



**People diagnosed with  
'mental illness' doing  
things for ourselves**

**OUR CONSUMER PLACE  
NEWSLETTER AUG-SEP 2011**



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RESOURCE CENTRE FOR MENTAL HEALTH CONSUMERS

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## Introducing ... the Australian Mental Health Human Rights and Law Reform Coalition:

The Australian Mental Health Human Rights and Law Reform Coalition invites you, your families, carers, friends and comrades to this historical rally on the steps of the Victorian Parliament House in regards to human rights violations committed against people experiencing issues related to emotional and spiritual wellbeing and with psychiatric labels in the Australian mental health system.

We will also speak about the use of disproportionate force and large numbers of shootings of people with a psychiatric labels by Victoria Police, psychiatric force by mental health professionals, medical experimentation, coercion, chemical/ physical restraint, seclusion and the huge increases in the use of ECT without informed consent on youth, adults and the aged in Victorian public and private mental health facilities.

Speakers include leading Australian Indigenous mental health and human rights activists, GLBTI representatives and human rights lawyers, including: Amanda Thorburn, Koby Drake-James, Kelvin Onus King, Greg Oke, Catherine Leslie, Human Rights Lawyer from the Mental Health Legal Centre and more to be announced.

Musical entertainment will be provided by world famous Indigenous Musician Kutcha Edwards who will be singing his hit song "Is This What We Deserve?" This song is the theme for this rally. Amazing Australian musician and human rights activist Jake Hapeta will also be performing.

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### AUSTRALIAN MENTAL HEALTH HUMAN RIGHTS AND LAW REFORM COALITION

**Official page:** [www.facebook.com/pages/Australian-Mental-Health-Human-Rights-and-Law-Reform-Coalition/219218284781253?sk=info](http://www.facebook.com/pages/Australian-Mental-Health-Human-Rights-and-Law-Reform-Coalition/219218284781253?sk=info)

AMHHLRC is an independent, non-profit community Mental Health, Human Rights and Law Reform Coalition based in Melbourne, Australia. It is 100% independent from all government departments, public authorities, corporations and religious organizations.

In particular we believe that all protection, care and mental health "treatment " must be consistent with Australian and International Human Rights Law and respect individual integrity, self determination and free will. AMHHLRC promotes, protects, respects, fulfils and enhances the Human Rights of people experiencing issues related to emotional and spiritual well being and given psychiatric labels, people who are Indigenous, from CALD/NESB communities, experiencing disadvantage, living in poverty or are from disenfranchised communities.

It does this through public education, advocacy, political activism, peaceful protest, lobbying, mutual support, capacity building, strategic litigation, Mental Health/Human Rights Law Reform to improve Mental Health Services.

We believe that all mental health and community services must promote, protect, respect, fulfil and enhance human rights. They should also be: inclusionary, fair and non discriminatory, empowering and participatory, person centred, holistic (whole of person approach), trauma informed and accountable and transparent to the people and communities they are funded to protect, care and serve. These services should be Community initiated, managed and controlled. (cont next page)

**'IS THIS WHAT WE  
DESERVE?'**

**A rally for human rights in  
mental, emotional and  
spiritual wellbeing.**

**Saturday 27th August,  
2011. Commencing 1pm  
sharp -2.30pm Victorian  
Parliament House.**



We are a non-violent activist coalition which includes: users and survivors of psychiatry/psychology, their families, carers, friends, mental health professionals and communities opposed to the use of involuntary mental health care and treatment, psychiatric incarceration, torture, psychiatric force, coercion, chemical/physical restraint, seclusion and ECT without informed consent.

'Nothing About Us, Without Us!'

(Source: Greg Oke)

# GRASS ROOTS ACTIVISM



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## Armed Protective Service Officers given powers to use force against people who “appear mentally ill”?!

-By Catherine Leslie and Flick Grey. Catherine Lesley is a policy worker and solicitor at the Mental Health Legal Centre. Flick Grey works at Our Consumer Place.

The Victorian Parliament is currently debating legislation that would give armed Protective Service Officers (PSOs) at Melbourne train stations and other designated places powers to “combat crime and antisocial behaviours.” They will also be given powers to apprehend, using “reasonable force,” people whom the PSO believes appears to be mentally ill, and at risk of suicide or causing serious bodily harm. Until now, only police had such powers under section 10 of the *Mental Health Act 1986* (Vic).

The Bill is called the *Justice Legislation Amendment (Protective Services Officers) Bill 2011* and is being debated currently. It has been introduced in response to community perceptions of a lack of safety on public transport, which was described in parliament as “an unacceptable risk for many in the community.” But the additional powers to use force against people who appear to be mentally ill implies that we are dangerous and engage in criminal behaviour. This is an appalling example of discrimination and stigma! People with psychiatric disability are far more at risk of being a victim than a perpetrator of violence, and yet these discriminatory attitudes persist. There are also very real fears that symptoms or medication side-effects will be inappropriately misconstrued by poorly-trained officers and members of the public.

*The presence of armed law enforcement officers can exacerbate distress and anxiety for someone in acute distress and can escalate the situation.*

PSOs will be armed with semi-automatic weapons, capsicum spray and batons, and will be stationed at Melbourne’s train stations after 6pm. They will undergo just 12 weeks of training (compared with up to 23 weeks training for police). We already know that people with psychiatric disability are more likely than the general public to suffer negative or even fatal consequences at the hands of police, particularly when they are in acute crisis. Police need improved mental health specific training (see SANE: *Mental Illness and Violence, Factsheet 5*, 2010), so PSOs – who have even less training, supervision and support than police – may cause terrible distress, humiliation or possibly worse. There is a real chance that people will be detained longer, handcuffed, restrained, sprayed with capsicum spray, in full view of the public.

Police powers to apprehend people who appear to be mentally ill are already controversial – being apprehended under s.10 of the Mental Health Act is a serious infringement on one’s rights and liberty. The intention of the Mental Health Act is to facilitate access to assessment and treatment and was designed in such a way to heavily restrict such powers. These new laws only infringe on our rights and liberties even more!

It’s also worrying (and telling) that the amendments have been drafted without consultation with either the Department of Health or the Office of the Chief Psychiatrist, who oversee mental health provisions. This suggests this law has nothing to do with supportive interventions (which is in theory the intention of the Mental Health Act), but plain old discrimination and prejudice.

You can write to your local MP, urging them not to support these laws. For more information, see [www.communitylaw.org.au/mhlc/cb\\_pages/crime.php](http://www.communitylaw.org.au/mhlc/cb_pages/crime.php) or contact: Catherine Leslie, Mental Health Legal Centre, (03) 9629 4422; or Michelle McDonnell, Federation of Community Legal Centres: (03) 9652 1507.



## Singing the B-B-Bipolar Blues #2: 'I'll have what s/he's having!'

– By Ann Tullgren

Picture this: A crowded but discrete restaurant, the murmur of conversation, the clink of wine glasses and cutlery... then the increasingly disturbing moans of a woman heading towards orgasm. And, as she thrashes about, her lustrous locks glint in subdued lighting ... Then, scan to a nearby table where an elderly patron says to the waitress 'I'll have what she's having, please'.

I feel a bit like that patron when I read in the media that yet another politician, sportsperson or public identity has outed themselves as having had longstanding mental health problems. What invariably comes next is that finally they've had treatment, they're recovered and heading back to their super-demanding jobs.

That rubbery word 'recovery' morphs in the minds of many into 'cure'.

Dear Readers, do any of you wonder what the magic bullet is and where you get it: can I have what s/he's having?

Do these luminaries live on the same planet as the rest of us who struggle over our lifetimes with mental illness, the side effects and costs of treatments and their imperfect results? Our disability activist cousins call their own variety of high-flying 'role models' *super crips*. These are the famous people who acquire a disability and are feted far and wide for their insights and advice about how to overcome brain injury/quadruplegia etc etc. Didn't everyone of consequence want to be photographed next to Superman Christopher Reeve?

Does it matter if our experience is different to theirs?

Absolutely, profoundly, honestly YES! What they have to say matters both because of the power of their message to influence policy and practice due to their privileged access to (and perhaps

*Our disability activist cousins call their own variety of high-flying 'role models' super crips.*

friendships with) key decision makers AND ALSO because the sheer showcased triumphalism of their message silences the stories and views of us garden variety experts-by-experience who experience the magic bullets so very differently.

Flip back to the restaurant scene. Do we want what s/he's having, that cardboard cutout of a meal promising such gastronomic satisfaction?

Rather than being duped by another consumer experience I'll keep on singing the B-B-Bipolar Blues....

*Ann Tullgren is a consumer from Hobart. She is co-author of the text book 'Social Work Practice in Mental Health', by Robert Bland, Noel Renouf and Ann Tullgren, Allen and Unwin, 2009. She is an Honourary Associate of the School of Sociology and Social Work at the University of Tasmania and is passionate about developing the role of consumers as educators.*

## OUR CONSUMER PLACE: what been happening and what lies ahead?

**Save the date!** Our Consumer Place is organising many events in upcoming months, including:

- Thursday September 8<sup>th</sup>, 3:30-5pm, a talk at the **Mental Health Services Conference** (Adelaide) on “Positive thinking about consumers” – exploring some of the hard questions around valuing consumers and consumer perspective.
- Wednesday September 28<sup>th</sup>, 6:30pm **“What WE want from a mental health system”**: a panel of consumer leaders. This event is in collaboration with the Melbourne Free University.
- Saturday October 29<sup>th</sup>, 10:30am: **Introduction to Intentional Peer Support**, in collaboration with the Melbourne Free University.
- Friday November 11<sup>th</sup>: **Consumers as Clinical Educators**, at Moonee Valley Racecourse.
- Wednesday November 16<sup>th</sup>, 6:30pm, **“Madness in the academy”** with Dr David Webb, Cath Roper and Flick Grey, in collaboration with the Melbourne Free University.
- There will also be some opportunities for training in Intentional Peer Support – we are starting small this year, before rolling out the training in full next year.

More details for all of these events will be uploaded onto our website as they become available.

### Our Consumer Place Booklets:

The next two booklets from Our Consumer Place are at the printers right now! Both booklets will be available in the next few weeks.

The first is called **“Speaking Our Minds: A guide to how we use our stories”** and is a wonderful exploration of the many issues involved in how, when and why we share our stories. Much of the material has been written by Merinda Epstein, an experienced consumer storyteller and former member of the Storytellers Guild of Australia. The booklet covers territory that has never been explored elsewhere – for example, the politics of consumers been wheeled out as “a story” to accompany “the real experts;” using your story as an effective educational device; the emotional “come down” after sharing your story publicly; specific issues to do with the new social media and exploring the idea of “the stories” we tell ourselves. Plus, 17 new cartoons by Merinda!



The other booklet is called *Deep Insight: Leaders in the international mental health consumer/survivor movement share their thinking* – based on interviews with 11 international thinkers and leaders with lived experience. This is a gem of a booklet, brimming with insight, wisdom, political acumen and wonderful humour – and that’s just the accompanying cartoons (haha!) You will feel proud to be part of the consumer movement/community and inspired by these gifted leaders.

### Other bits and pieces

As always, we have also been involved supporting various consumer endeavours, participating in consultations, delivering some training and networking. Oh, and Flick had a month’s leave.

### Sign up to become a member!

Membership is our lifeblood, and is also your opportunity to receive this newsletter as well as notifications of any upcoming events. And it’s completely free! To sign up, go to:

[www.ourconsumerplace.com.au/becomeamember](http://www.ourconsumerplace.com.au/becomeamember) or email: [service@ourconsumerplace.com.au](mailto:service@ourconsumerplace.com.au)



## 'Burying the Hatchet' on experiences of mental illness

-By James Kelso, Consumer Consultant

*In this edition, James Kelso shares his reflections on the over-emphasis on mental 'illness' in the lives of consumer workers and calls for some burying of the hatchet towards services and other people. ... Some thought-provoking stuff!*

As a 'consumer' of mental health services for thirteen years (or longer), and as 'Consumer Consultant' for six, quite often these days I ask myself, in my work, the simple question – 'Is my work really allowed to promote mental health, or is it guided into the habit of combing and reformulating old models of 'mental illness'?'

I think it is an important question to ask ourselves, whether we are consumer workers in mental 'health', carers, professional staff and so on. Is my work making a positive difference? If so, what is it? How can I prove that? Do I need to prove that? It can be a temptation to stroke and foster so much knowledge about mental 'illness' in our work lives – leading to a kind of 'obligational slurry', that we forget, sometimes, to focus on suggesting solutions that promote mental 'health'!

It is perhaps worth remembering here a beautiful short saying by Nathaniel Hawthorne –

'Happiness is like a butterfly which, when pursued, is always beyond our grasp, but which, if you will sit down quietly, may alight upon you.' (Daniel Nettle, *Happiness*, Oxford Uni Press, 2005)

It is the same with mental health. When we are not thinking about it, it happens.

*I ask myself, in my work, the simple question – 'Is my work really allowed to promote mental health...?'*

If we, particularly as workers in mental health, wish to start spreading the word and actions of real 'health' to each other and those we care for, we have to start living out its ideals in our own lives. Mental 'illness' needs constant feeding, tending, and care, but perhaps we could all ask ourselves – do we attend to it too much? Moderation is necessary in everything, and we must periodically ask ourselves 'Is this enough?'

Regarding taking things too far, it saddens me to see the number of disenfranchised consumers in mental health who seem to dedicate their *entire lives* to mulling over the past, aggrieving some past ill, seeking restoration, revenge, compensation. They will then live out this jadedness by relentlessly pursuing 'the aggressor' in their work, social, community – entire – life by trying to track down and redress the situation. Psychiatrists, and service providers in mental health settings particularly come in their sights. And yet does the consumer, in the long term, become 'well' as a result of this long-term hostility? No. In my experience, those that pursue such behaviour as a 'lifestyle habit' are acting in a manner counter-productive to any recovery effort, and unnecessarily over-stating, prolonging and exacerbating the relevance of former experiences in that person's continuing life. Life post-recovery is supposed to flourish, and we can't do that if we are clinging to the past. To recover, we must move on, forgive, forget, and surpass.

Regarding service providers that treated us at our time of unwellness, instead of criticising, how about thanking them for their efforts? They meant well, and there were some very difficult circumstances to negotiate. If the service didn't meet our every expectation, my advice is to forgive and forget. It is over now, and the sooner we put these experiences behind us, the better off we all will be, and the quicker





we can advance in our recovery. We were, after all, most unwell at the time, and probably difficult to handle. Who can expect 'perfect care' given the circumstances? Who can even expect 'good care'? It all depends on our compliance with the treating team, and the circumstances.

Hopefully, we are better now, and have insight into our time of unwellness. If so, we have our treating team to thank that we were able to get over this difficult period, and ascend into recovery. Living in a country that has a system where someone is willing to help us professionally at all, often for a sustained period of time, and often for little cost, in my mind provides much for which to be grateful. And yet a common, even encouraged practice is to criticise the service and system which tried to help us. Forgetting 'mental health' and starting to live recovery means burying the hatchet which so many still working in the system seem intent on bringing out, thrashing around – and seemingly receiving praise and adulation for doing so.

*Living in a country that has a system where someone is willing to help us professionally at all, often for a sustained period of time, and often for little cost, in my mind provides much for which to be grateful.*

'Burying the hatchet' around personal vendettas and grievances for particular people and particular services does not preclude the possibility of feeding back and assisting the quality improvement procedure of any person, service or organization. A thoughtful, reasoned response to services is fair enough – and can be helpful. My advice, however, is not to wear yourself out so much in the process, that you once again become the victim of your own grievances.

In other words, suffering, during and after mental illness, is inevitable. That is hard to live with. But we can also get better, and get on with our lives. Many, even most, do. 'Luxuriating', ages and ages after the event, in the effect of being seen as a suffering person – is in my opinion not a healthy way to be. It is also hard to live with, for other people. The problem is, the consumer-driven mental health sector, in Victoria and elsewhere, is funded and encouraged to do just this. This is a serious flaw that has developed and been allowed to super-saturate that which started out as a well-intentioned process.

We should also contemplate practising, when we are ready, the art of *forgiveness* to whomever we thought aggrieved us – and this can include families. Finding a time for forgiveness is not only a tremendous relief to the person/s whom we think hurt us, but allows *us* to resolve the situation and get on with our lives in a happy, productive, and conscience-clear manner. What a relief!

*But perhaps, after we have done all this, we should stop. We should forget about mental 'health' for a day or two, and all its manifold disappointments.*

But perhaps, after we have done all this, we should stop. We should forget about mental 'health' for a day or two, and all its manifold disappointments. Develop some interests outside work. Have social contact – and don't always 'talk shop'. Take up a sport, or bushwalking, swimming, fishing, crochet, or cards. How about gardening – combining both physical exercise, exertion, a love of nature and the satisfaction of a job well done. Do things with other people – make community connections. *Live*, in

our own lives, the world of psycho-social rehabilitation that we, as workers, are so ardently asking others to do. And then forget that it is 'psycho-social rehabilitation.' Just do it, effortlessly and joyfully. It is great to have friends, and family, and community, and most of us do have these. Make something of it – and forget about mental 'health'!



## NEWS IN THE CONSUMER WORLD:

### Do you have a connection with Larundel Psychiatric Hospital?

This is call out from **Sandy Jeffs**: “I am currently doing research for a history of Larundel Psychiatric Hospital and as part of the research I am collecting oral histories from people who are former patients. If you would be interested in telling your story about your Larundel experience, or even if you have some written recollections you would like to share, I would like to hear from you. I would also like to speak with anyone who was in Fawcner House which was a therapeutic community at Larundel in the 1970s. Please contact me at: [sandyjeffs@ozemail.com.au](mailto:sandyjeffs@ozemail.com.au)”

### PATRICK’S CASE – a landmark decision

Patrick was a 58 year-old man who had always managed his finances and his repayments and expenses on his home. Patrick had a mental illness, as well as other physical disabilities, and had been subject to involuntary psychiatric treatment for over 10 years. Patrick’s treating team wanted to move him into supported accommodation in a hostel and conceded that his treatment could be better managed there. So, in order to prevent him from returning to his home, the treating team applied to the Victorian Civil and Administrative Tribunal (VCAT) to appoint an administrator to manage Patrick’s finances. VCAT appointed State Trustees to be Patrick’s Administrator, knowing they would probably sell Patrick’s home. Patrick strongly opposed the sale of his home. He appealed the decision of VCAT to the Supreme Court of Victoria and was represented by the Mental Health Legal Centre (MHLC).

Essentially, the case is about trying to use an Administration Order in order to forcibly sell a person’s home and to control a person’s behaviour and enforce psychiatric treatment. It is also about separating decisions about a person’s finances from where it is in their “best interests” to live. The Supreme Court said that Administration Orders are about looking after a person’s finances and that an Administrator cannot be appointed solely for the purpose of meeting a person’s medical needs. Justice Bell, who decided the case, confirmed that the appointment of an Administrator is a serious infringement on a person’s rights. He found there was no evidence that Patrick was unable to reasonably manage his finances. Justice Bell referred to the Victorian Charter of Human Rights and emphasised that people with psychiatric disability have the right to choose where to live and should enjoy their rights equally with other people. For further information, see the MHLC’s website: [www.communitylaw.org.au/mhlc/cb\\_pages/guardianship\\_administration.php](http://www.communitylaw.org.au/mhlc/cb_pages/guardianship_administration.php)

### Borderline Personality Disorder Awareness Day

The inaugural BPD Awareness day will be held at Darebin Community Arts Centre, on October 5th 2011. The event is for anyone interested in BPD – people with lived experience, their significant others, clinicians, community members, etc. Speakers include Merinda Epstein, Janne McMahon and many other experts in this area. OCP will keep providing updates as they become available.

### Consumer and carer forum at the World Congress for Psychotherapy 2011

“The purpose of the Consumer Forum is to: Bring presentations from consumers and a carer about psychotherapy in the context of the Australian mental health system and more broadly. The Forum will be a lively and constructive event within the Congress and we hope that it may begin a tradition of supporting consumer based events at future meetings.” Saturday 27th August, 2-5 pm Bayside 104, Sydney Convention and Exhibition Centre (SCEC), Darling Harbour (Cost is \$50 cash on the day). Speakers include Janne McMahon, Kim Werner, Ruth Carson, Sandy Jeffs, Cathy Kezelman, Tamara Mannelje and Gay McKinley. For more information: [www.wcp2011.org](http://www.wcp2011.org)

## The Mental Health Services Conference, 2011, Sept 6th – 9th, Adelaide

TheMHS Conference is an international mental health educational forum, attracting over 1000 mental health clinicians, managers, consumers, carers, researchers, educators and policy makers, annually. For more information, please go to [www.themhs.org](http://www.themhs.org). Consumer highlights include:

- **Consumer keynote speaker:** Helen Glover, “an independent consultant ... who uses her professional background in social work and education as well as her lived experience of her own recovery from mental illness to expand and challenge the concepts of recovery-oriented practice within the mental sector.”
- **Tuesday Consumer Breakfast:** 8.30–9.30am 6th Sept, Higher Ground, 9 Light Square, Adelaide.
- **Consumer Forum** (full day, 6<sup>th</sup> Sept): *Consumers, resilience, creativity and connection* “Those of us who experience mental illness know that resilience is our internal capacity to recover, to find ways of dealing, working with, and accepting the changes that living with mental illness inevitably brings to our lives. The Consumer pre-conference forum is all about celebrating that resilience, highlighting effective ways of change and bringing consumers together to share stories of recovery, resilience and remarkable lives! The day will include opportunities to hear about consumer influence in mental health services from across Australia, personal stories, performances and arts activities. ...”

### Call Lifeline from your mobile phone for free:

Mobile phone calls to Lifeline made from anywhere in Australia are now free of charge, under an agreement made between the three major phone carriers. Minister for Mental Health and Ageing, Mark Butler, and the Minister for Broadband, Communications and the Digital Economy, Senator Stephen Conroy welcomed the agreement as an important means of helping people who are in crisis.

### Launch of Framework for Recovery-Oriented Practice

On 10 August 2011, Minister Mary Wooldridge launched the *Framework for Recovery-Oriented Practice* which outlines principles to guide organisations in providing recovery based support to people with a mental illness. While this document doesn't address the profound tensions between the coercive powers of the Mental Health Act and a recovery orientation in mental health, it does provide much needed leadership and direction towards such principles as self-determination, recognising people with lived experiences as the experts in their own lives, acknowledging and valuing lived experience and expertise, the value of advance directives/statements, consumer-led decision making, human rights principles and frameworks, the dignity of risk, meaningful engagement, the origins of the recovery concept being in the consumer movement, recognition of 'significant others' rather than assuming a 'carer' relationship, ensuring that peer support workers have adequate resources and staff professional development led by people with lived experience. To view the Framework, go to: [http://docs.health.vic.gov.au/docs/doc/0D4B06DF135B90E0CA2578E900256566/\\$FILE/framework-recovery-oriented-practice.pdf](http://docs.health.vic.gov.au/docs/doc/0D4B06DF135B90E0CA2578E900256566/$FILE/framework-recovery-oriented-practice.pdf)

### See also the many events profiled in this newsletter:

- **'IS THIS WHAT WE DESERVE?'** A rally for human rights in mental, emotional and spiritual wellbeing. Saturday 27th August, 2011. Commencing 1pm sharp -2.30pm Victorian Parliament House (see pp.3-4 for more details);
- **The Campfire:** Share a cuppa and talk about our mental health system around the campfire, at CERES, Saturday 10th September 2011, from 6:30pm (see p.20 for more details)
- **Events organised by Our Consumer Place**, including a forum on “Consumers as Clinical Educators” and collaboration with the Melbourne Free University (see p.7 for more details).

## INTRODUCING ... *the Charter of Peer Support and the Centre of Excellence in Peer Support*

*In this edition, we bring you two very exciting developments in the world of peer support – the Charter of Peer Support, and the Centre of Excellence in Peer Support. Both were launched together on 21<sup>st</sup> June, 2011 at Federation Square in Melbourne.*

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### Charter of Peer Support

*The Charter of Peer Support is a document that outlines the value and essential components in effective peer support. To introduce the Charter, we sought permission to reproduce a moving talk given by **Tony Gee** (from The Compassionate Friends) at the launch.*

First I would like to say I feel honoured to have been invited to speak at this launch... and while I will share what is in part my own thoughts and story, I am also aware that I speak on behalf of my Peers and the organisations through which we are connected.

From that point of view, I would like to acknowledge the inclusive and collaborative nature of this project. Not only were 7 organisations involved (and they produced a common document - a remarkable feat in itself !), they represented many diverse and varied experiences. From the very beginning consumers and carers alike participated in an open and invitational way, AND from within this diversity, when talking of the importance of Peer Support, we found that we all spoke with one voice... this Charter is a testament to that Voice.

So, on behalf of all of those involved (and who we represent), I say thank you to the organisations and in particular to those individuals who continued to drive the project and keep everyone included, informed and empowered.

So, some of my story. My professional background is in psychology and I have worked and continue to work, in areas from mental health to family breakdown. But my professional and personal life was turned upside down with the suicide of my youngest daughter Nellie in 2005. Nell had just turned 15

*... I found it somewhat odd at the time that help for me did not come from professionals or experts in the field (in fact some of the strangest and least helpful responses came from experts) ...*

and for me, her two older sisters, her extended family and friends, life had suddenly altered irrevocably ...

So how did we manage? I think my professional background helped in some manner, but I found it somewhat odd at the time that help for me did not come from professionals or experts in the field (in fact some of the strangest and least helpful

responses came from experts), but came essentially from 2 main sources.

The first was from meeting, talking to and sharing with people who had experienced something similar, people whose lived experience was somewhat akin to mine, who like me, had wrestled in the dark of night with issues of guilt, of responsibility, of 'what if's', of deep and all consuming loss. On some level they just understood what I was going through, they quietly accepted my pain and in their own special ways, they were just simply available and 'there.'



And the second source was that in the meeting, hearing, sharing and ongoing connection with Peers, my own inner resources were somehow enabled or enlivened or even respirited. Perhaps I found hope in others who had journeyed ahead of me, perhaps I found some guidance in their experience, perhaps in the chaos of loss, I simply found somewhere I now found safe and understood.

In any case, for me this is what Peer Support is all about. It is about finding and relating to others who have had similar lived experience. And with that, and through that, it is about finding, enabling and activating one's own inner resources for recovery and healing.

*... in the meeting, hearing, sharing and ongoing connection with Peers, my own inner resources were somehow enabled or enlivened or even respirited.*

This is a very different model of help than the professional or expert model.

I say this as I believe (as a consumer and carer and psychologist) that it is almost impossible to adequately understand the experience of life trauma, of loss, of addictions, of physical and mental illness, of chronic mental and physical ill health, to those who have not had the 'lived experience'. It is almost impossible to convey how isolating and emotionally devastating such experiences can be. It is impossible to convey that these experiences do not last for the hour in the counselling office, the few hours of the group, or the weekend of the workshop, they continue day in and day out, hour by hour, minute by minute for each of our lives. This is our lived experience.

And while professional support and intervention at times is extremely helpful and indeed necessary in many situations, it seems to me that it is one part of the journey and indeed, in many cases, can only take us so far.

*In our western individualistic tradition we have tended to establish expert hierarchies, separate the 'other', marginalise 'them', pathologise illness and distress and leave it to 'experts' to help.*

And this is why I welcome this Charter. I think it marks a milestone in Peer Support so Peer Support can stand up and take centre stage as a primary and essential intervention. And when we are struggling with mental health budgets, with interventions that may be problematic and so on, Peer Support is not only extremely cost effective but a proven and validated method of help.

And on a final note. I have been lucky enough to spend some time recently working with indigenous people, both Australian and Native American. What I am learning is how community connected they are. In our western individualistic tradition we have tended to establish expert hierarchies, separate the 'other', marginalise 'them', pathologise illness and distress and leave it to 'experts' to help. I have found the principles of Peer Support to be very consistent with the wisdom traditions of indigenous culture and in particular the focus on the 'self in community' and the deep connectedness that we all share.

I hope this charter will lead us further along this path and towards greater community understanding and ultimately towards a true Community of Care.

Thankyou.

To find out more, or to endorse the Charter of Peer Support, contact the Centre of Excellence on 1300 237 199 or [peer.support@arafemi.org.au](mailto:peer.support@arafemi.org.au).







## Centre of Excellence in Peer Support Launched!

-by **Nicola Paton**, Project Worker for the Centre of Excellence

*Nicola is an ally who finds peer support a powerful way to connect, strengthen and support one another, discover more about ourselves, develop skills and build community. She is passionate about ways in which people act together to build and share collective wisdom at the grassroots. She has worked in mental health, sexual assault, domestic violence and refugee and migrant services.*

The Centre of Excellence in Peer Support (Mental Health) was recently launched at Federation Square, Melbourne. Providing internet-based resources and individualised support, its purpose is to strengthen and support peer work in the Victorian mental health sector.

The Centre is designed as a collaborative resource for consumer and carer peer support workers, community organisations, mental health services and individuals who provide or want to provide a peer support service.

The Centre's website ([www.peersupportvic.org](http://www.peersupportvic.org)) provides access to resources such as:

- A peer support service directory
- Practical resources to use in your work, such as sample forms, templates and guides
- Recent research on peer support
- Upcoming training and peer support positions being advertised
- Training materials on setting up support groups and peer support services (coming soon)

The Centre will also become a central point for sharing information via the Forum.

The website needs your input – it's a framework to be filled with your experience, knowledge and collective wisdom about peer support. So, please send in your contributions, such as:

- Details of your peer support work. Include your service or support group in the directory, so consumers and other providers can find your service. This will also enable increased communication and collaboration between peer support services.
- Resources, research and other material on peer support you have to share. Add your reflections on an issue you've faced in peer support work, an evaluation you've done of your peer support service or details of an article, report or other research on the benefits of peer support.
- Details of upcoming training and employment opportunities (positions advertised.)
- Post a question or start a conversation on the Forum. For example, if you're facing a particular issue in peer support work, you could ask if others have experienced it and have suggestions or ideas. And please, respond to others' postings.
- Subscribe to receive the e-zine.

*... its purpose is to  
strengthen and support  
peer work in the Victorian  
mental health sector.*

The website ([www.peersupportvic.org](http://www.peersupportvic.org)) is a way we can provide peer support to each other so please share your valuable knowledge.

The first e-zine will focus on how consumer peer support workers want employers to respond in the event that they become unwell. This was recently highlighted by PHaMs support workers as an important issue. Please send in your articles, experiences, ideas, opinions and thoughts.



The Centre of Excellence was established by the seven statewide Mutual Support and Self Help (MSSH) organisations: ARAFEMI (lead agency), The Compassionate Friends (TCF), Eating Disorders Foundation of Victoria (EDFV), Post and Antenatal Depression Association (PANDA), Action Disability Ethnicity Community (ADEC), Anxiety Recovery Centre Victoria (ARCVic) and GROW. It is funded by a grant from the William Buckland Foundation.

The Charter of Peer Support was launched at the same time as the Centre of Excellence (see Tony Gee's article in this newsletter.) Written by consumers and families/carers with the support of the statewide MSSH organisations, it sets out the value and benefits of peer support in order to promote the understanding, valuing and resourcing of peer support work. Particularly if you are a peer support provider, please consider endorsing the Charter to strengthen its significance as a widely recognised statement and collective advocacy tool (see [www.peersupportvic.org/peer-support-charter](http://www.peersupportvic.org/peer-support-charter) for more information.)

As the Project Worker for the Centre, I am also available to provide individualised information and support. Your questions, comments, ideas and suggestions are always welcome. I can be contacted on ph. 1300 237 199 or by email, [peer.support@arafemi.org.au](mailto:peer.support@arafemi.org.au).



## THUMBS UP/THUMBS DOWN

1. **THUMBS UP:** to the glorious spring weather in Victoria (which surely must be a good thing for all our mental health!)
2. **THUMBS DOWN:** to the ill-conceived Protective Service Officers (see article on p.5)
3. **THUMBS UP:** to the wonderful collaborative work that is going on at the moment in mental health – with grassroots organisers coming together; many non-consumers really listening to consumers and embedding our insights into their work; and various groups that have usually worked in isolation from each other working fruitfully alongside each other.
4. **THUMBS DOWN:** to trials of anti-psychotic drugs on young people who “may be at risk” of developing psychosis. At last, there is critical public investigation of Patrick McGorry’s “massively oversold” claims about how mental health care in this country should move forward.
5. **THUMBS UP:** to grassroots activism. Power, strength and vision from and with the people.
6. **THUMBS DOWN:** to services that try to colonise peer support workers’ jobs. Please *listen* to us!
7. **THUMBS UP:** to the *Framework for Recovery-Oriented Practice*’s recognition of consumer expertise and leadership, human rights, self-determination, the need to adequately resource peer support work and the consumer movement’s development of the recovery concept.
8. **THUMBS DOWN:** to the continued struggle of people with mental illness to get respect and support in their workplaces (check out this interesting radio report on this issue: [www.abc.net.au/rn/lifematters/stories/2011/3269750.htm](http://www.abc.net.au/rn/lifematters/stories/2011/3269750.htm))
9. **THUMBS UP:** In May, Beyond Blue appointed 18 blueVoices (ie. consumer) members to their Research Grant Review Panel, giving people with personal experience of depression and anxiety a direct say in how over \$5 million of research money is spent.
10. **THUMBS DOWN:** to simplistic ideas (and unfortunately the dominant ideas) that “stigma” can be best addressed by “educating people about the signs and symptoms of mental illness.” If that were the case, then why are some very learned mental health professionals the worst offenders when it comes to stigmatising attitudes? We need much deeper thinking about these issues!

## INTRODUCING ... “WOMAN WORN OUT” by Sue. E. Armstrong

*Sue Armstrong is a fine artist, video producer and Consumer Consultant. Sue is also involved with the Female Only Psychiatric Wards Group and Penguin Artists (see below for more information on both).*

Actually, “Woman worn out” needs no introduction to many of you. Sue Armstrong is selling the original artwork of this iconic image to fund her own art and to continue her work on the need to re-establish female-only psychiatric wards. She is hoping she finds a good home! Sue writes:

“Thought this image of my drawing Women Worn Out maybe of interest to you.

Many people relate to the sentiment of the drawing. At one time or another, for a variety of reasons, we have all felt worn out.

First and foremost it's a good drawing.

But perhaps more importantly she is famous in Victorian mental health circles.

Her image was used on a successful postcard campaign by the Victorian Women and Mental Health Network (VWMHN), to the Minister for Health, to ensure better safety for females in psychiatric wards. She also put in an appearance on other VWMHN publications.

As yet we do not have female only psychiatric wards re-established for females (women and girls) to choose whether we are admitted to female only or mixed sex psychiatric wards. But the government has funded women's only space in existing wards.

We will continue to chip away at the issue.”

**Female Only Psychiatric Wards Group:** Are you supportive of the need to re establish female only psychiatric wards? For women and girls to choose whether we are admitted to female only or mixed sex psychiatric wards? Concerned about female mental illness issues in general? Then contact the Female Only Psychiatric Wards Group: P O Box 1225, Kensington, Victoria, 3031, Australia; Email [fopwg@vicnet.net.au](mailto:fopwg@vicnet.net.au); <http://home.vicnet.net.au/~fopwg/>

**Penguin Artists** are a group of artists who provide opportunities for artists with social disadvantage, in particular people with psychiatric disabilities, to develop and promote their art forms, including painting, sculpture, drawing, multimedia and film. Co-convenors Peter Lane and Sue Armstrong; [www.penguinartists.org.au/](http://www.penguinartists.org.au/)



“Woman Worn Out” by Sue E. Armstrong. Archival paper. Professional quality pastels. Professionally framed with archival materials.

**Image:** 660 mm x 515 mm;

**Frame:** 840 mm x 695 mm

Please send your bid by 5.00pm  
Monday 26<sup>th</sup> September 2011. Email:  
[sarmstro@bigpond.net.au](mailto:sarmstro@bigpond.net.au) OR Sue  
Armstrong, PO Box 1225, Kensington,  
Vic, 3031 OR mobile 0404 145 364

## WORTH A READ ... “Building in Research and Evaluation: Human inquiry for living systems” by Yoland Wadsworth

*Review by Allan Pinches, Consumer Consultant in mental health for more than 15 years standing and a prolific writer and commentator in the field.*

*He has a Bachelor of Arts in Community Development (VU) and is a former metropolitan journalist. Allan has a blogsite with many original articles on consumer perspectives in mental health and connections to wider issues. The site is at: <http://ozfreedomwriters.blogspot.com> [This review was first published in New Paradigm, 2011]*



“Without changing our patterns of thought we will not be able to solve the problems we created with our current patterns of thought.” - Albert Einstein (Quoted in Ackoff in 2004)

Yoland Wadsworth’s new book is her Magnum Opus as the social research and evaluation “resource person” of choice for thousands of people in their communities. Wadsworth is an Australian social research and evaluation practitioner, methodology theorist and educator – and author of the bestsellers “Do-It-Yourself Social Research” and “Everyday Evaluation on the Run” – who has put innovative and empowering tools of social inquiry into the hands of many thousands of people in their communities, to help give them a stronger “say” in dealing with community, health and human services organisations.

Wadsworth’s new book, “Building in Research and Evaluation: *Human inquiry for living systems*” (2010, Allen & Unwin/ Action Research Press) is said to be the final instalment of her social research and evaluation trilogy. This far-reaching and comprehensive book of more than 300 pages, took a decade to write and is described as the Magnum Opus of a busy and distinguished career. Yoland Wadsworth is Adjunct Professor, Centre for Applied Social Research, RMIT University, and holds several other posts.

*Yoland Wadsworth ... has put innovative and empowering tools of social inquiry into the hands of many thousands of people in their communities...*

This outstanding work offers a generous feast of practical knowledge and wisdom, drawn from the author’s 38 years as a leading “resource person for others’ later efforts” in practice-based social research, across many sectors and organisations.

Wadsworth writes about her pleasant surprise, in early preparations to this book, in learning about an apparent high level of adoption by researchers and evaluators in many fields of methodologies similar to those she has tested and recommended. However, there were other reports of all-too-many “people centred” conflicts and other problems such as an apparent lack of adherence to an evidence base in human service organisations. Meanwhile, many innovative projects were being initiated here and there, but often funded as ad hoc short term projects. There was also little evidence of widespread preparations to develop and build in cyclic structures for ongoing social research and evaluation in the running of human services organisations, let alone with humanising ideals.

These and other conundrums set many challenges for the author to study the structures and processes of human services organisations, by envisioning them as “living systems” and working out the benefits that might flow.

Wadsworth’s book has a great deal to offer on many levels. Beyond its functions as a reference work - which reviews and draws upon extensive lessons learned from past projects - there is much which is





new, creative, strategic, inspiring, questioning, challenging, and determinedly striving to develop ways for the voices of people disempowered by “systems” to be heard by policy makers and power holders.

While many combinations of “sequences of research cycle questions” are offered, it is worth noting that the foundations are somewhat similar to action research frameworks, which tend to start out straightforward, then are elaborated upon. While there can be many permutations, the basic steps can be summarised: Observe – Action → Reflect → Plan → Act → Observe – Action →

*“What we know in life is only where we have decided to rest with our questioning.”* – Fran Peavey,  
American community activist and proponent of Strategic Questioning

The book deals extensively with “building in a culture of inquiry” -- in organisations and in the community – and in several parts closely examines many structural underpinnings of social research and evaluation, particularly when applied to mental health consumer participation, evaluation, and community-based Participatory Action Research.

There is a powerful exposition of methodological structures in social inquiry, which can inform the reader’s thinking about:

- detailed principles for research and evaluation within complex human service organisations, when viewed as “living systems”;
- sequences and examples of “research cycle questions” which can be creatively harnessed in working towards “intelligent systems” which could also become self-adjusting; and,
- promotion of the development of more (truly) human services, partly through service providers being encouraged to open up to listen carefully and without flinching to the expressed hurts, unmet needs, and creative thinking of consumers.

*... promotion of the development of more (truly) human services, partly through service providers being encouraged to open up to listen carefully and without flinching to the expressed hurts, unmet needs, and creative thinking of consumers.*

There is also a major section which crystallises 10 “exemplars” of substantial projects in which Wadsworth has been involved over a long period in human services settings. But the larger list spanned: health, education, welfare, non-government organisations, local, state and federal government, community groups working with youth, homelessness, disability, community and mental health, health promotion, hospitals, schools, universities, child and family services, the disadvantaged, the excluded, agriculture, environment, Indigenous people with a commercial small business.

*“U & I” (as it became affectionately known) became a training ground of many consumer consultants, and ultimately became a major part of the model for the statewide introduction of consumer consultants in 1996.*

Yoland Wadsworth is well known as the social research and evaluation theorist who worked in collaboration with consumer researcher Merinda Epstein in establishing and leading the Understanding and Involvement Project at Royal Park Psychiatric Hospital, in 1990–96, which won awards as a consumer participatory/ staff collaborative project. “U & I” (as it became affectionately known) became a training ground of many consumer consultants, and ultimately became a major part of the model for the statewide introduction of consumer consultants in 1996. (See the compendium, “The Essential ‘U & I’” Wadsworth, in ongoing collaboration with Epstein; VicHealth 2001.)





In “Building in Research and Evaluation...” Wadsworth explains that the U & I project was an attempt to establish and refine processes by which staff and consumers in psychiatric wards could routinely collaborate to research and evaluate the experiences of consumers, and make the consequent relevant and appropriate changes to the hospital practices. In some ways this was attempting to build back into the system a capacity for reflection and “time enough for understanding.” These changes could also allow a shift in debate in the mental health field towards the notions of “health, healing and recovery” rather than defaulting, too quickly, to matters of “fear, control and coercion.”

Wadsworth writes: “It wasn’t in the end seeking a ‘new vision’ or a ‘breakthrough formula’ which would leave distancing, ‘othering,’ fears, anxieties, and iatrogenesis as things of the past. In the end we saw how ‘the system’ mirrors and writes large the nature of each human being, and what we were seeking to put in place was something ‘equally systemic’ to discharge the forcefield of oppositional distancing by creating spaces and places for both professionals and end-beneficiaries to come ‘side by side’ – for staff to feel it was safe to come out of the nursing station and for consumers to feel safe to tell staff what they were experiencing.”

*... for staff to feel it was safe to come out of the nursing station and for consumers to feel safe to tell staff what they were experiencing.*

Such shifts of emphasis can be found within the book’s summary of the U & I model’s 12-component framework summary, explained as placing a premium on such factors as: quality assurance; a two-way consumer-staff dialogue; appropriate and built in forums; utilising dynamic means of culture shift; and multiple and creative means of consumer input, and more. Wadsworth also continues to espouse the need for “a missing fourth site” – a place for system staff trying to work for change, mirroring “consumer only places” where people share understanding and peer support, and tired and battered people can work on their health growth and development ideas.

*“Empowerment is all about being treated as self-determining peoples, not client communities.” – Muriel Bamblett, Self Determination Not Invasion (2008)*

Wadsworth’s book carries many little touches of somewhat wry humour, arising naturally as observations from the text and her enjoyment of the powers of language. This is complemented by many cartoons satirising agency-life, quote panels, some key learning tables, sidebars, and stories from the field.

In presenting an overview of “human inquiry for living systems” Wadsworth uses an example of an ordinary learning activity from life – by conjuring up the thoughts, words, and actions of a person who has just learnt to ride a bicycle. This includes lines like: “Wobble, wobble. Fall off. Go a bit further. Wobble. Getting the hang of it. Staying on. Go faster, easier, better...”

Wadsworth’s book also provides a valuable participant’s eye overview of the history of research, evaluation and organisational development from the 70s onward, throughout human services and many of the political and bureaucratic processes in operation throughout. There are also a number of interesting accounts of the history, development, and changing adaptations of many methodologies of social research and evaluation.

*[Ed: Some of Merinda’s cartoons have been inspired by illuminating conversations and joint intellectual work with Yoland Wadsworth]*



# The Campfire

‘Share a cuppa and talk about our mental health system around the campfire’

*An invitation to long term psych users, families and mental health professionals to honour our unique journeys and build our hopes for a better mental health system*

To really understand the future, we must talk today with the people who know the past.

## CERES

Community Environment Park  
Cnr Roberts and Stewart Sts  
(Drive up to the big new Carpark)  
Brunswick East  
Victoria

Saturday 10th September 2011

6:30pm - late

FREE

Please bring a thermos & dinner nibblies,  
and firewood if you have some!

Contact: Heidi 0404 128 307

