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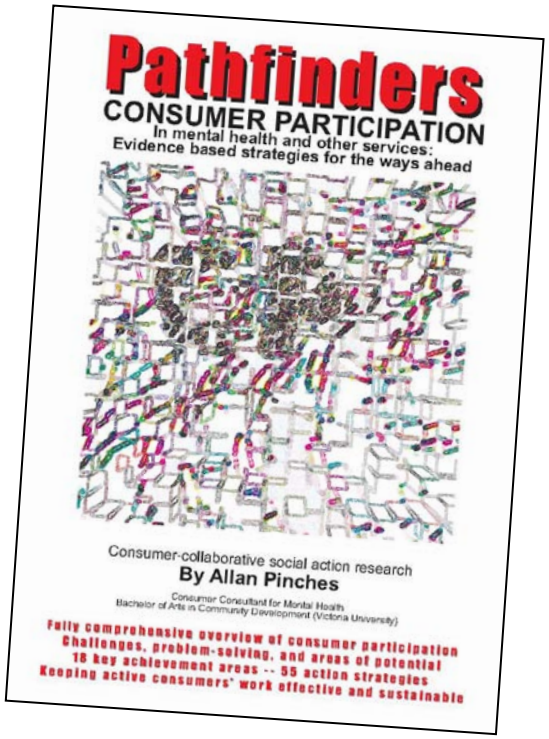
RESOURCE CENTRE FOR MENTAL HEALTH CONSUMERS

Contents

Page News

A note on the cartoons: Throughout this edition, we have included cartoons from Merinda Epstein's series "Light a candle." This series was originally inspired by conversations we had reflecting on GetUp!'s campaign in 2010-11, where people were being urged to "light a candle for mental health." We wondered – what *exactly* were people lighting a candle for? Hopefully not just more money for more of the same! Then, we started to wonder what would *we* light a candle for? Two wonderful cartoons emerged and were included in the June/July 2011 edition of the newsletter. Merinda drew the cartoons included in this newsletter while she was an involuntary patient in a psych ward, in August 2011. This context lends them a whole new level of poignancy. We hope you enjoy them! As always, the copyright remains with Merinda – if you wish to reproduce them, please acknowledge them appropriately, or contact Merinda on merindae@ourconsumerplace.com.au.

Introducing ... *Pathfinders: consumer participation in mental health and other services: Evidence based strategies for the ways ahead.* – By Allan Pinches.



This research needs no introduction to many of us! Allan Pinches ***Pathfinders*** *report is an invaluable resource – sophisticated, practical and grounded – for anyone interested in consumer participation and the consumer workforce. Recently, Allan has generously decided to make this research available free of charge, through Our Consumer Place. We are honoured to have been entrusted with this. Below is an open letter from Allan explaining this.*

"Hello friends and colleagues:

From consumer consultant/ researcher/ writer Allan Pinches.

I have decided that it is time to release, free of charge, my PATHFINDERS research report on the collective achievements and challenges for consumer participation and consumer consultancy. I am releasing it exclusively to Our Consumer Place.

This 96 page research report has been widely read and often cited in the mental health/ consumer field and was sold for $30 a copy as a self-published report. The report was first published in 2004 and I believe still has a great deal to offer today. The full title is: **"PATHFINDERS: Consumer participation in mental health and other services: Evidence based strategies for the ways ahead."**

The very comprehensive report examines the combined success and range and depth of achievements of mental health consumer participation/ and consultancy.

The PATHFINDERS document could be a springboard for anyone wanting to examine and build upon the recent burgeoning growth and diversification of the consumer movement.

There has been a profusion of new groups -- including many innovative and specialist groups which often seem to have a strong sense of their rights and want mental health services that work, and to have greater self determination. It also seems that many new specialist consumer groups are increasingly willing in recent years to be aligned with a more legitimated consumer movement -- and perhaps also because of further empowerment from community education campaigns aimed at reducing stigma which do appear to be starting to change community attitudes.

We can see a vastly increasing numbers of partnership-based projects between consumers and mental health services, and increasing numbers of Consumer Developed Initiatives (CDIs), along the lines of peer support, consumer skills education, recovery based approaches, and a wide range of other opportunities.

Viewed through the lens of Consumer-Collaborative Participatory Action Research (PAR) interviews, the clear conclusion of the 2004 study was that the wide array of consumer projects were having a

much greater influence over change and development in the mental health field that was generally believed – much more than any one player could have known.

The PATHFINDERS document also makes an analysis of what factors tended to promote success in consumer participation based projects and what factors tend to hinder. Among many approaches, the report sets out a number of strategic suggestions of how the work can be more effective still.

The PATHFINDERS document also makes an analysis of what factors tended to promote success in consumer participation based projects and what factors tend to hinder.

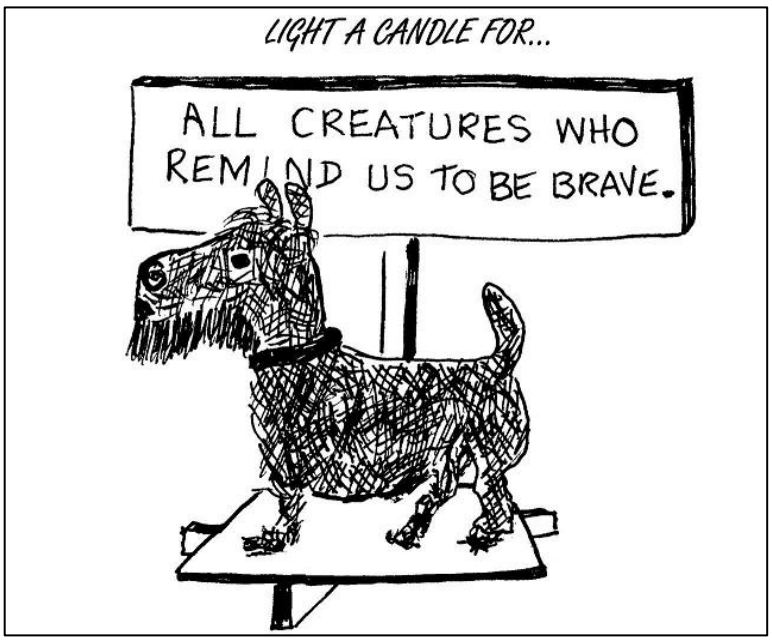
The research also tended to confirm the validity of the concept that a certain "critical mass" needs to be reached for necessary for cultural and systemic change to take place, as discussed in the Understanding and Involvement Project (see, Wadsworth, Y (Ed); in ongoing collaboration with Epstein, M; (2001) *The Essential U & I*, VicHealth.)

The report was developed from my major research project for my Bachelor of Arts in Community Development (VU.)

I hope you find the report interesting and thought provoking.

All the best, Allan Pinches."

PATHFINDERS is now available for free download from the OCP website: www.ourconsumerplace.com.au/clearinghouse (under OCP's top 11 picks).



Introducing ... a spoken word piece by "PopeFred"

This piece was shared as part of the open mic at the "Pride Party," held during the recent Voices Vic Conference. (It is reproduced with permission, although PopeFred is opposed to copyright anyway...)

Are you MAD?

I am.

I'm mad at the stigma and prejudice against those of us that don't measure up to society's arbitrary view of "normalcy". I'm mad that one of the easiest ways to marginalise somebody, to discredit them, is to simply say that they are crazy or manic or that they have a syndrome or disorder. I'm mad at the way who I AM is considered to be a condition or illness, rather than accepting me as a unique individual.

I'm mad that one of the easiest ways to marginalise somebody, to discredit them, is to simply say that they are crazy or manic or that they have a syndrome or disorder.

I'm mad at the psychiatrists and pharmaceutical companies that are making big money out of us; that won't acknowledge their lack of understanding of the human mind and I'm mad at how they exploit us as human guinea pigs and consumers. I'm mad at the excuses for care that are coercive or demeaning; that treat us as a social problem to be contained or solved instead of as humans that need to be nurtured and cared for. I'm mad at the way the real carers of the mentally ill are treated as slaves; that nurses get shit conditions and poor pay and family carers get a pension rather than a real wage.

I'm mad at the governments that are spending billions of dollars on wars and "security" but a pittance on community service and health care. I'm mad that this country creates mental health problems by the horrific detention of refugees and by supporting wars, yet does little on a local or global level to assist displaced persons and the victims of war.

I'm mad at the way we are hidden from the public; lost in the statistics or literally lost in the prison system or on the street; that we are modern day lepers, still isolated from the broader community. I'm mad that a massively disproportionate number of indigenous people are classified as mentally ill, homeless or addicts, or in fact, all three.

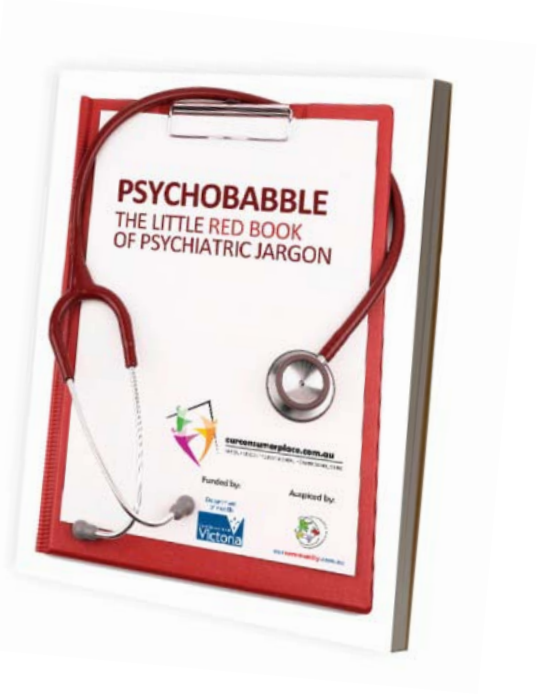
I'm mad at how kids are not allowed to be kids anymore and are dosed up on Ritalin or Prozac cause of some acronym they are supposed to be afflicted with; that most kids spend more time with a TV than with their parents or friends and then we wonder why they cannot relate socially. I'm mad at how adults are not allowed to show their feelings; how women are dismissed as hysterical and men are "too sensitive" if they exhibit their feelings freely. I'm mad that this system perpetuates domestic violence and emotional abuse which, perhaps, contributes more to mental illness than anything else.

I'm mad at how we are controlled by the media and if it doesn't work there is something wrong with us. I'm mad that our mental environment is polluted with slogans and logos that mean nothing. I'm mad that we are continually portrayed as either homicidal maniacs or idiotic clowns. I'm mad at a system obsessed with profit and power...

Sure, I'm mad, but I'm not bad or stupid or mentally deficient, or even "mentally ill." I have some different responses than mainstream society but I can think and feel and my thoughts and feelings are as valid as anybody else's. Sure, I'm mad and you should be too, after all, one day it could be you or somebody you love that is boxed, labelled and lost in our dysfunctional Mental Health system. **It could be you ...**

Psychobabble: the little red book of psychiatric jargon!

Psychobabble has been created in response to a demand from people diagnosed with 'mental illness' for a collection of psychiatric jargon, acronyms and what we think are some of the silly expressions used in psychiatry – it's **our take** on the words used **by them** (and sometimes us) **about us**.



Psychobabble is now available (free) at: www.ourconsumerplace.com.au/resources#4.

While some of the explanations are provided simply to define terms and acronyms that people are very confused about, *Psychobabble* is also an attempt to provide a consumer perspective on concepts that many people (including some clinicians and consumers) haven't thought through or may be happy to leave as they are. Of course, some parts of *Psychobabble* are also about having a light-hearted spray at the pontification and judgements made about us – consumers – by some clinicians and medical researchers.

We don't believe that such a publication, written from a consumer perspective, has been produced in Australia before. Although *Psychobabble* is based on Victorian bureaucratic language, experience tells us that many of the words and explanations are transferable interstate and internationally.

We have marked this publication: **DRAFT PERMANENT**. This is a mechanism borrowed from a book by Dr Yoland Wadsworth and Ms Maggie McGuiness, *Understanding, Anytime*, which was published by the Victorian Mental illness Awareness Council (VMIAC) in 1993. This first edition of *Psychobabble* has been put together by Our Consumer Place staffer and renowned consumer leader Merinda Epstein. Although Merinda speaks with a strong consumer perspective, it is important to remember that 'The Consumer Movement' is a broad church. It is probable that people will disagree with some of Merinda's interpretations and explanations – some may even want to question the very definitions used here. This is the purpose of the exercise. **Please join in.** We really want you to. All of us have our own language bugbears, definitions we want to share, differing interpretations that can be added to this publication. There is a real purpose to the 'draft permanent' status of this document.

Our decision never to see this booklet as the final word illustrates our belief that we could never hope to collect all the terms that need explaining, all the acronyms that keep being invented, or all the silly phrases we come across. Nor can we hope to encapsulate or represent all the possible meanings and interpretations of every word we include. *Psychobabble* is just a start. With changes in government and policy and personnel, new bureaucracy-speak is always creeping into our vocabulary, being assimilated and spoken – often with complete disregard for the fact that consumers might have no idea what people are talking about.

All of us have our own language bugbears, definitions we want to share, differing interpretations that can be added to this publication.

Hopefully this publication will go some way to bridging the divide between those on the inside (including some consumers) and those on the outside of the knowledge/power divide.

We want you!

We want others to contribute to this work. Please send your ideas, disagreements, reinterpretations, silly stuff, acronyms, and new bureaucratic-speak to Merinda (merindae@ourcommunity.com.au) at Our Consumer Place. We are also happy for you to circulate the link to this document and to quote from it. Please cite Our Consumer Place (www.ourconsumerplace.com.au) as the source.

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An extract from "Psychobabble" (full text available at: www.ourconsumerplace.com.au/resources#4):

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118. **Gen.med.:** General medicine. General medicine is practiced by 'general physicians' (differentiated from general practitioners, or GPs) who have expertise in diagnosing really complex, often chronic problems in adults. These problems may cut across several speciality areas including psychiatry. They are trained to deal with ambiguous and contradictory symptoms as well as psycho-socially informed physical problems.

119. **Glass-knocking techniques:** Describes our ability to get the attention of staff by knocking on closed windows, in what often amounts to an internal inner shell of impenetrable glass (through which we are, however, still keenly watched!). These are essential skills for many of us during a period in an acute setting. One day someone will acknowledge a world record in fruitless knocking! On a more serious note, ignoring people who are politely (or desperately) seeking assistance or attention in an acute setting portrays a really bad image and can lead to violence. Staff sometimes say that the problem lies further up the chain of command and that what appears to us to be hibernation is in fact one way of dealing with emotional and interactional burn out. If this is the case then structural, systemic change is urgently needed. Most commonly it's caused by shortages in staffing, rotten architecture, dreadful attitudes, divisions between different sorts of clinicians, and a failure to work as a team. However, architectural changes are being made in some acute units which enables people to speak directly to a clinician who does a shift 'out the front' at a curved desk outside the glass. Their job is to help connect people to their 'contact nurse' or whoever is dealing with cigarettes etc. People just do a limited shift on the desk, which possibly helps the burn-out problems. See also *contact nurse*.

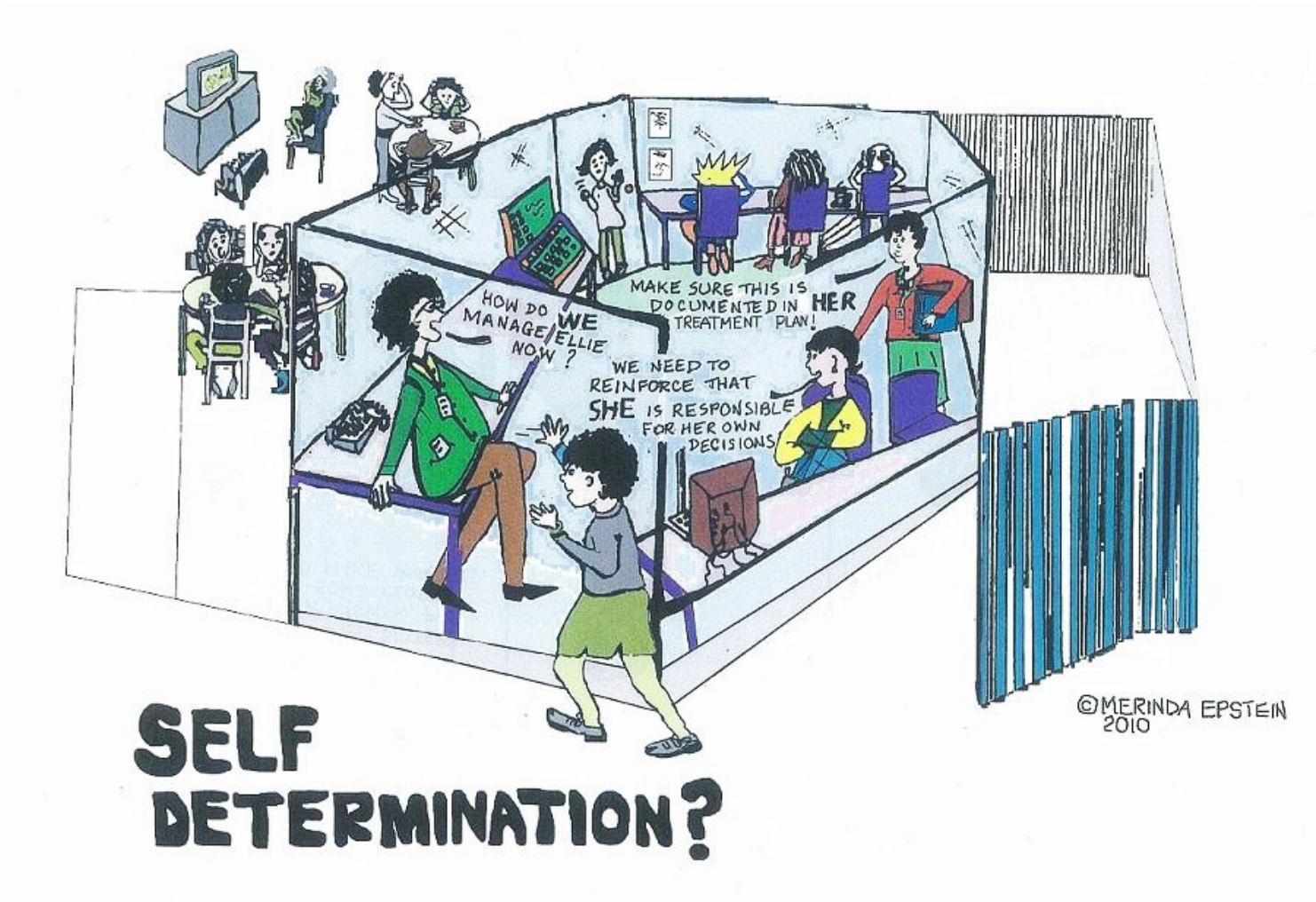
120. **Grand rounds:** This is when the Consultant Psychiatrist (the boss, or one of the bosses) brings the troops (the students, the registrars, the medical officers and the Charge Nurse or head nurse) with her/him and calls us in one at a time. It's a bit like an inquisition and it sometimes has more to do with teaching the next generation of doctors than it has to do with our health. Some patients love it because it breaks the boredom. Others find it difficult because there are so many people in the room. See also *ground rounds*.

121. **Grandiose delusions:** This is the way clinicians describe the situation when we really believe we are famous or God, science-fictional or supernatural. It's most often associated with those of us who have a diagnosis of 'psychosis'.

122. **Ground rounds:** This can refer either to what we do (walk around the grounds) when we're not welcome to visit a friend on an acute units; or when we are allowed to take a friend out of the locked unit for a short walk. The authorities always describe the mainstreaming policies of the early 1990s (where the big institutions were closed down and psychiatric services were 'normalised' into units of general hospitals) as being driven by consumers. This is simply not true. We were demanding lots of things. We definitely wanted de-institutionalised behaviour of staff, but losing our lawns and lovely gardens and trees to sit under in the old places was **NOT** one of them. Many consumers believe that, in the main, deinstitutionalisation had a whole lot more to do with the expensive real estate than an ethic about practising psychiatry.

123. **Guarantee your safety:** This phrase is often used to stop people moving ahead and on with their lives. Now that risk management and a bureaucratic fear of being sued are driving services, these ideas will continue to be used to limit experimentation, keep staff in control, and disallow new ways of responding to things. The truth is, sometimes this short-term over-protection will lead to the loss of long-term goals or, at the very least, justified cynicism about the goal-planning games that seem to be so much a part of rehabilitation work. Sometimes we talk about 'dignity of risk'. Dignity is one of the most precious gifts we can have but for many of us diagnosed with 'mental illness', what we have left of this sacred commodity after our first episode is wrenched away by services' over vigilance.

A cartoon about glass-knocking techniques, amongst other things ...



The Consumer Mental Health movement and the pressure of the 'Recovery' story – lived out in myth or reality?

-By James Kelso

For most of us who have been working for some time in 'consumer' mental health, we will have heard of that now chestnut phrase 'Recovery'. Ah, yes. Recovery. The re-substantiation of one's life's efforts, recouping and re-arranging one's affairs from illness or hard times, and going on, working, being successful, having a job, career, money and so on.

Ah, yes. Recovery. The re-substantiation of one's life's efforts, recouping and re-arranging one's affairs from illness or hard times, and going on, working, being successful, having a job, career, money and so on.

Although perhaps I have given my own definition of Recovery, not necessarily applicable to all, I do think that some of the sentiments expressed above are common to how many 'outsiders' see recovery: for example our families and friends, work colleagues, people that like to hear our story at talks and presentations, and so on.

There are several problems inherent in these concepts of 'Recovery'. For one, I think that many people think that the recovery effort is as linear as it is even intentional. I for one never really even intended to 'recover' from my mental ill-health. Life was just figured out, step by step, without necessarily any clear definition of a goal or end point in mind. I guess I did have in mind some relationship and material aspirations, a sort of a 'life-vision', some of which eventuated, and some of which have not yet. But at best ideas of the future were vague and aspirational; and they always seemed so far away that I would not be judged as to whether I had achieved them or not.

But all the same, perceptions are definitely out there, and many of them are very stereotypical. I feel that when we, as consumer workers, give talks on our 'Recovery', there is a willingness, if not a need, from the audience to hear the fairy-tale ending. I must confess that I tend to lean towards this version of the story, because it is what the audience wants. It is almost like following a film script. It goes something like this –

- Young man suffers badly at school, breaks down and endures repeated hospitalisations, isolation and poverty
- Gets his act together, seeks mental health treatment and counselling, takes medication
- Gets support to find a job and finds long-term work in mental health
- Finds supportive and deep relationships, secures steady housing
- Things only improve from there

This sounds great! Surely things will only go from strength to strength for this person.

Uh-oh. This is where the fairy-tale recovery stalls. Although I have commented on the perception of 'linearity' in recovery (upward-directionality), we all know that this fluctuates, and sometimes dramatically so. Also, why does one even have to feel the need to follow a 'linearity' of recovery, as though it even matters? And when one does have all the basics of recovery, and some of the 'desirables', where does one go? Enter the property market? Fine, first just hand over the $500,000, that undoubtedly I've made in my years as a Consumer Consultant (uh huh…) Get married and have children? Yeah, just walk me down the aisle and enrol the rug-rat in childcare (yep!) Do a home renovation? Wait a minute, this is rental property we're talking about here. Get a dog? Sorry, no pets

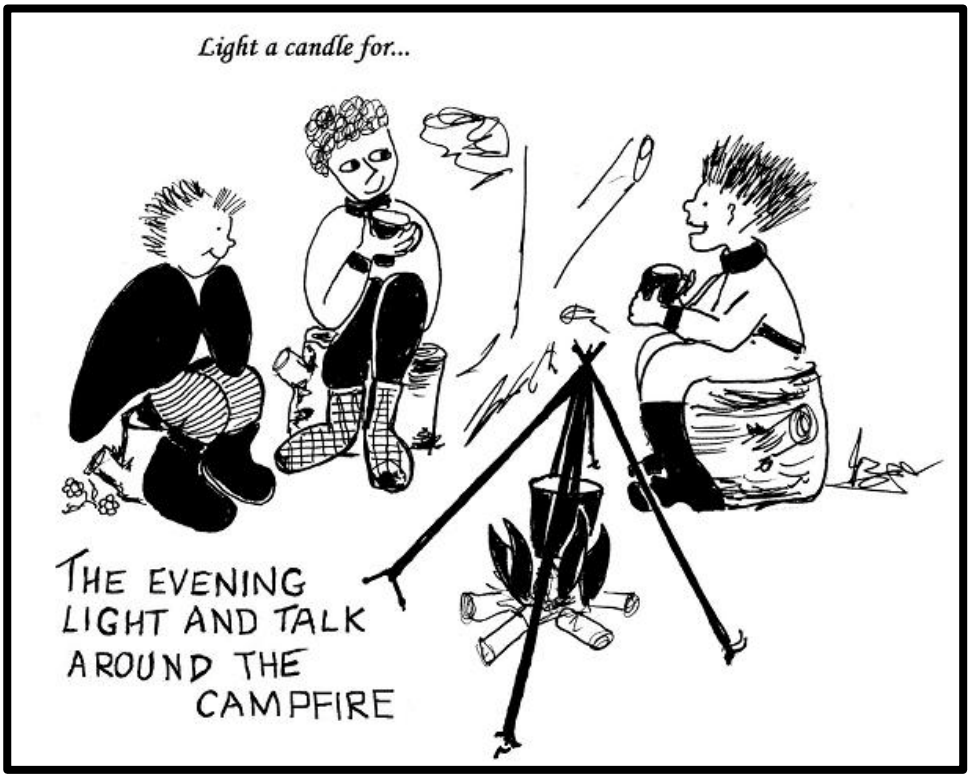
allowed. So from this we can see that the notionally 'recovered' mental health consumer, after a while, may actually not have as many options available as at first may seem to be the case. The good thing about 'recovering' is that it does indeed seem to give us a kind of 'life-mission', and it is troubling when the path seems to end without having quite 'got there', either.

Personally, I struggle with mental health issues every day. For one reason or another, my mind and psyche just do not seem to be the well-greased mechanism that I would like them to be.

There can be a perception – even at our workplaces – that we are 'recovered' mental health consumers, of no particular need of care or extra attention. Personally, I struggle with mental health issues *every day*. For one reason or another, my mind and psyche just do not seem to be the well-greased mechanism that I would like them to be. Day in, day out, this never seems to change. But hold on – aren't I a *recovery-story-worthy mental health consumer?* In this way, as we walk around as 'recovered' mental health consumers, I wonder whether many of us are in fact carrying a veil. We try, like to appear as, or even are expected to appear as the sort of 'poster-person' that many of us are made out to be, but we are in fact still suffering from mental illness, and still carry the struggles, doubts, frustrations and inadequacies that we always did. Can anyone relate to this?

So from this we can see that it is not really fair, or after a while, even that enticing, to give another 'recovery' story, or prance around the office with a wide grin on our faces, prodding jokes at everything that seems half-worthy of it. Just as we are mental health consumers, just as we are fully human, not everyone can be functioning at their top level day after day, year after year. It is enticing, and admittedly quite pleasurable and exciting, to tell stories of our 'recovery' just after we feel we have mostly got there, or before we have done it too many times.

True, recoveries do happen, and they are wonderful things. But the very sensation, the excitement of being a newly 'recovered' person does not go on forever. Sooner or later, our struggles and doubts re-arise, and although we do not necessarily go back to be acutely unwell, and may even flourish in many ways, our problems return, and we watch them by the fire-side, like patting an old black dog. We are only 'recovery stories' or 'recovered people' for so long. After that, we must re-assume our places as normal members of humanity. Perhaps this is a blessing – if we are allowed it.



NEWS IN THE CONSUMER WORLD:

Protective Service Officers (PSOs):

We now have PSOs rolling out at train stations across Melbourne and Victoria. These PSOs have police-like powers to detain people who appear to be 'mentally ill' and to use 'reasonable force.' If you would like to know more about your rights, contact Victorian Legal Aid on (03) 9269, 0120 or www.facebook.com/PSO.YourRightsOnTrack.

The National Mental Health Commission is now operating

Launched in January, the commission is led by Ms Robyn Kruk, and designed to improve outcomes for consumers. Amongst other things, they will be creating a "National Report Card" on mental health and suicide prevention. We watch and wait ... crossing every finger and toe that our experiences will be respected and responded to. The South Australian Public Advocate, John Brayley, has called on the S.A. government to set up a state mental health commission (in addition to the national commission, W.A., NSW and QLD each have their own commission or plans for one.)

Training for consumer and carer consultants

The North East Victoria innovative learning, training and professional development (NEVIL) cluster) are running training in ***"Effective Communication and Describing your lived experience."*** This is a free course, with morning/afternoon tea and lunch provided. This training workshop has been devised to enhance the skills of consumer and carer consultants in:

- People interaction skills, especially negotiation and assertiveness skills and how to effectively convey your message in group and meeting environments;
- How to effectively prepare and deliver your presentation on the lived experience of being a mental health consumer or carer.

Venue: Tower Hotel, Burwood Road, Hawthorne East; **Date:** Thurs 19 April 2012; **Time:** 10am–4pm

Registration: Prior registration is required - register online from the nevil training calendar at www.nevil.org.au. Your registration will be acknowledged and further information provided

For further information: please contact Greg Coman on (03) 9288 3186 or greg.coman@svhm.org.au.

Changes to the DSP (Disability Support Pension): pushing us off income support or supporting us into meaningful work?

The government's agenda to get more people into work ... I mean "receive greater support to help them into work" has moved forward, with amendments to the DSP introducing new participation requirements for DSP recipients deemed to have some capacity to work. There are also changes to the rules that allow DSP-recipients to work up to 30 hours a week and still receive a part-pension. Many of us have found Centrelink to be ... well, not exactly full of dignified, respectful support. Again, we watch and wait!

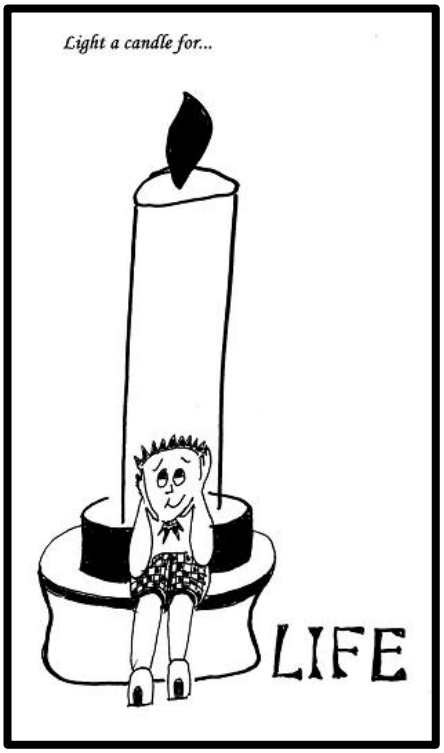
Reading policy made fun!

Are you tired of reading policy documents and reports? We've designed a tool that makes the process much easier – Bullsh*t Bingo. While you're reading the very important report, look out for these words and phrases. Once you've found a whole row or column, proclaim loudly "Bullsh*t!" Believe us, it will make the process of ploughing through reports and documents *much* more fun.

Key/relevant stakeholders	Road map	Continual stakeholder engagement	Evidence based practice	Implementation plan
Feedback was noted	Hope	Opportunity for collaboration	Committed to involving consumers	Recovery-oriented
Reform agenda	Moving forwards	Engage in consultations	Representative	Strategic direction
The significant role of consumers and carers	Reference group	Complex and challenging tasks ahead	Empower	Improved service response
Service delivery	Better outcomes	Pace of reform	Burden of illness	Shared commitment

THUMBS UP/THUMBS DOWN

1. **THUMBS UP:** to all the powerful stories that emerged at Our Consumer Place's "storytelling" workshops last month. Our stories are powerful, transformative and so, *so* worth telling!
2. **THUMBS DOWN:** to clinicians and other workers who resolutely refuse to understand issues of power. We are not "equal partners" just because they express a desire to act as if they have no more power than we have. When one person is paid, has access to information we don't have, has their opinion respected by society (and our opinions are disrespected by society), maybe has the power to have us involuntarily "treated" ... it's not easy to counteract these power imbalances (although we must actively work towards this!)
3. **THUMBS UP:** to the incredible spoken word creations emerging from our community – see the piece from PopeFred on page 5. Many of these poets (including PopeFred) shared their work at the Voices Vic Pride Party. Like Andrea Gibson says, "...The doctor said an anti-psychotic might help me forget what the trauma said. The trauma said, "Don't write these poems. Nobody wants to hear you cry about the grief inside your bones." ... My bones said, "Write the poems"."
4. **THUMBS DOWN:** to the police's inadequate training in responding to people who appear 'mentally ill.' All too often, the police response leads to violence, or worse, including "suicide by cop". See reports here: www.abc.net.au/news/2012-03-05/shooting-deaths-spark-call-for-mental-health-overhaul/3868754 and www.theage.com.au/victoria/police-to-revamp-training-for-handling-mentally-ill-20120224-1tu12.html. Ironically, this latter report was in the same newspaper edition that also included a report defending Protective Service Officers, insisting that police training is adequate in responding to people who appear 'mentally ill'.
5. **THUMBS UP:** to workers who know in their bones that people with lived experience have invaluable expertise when it comes to 'mental illness,' and actively strive to make the necessary changes to ensure that they and the mental health system are responsive to our expertise.
6. **THUMBS DOWN:** to the amount of money, time, energy and human creativity wasted in documents and processes that don't get implemented, or make any real changes. Policies *can* make things work better, but gosh they can also be such a waste of paper!
7. **THUMBS UP:** to honest communication – we do appreciate it when people tell us what's not working, even though it can be hard to hear!
8. **THUMBS DOWN:** to those who know abuses are happening and do nothing (which is, on some level, *all of us*) "All the perpetrators ask us to do is nothing"
9. **THUMBS UP:** to the life-preserving, "ingenious and creative survival strategies" that we have developed – including hearing voices, self-harm and dissociation – even when they look "dysfunctional" to others. They may well have kept us alive and helped us to survive trauma and overwhelming distress (thumbs up to Eleanor Longden for speaking of these things at the Voices Vic conference).
10. **THUMBS DOWN:** to all the talk in mental health about us without us ...



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

We juggle so many different projects here at OCP, but endeavour to remain responsive to what comes along (be it new policy, ideas, projects, issues, glitches with the photocopier, etc).

Story-telling workshops

Merinda Epstein and Wanda Bennetts ran 2 workshops on storytelling – one for people just beginning to share their story and one for people who have some experience but want to think more about various ways to use story. Both workshops were well-attended and the feedback was glowing. We hope to run these workshops more and perhaps take them travelling!

Self-harm keynote

Merinda was a keynote speaker at the Mental Health Services (TheMHS) Summer Forum on *Confronting Self-Harm: from understanding to responding*. Her powerpoint presentation is now available on the OCP website (at: www.ourcommunity.com.au/files/OCP/ShameTraumaAndSelf-harm.pdf). So many conversations about self-harm are conducted without us (ie. those of us with lived experience of self-harming). Merinda is one of the few to speak and theorise publicly about self-harm in a way that honours lived experience. What a gift! Thank you!

New publication: Psychobabble: the Little Red Book of Psychiatric Jargon

Our Consumer Place's latest publication will no doubt provoke thinking! Please know that this is a DRAFT PERMANENT, which means this is not the "final word" – in fact, we're asking you to contribute! See page 6 for the full story.

Revamping the "directory" section of our website

We are in the process of progressively updating our website (OK, who are we kidding, this is a never-ending process, but this is a bigger update than usual). We are entirely rebuilding the "Directory" section. We are hoping to make it much more useful, as well as shifting our focus much more clearly towards listing organisations/projects that are either consumer-developed or have genuine consumer leadership within them. We get a lot of listing requests from organisations that really only see consumers as potential *consumers of their services*, rather than as a critical source of leadership, insight and understanding. We are making our focus much clearer.

We will be sending an email in the next few weeks, once we have the technology sorted, so that groups, projects and organisations can apply to be listed. The process will be much more rigorous, and the directory much more about profiling the excellent consumer-perspective work going on out there! If you're interested in being listed on our website, please email us at: service@ourconsumerplace.com.au, and we'll be in touch!

Consumers at work: managing 'mental illness' in the workplace

We're still seeking your input on the topic of consumers at work. We want to talk about the really tough stuff: what's it like to work with a 'mental illness'? What helps and what's really irritating, or worse? What do you want to know more about? If you have a colleague or employee with 'mental illness,' what do you find helpful, frustrating or what do you want to know more about? We want the good, the bad, the ugly and the confusing. We have an online survey here: www.ourconsumerplace.com.au/article?id=5239. We've had many people respond and want to say a HUGE THANKYOU so far! Your thoughts, experiences and questions are invaluable to us – we want to keep this real, rather than present some sugar-coated (or doomsday) picture.

Borderline Personality Disorder Expert Reference Group – update

We are organising space for consumers who have been labelled with the Borderline Personality Disorder diagnosis (or who identify as potentially being labelled with this diagnosis) to get together and share our thinking and priorities and develop collective consumer expertise around this controversial, much-maligned and much-neglected diagnosis. We hope to give people with this diagnosis more of the attention we deserve!

Thank you sincerely to everyone who has put themselves forward so far for this exciting initiative. We are taking this project very slowly, mindful that much harm could be caused by rushing this. If you are interested in being involved, please email Flick: flickg@ourconsumerplace.com.au.

OCP presence at conferences

OCP had a table at the recent Voices Vic conference (what a POWERFUL experience that was!). We'll also have a presence at the VicServ conference (May 24th-25th), VMIAC Consumer Workers conference (May 28th-29th) and the Mental Health Services Conference (August 21st-24th) – maybe see you there!


LIGHT A CANDLE FOR ...
OUR FRIENDS & ALLIES WHO HELP US ROCK THE BOAT IF NEEDED.
RITA
RITA
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