



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

**OUR CONSUMER PLACE
NEWSLETTER FEBRUARY 2012**



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RESOURCE CENTRE FOR MENTAL HEALTH CONSUMERS

Contents

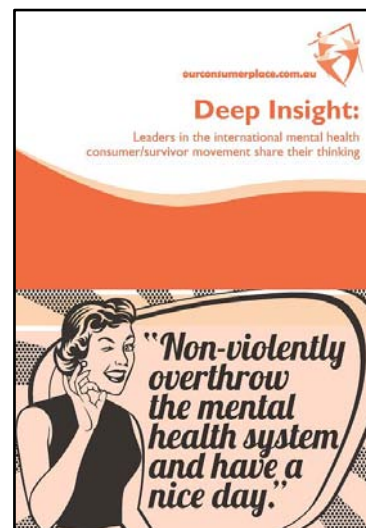
Page News

3. **Here at last! *Deep Insight: Leaders in the International Mental Health Consumer/Survivor Movement share their thinking.*** A new publication from OCP, available now!
3. **Managing ‘mental illness’ at work: what’s really going on?** OCP have set up an online survey to find out what you may have to contribute.
4. **Psychobabble update**
4. **Are you involved in the PDRSS sector?** We want your thoughts.
5. **Supervision:** what do consumer workers want?
5. **Worth a read: A series of golden consumer-perspective research,** including *Do you Mind? The Ultimate Exit Survey, The U&I Project,* and the *Lemon Looning Board Game.*
6. **Introducing ... (a Consumer Directed Initiative): “Medication Time”** and “Mental Illness and the Media” Two new short consumer-produced films.
7. **News in the consumer world:** jobs for consumer workers, some exciting news, some depressing news and conferences galore!
11. **Feature Article:** *The Ten Year Roadmap for National Mental health Reform.* What’s in it for us? – analysis by Flick Grey
14. **OCP update:** what we’ve been up to and what’s in store.
15. **Thumbs up/Thumbs down:** yes, your monthly dose of opinions.
16. **Our Consumer Place’s Storytelling workshops in February.**

Deep Insight: Leaders in the International Mental Health Consumer/ Survivor Movement share their thinking.

At last! Available free (from Feb 13th) on the Our Consumer Place website (www.ourconsumerplace.com.au/resources), this resource shares the transformative and brilliant thinking of 11 leaders in the consumer/survivor movement, including Shery Mead, Peter Beresford, Oryx Cohen, Ron Coleman, Mary O'Hagan and many more! Much of this material has been published in Our Consumer Place newsletters over the years, but we brought it all together into one booklet so you can enjoy a burst of brilliant, inspiring and transformative consumer/survivor thinking in one go! It is a veritable smorgasbord!

Illustrated with new cartoons from Merinda Epstein, this wonderful resource is now available from our website. We can send hardcopies free to Victorian consumers. We sincerely hope you enjoy it – it has been a labour of love to produce!



Managing 'mental illness' at work: What's really going on?

'Mental illness' is present in most workplaces and yet many of us (consumers and non-consumer colleagues and managers alike) don't know what to do when a 'recipe' is not offered from various charity and non-government entities. We see reports about lost productivity, prejudice and people who are identified as having a 'mental illness' or even just 'acting funny' being treated very badly... but how can we do better?

Our Consumer Place is putting together a comprehensive resource about these very issues, both for people with 'mental illness' and our colleagues and managers. We'd really love your thoughts, experience and questions – whether you are a consumer, or a colleague or manager of consumers – and you can contribute as little or as much information as you'd like. Our only request is that you please keep it real - we want to know what's really going on out there - the good, the bad and the confusing! If you have any thoughts, questions or ideas, please fill out our online survey: <http://www.ourconsumerplace.com.au/article?id=5239>.

This won't be some shallow "10 easy tips", reassuring everyone that "people with mental illness are not dangerous or stupid" (der!), it won't be sugar coated, it won't contain pithy advice about how "mental illness' is just like diabetes" – this resource will be addressing the tough, day-to-day challenges of managing 'mental illness' in the workplace: How do we really do it? What about when things get particularly tricky? Importantly, it will be written from a consumer perspective - i.e. by those with lived experience of 'mental illness'. The kinds of questions we will be addressing include:

- "Should I expect my colleague with a 'mental illness' get to work at the same time and do as much work as everyone else?"
- "I'm hesitant about disclosing my 'mental illness' - I'm worried it will affect my chances of being promoted. How do I decide if disclosing is a good idea?"
- "I feel like my colleague is taking her stress out on other people. I know she has a 'mental illness', but it still doesn't seem OK. What can I do?"
- "What can I do if I know what works for me in managing my 'mental illness', but the HR department is trying to make me do things that aren't actually helpful?"
- "I manage someone with a 'mental illness' and his performance has dropped significantly. I am afraid of discussing this with him as I don't want to make things worse."

Psychobabble

Yep! Psychobabble is in its final stages of editing and will be up on the website probably before the next edition of the newsletter (but it's not there quite yet). Now ... this will be fun! Who knows where the term 'psychobabble' originally came from? Have an educated guess and then when it goes up on the net you'll be able to look it up and find out.

Psychobabble is designed for consumers to have a chance to interact with a living document. We have described this as 'Draft Permanent'. It'll always be a draft... always! Merinda has started the ball rolling by collecting a mixture of terms that she wanted to know more about, terms used in mental health that are very silly, acronyms that nobody understands, mental health slang... a whole turbulent mixture of language-in-psychiatry. Psychobabble will go on the web and anyone will be able to add something that fascinates or annoys them or suggest different ways to interpret a word or a term. Merinda is positive that amongst so much material she will have got something wrong – do let her know! This is what psychobabble is about. If you want to join in the game (and it has its educative side too) it's simple. It's good for all of us to think about the language the controls a significant part of some people's lives. ... So stay tuned!

Are you involved in the PDRSS sector?

Our Consumer Place has started the process of putting together a booklet on the Psychiatric Disability Support Sector. In order to find out what consumers who use this sector would find useful we are inviting expressions of interest for people to join a group to discuss their experiences. We are not looking for just 'good stories' (although these would be most welcome) but rather we want information from a consumer perspective about what works in the sector- service-home... what makes people angry, definitions of the 'ideal worker', problems with the system, some discussion about people's journeys through services and out the other end and what this has been/felt like. We'll use this group to help us form a guide to what needs to be written from a consumer perspective in the forthcoming booklet and how. These are very early days but if there is anyone with interesting stories and ideas about the sector who would like to be involved please email

Merinda on
[merindae@our
consumerplace.
com.au](mailto:merindae@ourconsumerplace.com.au) or
phone (03)
93206800.

*A new cartoon
from Merinda
Epstein.*



Supervision: what do consumer workers want?

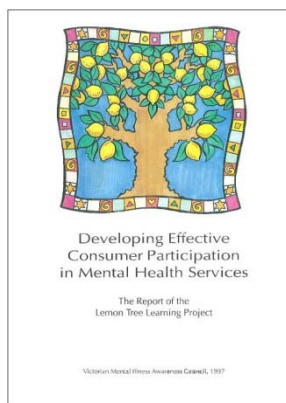
Our Consumer Place is putting together materials for consumer workers around the issue of supervision – specifically supervision *not* by our “boss,” but by someone that we choose, who is independent and there to support us to reflect on our work life and career development. This sometimes gets called “clinical supervision” (as opposed to “line management supervision”).

Many other mental health workers engage in clinical supervision as a matter of course – for example, psychologists and occupational therapists –and it’s understood as an essential part of career development and self-care. In our experience, most of the consumer workforce does not receive this kind of support. Many consumer workers feel hopelessly isolated and under-supported, some are “supervised” by our line manager (which makes it difficult to debrief any issues that may be related to how we are managed!), and some of us have created informal networks for ourselves – (these informal networks, or “peer supervision,” may be exactly what we want!) Our Consumer Place wants to find out what’s going on out there, what is working, what’s not, etc. If you have experience or thoughts on this issue, please contact Flick Grey: flickg@ourconsumerplace.com.au.

Worth a read: A series of golden consumer-perspective research

These incredibly valuable, consumer-perspective research projects have been recently summarised for the Our Consumer Place website. These sophisticated projects needed to be made accessible so that more of us can learn from them. *We can't recommend these materials highly enough!*

Each summary is about 2-3 pages long and are now available on the Our Consumer Place website: www.ourconsumerplace.com.au/resources. We hope to add more in the coming months (including *Unlocking the System, Understanding Anytime* and *Consumer Participation Program Orientation and Job Manual - Mental Health Staff-Consumer Consultants*).



- **The Understanding & Involvement Project (U&I): 1991 -2001:** was an enormous Participatory Action Research project that emerged from a localised, grounded, response to a consumer organisation's demand that ‘something must be done to change acute services’ and that this must be driven by consumers.
- **Deep Dialogue 1:** This project was about developing a structure that would allow for deep conversations to take place between consumers and service providers. Too often, the “hard conversations” are not had because there’s no space to hold these conversations and allow them the time and structure they need to be had.
- **Do you Mind? The Ultimate Exit Survey - Survivors of Psychiatric Services Speak Out:** Powerful educative materials from survivors about some of the most important issues affecting consumers, including stigma, communication, medication, crisis assessment teams and gender.
- **Lemon Tree Learning:** An educational resource, looking at the most effective ways that consumers can participate in mental health services
- **Lemon Looning Board Game:** A teaching resource which is ostensibly a board game, but is really about creating an environment for consumers to educate staff by sharing their experiences in the mental health system.
- **Second Deep Dialogue Project:** Consumer-Staff Collaborative Groups: A Strategy for Enhancing Workplace Culture in Pursuit of Quality Outcomes.

INTRODUCING ... Two new consumer-produced films

In this edition, we profile the two films: Medication Time and Mental Health and the Media, produced by consumers as part of the Creative Pathways to Engagement program at Doutta Galla Community Health.

Launched on January 24th, 2012 at the Cinema Nova in Carlton, *Medication Time and Mental Health and the Media* are two wonderful consumer-produced short films examining issues related to mental illness.

The films emerged from a unique training program that emerged from a collaborative partnership between Doutta Galla Community Health's Creative Pathways to Community Engagement program, Penguin Artists (whose wonderful motto is "Art not therapy") and Open Channel – a television training organisation – supported by funding from the Commonwealth Department of Health and Ageing.



Some project participants including consumers involved in the project, members of Open Channel, Doutta Galla Community Health and Penguin Artists.

Medication Time is a dark comedy set in a psychiatric hospital at medication time. The patients are a disturbing, motley bunch, but the doctor is certainly not a model of sanity either. The plot is very funny and the special effects will wish you'd been on set to join in the fun! The pleasure in the creative process is palpable and the film will have you constantly surprised by what happens next.

Mental Health and the Media is a very different film, a serious exploration of the ways in which mental health is portrayed in the media, including interviews with VMIAC director Isabel Collins and the head of SANE, Barbara Hocking.

The two films were the accumulation of three months hard work and creativity, and the consumers involved were supported to complete a Certificate III in Media (Filmmaking), a Nationally Recognised Statement of Attainment. In addition to creating two quality films, the attainment of this qualification has opened up further opportunities for the consumer students involved.

Open Channel's Executive Director Jennie Hughes commented, "We are thrilled to be involved with Doutta Galla and Penguin Artists on this excellent initiative. We have a strong sense of community at Open Channel and it's important to offer everyone a chance to explore their creative abilities. We look forward to continuing our association with both Doutta Galla and Penguin Artists, working with them on this project has been a very rewarding and exciting experience. The response to the launch at The Nova has been exceptional".

The project involved students, volunteer crew, actors, industry professionals, and trainers.

Production and Facilities house, Lemac supported the initiative by providing free equipment training sessions for all participants.

NEWS IN THE CONSUMER WORLD:

CALL FOR EXPRESSIONS OF INTEREST FOR A CONSUMER REFERENCE GROUP

The government has announced a national call for expressions of interest (EOI) for participation on a Mental Health Consumer Reference Group (CRG). The CRG will provide advice to an auspicing body to assist with the establishment of the new national mental health consumer organisation. This will include advice on: strategic directions for the consumer organisation; building an inclusive and diverse membership base; and setting up appropriate mechanisms to ensure consumers are involved throughout the process.

The final report of the scoping study and the Australian Government's response will be important reference points for the CRG and the auspice body in establishing the new organisation.

Mental health consumers interested in applying can read the CRG Expressions Of Interest (EOI) kit, which includes the overview of the selection process, the selection criteria, information about roles and CRG position responsibilities, and tips on how to apply. EOIs must be submitted using the online form and close **4pm AEDT Monday 20 February 2012**.

Apply here: <http://www.health.gov.au/internet/main/publishing.nsf/content/mental-consume#est>

EQUAL PAY CASE FOR COMMUNITY WORKERS

Many consumer workers may benefit from the recent Equal Pay ruling by Fair Work Australia.

The Australian Services Union lodged a case back in 2010 to address the gender-based undervaluation of the community services sector, in which workers are paid 30% less than those performing comparable work in other sectors, and on Feb 1st the case was won! The result is that significant pay rises have been recommended to be phased in over a period of 8 years. It's now up to community sector employers and all State and Territory Governments to support the decision.

(Of course, this does little to redress the gap between consumer workers and non-consumer workers – our work is almost universally devalued if we were to compare our work to how others are paid, but perhaps we can celebrate one small victory on the long road to social justice!)

YOUR RIGHTS ON TRACK?

Protective Service Officers (PSOs) are being rolled out in the next month – armed officers at train stations, with legal powers that include being able to detain people who appear mentally ill (and fulfil other requirements under the *Mental Health Act*). The Mental Health Legal Centre is running some information sessions for lawyers and community workers to explain PSO's legal powers and how people's rights can be protected. This session will be on Wednesday February 15th, 10am-12:30pm, at Lionel Murphy Centre, Victoria Legal Aid, 352 Queen St, Melbourne. In the foreseeable future they assure us they will be organising sessions specifically for consumers so we can better understand our rights.

24 HOUR MENTAL HEALTH ADVICE LINE TO CLOSE

The mental health advice line, which has been running since 2009, manned by mental health practitioners who advise callers about where they should go to get support and treatment, is due to be closed suddenly at midnight on March 19th, 2012. Apparently, it has been "underperforming." The lack of consultation with consumers (both in setting up the service and now in suddenly abandoning it) is disappointing.

PATVERFÜ: INSANE? YOUR OWN CHOICE!

An amazing commercial promoting the human rights of people with 'mental illness' is currently being shown in German cinemas (accessible also on YouTube - although it's in German - www.youtube.com/watch?v=CGUehiXIIY4).

The commercial shows a couple being forcibly detained by police and taken to a psychiatric facility and forcibly "treated." But it then rewinds to present an alternate scenario – the couple present the police with an Advance Directive, to which the police respond by leaving the couple alone.

The commercial has been produced by the Association of Psychiatric Survivors in Berlin and Brandenburg, to promote PatVerfü - the clever advance directive. A 2009 German law has recognised Advance Directives (instructions given by individuals specifying what actions should be taken for their health in the event that they are no longer able to make decisions due to illness or incapacity. In Australia, there is no legal recognition for Advance Directives in mental health). The German Supreme Court has also recognised that compulsory treatment is incompatible with fundamental human rights. This broad-based campaign is intended to inform German citizens about their rights. It is being shown in over 50 cinemas in Germany: PatVerfü - the clever advance directive.

JOB OPPORTUNITY: CONSUMER CONSULTANT

Inner West Area Mental Health Service - The Royal Melbourne Hospital Part time Permanent.

"We are looking for an experienced and motivated consumer consultant to promote and support consumer leadership and participation at the Inner West AMHS-RMH. The consumer consultant will work closely with consumers and service providers to ensure consumer perspective is incorporated at all levels including planning, development, evaluation and training. The role involves a range of activities which include participation in leadership groups of the service, project development, consultation and liaison with consumers and staff, and leadership of the consumer advisory group. Based in cosmopolitan Moonee Ponds, hours are negotiable, and the successful applicant will have access to a range of employee benefits including salary packaging.

The position will be advertised on the Melbourne Health Careers website during February. For further information, please phone Kevin Hargreaves, (03) 9377 3400."

JOB OPPORTUNITY: PEER WORKER – SOCIAL INCLUSION

Doutta Galla Social Inclusion is a psychosocial rehabilitation day program for adults (16 and older) in Moonee Valley and Melbourne who have a mental illness and who are having difficulty maintaining their independence and accessing services in the community.

As a Peer Worker, you will enjoy the challenge and satisfaction of supporting peers by:

- Co-facilitating Quit education sessions;
- Building the capacity of consumers to improve their physical health;

Your understandings of a lived experience of mental illness, together with your ability to present and facilitate groups will be well regarded.

Joining our team in an exciting period of growth, and you'll enjoy stimulation, challenge, a work life balance and exceptional career development.

For further information or a copy of the position description, please contact: Liz Leorke by email liz.leorke@doutta.org.au. Applications close: 5pm, Thursday 16th February 2012

VICTORIAN MENTAL HEALTH CONSUMER WORKFORCE CONFERENCE 2012: Raising the Standard

Monday 28th – Tuesday 29th May 2012, Treacy Conference Centre, 126 The Avenue, Parkville Vic

Conference Theme: The consumer workforce provides leadership in moving towards a truly consumer-centred mental health system by using the unique and diverse expertise of lived experience to represent consumer views and perspectives, to advocate for systemic change, to improve quality of service, to provide peer support, and to implement rights-based, recovery and wellbeing-oriented practice.

Call for Papers: Please submit your abstract before **Friday 16th March 2012**. The result of submissions will be advised in the early April 2012. (guidelines for submissions are on the VMIAC website, see below)

To register, go to:
www.vmiac.org.au.

Keynote Speakers: Janet Meagher (a distinguished mental health consumer activist and advocate, currently the Divisional Manager- Inclusion, for Psychiatric Rehabilitation Australia, as well as being the sole consumer on the National Mental Health Commission) and Anne Beales (A long-standing campaigner for mental health in the UK).

VOICES VIC CONFERENCE 2012

Thursday 23rd - Friday 24th
February 2012, Storey Hall, RMIT
Building 16, 342 Swanston Street
Melbourne, VIC 3000

This unique, interactive,
recovery-focused conference

about hearing voices, seeing visions and other unusual experiences (typically diagnosed as psychosis). Innovative pathways to recovery will be explored from the perspectives of consumers and peer workers, indigenous communities, different cultures, psychiatry, psychology, occupational therapy, nursing and social work. For more information, see: www.voicesvic.org.au

Including: Thursday 23 Feb, 6.00pm - 9.00pm

THE PROUD PARTY: The Order of Melbourne, 400 Swanston St

Come and join us for relaxing, after conference party and connect with others. So much of mental health is about stigma. We are proud of who we are - come and celebrate with us!

Monday's **1-3 pm**

Barry Dickins
Presents.....
'Scribe Sessions'

Writing shouldn't be a solitary pursuit. Joining a writing group helps create a network of writing friends that can offer support, advice and a fresh approach to writing and publishing. Writing can be enjoyable, in fact effortless. Barry has had published 26 books, 3 of which were children's picture books, as well as that he has won the Premier's Award for Drama for the play "Remember Ronald Ryan" Barry is currently teaching poetry and drama in various schools. We are very pleased to have him assisting in this group for the enjoyment of our members. Telephone us on 9380 3900 to register your place.

VMIAC
Bldg 1, 22 Aintree Street
Brunswick East Vic 3057
Phone: 9380 3900

VICSERV 2012 MENTAL HEALTH CONFERENCE

Thursday 24th – Friday 25th May 2012, Melbourne Convention & Exhibition Centre

VICSERV has successfully set the standard for Australian mental health conferences with challenging content, provocative speakers and leading-edge thinking. The 2012 conference will maintain this standard and will feature keynote addresses, a wide range of presentations, interactive workshops, and panel discussions. The conference theme - **Reframing Mental Health: a new state of mind** - reflects the fact that community managed mental health services are on the brink of major change. The way in which services are delivered and who provides them is evolving. Workers in the field of community mental health and those they support need to be ready to embrace these changes.

Abstract submissions are being accepted until February 10th. For more information about the conference, including booking and registration please go to www.vicserv.org.au.

THE MENTAL HEALTH SERVICES (THEMHS) 22ND ANNUAL CONFERENCE: CALL FOR PAPERS

Tuesday 21 – Friday 24 August 2012; Cairns Convention Centre, Qld.

TheMHS is the national mental health services conference in Australia, bringing together consumers, policy makers and clinicians into one space.

Recovering Citizenship: It's been 20 years since The Burdekin Report which recognised that the citizenship of those inside institutions needed to be recovered. For the 22nd TheMHS Conference we explore the changes that have occurred and whether this had led to citizenship being recovered. There is a need to better understand what citizenship means in mental health care as currently outlined in mental health policies and recovery-oriented services delivery.

Keynote Speakers: Mick Gooda (Australia), Rufus May (UK), Roberto Mezzina (Italy)

Abstract Submission Deadline: 8 March 2012

More Conference information available on TheMHS website www.themhs.org.

WORKSHOP WITH RON COLEMAN (NSW)

Thursday 8th March, 9-4:30, at O'Brien Centre, St Vincent's Hospital, Darlinghurst NSW. Cost \$190 (waged) or \$95 (concession).

inside/out and associates, in partnership with St Vincent's Inner City Health Program, are pleased to be able to offer another workshop for all those with an interest in exploring knowledge gained by the lived experience of extreme states – and of recovery. This workshop will focus on the particular needs and experience of men, but is open to all who are interested.

Ron Coleman is an author and trainer with his own experience of the mental health system and brings a unique perspective, in a challenging, inspiring and humour laden package.

For more information, either call: insideoutconversations@gmail.com, or phone: 0435 348 168.

ATAPS (ACCESS TO ALLIED PSYCHOLOGICAL SERVICES)

It's good news for many consumers who have made use of the Federal Government's Access To Allied Psychological Services (ATAPS). The Government has (temporarily, unfortunately) reversed the decision that was made in the Federal Budget to slash the number of visits we can make to registered clinical psychologists and counsellors. Originally 6 plus 6 plus 6 visits were available, subsidised by the Federal Government under APAS. In the budget this was reduced to a maximum of 10 visits (6 plus an extra 4 if 'urgent'). After pressure from many groups – including consumers this decision has been reversed and we can again see a clinician for 6 visits (and then a report on our progress) and then another 6 visits (and a report on our progress) and then another six visits.



Ten year roadmap for national mental health reform

– Analysis by Flick Grey, Our Consumer Place.

The *Ten year roadmap* (draft #4) is a: “long-term national reform plan for mental health to guide future action and investment across Australia over the next ten years.” It is intended to provide national leadership and co-ordination of the mental health sector. Below is a snapshot of how *The Roadmap* stacks up, from a consumer perspective.

Lack of real consultation



The most recent draft was released on the 17th January, and was open for comment until the 1st February (just over 2 weeks consultation time). So, basically, unless you got it the day it was released (which we did) and were able to drop everything to devote time to it (which we didn't), there really wasn't much time to digest, reflect and feed back to the Roadmap. That was the first major problem: 2 weeks for consultation is utterly tokenistic.

Establishing the national organisation for consumers



After so long without a national consumer voice, it looks like there is the momentum needed to get a national consumer body up and running. Other measures specific to consumer input include expanding the peer support workforce and “consultation and engagement with consumers in the design of new programs and measures.”

Targeting stigma and discrimination as key issues



The roadmap speaks of “Developing and delivering a national stigma reduction and anti-discrimination campaign by working with mental health service and support sectors, consumers, carers and families, media and other experts.” (although, see analysis below)

Acknowledgement that “early intervention” does not mean just young people and that we shouldn't wait for crises before providing support



The Roadmap does shift the emphasis in mental health policy away from acute care towards providing support and help in non-acute situations, e.g. if an illness is episodic, providing support early in “an episode” and for people whose experiences are described as “less severe but still disabling.” It will be interesting to see how this pans out, in the fact of powerful lobbying for a large slice of the funding pie for youth mental health, and people like Ian Hickie attacking ATAPS as offering help to people who are not “really sick.”

Recognition of workplace issues



The Roadmap recognises that work is important to many people's lives, including consumers. The Roadmap also recognises that “providing a respectful work environment, and flexible workplaces” are crucial (ie. it's not just about us becoming “job ready”, workplaces need to change too). (Although, see further analysis below).

Extremely narrow, out-dated vision of consumer leadership and expertise



Beyond establishing the national organisation, there was almost no recognition of consumer leadership in the mental health sector. This was especially disappointing in the section devoted to “Putting Consumers and Carers at the Heart of Services and Supports” – this section seems to suggest that the only role consumers should play in the mental health sector is in our own personal recovery! On the website introducing the document, it was stated that: ‘*The draft has been developed with states and territories, informed by input from mental health experts, including mental health consumers and carers*’(emphasis added), which would seem to imply that consumers are recognised as having expertise to offer the system (ie. not

just for our own, personal recovery). There is at least mention of “increased effort to learn from the experience of those with mental illness ...” but even here this is limited to service evaluation, not to a broader vision of our leadership potential.

Failure to engage with recovery



The document utterly fails to embrace the paradigm shift that is occurring in mental health services towards being focused on supporting recovery and it fundamentally misunderstands that recovery is something consumers direct. The Roadmap defines recovery as: “A personal, unique process of changing one’s attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful and contributing life.” This would have to be one of the most simplistic, poorly-informed definitions of recovery that I have encountered in a very long time, and yet this is in a document that is meant to be providing national leadership!

*“policy-makers are now using the language of ‘recovery’ a lot. The consumer movement has developed over many years a sophisticated understanding of what this means. But sometimes it seems to get used at fairly regular, random intervals in mental health policies, and they don’t really seem to understand the thinking behind the concept.” – Chris Hansen, in *Deep Insight: Leaders in the international mental health consumer/survivor movement share their thinking* (2012 p.24).*

Another glaring example of the lack of understanding of how recovery is conceived of in contemporary mental health is a proposal for “making employment part of the mental health recovery process.” Elsewhere it states that:

“Governments, working together and with non government organisations and service providers, need to develop evidence, based on the recovery needs of consumers, and respond to what mental health consumers want in reference to this evidence.”

This quote is illustrative of a general theme throughout the Roadmap – consumers are only recognised as active agents in their own recovery, peer support and perhaps in service evaluation. The Roadmap ignores the important roles consumers play in shaping priorities and directions in mental health policy, educating the mental health workforce, contributing to how ‘mental illness’ is understood, educating the community about our experiences (and not just the signs and symptoms of mental illness, but what our lives are really like!), researching issues that are important to us, changing attitudes about mental illness, etc. Reading this document, I felt like I’d gone back in time!

Simplistic response to “stigma” and over reliance on mental health literacy



The Roadmap points towards the need to address stigma and discrimination, but it has a disappointingly limited vision as to how this could be achieved – it puts all of its faith in promoting ‘mental health literacy’.

There are three main issues here: firstly, the definition of “stigma” that is provided is profoundly simplistic: “Stigma is a mark or label that sets a person apart. Stigma can create negative attitudes and prejudice which can lead to negative actions and discrimination.” I don’t know about you, but when I read this, it seems like a good argument to stop labelling people with diagnoses (surely these are stigma – a mark or label that sets a person apart)!

Secondly, the document demonstrates a lack of awareness of current best practice in this area (sorry, I couldn’t resist parodying the style of policy!), which is arguably demonstrated by the New Zealand *Like Minds Like Mine* project (www.likeminds.org.nz). This approach to reducing stigma and discrimination has systematically drawn on consumer perspective and a considerable evidence base

of published research into what is effective in changing attitudes and behaviour. The *Like Minds* approach combines advertising that targets discriminatory behaviours and attitudes, with community conversations with consumers. They argue against the kind of “mental health literacy” education that we seem to favour in Australia, arguing that:

“having a little information [about specific mental illnesses] can make people more discriminatory as they are looking for, and expecting, certain stereotypical responses from people with mental illness. Therefore, unless there is a particular reason that people need specific information, a general description of mental illness and debunking the myths should be sufficient.”

By contrast, this Roadmap says it aims to:

“Reduce stigma and discrimination by: fostering open discussion and conversation in the community about mental health [Great so far!] to build mental health literacy [oh, disappointment] so that Australians can better understand and recognise their own mental health needs and the needs of family, neighbours, friends and colleagues with mental health problems.”

Thirdly, as displayed in the quote above, there is a conflation of *stigma reduction* with *encouraging help seeking behaviours* – these are not the same thing! Stigma is an issue in our lives (and our communities) not just because it gets in the way of us seeking help from the mental health system!

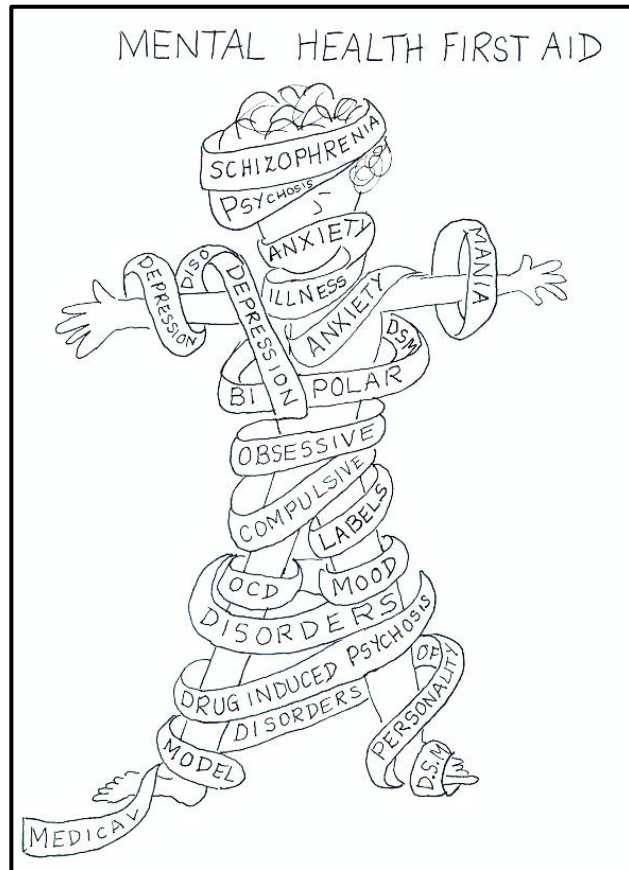
Punitive approach to workplace issues.



While the Roadmap does acknowledge the importance of work in the lives of many people (including consumers), and also that workplaces need to become more flexible and respectful, the overall approach to consumers working is focused on the recovery of tax money, not our recovery! For example, the Roadmap speaks of the cost of people being on the Disability Support Pension, calling for “improving access to employment services and removing disincentives to work.” Being pushed off the DSP and into meaningless work is not exactly great for recovery!

Conclusion:

It’s difficult to know how influential any piece of policy is, especially policy that is as vague as this. There was really very little new in this policy – except perhaps a more explicit articulation of the current push to get people with mental illnesses off the DSP (“because it’s good for our recovery”). Overall, it was profoundly disappointing in its utter failure to embrace recovery, consumer leadership or sophisticated responses to “stigma” and discrimination.



A new cartoon from Merinda Epstein.

OUR CONSUMER PLACE UPDATE: WHAT HAVE WE BEEN UP TO?

January has been writing time for us here at Our Consumer Place. A large chunk of time has been dedicated to writing for the 3rd edition of the textbook *Mental Health in Australia: Collaborative Community Practice*. Topics included an entire chapter on consumer perspective and the issues that are important to us, as consumers, as well as shorter entries on topics including: consumers as researchers; community “awareness campaigns”; peer support; consumer-developed initiatives; and Personality Disorders. This has been an immensely rewarding process, which we hope will help to educate students, mental health professionals and anyone else interested in mental health.

We also released a new OCP publication: *Deep insight: Leaders in the International Mental Health Consumer/Survivor movement share their thinking* (see page 3 for more information).

Merinda Epstein and Wanda Bennetts have been planning 2 wonderful workshops on telling our stories – (see the back page of this newsletter for details). We hope to run these workshops again.

Merinda will be a keynote speaker at the upcoming TheMHS Summer Forum on Self Harm, on Thursday 23rd February 2012, at Aerial UTS Function Centre, Sydney, NSW. Her topic is: *Shame, trauma and self-harm: When self-harm is a sane response to an insane world*,

A great deal of new material is going up onto the OCP website – check out the new cartoons from Merinda (some of which are in this newsletter), as well as a wealth of consumer-perspective writing.

LET'S CELEBRATE



Borderline Personality Disorder Expert Reference Group

As mentioned in previous newsletters, Our Consumer Place is putting together a group of consumers – people who have been labelled as having Borderline Personality Disorder – to form a Critical Reference Group on BPD. The purpose is to create a space for us to discuss the issues that are important to us, what changes we would like to see, what we can agree on, where we have differences of opinion/ experience/ perspective, etc. It is partially in response to the National BPD Expert Reference Group, which had only one consumer with this diagnosis involved (and even then only after much lobbying), and partially in light of the findings of consumer-perspective research conducted in the 1990s, which pointed to the

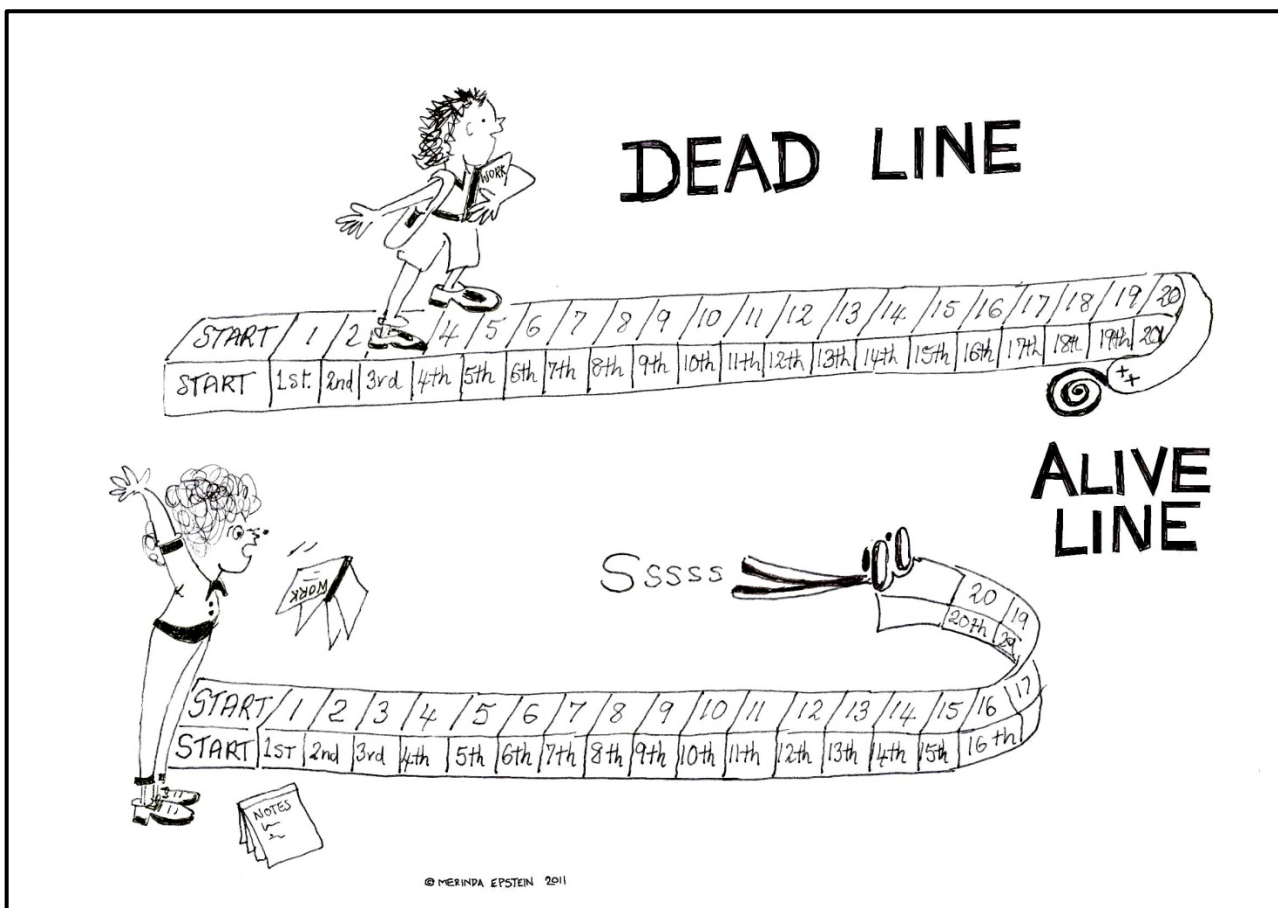
importance of consumer-only spaces, if we are to nut out the really important questions in mental health system change.

If you are interested in being involved, please contact us: service@ourconsumerplace.com.au. Please note that this project will progress quite slowly.



THUMBS UP/THUMBS DOWN

1. **THUMBS UP:** to the progress being made towards the new national mental health consumer organisation (see page 7).
2. **THUMBS UP:** to all the ways in which we support each other formally and informally – who could do consumer work without this support?!
3. **THUMBS UP:** to the hilarious consumer-produced short film “Medication Time” (see page 6). I’m still laughing about the chicken woman (not laughing *at* her, of course, we don’t laugh at people with mental illness, even ridiculously amusing parodies...)
4. **THUMBS DOWN:** to being given only 2 weeks to give feedback on *The Ten Year Roadmap for National Mental Health Reform*. This is worse than tokenistic consumer participation!
5. **THUMBS DOWN:** to the term “self-stigma.” It feels like we are being blamed (as usual) for taking on the discriminatory attitudes we experience. A much more useful description (that’s used by other marginalised groups) is “internalised oppression.” This makes it much clearer that it’s not just “all in our head” – we experience oppression – but also that we are internalising it.
6. **THUMBS DOWN:** to all the planners and big wigs who design new mainstream acute units at the far end of the hospital and as far out of sight of “normal people” as they can.
7. **THUMBS DOWN:** to the ‘hilarious’ public psychiatrist who in a public speech described all people with ‘mental illness’ who do not have psychotic illnesses but have found mental health services helpful as having a ‘met un-need’!
8. **THUMBS UP:** to the amazing international consumer/survivors who provide us with inspiration.
9. **THUMBS UP:** to consumers working on the ground, working on committees, working in support roles, working in bureaucratic roles, working in teaching roles ... There’s just so much to do!
10. **THUMBS DOWN:** to deadlines – the pesky things just keep getting closer... and they bite!



This cartoon is dedicated to our wonderful (overworked) editor,
Kathy Richardson, at Our Community.



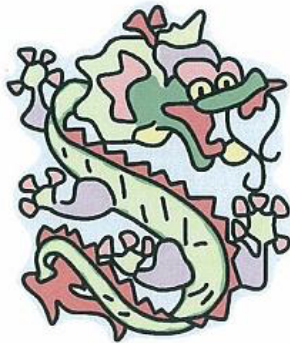
OUR CONSUMER PLACE

Storytelling workshops for consumers

February 2012

In November 2011 Our Consumer Place <http://www.ourconsumerplace.com.au/index> produced a booklet for consumers on using their personal stories in many different ways from working with the new media through to public speaking.

Following the success of this booklet Our Consumer Place is running two workshops on using story. They will be run by Merinda Epstein and Wanda Bennetts, two of the best loved and most experienced consumer story users in Australia. You are invited to take part in this interactive opportunity.



It is absolutely free.

If you would like to join in contact Merinda at:
merindae@ourconsumerplace.com.au



WORKSHOP 1: FRIDAY 10th FEBRUARY

1.00pm - 5.00pm Venue: Jasper Hotel, 489 Elizabeth Street, Vic 3000

Starting time: 1.00pm – 5.00pm

Afternoon Tea and biscuits provided

This workshop is for anyone who would like to learn more about telling their story. It will include the following elements:

- How to use story in a dynamic and educative way;
- lots of practice at telling fragments of our stories amongst the group;
- practicing and discussing ways to protect ourselves from over exposure and balancing the seduction of being heard with the need for self protection;
- practicing public speaking in a safe environment;
- beginning to move away from the chronological story of self;
- practising starting to use parts of our experience as a subtext for a commentary on the mental health system, and...

WORKSHOP 2: Friday 17th FEBRUARY

1.00pm - 5.00pm Venue: Jasper Hotel, 489 Elizabeth Street, Vic 3000

Starting time: 1.00pm – 5.00pm

Afternoon Tea and biscuits provided

This workshop is designed for people who have some experience of using story. It will be interactive and will include the following elements:

- Practicing using the skills of storytelling to achieve specific goals;
- developing sophisticated techniques to include audience participation;
- moving on from the classic mental illness recovery stories, 'from adversity to role model' chronologies;
- using story interwoven with other teaching techniques;
- using communal storytelling, and...