



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

**OUR CONSUMER PLACE
NEWSLETTER JULY 2012**



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RESOURCE CENTRE FOR MENTAL HEALTH CONSUMERS

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FEEDBACK SOUGHT: For the months of June and July, we are seeking feedback on this newsletter – what resonates for you, what irks you, if you want more or less of anything (etc). We appreciate all the feedback so far and honestly want to know what you think, even if you think “yep, it's all fine as it is” or “I don't really read it or care about it.” An electronic feedback form is available at: <http://www.surveymonkey.com/s/OCPNewsletterSurvey> and a paper copy accompanies this newsletter. The whole survey takes only a few minutes to complete.

Emotional Healing from Trauma

presented by Dr Rufus May

The Centre for Psychiatric Nursing in partnership with Our Consumer Place and Voices Vic are extremely pleased to be hosting internationally renowned Dr Rufus May from the United Kingdom to provide this one day workshop. Dr Rufus May is a clinical psychologist whose practice is rooted in his own experience of psychosis and recovery in his late teens. He is well known for his integrative approach to working with extreme states of confusion and distress.

This workshop focuses on trauma, how we cope with it and how we heal from it. Topics covered during the workshop are:




- The effects of trauma
- How we cope with trauma
- Social obstacles to recovery from trauma
- Creating safety
- Grief work
- Making sense of the past
- Mapping out parts of the self and other re-integration techniques
- Expressing difficult emotions
- Developing compassion to the self
- Letting go of self punishing coping strategies
- Restoring self acceptance and self value
- Support networks and social reintegration

Time:	9.00 – 4.00 pm
Date:	14th August 2012
Presenters:	Dr Rufus May
Venue:	Voices Vic – Prahran Mission -4th Floor, 211 Chapel St PRAHRAN
Cost:	\$330 (GST inc) – Fully employed non consumer \$50 (GST inc) - Lived experience/under waged \$25 (GST inc) - Lived experience/unwaged

Registrations
Close: Friday 3rd August 2012

Please note: Workshop fees will only be refunded if notification of withdrawal is received in writing at least 7 days before workshop date.

For further information or to apply please contact:

 (03) 8344 9626
 (03) 8344 7733
 cpn@nursing.unimelb.edu.au

care without coercion

critical conversations about power,
self determination and recovery in mental health

Recovery research shows that self determination and personal control are key factors in the process of recovery from mental distress. However, the use of coercion and force in mental health continues to be a cause for concern. In this era of recovery, we are increasingly aware of the impact of practices that restrict and restrain, but are we yet to really challenge the frequency with which these practices occur, and the assumptions that underlie their use? How can we free ourselves, as service users, families, providers and communities from practices that constrain, and unlock the possibilities for support without the use of force?

This critical conversation will examine the dynamics of protection, coercion and care, drawing on perspectives from lived experience, families and friends, service providers and the research, moving us towards a better understanding of the impact of power, the importance of autonomy, and the opportunities for care without coercion.

Wednesday
14th November
2012

speakers
include:

University of NSW
Gate 8 High Street
Kensington NSW
2052

UNSW
Central Lecture
Block 6

9am - 5pm

For further
information and regular
updates visit our
website:

Registration
8:30am

Professor Elyn Saks [by video] Orrin B. Evans Professor of Law, Psychology, Psychiatry & Beh Sciences, Uni Southern California

Jackie Crowe

Carer, Family Consultant & National Mental Health Commissioner

Bradley Foxlewin

Consumer Researcher

Dr Bridget Hamilton

Snr Lecturer Nursing, Uni of Melbourne & CNC, St Vincent's MH

Graeme Innes AM

Disability Discrimination Commissioner

Dr Cathy Kezelman

President, Adults Surviving Child Abuse (ASCA)

Chris Mason

Consumer Activist & Chair of the NSW Flames

Janet Meagher AM

Consumer Activist & National Mental Health Commissioner

Mary O'Hagan [by video]

Consultant, PeerZone developer & former MH Commissioner NZ

Cath Roper

Consumer Academic, Faculty of Nursing, Uni of Melbourne

Dr Chris Ryan

Psychiatrist & Snr Lecturer, Westmead Hospital & Uni of Sydney

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ABN: 30 249 176 302





A consumer critique of ‘Serious Mental Illness’

-by Merinda Epstein

There is need for a critique of the term ‘Serious Mental Illness’ from a consumer perspective. I’ll start with my truth – the term irritates me. But analysing the way the term ‘Serious Mental Illness’ is used is a difficult task because I want to criticise the language without criticising the people with the experiences associated with these labels/diagnoses. I hope this is possible.

History

The term didn’t enter the mental health lexicon until the early 1990s, after the publication of the Burdekin Report (the National Inquiry into The Human Rights Of People With Mental Illness http://www.hreoc.gov.au/disability_rights/speeches/mii93.htm) in 1992 and is associated with the language of the First National Mental Health Strategy. In this influential strategy, ‘serious mental illness’ did not have capital letters and was not defined.

The First National Mental Health Strategy was ambitious. This was the first time the Federal Government had ventured into the area of mental health. The arrangement up until the early 1990s was that the Federal Government was responsible for Medicare and the State Government was responsible for State run clinical services. Therefore, historically, the Federal Government’s only involvement and influence was the private sector through Medicare. This new venture (the First National Mental Health Strategy) followed Brian Burdekin’s shocking evaluation of public services around Australia – it was designed, in part, to pull the States and Territories into line. This they did by using incentives and fiscal castigation if national benchmarks were not set. So, every win by a lobby group in Canberra often meant a win in seven other jurisdictions. This meant some good things for us as consumers but it also broadly disseminated the term ‘Serious Mental Illness.’

By the end of 1993 the term ('serious mental illness') had subtly but importantly been transformed into having capital letters – it was now 'Serious Mental Illness'.

Politics

Considerable work has gone on behind the scenes as groups representing different types of emotional and psychological distress have jockeyed for money coming from the Federal government and the influence in policy that they wanted. At the time of the First National Mental Health Strategy, Australia was doing badly in terms of people diagnosed with psychotic illnesses, so it was not surprising that the lobby groups which primarily represented psychotic illness went into high political gear very quickly. By the end of 1993 the term (‘serious mental illness’) had subtly but importantly been transformed into having capital letters – it was now ‘**Serious Mental Illness**’. So, what is the significance of this? This rapid slide of meaning turned the term serious mental Illness from a common noun into a proper noun – it became a nameable something, which was a different “thing” from other mental illness. The term became an excluding, mystifying and over simplistic set of words used to describe psychosis. I have no idea whether this was the intention of either the Burdekin Report or the First National Mental Health Strategy, but this is what eventuated.

I was part of a small team brought together to oversee the evaluation of the First National Mental Health Strategy and we spent a lot of time talking about this language in terms of its value as a doorstop to keep people out of the system. This frankness delighted me, not because I agreed – I

certainly did not – but because we were being honest, to ourselves at least. We were all too aware that with the new emphasis on mental illness at a federal level, we were going to push up demand to the point where available resources would burst. It was thought we must have a robust mechanism to control demand. As a committee, we were aware of the pressure on the strategy both from government and the bureaucracy to maintain the pretence that ‘Serious Mental Illness’ actually did mean people *with the greatest need* when it did not. There was huge political pressure within the top echelons of mental health decision making to continue to use the term Serious Mental Illness rather than just being honest and saying people with ‘psychotic’ diagnoses.

Capturing the Term

The next stage of the process of capturing the term was to turn it into an acronym. In our culture and especially in the culture of bureaucracies and services, acronyms have multiple purposes. One is to avoid having to write the whole long description out every time we use it, another is to create an exclusive language which only those with privileged knowledge about the particular field or language know about and a third purpose of acronyms is to complete the process from common and inclusive language to particular and exclusive language.

As I write about this it’s important to remember I am following a political ball of string and not critiquing individual consumers. There was no doubt at all that the lobby groups working around psychosis took the running. They had well-developed and eloquent spokespeople and very powerful individual carers who were starting to call the shots in terms of federal decision making. The other trend was the growing influence and stature of the Psychiatric Disability Support Sector (PDSS) as they moved from petitioning and raw, grass roots politics to huge service-providing organisations tied in many ways to their funders and the services governments wanted them to provide. With this expansion, their lobbying power increased exponentially. Their traditional emphasis had been on

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people with psychotic illness – this was and is where their primary service and political loyalty lies.

Over the 1990s and early 2000s, there were a number of different lobby groups battling to encrypt their own meaning into SMI or even change the acronym. It’s fascinating looking back at this episode in our political history. There were financial arguments, like that money should instead go to people with depression and anxiety because to pour lots of money into a few

people with huge needs was economically unsustainable. Psychiatrists on each side fought valiantly for their particular interests, claiming to represent the greater cause. There was (and is) a deep economic, linguistic and ideological divide.

Then along came beyondblue and this astutely political and economically savvy organisation brought the attention of the public back to depression and anxiety and, of course there was a backlash from the psychosis lobby to regain their position of rhetorical prominence. Both survived. However, along the way there were interesting variations as lobbyists lurched around with the language. From Serious Mental Illness (SMI), it changed to Severe Mental Illness (SMI), or Severe and Enduring Mental Illness, and onto another couple of variations. I’ve watched the progress of this language and it fascinates me. The language changed, the acronyms changed and the only thing that didn’t was that it was all still political driven and camouflaged what was really a political fight for attention and resources.

The politics played hard

In 1997 some new trick language bombarded the mental health scene at a federal level. This is the language of 'high prevalence' and 'low prevalence'. Yet again the language was purposefully misleading but here the stakes were very high. This language came with the emergence of the Mental Health and Wellbeing – National Surveys, one for high prevalence disorders and one for low prevalence disorders. Without going into too much detail, there were assumptions and values built into this language with questionable ethics. Especially worryingly, 'high prevalence' came to be used to mean 'not serious.'

The result of the two surveys would be used to determine need and where resources would be allocated for the next seven years throughout Australia. In one leap, SMI transformed into 'low prevalence' but its status was left intact. This was a clever political play, since there was some rumbling critique of the term SMI. Low prevalence was not about 'low prevalence' at all (most low prevalence diagnoses are completely ignored). As verified by the chief investigator (Professor Assen Jablenski), the research methods used only allowed researchers to investigate people who were already clients of public mental health services and by this time 90% of those who met intake criteria around Australia were people with psychotic illness. Hence, low prevalence = psychotic illness. Nothing had changed other than the name (yet again). Unfortunately, despite assurances to the contrary, the next 7 year survey came out with all the same assumptions of the previous one. I was disturbed that nothing had changed despite consumers lobbying as hard as we could (see <http://www.health.gov.au/internet/mentalhealth/publishing.nsf/content/national-surveys-1>).

The English Language

Since experiencing several years of frustration with this term I spent some time with a consumer colleague who was able to explain to me in English language terms why I was frustrated. Her first drop of brilliance was to describe to me how English works by the reductive polarising of meanings. For example by using the following terms we automatically imply a contrast:

- **“Treatable conditions”** instantly raises the idea that some conditions are untreatable, or “treatment resistant”;
- **“Meeting the genuine needs of the sick”** implies that some service users do not have genuine needs – usually the so-called ‘personality disorders’ and the ‘worried well’;
- **“Serious mental illness”** implies that some users of services have conditions which are not serious by definition.

Any word that has a value in English automatically assumes a contrast – it's usually an implicit comparison rather than an overt one.

Any word that has a value in English automatically assumes a contrast – it's usually an implicit comparison rather than an overt one. For example, tall assumes short; full assumes empty, fast implies slow, good implies bad. These are social meanings – they are not just individual sensitivities. So, when the language of 'Serious Mental Illness' was introduced to mental health 1993, and almost immediately many of us who were deemed 'not serious', by mystifying and non-overt language games. Because we were deemed “not serious”, we were treated as not serious and so unworthy of services within in public mental health systems, totally regardless of our experiences of distress and/or dislocation from society as we once knew it. (Of course, not all of us want such services but that's not the point.)

Social Class and other disadvantages

There is also a frustrating naivety in this discourse around SMI. There are many social institutions and the most powerful clinical and bureaucratic groups – those who have the power to name who amongst us has a SMI and who does not – have little background, understanding or appreciation of social disadvantage. The institutions are harsh on those who are marginalised, totally independent of whether they have no, a little or a lot of interaction with the mental health system. It is never just a DSM defined illness experience that deems experience of mental distress “serious” or not. Social class, gender, school experience, the family, poverty and so on dramatically affect the reality of seriousness. As consumers we often come across fellow travellers with very seriously problematic lives and, for example, a diagnosis of Clinical Depression but where the effects of poverty, sexual orientation and race (for example) shape their lives and their experience of depression into the most serious and dangerous distress imaginable. And yet they are still fobbed off by public services as not having a SMI. This is fundamentally wrong.

Also, there’s a fantasy that permeates through systems that leads people to automatically make incorrect inferences about social class and mental illnesses. In our collective mind’s eye, we associate the psychotic range of illnesses with poverty, the lowest social classes and deprivation and we associate depression and anxiety (for example) with the middle and ruling classes and people who, of course, are able to use the private sector. This is simplistic and misleading. There are many people with ‘psychotic illness’ who have resources, including from working or having wealthy parents. There are also heaps of people who experience serious anxiety and depression problems who cannot get any public services all despite the fact that because they are poor, weighed down by a zillion children or are homeless.

In our collective mind’s eye, we associate the psychotic range of illnesses with poverty, the lowest social classes and deprivation and we associate depression and anxiety (for example) with the middle and ruling classes ...

The personal is political

I have been a strong (if not well educated) critic of this language from the beginning. The initial reason was twofold and very personal:

1. My sister experienced Unipolar Depression from the age of 17 to the age of 29 when she killed herself in a very distressing way after trying very hard many, many times before. She had well over two hundred ECT (electroconvulsive therapy) experiences and was (in my eyes anyway), devoid of life blood, catatonic almost continuously, and as my youngest brother used to say, ‘stuffed’. How could this possibly be deemed ‘not serious’. It infuriates me and distresses my mother. Language can perpetrate much harm.
2. I have two diagnoses – one is Complex Post Traumatic Stress Disorder (CPTSD) and the other is Bi Polar Affective Disorder. One is supposedly a ‘Serious Mental Illness’ (SMI) – Bipolar Affective Disorder. PTSD is not classified as “serious”. With one, I can’t get into hospital; with the other, I can’t get out. The one that I believe has caused me the greatest pain and suffering, the most risk of death and the greatest difficulty living a productive, wholesome life is the one that isn’t ‘serious’.

There is a huge disconnect here between rhetoric and reality, which creates problems for real people and for systems.

YOUR INVERTATION



**Ballarat Health Service Mental Health Services
WARMLY INVITES YOU TO A MEETING ABOUT**

Phone Connections

**A NATIONAL PEER SUPPORT TELEPHONE LINE
WITH PEERS SUPPORTING OTHER PEERS**

Ms Desley Casey, Executive Officer of CAN (Mental Health) Inc. would love to chat to you about how Phone Connections can meet the needs of consumers in your area.

Desley is one of the foremost trainers in Australia training people with the lived experience of mental illness to become peer support workers and to date has trained over 130 consumers to effectively undertake this very unique and important role

**To be held on
Wednesday 8th August 2012**

**Time:
2pm to 4 pm – afternoon tea provided**

**Where:
Lederman Hall, Ballarat Health Services Bldg, 102 Ascot St South, Ballarat, VIC**

**RSVP:
BHS MHS Reception 53204100**



Ballarat Health Services
Putting your health first

INTRODUCING ... the Family Inclusion Network, Townsville (FIN Tsv)



In this edition, Ros Thorpe introduces us to the Family Inclusion Network (FIN) of Townsville. Merinda recently met Ros in Townsville, and was very impressed both with Ros and with the work of FIN, and so she asked Ros to let our readers know more about the work of FIN.

Ros Thorpe retired as professor of Social Work at James Cook University at the end of 2010 and immediately started work - unpaid and part-time - with the Family Inclusion Network in Townsville. Ros is the current President of FIN Qld Townsville but her goal is for a parent member to become president once the organisation is more firmly established. Ros' research and practice interests are in radical social work, community development, consumer rights, and family inclusion in child protection.



L to R: Giovanna Tama (FIN Tsv Secretary); Merinda Epstein (Our Consumer Place); Tammy King (parent member of FIN Tsv); Jamie Rostron (parent member of FIN Tsv); Ros Thorpe (President of FIN Tsv); Madge Sceriha (FIN Tsv Committee member).

What is Family Inclusion Network (FIN) Qld Townsville Inc.?

FIN in Townsville is an incorporated unfunded service users' organisation which operates with active involvement from other people, including professionals, who are supportive of the Objectives. It is not an organisation run only or mainly by professionals; rather it is "parents' action by parents, for parents, with the help of supportive others".

FIN firmly asserts that children in care need knowledge and understanding of, and contact with their parents as real people with strengths as well as weaknesses, and with the capacity to change. Thus, FIN aims to support ALL parents in their interactions now and in the future with Child Safety. FIN is an inclusive organisation and does not judge parents as "deserving" or "undeserving". Regardless, FIN upholds and respects the human dignity and worth of all parents, even though FIN recognises that for some their involvement in their children's lives will be appropriately constrained.

FIN provides safe space for the "voice" of parents who, as stakeholders, are invariably silenced, to be

FIN firmly asserts that children in care need knowledge and understanding of, and contact with their parents as real people with strengths as well as weaknesses, and with the capacity to change.

expressed and heard by those who are willing to listen without judgement. This safe space is an essential part of the healing process from trauma and loss, leading to hope, growth, personal change and, in time, collective action. Activism is both a means for achieving social change and also, in itself, an additional "... powerful therapeutic tool", which can strengthen healing through the experience of dignity and a positive identity. (Judith Herman 1992 *Trauma and Recovery*).

On average FIN in Townsville has new contact with two families a week using the FIN hotline phone which is held by FIN members on a monthly roster. Callers are often in deep distress, having recently

had their children removed into care by Child Safety Services. They are offered a listening ear, acceptance, information and support, including more active ongoing support both from FIN Townsville and/or referral to other agencies.

Many new contacts find out about FIN in Townsville from our leaflets and our website (www.fin-qldtsv.org.au). Increasingly however, people are discovering FIN from other services or from our provision of support outside the Children's Court on Wednesdays. This latter process has proved highly successful in FIN making contact with new families caught up in the child protection system.

Beyond the provision of general support, FIN in Townsville has taken the following action with families new to FIN:

- Provision of information
- Face to face discussion and support
- Drop-in group support
- Support Letter writing to DoCS and/or lawyers
- Support in lodging a complaint with DoCS
- Court support
- Support in meeting with DoCS or other services
- Referral to a service: e.g. Red Cross, Family Relationships Centre
- Referral to a Politician

They are offered a listening ear, acceptance, information and support ...

With regard to regular activities, FIN in Townsville holds twice monthly drop-in morning teas at North Queensland Domestic Violence Resource Centre where FIN has use of an office, once a month at the Women's Centre (women only), and once a month in Ayr (100km south of Townsville). At these drop-in groups families gain information and support, develop friendships and engage in project work. For example last year much time was spent devising, producing, filming, and editing a 7 minute FIN DVD: *Listen, don't tell; Ask, don't judge*.

The whole experience of making the DVD was emotionally challenging for all of us as the stories have a powerful, distressing impact. However, the experience of showing the DVD in public (at the Community Development workshop in Brisbane, October 2011; and the Australian Association of Social Workers conference in Townsville, November 2011) was great as we all felt that at least now we are getting the FIN message "out there". By and large the response to the DVD has been good, with many requests for a copy to use in training of students and workers. The DVD is now available on Youtube (http://www.youtube.com/watch?v=QhOTe5_pgMA) with a link to the Youtube site on the Home page of the FIN Qld Townsville Inc. website (<http://www.fin-qldtsv.org.au>).



Ros Thorpe and Madge Sceraha with the FIN Banner on the May Day march in Townsville - with Magnetic Island in the background (May Day in Paradise!)

... we think it is important, in these days of managerialism in the human services, that examples of alternative ways of operating are available for students, workers and service users/consumers alike.

All things considered, FIN in Townsville is becoming recognised as an example of good community development practice, and parent and family members are increasingly taking-on action roles in the organisation. There are plans to write-up the FIN Townsville development story for publication as we think it is important, in these days of managerialism in the human services, that examples of alternative ways of operating are available for students, workers and service users/consumers alike.

Additionally, we believe that the story of FIN in Townsville might give hope to parents and families caught up in the child protection system around Australia. Not only is FIN in Townsville providing support to individuals and families, it is also, we sense, beginning to have a positive effect on local child protection processes and practices. There is still far to go, however.

On a final note, it's significant to mention that FIN in Townsville is providing a sense of belonging, meaning and purpose in life for many families who previously may have felt socially isolated and disempowered. FIN also, at times, brings fun into people's lives, and this can only be a good thing. As one student has commented "*there is never a dull moment on this placement with FIN*"!



A group in FIN t-shirts after exhausting themselves running the BBQ at the May Day March as a FIN fundraiser. L to R: Colin (student with FIN); Jamie (parent FIN member); Kim (Treasurer); Giovanna (Secretary); Ros (President); Tammy (parent FIN member); Madge (committee member); Frank (student with FIN)

Post script: FINs first emerged simultaneously in Queensland and in Perth (WA) around 2005. FINs now exist in all Australian States and Territories, with the exception of Northern Territory and Victoria (anyone interested in starting FIN in Victoria?!). There is also an umbrella FIN Australia (FINA) organisation which became incorporated a year ago and which acts as "The National Voice of Parents with Children in Care". Most FINs are unfunded and parents generally do not want to be funded by the Child Protection Department. FIN in Perth is funded by the WA government and FIN in Brisbane also accepts some funding from the Queensland Department of Child safety. Parent members in FIN Queensland Townsville prefer not to seek similar funding. We are a community development rather than a service delivery organisation.

NEWS IN THE CONSUMER WORLD

This month, we've included much of the news directly from the horse's mouths (so to speak) – see pages 4, 9, 14 and below for a number of different training and events that are coming up.

Congratulations to the National Empowerment Centre (in the US, and the model for Our Consumer Place) on turning 20! They are an *incredible* resource of peer-run services, alternatives, critical conversation, etc. Check them out here: <http://www.power2u.org/>

The first national Recovery Forum was held in Melbourne in late June. Many consumer leaders presented, including Gareth Edwards (NZ), Helen Glover, Anthony Stratford, Janet Meagher, Michael Burge and Julie Anderson. And the two keynotes by Mike Slade (who has been influential in conceptualising recovery) is also well worth watching. Webcasts are available (and we hear will be available for 12 months) here: <http://webtronwebcast.com/mentalhealth/2012/>

Employing and Supporting Peer Support Workers, Centre of Excellence in Peer Support Forum

The Centre of Excellence in Peer Support warmly invites managers and supervisors of peer support workers to attend this half-day forum to consider and discuss the key challenges in supporting a robust, sustainable peer workforce.

Guest speakers include: Indigo Daya, Voices Vic; Gillian Scaduto, Carers Offering Peers Early Support (COPES); Isabell Collins, Victorian Mental Illness Awareness Council, Flick Grey and Merinda Epstein, Our Consumer Place; Mark Smith, Prahlan Mission; Anne Wicking, The Compassionate Friends; Dei Griffith, Peer Work Project, Mental Illness Fellowship of South Australia.

Date: Tuesday 24 July 2012, 1pm – 5pm; **Venue:** Arafemi Victoria, Northern Office, Level 2, 76-80 Turnham Ave, Rosanna (Mind Australia building). For more information or to register your attendance, please contact Tori Bell: 1300 237 199 or email: peer.support@arafemi.org.au.

WORD GARDEN WRITING WORKSHOPS

The Mixed Nuts Media **Word Garden Writing Workshops** are a joint project between Penguin Artists and Open Channel and are funded by a City of Melbourne Community Services Grant. This is a peer-mentored project by people with psychiatric disabilities, for people with psychiatric disabilities. Writers with psychiatric disabilities are invited to apply. Word Garden is series of 13 weeks of writing workshops by professional writers. It includes an introduction to writing film and television scripts, short stories, poetry, drama, documentary, horror, comedy, science fiction. The workshops also include sessions on Grammar Basics, What Makes a Good Story, and Script Formatting.

Time and dates: 1.00 to 4.00pm, Wednesdays 22 August to 14 November

Location: Open Channel, Victoria Harbour, SHED 4, North Wharf Rd, Docklands Vic 3008

Application process: As space is limited, please understand you may not gain a place. Successful applicants will pay a one off \$20 fee for the workshops. These workshops are aimed at people who already write, and feel ready for an introduction to professional writing.

Please supply an application letter including:

- your name and contact details;
- your experience and/or interest in writing
- a short example of your writing, 800 words maximum.

Please send your application letter and example by email or post by 27 July 2012.

For more information or to apply please contact: Sue Armstrong, Mixed Nuts Media Writing Workshop Coordinator, email: sarmstro@bigpond.net.au Mobile: 0404 145 364, PO Box 1225, Kensington, Victoria, 3031.

***** TRAINING OPPORTUNITY *****

Consumer Workforce Development

Dear Consumer Consultant, the Western Cluster would like to support you in your goal to gain further workforce development. We understand that at times there are things that may get in the way of you getting to training. For example, it can be difficult to get to training at a distance, or the demands of doing this training, as well as your normal work make it a challenge. Paperwork can also be a burden, and sometimes the costs are too high. If any of these factors are interfering with you attending our training, please don't hesitate to call or email me. We do have some funds available to assist you.

Kind regards,
Rosemary Charleston (Cluster Manager)
Mobile 0409 808 556
Email: rosemary.charleston@mh.org.au

Workshop Details

Date: 3rd of August

Workshop Time: 10am – 4.00pm

Venue: Hume Global Learning Centre, Broadmeadows

Presenters: Cath Roper, Melbourne University & Wanda Bennetts, NWMH

Audience: Consumer Consultants/Consumer Advisory Group members

****We would love to see you there if you can make it****

Workshop Outline:

This session is designed to explore the skills required to manage the unique challenges present in our work. Content will include prioritising our work, managing competing demands; thinking about the tensions posed by holding a consumer perspective within a clinical service model and will provide an opportunity to share successful strategies.

Please fax registrations to Western Cluster Administration
(03) 8387 2720 or via email WesternCluster@mh.org.au

Registrations close 27th of July

Registration forms can be downloaded from our website

http://www.mh.org.au/nw_mental_health/www/358/1001127/displayarticle/western-cluster--1001231.html

To Live is to Fight: Human Rights in Mental Health



Image: Donna Lawrence,
Diagnose This, 2005
oil and collage on canvas
100.5 x 60.5 cm

Thursday 9 August 6:15–7:45pm (Gallery opens 5:45pm) Cost: Free; The Dax Centre Gallery
General Public

Join specialists in law, bioethics, mental health and advocacy in a forum exploring the themes of stigma, disempowerment and the law in relation to people with an experience of mental illness and psychological trauma.

Chair:

- John Lesser, Melbourne Magistrate

Speakers include:

- Professor Bernadette McSherry, Australian Research Council Federation Fellow and Director, Centre for the Advancement of Law and Mental Health
- Flick Grey: Mental Health Academic, *Our Consumer Place*
- Dr Gerry Naughtin, Chief Executive, MIND Australia.

Bookings essential.

RSVP by Friday 3 August
info@daxcentre.org or 9035 6248.

Donna Lawrence: To Live is to Fight
28 June–3 October 2012

Donna Lawrence's art is her weapon and her witness. In this solo exhibition, Lawrence's 15 year struggle with fluctuating mental health is enacted through her confronting and cathartic paintings and drawings. The act of creating has empowered her to give testimony, to calibrate her mental health, to seek assistance and to work towards recovery. Without her art, Lawrence feels that she would have flailed in isolation.

While there is an essential introspective component to Lawrence's art, she often forces the viewer to self-examine with her probing, challenging visual language. This dichotomy makes Lawrence's work particularly stimulating as it highlights a number of important issues relating to the individual in society, including stigma, individuality, power balances and psychiatric treatments.

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Gallery hours

Wednesday–Friday 10am–4pm
Saturday 1pm–5pm



The Dax Centre

I'm Okay, you're Okay ...



-a cartoon by Bernie McCormick

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

Our Consumer Place has recently found out that we have had our funding resecured, so we won't be quite as braggy in this section (basically, for a while there, we were talking to our funders as much as to our readership – "we really do lots of great work, please refund us"! Sorry if that was irksome!) We'd still like to share what we've been up to in the interests of transparency and communication.

Psychobabble

As you'll note elsewhere in this newsletter (pages 18-19), the psychobabble competition is in full flight. What a delight it has been to receive such hilarious, witty, insightful and wacky language. Keep 'em coming – there are great prizes to be won. We've extended the deadline for a month, so you now have until the end of August.

Borderline Personality Disorder Expert Reference Group

The first BPD meeting was held, generating deep discussion and is definitely something we will be continuing! Please contact Flick if you are interested in being involved:

flickg@ourconsumerplace.com.au. The group is for anyone who has experience with this diagnosis and would like to discuss experiences, issues, critiques, and suggestions for change – you don't have to like the diagnosis or even "have" the diagnosis to come! We have no fixed agenda, the space is open for deep dialogue, although it's very possible that projects will emerge.

Education and Training

We have been on the road delivering training in using story and educating clinicians using the Lemon Looing board game. We were also involved in working with clinical educators in Occupational Therapy and Social Work to more deeply embed consumer perspective into the curriculum.

Consumer supervision

We are still doing some work around consumer supervision – both in terms of consumers as supervisors and whether and how consumer workers are receiving supervision (in the sense of reflective practice, not line-management!). If you have an interest, experience or thoughts to share, please contact Flick (email address above).

Save the date! Intentional Peer Support Training

When: Monday Sept 3rd – Friday Sept 7th; **Where:** Melbourne (exact location TCB, will be near CBD)

Exact details are not yet confirmed (except the dates), so please email Flick (flickg@ourconsumerplace.com.au) if you are interested in finding out more. (Details will be confirmed in the next few days, but after this newsletter has been sent out!) As an estimate of cost, the training has ranged enormously – from \$550-\$1000 when it has been offered previously (not by OCP), and we are anticipating it will be at the lower end of this price range. There will be limited places that will be heavily subsidised, for consumers who have no access to funding.



THUMBS UP/THUMBS DOWN

1. **THUMBS UP:** to all the people who have battled through and survived being taken off their parents as children;
2. **THUMBS UP:** to the new patient held electronic records if they truly are patient held and if we are able to correct information that is wrong in fact (we know we can't change clinician's opinions unfortunately);
3. **THUMBS DOWN:** to all the clinicians, carers (and others) who sit on committees and pretend to understand how their meetings can disempower us when they clearly don't understand or care (or else they would change their practices!);
4. **THUMBS UP:** to the group of medical students at James Cook University in Townsville who came to Merinda's 'Social Justice Lecture' and valued a social justice perspective;
5. **THUMBS DOWN:** to the history of internal bullying, horizontal violence, one-ups-(wo)man-ship, competition, and unpleasantness that seems endemic to social change movements (including ours);
6. **THUMBS DOWN:** to being kicked unceremoniously out of a psych hospital in the middle of winter with inadequate warm clothes, phone money to get home. It's plain cruel;
7. **THUMBS DOWN:** to the new patient held electronic records if we do not have control over who within the medical systems) can access our psych. records, how or when;
8. **THUMBS DOWN:** for those who create the words that condemn us to permanent social disgrace;
9. **THUMBS UP:** for all the budding wordsmiths who are going to enter the Psychobabble competition by the end of August and perhaps win a really good prize;
10. **THUMBS UP:** to Brandon who found Merinda's precious USB caught up in a sheet on the floor of the laundry at the B&B in Bendigo when Merinda was in Bendigo delivering training.

PSYCHOBABBLE COMPETITION

Last Days . . .



For the months of July and August 2012 everyone is invited to get a wriggle on and send us words and definitions or acronyms for our Psychobabble competition. There are seriously good prizes to be won and we have an independent judge.

All you have to do is think about language and how important it is in shaping our experiences of psychiatric services. Are there terms that bug you? Words that you want to throw back in someone's face or have you ever felt that you want to smudge some language out of your medical histories. Or are there just words that are stupid or funny? Now is our time to have our revenge.

What follows are a few more ideas to get you inspired but there are many hundreds still out there. When the competition is over, entries will be posted on our website.

To enter: please either email Merinda: merindae@ourconsumerplace.com.au,

or post entries to: Merinda Epstein,
Our Consumer Place,
51 Stanley St,
West Melbourne VIC 3003.

To be considered for the competition, entries must be received by 5pm, August 31st 2012. For more information, email or call Merinda on (03) 9320 6839. But please don't leave entries on Merinda's voicemail!

Psychobabble Competition: some examples

Contract Nurse: Nurse on acute unit commissioned to make sure patients are 'taken out' in whatever form is necessary;

Private Health Insurance: A service designed to insuring private patients keep returning

Hourly Opps: An operation every hour undertaken to ensure the psych. patient is still alive despite looking rather drugcompanish.

Hourly oops! Ventured out of the nurses' station

Drugcompanish: A state of pallor and listlessness following ingestion of variously shaped coloured chemicals

The Barn: The acute unit drug distribution centre usually with a stable door with clinician and lots of drugs on one side and a motley crew of patients on the other side, waiting to be observed munching their pharmaceuticals.

Needs Explorer: 'Case Manager'

DOFF-CAP: Diagnose Our Favourite Friends – Community Awareness Campaign

Unconscious Intentional Self Harm: a researcher who's lost it completely

Cigarette pacifier: Acute Unit Nurse

Power Aide: Sitting in Our Therapist's Chair

ACDC: Acquired Compulsory Decaf Coffee

C.P.A.: Consultant Psychiatrists – Amen

Shame 101: Psychiatrist's waiting room

Nurses' Station: Soundproof glass hidey-hole

Crisis Team coming: Phone pacing, doorbell waiting

HILLS Hoist: Hiding In Levelling Lowliness (and) Shame: The public service waiting room

The Narcissist Personality: Medical Model deserters

Splitting: When we seem to be responsible for staff not getting on

D.C.F: Difficult cohort of females – **I.G.W:** Interesting Group of Women

Enmeshed: Rolled up in barbwire with your psychiatrist

Not non-socially sanctioned self harm: Climbing Mt Everest

BPD: Bloody painful diagnosis

DSM: Directory of Silly Mumbo-jumbo

CBT: Changing Behaviour Temporarily

MSE: Mindless Shaming Exercise



The Icarus Project is an online community, as well as having local affiliates around the world (mainly in the US where they started) – check it out!