drug companies, and one by Stephen Rosenman, then ACT psychiatrist, advocating for consumers to be employed as advocates.
in services. Another highlight was the consumer organized ‘Inspire Gig’, a series of events that provided a variety of consumer performances between sessions and ceremonies, including music, skits and poetry presentations.

For David, it is important to acknowledge that a hallmark feature of TheMHS Conferences and consumer day and pre-conference forums over the years have been the many memorable and valuable presentations, the numerous session contributions, as well as the penetrating comments and questions, by those with a lived experience of mental illness and recovery. The rich diversity of these ‘lived experience’ contributions have ranged from those of consumer keynote speakers, and consumer researchers to those of a diverse range of peer workers, including - peer service providers, consumer advocates, activists and volunteers, peer support workers, personal helpers and mentors, consumer representatives, consumer organization workers, consumer consultants and advisors, consumer carers, and peer educators and trainers. TheMHS Conference has, in unique ways, been crucial in providing so many opportunities for so many of these voices of lived experience to be heard and to grow and develop across Australia, New Zealand and beyond.

David compared TheMHS Conference with the World Federation of Mental Health Congress and the International Initiative in Mental Health Leadership. He considered that TheMHS stands out as it has an Australian and New Zealand perspective, with a focus on learning from each other and building bonds with local and national representatives. Conferences have an emphasis on collegiality and friendship. Delegates learn from, and support, each other.

Importance of TheMHS

David believes that TheMHS Conference positively influences national and state issues. David remembered the issue of having a national mental health commission being raised and advocated for at TheMHS Conferences. The National Mental Health Commission was set up in 2010 and the first Australian Minister for Mental Health was appointed later that year.

David also remembers participating in a group (Transforming Australia’s Mental Health Service Systems – TAMHSS), which met at TheMHS Conferences to talk about mental health issues, critique mental health services, and to identify where developments were happening and which changes were good or bad.
TheMHS Conference has, in unique ways, been crucial in providing so many opportunities for so many of these voices of lived experience to be heard and to grow and develop across Australia, New Zealand and beyond.

Are all voices heard, respected and equally valued?

In David's view, all voices are equally valued and respected at TheMHS in various ways. In other ways, it also reflects the disparities, inequities and problems of the wider system and society. The Indigenous voice is heard through the opening and Welcome to Country, and importantly at Indigenous forums. Their learnings, however, need to be better heard and acknowledged in mainstream sessions. The multicultural voice also needs to be more prominent.

Consumer and carer sessions often run in parallel, but maybe there needs to be more interactive opportunities. However, there is also value in each developing their own positions separately. The National Mental Health Consumer & Carer Forum became a valuable forum that models such interactive collaboration and dialogue.

How could we tell in 10 years' time whether TheMHS is really successful?

David observes that in 10 years' time, it would be good, for example, to assess what impact such a watershed keynote presentation as Pat Bracken's keynote in 2014 (Perth) has had – has it sparked new interactive dialogues, what changes have been introduced?

David believes it could also be valuable to go back and identify themes across the 25 years of TheMHS Conference and trace changes in the system and in service provision over those 25 years. Question and document what changes have occurred in Australia and New Zealand that may have been influenced or developed by TheMHS Learning Network.

One test of TheMHS’ success would be to assess the extent to which peer worker roles have grown and evolved, how peer run services have grown, and what value is being placed on the lived experience in driving and co-designing mental health service reform. Also, to what extent are consumers and carers driving the agenda? Are psychiatrists dropping their attendance at TheMHS because they are being challenged and having to enter into dialogue with consumers and carers? How many now attend TheMHS? Has ground been lost in the push for change?

The Next 25 Years

David believes the issue of funding is still a big challenge for TheMHS Learning Network in various ways, including for its continuing growth, its development of new forms of learning, and for increasing access to those learnings. This is also especially relevant for consumer and peer
participation – it is difficult to send people to conferences due to the cost. As a result, bursaries for consumers to attend will only increase in importance.

David also thinks that often there is insufficient time for questions and discussions with keynote and other presenters. He would like to see more interactive dialogue with keynote speakers, and less of ‘the expert’ talking to the group.

David has noted that peer support worker sessions in TheMHS Conferences are often not attended by clinicians and other staff but mainly by consumers, limiting possibilities for deeper, inter-disciplinary dialogue. This is also compounded by the problem of competing sessions. Perhaps new ways can be found for deepening shared learnings.

David thinks that it would be good to increase access to presentations from TheMHS during and after the conference is over. Providing more access to digital versions of keynote and other presentations increases and broadens access to those unable to attend in person, as well as for those who might want to re-visit and reflect more deeply on a keynote or various other presentations.

What TheMHS Learning Network means to me by Management Committee member Michelle Everett

For me, being involved with TheMHS means being exposed to an exchange of ideas and knowledge from all involved in delivering and receiving mental health services. Since attending my first TheMHS conference, I now find it hard to go to other conferences or forums that don’t address power and privilege, or don’t make a deliberate effort to support the multitude of voices that need to be heard. Since joining TheMHS I notice when people are being ‘talked about’ rather than spoken with and fully included in, or better still leading the dialogue - and although still common, it no longer feels acceptable if we are to make real progress in services, and in our communities. Our management committee meetings often reflect these diverse voices, with robust and heartfelt discussion, not always in agreement, but with shared values and a commitment to make sure as many voices as possible are heard. There is always a lot of love in the room – in meetings, and at conferences and events!
2012 Conference –
Recovering Citizenship
Cairns, Australia

Keynotes and Titles:

Roberto Mezzina is a psychiatrist and Director of a comprehensive, 24-hour Community Mental Health Centre, Department of Mental Health in Trieste (Italy): Citizenship, Recovery and Crisis: Linking Social Action and Community-Based Service.

Mick Gooda is a descendent of the Gangulu people of central Queensland and presently the Aboriginal and Torres Strait Islander Social Justice Commissioner (Australia): Mental illness and cognitive disability in Aboriginal and Torres Strait Islander prisoners – a human rights approach

Rufus May, is a clinical psychologist in adult mental health services in Bradford, England (UK): The Quest for Freedom.

Opening Address and TheMHS Awards Presented by:
Professor Allan Fels, AO, Chair, National Mental Health Commission and Dean, Australia and New Zealand School Of Government (ANZSOG).
Supporter Interview with...

Kerry Gordon

Kerry is from Cairns, Queensland, and went to her first TheMHS Conference in 2010 in Sydney, and has been to all four conferences since. Kerry was on the organising committee for the 2012 Conference in Cairns, and has chaired numerous sessions.

Impact of TheMHS

Kerry’s first TheMHS Conference (2010) was the first big conference she had attended. She went with colleagues who were supportive. She found it informative. Since then, she said she always comes back inspired, and has found some TheMHS Conferences particularly inspirational.

Kerry is sponsored to attend TheMHS Conferences by her employer, and has to report back on what is innovative e.g. peer support, employment and disability and relevant research. She said this helped consolidate her experiences at TheMHS Conferences and that she reports back on what was inspirational and innovative.

Kerry said she was struck by the low level of Indigenous participation in TheMHS Conferences in Adelaide (2011) and Melbourne (2013), and noted that there were very few sessions on Indigenous issues. This was very noticeable to those delegates from Cairns as there is a large Indigenous population in Far North Queensland. As a result, the local organising committee, of which Kerry was a member, made sure that the Cairns conference (2012) had a strong Indigenous component.
... the networking side is brilliant. She gets support and knowledge to take back to her own setting.

**Importance of TheMHS**

Kerry said that for her, at every conference, the networking side is brilliant. She gets support and knowledge to take back to her own setting.

Kerry gave the example of how attending TheMHS Conference in Perth (2014) has provided links to improve mental health services for veterans in Cairns. She noted that a number of veterans ‘hide away’ in the hinterland around Cairns. There was a session on the mental health of veterans at the current TheMHS Conference, which included a presentation on the ‘Mates for Mates’ program. This focuses on engaging veterans and helping them access programs. Kerry has contacted the psychologist running the program, who has offered the chance for Kerry to visit and find out more about how the program works. She said that while the veterans live in an isolated area, they can access services such as Disability Employment Services in Cairns, where Kerry works. The PHaMS Tableland Alliance had raised issue of veterans in the area – there are up to 1,000 gold pass holders in the area. When they come back from active service, they have to go onto NewStart, which Kerry sees as inappropriate given their mental health needs.

Kerry also stated that TheMHS Conference differences lie in the diversity of information available. Two sessions in Perth 2014 stood out for her. One was a session by Michael Burge on the new peer work course. The other was Douglas Holmes on the mental health services in Wichita Kansas (called ‘Is there more to Kansas than Dorothy’s red shoes?’). Douglas reported that in Wichita that community-based treatment and support was the main service provided, and there was no inpatient unit. [editor - both papers are available from TheMHS Learning Network’s online Resource Library].
How could we tell in 10 years’ time whether TheMHS is really successful?

- If the clinical model is being challenged.
- If consumer participation has stayed the same or increased.
- If Melody Riefer’s ‘common ground’ methodology [see 2014 keynote address available from the TheMHS Learning Network’s online Resource Library] is being followed by services.

The Next 25 Years

Kerry considers that by coming to TheMHS Conference, consumers and carers obtain information to use in advocacy back in their own State, such as the inclusion of families in mental health care. She sees TheMHS Conference as driving reform through the information provided.

Kerry strongly favours increasing the participation of the local community – this was the approach they took in Cairns for the 2012 Conference. In Kerry’s view, all voices are heard at TheMHS Conferences. She sees TheMHS Conference as inclusive and believes there is a diversity of views presented in the sessions.

Kerry sees it as valuable that TheMHS Conference brings out key speakers from overseas who bring new information and inspire new directions.

What TheMHS Learning Network means to me by Management Committee member Kevin Kellehear

It is a pleasure and a privilege to be a member of the TheMHS community, to watch it grow, diversify and strengthen over the past 23 years. I have appreciated the opportunity to be part of the TheMHS commitment to showcase services, to give voices to those involved and to work with the diverse range of peoples who contribute to the growth, development and reforms in mental health care.

My attraction to TheMHS was the chance to work alongside people to have their voice; to listen and be heard. I have provided a voice for nursing in TheMHS. I have valued my ability and capacity to work with the local planning committees of several conferences and to develop, plan and present our annual Summer Forum.
2013 Conference –
Forging the Future
Melbourne, Australia

Keynotes and Titles:

Steve Harrington is a post-doctoral fellow at Boston University’s Center for Psychiatric Rehabilitation and founder and executive director of the International Association of Peer Specialists (USA): The Promise of Peer Services—Challenges and Opportunities. (NB: This address was delivered by Anthony Stratford).

Mike Slade is Professor of Health Services Research, Institute of Psychiatry, King’s College London, and Consultant Clinical Psychologist, South London (UK): Future challenges for supporting recovery, current scientific knowledge, key knowledge gaps and research addressing those gaps.

Bernadette McSherry is Professor of Law, Monash University and is the Director of the Centre for the Advancement of Law and Mental Health (Australia): Developments in mental health law, the United Nations Convention on the Rights of Persons with Disabilities and mental health service provision in the future.

Opening Address and TheMHS Awards Presented by:

Senator the Hon. Jacinta Collins, Australia’s Minister for Mental Health and Ageing. Awards were jointly presented with Professor Allan Fels, AO, Chair of the National Mental Health Commission.
Interview with...

Tom Brideson

Tom Brideson was born in Gunnedah, NSW, Australia. Tom takes up his story, “I come from a large Aboriginal family from Kamilaroi/Gommeroi. My mother was a Matthews and was one of nine children. She was born in Quirindi and grew up on the Liverpool Plains at Breeza, NSW”.

Involvement with TheMHS

My first TheMHS Conference that I attended was in 1997 (Sydney). The Program I was (and still am) involved in won a TheMHS Exceptional Contribution Award and I was included in the group that accepted the Award presented by the Australian Health Minister, Hon Michael Wooldridge, MP. The Award recognised the continued growth of the Aboriginal Mental Health Training Program that commenced in 1993 in Queanbeyan, NSW in which I was one of five Trainees. Since 2000, I was involved as part of TheMHS lead arrangement through the Office for Aboriginal and Torres Strait Islander Health (OATSIH) who provided some funds to assist and increase participation of Aboriginal and Torres Strait Islander groups to attend and present at TheMHS.

I was invited to join TheMHS Management Committee in 2007 and remain part of this Committee. I was convener for TheMHS Summer Forum 2008 on ‘Aboriginal and Torres Strait Islander Mental Health’, been one of the many judges involved in TheMHS Awards since 2007; and was elected Chair of the Management Committee at the TheMHS Annual General Meeting (AGM) in December 2012, 2013 and 2014.
In terms of impact it is cumulative. The work I have been involved in for 22 years becomes part of your life and part of your career progression.

Impact of TheMHS

My role now is the State-wide Coordinator for the NSW Aboriginal Mental Health Workforce Program. In terms of impact it is cumulative. The work I have been involved in for 22 years becomes part of your life and part of your career progression. For example, my time in 1994/95 as a Trainee was very important in terms of an early (and now expanded and growing) program.

During my time in OATSIH, an exposure to the national policy was equally important and was directly related to leadership and the Aboriginal and Torres Strait Islander mental health and social and emotional wellbeing space. Similarly, TheMHS Conference has been present and has emerged and developed as an organisation that survived over the many cycles of change. This is very important to celebrate in TheMHS’ 25th year. The impact of the increased participation ensured that the voices of Aboriginal and Torres Strait Islander people became part of the usual business of the mainstream mental health system and, importantly, to the work of TheMHS Conference more broadly.

In terms of my work, the attendance at TheMHS conferences and subsequent involvement with the Management Committee has accelerated my career and improved my focus on what is important. The value of having a broad approach to mental health care which includes all of the traditional professions alongside the incredible emerging professions such as peer workers, Aboriginal mental
health professionals, consumers and carers is rich and stimulates our approaches to progress with reality. This is a very unique organisation.

As an Aboriginal person, I have been involved with the New South Wales Mental Health Commission for almost three years. As a result of all the Australian Mental Health Commissions endorsement of the Wharerata Declaration (see 2010 timeline), I have been a member of the National Aboriginal and Torres Strait Islander Leadership in Mental Health group, many of whom are presenting some of the work that has been undertaken since it was officially launched in mid 2014 by New South Wales Mental Health Commissioner, John Feneley.

I have been a Board Member of Indigenous Allied Health Australia for almost four years. Additionally, there are a range of other important committees, processes and programs that I have been associated with over the years. They are all important particularly when they have relevance to building a workforce, contributing to the capacity of individual, families and communities and empowering Aboriginal and Torres Strait Islander people. These are the most important elements of my work and align nicely to the essence of the TheMHS ‘family’. The impact remains cumulative.

**Importance of TheMHS**

In terms of the importance to TheMHS during its 25 years, the increased participation and focus provided a strong platform for continued discussion and continued advocacy for increased activity desperately needed to address the mental health needs of Aboriginal and Torres Strait Islander people. It became a well-known set of issues for all of the Management Committee to consider.

In 2013, TheMHS Conference Management Committee further articulated the values which underpin the work of TheMHS. At our first Strategic Planning meeting in 2013, the Management Committee unanimously supported three important documents, including the:

- UN Declaration on the Rights of Indigenous Peoples;
- UN Convention of Rights of Persons with Disabilities; and
- Universal Declaration of Human Rights.

TheMHS Management Committee went on to also unanimously agree that the organisation will continue to strive towards ensuring its work aligns to these documents. This was a very proud moment in time for the TheMHS organisation and a moment that reflected real maturity as a diverse organisation and the conference audience wishes articulated over many years. It was a moment in time that articulated the essence
This was a very proud moment in time for the TheMHS organisation and a moment that reflected real maturity as a diverse organisation and the conference audience wishes articulated over many years.

of the unique organisation we wish for the future.

As Chair during this time I was certainly proud of these achievements and importantly the recognition being strongly played out in the foundations and values of the organisation.

The Next 25 years?

Over the past 25 years, in parallel to TheMHS, there has been a continuous story emerging about Aboriginal and Torres Strait Islander mental health such as the 1995 “Ways Forward” report which was a comprehensive analysis of these needs. A range of other reports and measures have taken place over the past 25 years.

However, in 2015, these needs were again restated through the National Mental Health Commission’s Review of Mental Health Services and Programmes. A recommendation of that Review was that Aboriginal and Torres Strait Islander Mental Health should be a national priority. The evidence is becoming crystal clear about this need with over-representation across the entire mental health system. Likewise the impact of suicide within and across Aboriginal communities is critical and this evidence is also clear.

In respect to the next 25 years, there is a critical need to close the gap of mental health and suicide issues within Aboriginal communities.

There is no excuse that we do not know. The evidence is clear and we can no longer sidestep this need. There is a desperate need within communities to ensure Aboriginal and Torres Strait Islander people are critical in leading and formulating these solutions.

The broad mental health system is also now advocating urgent solutions. We can no longer leave Aboriginal and Torres Strait Islander people’s mental health on the sidelines or become complacent and minimalist in our approaches. Aboriginal and Torres Strait Islander workforce parity must occur through measurable, respectful and culturally inclusive curriculum standards within all human service professions, associations and universities. This, alongside leadership, is critical to any development.

The time has arrived right now to ensure our Proud Spirit continues through coordinated and culturally informed approaches which values meaningful partnerships as the central platform. If the mental health needs of less than 3% of the population cannot be resolved appropriately it raises real concerns for the unresolved legacy we are leaving for future generations.

There comes a time when we cannot rely on multiple excuses as the major obstacle to responsibility.
Where to for TheMHS?

TheMHS Learning Network creates a unique opportunity to inform, share and empower many across the mental health and wellbeing space. With the emergence of new technologies, these opportunities are rapidly expanding. It is important for TheMHS Learning Network to continue to embrace and expand alongside these opportunities. As TheMHS continues to grow, it is important to generate and share information across a broad range of networks. This will create an extensive array of issues that can be shared.

TheMHS has played an important role in promoting Aboriginal Mental Health by ensuring discussion and presentations throughout all conferences over the past 25 years. TheMHS promotes issues of rights and responsibility in mental health care for all.

Smoking ceremony commences the Gold Coast Conference
2014 Conference –
What We Share Makes Us Strong
Perth, Australia

Keynotes and Titles:
Pat Bracken is a Consultant Psychiatrist and Clinical Director of West Cork Mental Health Service, [Ireland]: Critical Thought as a Strong and Positive Force for Change in Mental Health

Melody Riefer is Director of Training; Pat Deegan PhD & Associates, LLC, (USA); How Storytelling Makes Us Strong and Changes the World!

Ken Thompson is Chief Medical Officer for Pennsylvania Psychiatric Leadership Council at the University of Pittsburgh and the University of Pennsylvania (USA); Putting Recovery into Practice: Sharing a Personal and Professional Journey

TheMHS Awards Presented by:
Professor Fiona Stanley, AC, Australian of the Year 2003 and Distinguished Research Professor at the School of Paediatrics and Child Health, UWA.

What We Share Makes Us Strong

TheMHS Conference 2014 has strong roots in sharing innovative ideas and research and implementing connected and collaborative approaches to mental health. Make change happen: Come along to hear presentations that work across sectors and stakeholders, participate in stimulating workshops and discussion, and learn from the experienced mind in mental health.


Keynote speakers
Pat Bracken: Professor at the School of Medicine and Consultant Psychiatrist and Clinical Director of West Cork Mental Health Service, [Ireland]
Melody Riefer: Senior Associate and Director in Training at Pat Deegan, PhD & Associates, USA
Kenneth Thompson: Consultant Psychiatrist, Chief Medical Officer, Psychiatric Consultant Psychiatrist; Chief Medical Officer, Psychiatric University of Pittsburgh and the University of Pennsylvania, USA

Program highlights
Tuesday 26th August
TheMHS Conference is a transformational mental health event, attracting professionals, managers, consumers, carers/families, researchers, cultural and indigenous leaders, educators and policy makers annually. Look forward:
- 30 minute SSA session with our keynote speaker each day
- Plenary or Track presentations
- Wednesday Marieke Roundtable
- Thursday Achievement Awards Presentation
- 21st annual TheMHS Conference 6 – 9 September 2011
- Achieve Life, Value & Purpose Award
- 23rd Annual TheMHS Conference 20 – 23 August 2013
- e-Poster presentations
- 20th annual TheMHS Conference 14 – 17 September 2010
- Symposiums which provide in-depth analysis
- Consumer Forum
- Carer/Family Forum – “A single journey shared by many”
- Interactus on Mental Health Services in Ireland
- 22nd Annual TheMHS Conference 21 – 24 September 1999
- Keynote speaker each day
- Carer/Family Forum
- Workshops
- For further information about our program, keynote, registration, accommodation and much more, go to our website www.themhs.org

Register online at: www.themhs.org
Supporter Interview with…

Leanne Craze

Leanne is a social worker by training. She is based in New South Wales and has been a Director in her consultancy, Craze Lateral Solutions, for over 25 years. Leanne has a PhD from the University of NSW and has experience in a broad range of fields including mental health, health, community services, housing and homelessness, disability and criminal justice.

The first TheMHS Conference Leanne attended was in 1992. She tries to go every year. Leanne has attended many Summer Forums, and finds their focus on a particular topic useful.

Leanne has taken a range of roles in TheMHS Conferences – she has been a keynote presenter, presented at sessions and also chaired them. Leanne was the winner of the TheMHS Award in 2011 for her Exceptional Contribution to Mental Health Services in Australia or New Zealand, and received a Gold Award in 2005 in the Family and Carer Support program category.

Impact of TheMHS

Leanne was excited by the first TheMHS Conference she went to in 1992 (Sydney) as it was a conference being supported by both Commonwealth and State Governments and run by people who knew what mental health was all about. She found that the New Zealanders were a ‘breath of fresh air’ in their respect for Māori customs. This challenged the Australians to show equal respect for Australian Indigenous customs.
Leanne found that TheMHS Conference was 'ahead of the pack'. It brought new ideas, networking opportunities through renewing old relationships and making new ones.

Leanne was impressed by a paper by South Australia’s Professor Sandy McFarlane at the 2000 Adelaide Conference on the traumatising nature of mental illness and how this was not being recognised by services (Ed – the audio recording is available from the Resource Library on the TheMHS website). Leanne found that TheMHS Conference was ‘ahead of the pack’. It brought new ideas, networking opportunities through renewing old relationships and making new ones.

For Leanne, TheMHS Conference offers the chance to renew relationships as well as make new ones. She makes a pact with herself to renew old relationships, make new ones and do things differently.

Leanne sees TheMHS Conference as a safe place to fly new kites eg. have not done much evaluation yet, but trying something new. Leanne states that while ‘some people might look down on this, it is important in developing new ideas and approaches’. She says at TheMHS Conference that ‘it is OK to fly a kite and you can do it safety’. The nucleus of TheMHS Conference leadership can deal with the critics of this approach.
How could we tell in 10 years' time whether TheMHS is really successful?

Leanne made the following suggestions:

- Still here, still running.
- New Zealand is still included.
- More of an Asia-Pacific orientation.
- Inclusion of the private mental health sector.
- Consumer and carer involvement continuing.
- Academics are wanting to come and present.

Importance of TheMHS

Leanne noted TheMHS Conference as being important for the following reasons:

- It brings together stakeholders from across the sector;
- Everyone has the right to have their say, even if this causes discomfort;
- A safe place for discomfort;
- New people are coming all the time;
- Enough leadership that new people are taken under someone's wing. TheMHS Conference is good at supporting people; and
- An atmosphere of respect and generosity – a good value base.

In Leanne's view, the central organising group of TheMHS Conference has their antennae out on what should be included in the program. TheMHS Conference is supportive of good reforms but also provides a way through targeted sessions by exposing ideas to critical analysis. Leanne considers that the TheMHS Conference organisers have done this in a neutral way – not promoting either government initiatives or critiques, but allowing for both to be heard.

Leanne gave the following examples of where she saw TheMHS Conference as 'ahead of the game':

- Consumer and carer participation and perspectives. She considers that TheMHS Conference was the source of the growth of the national consumer movement;
- Recovery;
- Community based mental health services;
- Championing of accessibility; and
- Innovation – especially if yet to be tried and tested

TheMHS Awards

She also saw TheMHS Awards as playing an important role in mental health reform. Leanne noted that they often go to the quiet achievers. People are encouraged to put in a submission. There is renewed interest in putting in submissions. People are proud if they win an award and there is a flow on effect through an organisation. This is a distinction for TheMHS Conference as there is generally not much celebration of achievement in mental health.

Leanne acknowledged that while there have been tensions in the past – different stakeholder groups eg. psychiatrists and consumers being critical; carers versus consumers; Non-Government Organisations
versus clinical - TheMHS Conference has managed to bring stakeholder groups together.

**New Zealand partnership**

Leanne believes the partnership between Australia and New Zealand to have been very important. In her opinion, New Zealand culture is better than Australian culture, especially in relation to Indigenous groups. New Zealanders are often more respectful in how they operate in comparison to Australians who get up and say they know this and that – New Zealanders more able to acknowledge the past and earlier achievements, more collaborative. Leanne says it is good to support this partnership.

**The Next 25 Years**

Leanne thought that while the role of TheMHS Conferences has been very important in supporting the consumer and carer movements, it is time to re-think whether TheMHS Conference should have separate pre-conference days for consumers and carers. This was because compared to previously, nowadays there are consumer and carer presentations sprinkled through the Conference.

Leanne thought that maybe the separate days could be used for learning and education eg. consumer and carer academics and their role in educating pre-service mental health professionals. She considers that the rationale for the current separate pre-conference workshops is not clear. The ‘learning network’ concept might offer a way forward.

Leanne supports bringing international speakers who think outside the box and bring new ideas. Leanne suggested that it would be good to have more of an Asia-Pacific focus eg. a session on the Indonesian Mental Health Act about unshackling patients. She sees TheMHS Conference having a role in promoting greater understanding.

Leanne said that TheMHS Conference has supported both national and state mental health reform agendas – it is a safe place for these to be presented, but they will also be challenged. She suggested that TheMHS Awards are very important in validating change but maybe it is time to loosen them up eg. include private mental health practitioners and services, mental health professional educators at TAFE and universities. She also considers that TheMHS Conference should be making stronger effort to include the private sector. For instance – connect with the Private Mental Health Alliance, the AMA (Australian Medical Association), and others across the private health sector. Leanne thought TheMHS Conference was good at finding safe ways to work together, and that this could be a way forward in the future.
What TheMHS Learning Network means to me by Management Committee member Maria Cassaniti

“TheMHS has been an inspirational force providing many of us with necessary sustenance to keep on keeping on”.

Fiona Stanley and Douglas Holmes at the 2014 TheMHS Conference
Messages of Support

**Congratulations from Neami National**

Neami National celebrates the 25th anniversary of TheMHS Conference and is proud to be associated with a respected voice in community mental health reform and progress over the last 25 years.

Like TheMHS Conference, Neami was formed at a time of great change and urgent need for community involvement in mental health.

In 2015, both organisations have adapted and grown to meet the challenges of today and tomorrow.

We acknowledge your willingness to embrace diversity for all groups in the mental health sector, and wish you another great 25 years.

**Arthur Papakotsias**  
Chief Executive Officer  
Neami National - GOLD sponsor for 2015

**Congratulations from Richmond Fellowship Australia (RFA)**

RFA congratulates TheMHS Conference on reaching its quarter century milestone.

Both organisations have been advocates in community mental health reform and recovery.

RFA shares with TheMHS Conference the commitment to genuine openness of discussions between consumers, carers and clinical staff and believe that momentous change can come from everyone being in the same room at the same time.

For TheMHS to have continued for so long as an Annual Conference and still genuinely stimulate debate is an amazing achievement - and one we hope continues for many years.

**Kingsley Bedwell**  
Chair of RFA’s Board  
Richmond Fellowship Australia - GOLD sponsor for 2015
Ahakoa te momo mate, whakanuia tangata
This whakatauki, or proverb, is an expression of hope: regardless of illness or disease, people deserve dignity and respect and the opportunity to become well again\(^2\).

\(^1\) Margaret Mead, Scientist