



ourconsumerplace.com.au

RESOURCE CENTRE FOR MENTAL HEALTH CONSUMER DEVELOPED INITIATIVES

Our Place NEWSLETTER

Our Place Newsletter is your free consumer update, brought to you by www.ourconsumerplace.com.au – the resource centre for mental health consumer developed initiatives.

Welcome. Hi from the Our Consumer Place team and welcome to the first edition of ***Our Place***.

It's been almost a year since we first began. We thought you might be interested in some of the history behind the development of Resource Centre for Consumer Developed Initiatives, *Our Consumer Place*, and we know that many of our readers will have been directly involved in creating this history too.

If you would like to tell us your experience of the history of the development of Our Consumer Place, we would love you to submit it for the newsletter.

ACORNS - From little things big things grow...

The story begins when the National Mental Health Working Group (NMHWG) became interested in consumer operated services, holding some teleconferences with key people in the United States and the leadership provided by Helen Connor, consumer representative of this group and chair of the Australian Mental Health Consumer Network. Helen Connor has long been championing consumer run programs in Australia and in March 2005 she prepared a report for the NMHWG focussing on consumer operated services. Later that same year, personnel from the Mental Health Branch, Victoria became interested in the possibilities of consumer delivered services, having read this report, and seeing the connections with existing consumer participation initiatives like consumer consultancy, and the work of mutual self help groups. The time was ripe for Victoria.

Enter a bold new move – the Mental Health Branch engaged a consumer to put together a proposal for developing a Consumer Delivered Service Model for Victoria. The Centre for Psychiatric Nursing, University of Melbourne, was contracted by the Branch for the equivalent of eight days to prepare this report. The consumer academic worked closely with Liz Carr, Merinda Epstein, and David Webb.

The report contained three main recommendations:

1. That a resource centre rather than an individual CDS be developed
2. That a needs analysis be conducted so that we had a better idea of what groups were out there and what resources they might need to continue to grow

3. That future tender specifications be guided by the core consumer perspective principles articulated in the report

The next phase in the story was the Branch engaged the services of Healthcare Management Advisors to carry out the needs analysis. The consultancy group held many discussions with consumers and groups around Victoria about their needs and expectations for consumer delivered services in Victoria. At the end of this phase, the Branch put together a tender document and interviewed applicants. The successful tender was Our Community, in collaboration with three consumers and the first resource centre for consumer developed initiatives in Australia was born.

Our Consumer Place Progress report - first twelve months

At Our Consumer Place, we have an interest in being transparent about what we have been engaged to do and reporting to our members on our progress. As we near the twelve month mark of operation and the first edition of our newsletter, we think this is a great opportunity to revisit where we have come from and what is on the horizon.

FIRST PHASE

We adopted the following core value:

- To embed consumer expertise in the establishment and delivery of the resource unit for Consumer Developed Initiatives.

The services we provide are for:

1. Consumer groups from the smallest self help groups operating from people's lounge room to more established groups
2. Consumer consultants setting up groups and activities
3. Existing services and peak bodies that foster Consumer Developed Initiatives

Strategic Goals

Three strategic goals we are working toward are:

1. Meaningful inclusion of consumers in the Consumer Developed Initiatives Resource Unit organizational structure
2. Technical assistance
3. Community Development and Partnerships

The Resource Centre Team & identity

The first step was to develop the Resource Centre team. The team combines expertise and experience in consumer advocacy, political activism, research, education, training, mutual and peer support provision.

The Our Consumer Place team is also extremely fortunate to have access to specific expertise from Our Community in web design, graphic design, computer technologies, journalism, and database management as well as opportunities for mentorship of the consumer team and knowledge exchange.

We recognised that from time to time we would need to engage and pay for additional consumer expertise in areas that were outside our experience, so we have been able to contract with consumers from the private sector and to access consumer expertise in web use and design.

Our first eight months were hectic. Cath and Merinda were frantically writing Help Sheets and other content for the website. Jon, as always, prepared to jump in the deep end, tried to teach himself how to build a website. He was ably assisted by Sara Clarke who has an article in this edition of the newsletter. By the beginning of 2008, we had settled on a name, and in a few months, had finally settled on a logo.

Much had to be sorted out at the beginning and gradually we became more confident about who we were and what we could achieve with the assistance of consumers in Victoria. We had very high aspirations and expectations on ourselves, setting deadlines that were too tight. We were so keen to 'get our produce to market'. Without something 'out there' we felt a bit vulnerable but the reality was that the written material and web construction was time consuming.

The intensive writing and consumer site development phase culminated in the holding of our first Reference Team Meeting on Monday July 28. It was a reference team of gigantic proportions with people from so many different parts of the mental health consumer world but everyone who attended was great, engaged and supportive of combining our efforts. Then we had nibbles and drinks and chats.

With the establishment of the Our Consumer Place website, brochure and starter kit, we are now well on the way to establishing the Resource Centre identity.

SECOND PHASE

The second phase has begun and we are in the process of collecting information from consumers about their training needs. We are also looking to see which of the Our Community Training courses could be successfully adapted. Contact us if you need an idea of the sort of training that already exists through Our Community, for example, training for successful Committees of Management, or fundraising. We can provide training like this to your group with a team consisting of members of Our Consumer Place with experts from Our Community. For those groups reading this newsletter that have particular training needs or individuals in the process of trying to form a group now is the time to contact us so that we can do our best to accommodate your needs.

You can also talk to us about developing the capacity of your group, for example, through training to 'become trainers'.

State of the Nation



In this ongoing section of the newsletter we will raise the great debates of the century. Send us your hot issues of the day for future editions of the newsletter.

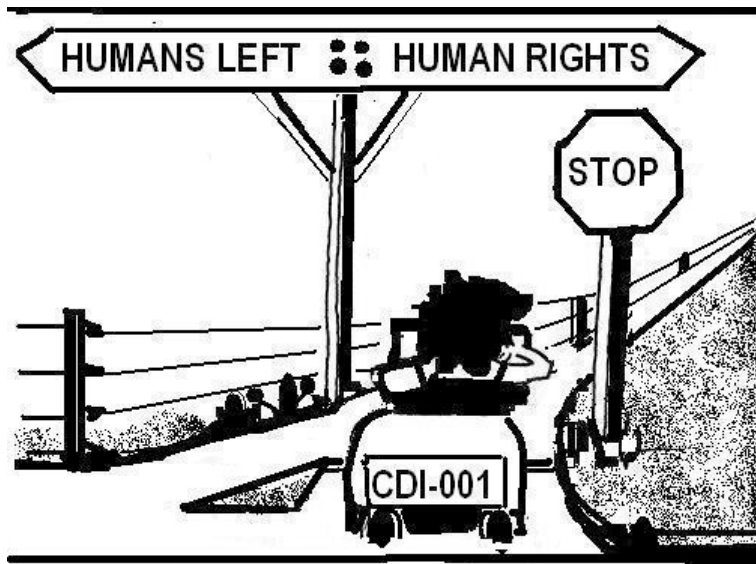
Is Mental Health Legislation Discriminatory?

As Victoria prepares for a review of the Mental Health Act we thought it was timely to raise some questions.

In Victorian disability legislation, mental health is not seen as a disability issue and is excluded from the Disability Act and the Charter of Rights for people with Disabilities. Yet we all know how disabling mental health issues can be. We receive a disability pension not a mental health pension. Under the Equal Opportunity and Discrimination Act it is unlawful to discriminate on the basis of disability. Aren't we entitled to the protections of disability legislation?

We can also become exempt from some of the protections outlined in the Victorian Charter of Human Rights, if we are subject to the Mental Health Act. Is it discriminatory that we have a separate Mental Health Act? Is it discriminatory when we can't refuse treatment under the Mental Health Act? What is the difference between stigma, discrimination, prejudice and oppression?

Send us your thoughts, The Our Consumer Place team



Interview of the Issue - Issue of the Interview

Introduction:

This issue's highlighted interview is with Shery Mead. We, at Our Consumer Place, feel extremely honoured that Shery accepted our invitation to be our first interviewee.

About Shery Mead:

Shery Mead is the past director of three New Hampshire Peer Support Programs including a peer run hospital alternative. She has done extensive speaking and training, nationally and internationally, on the topics of alternative approaches to crisis, trauma informed peer services, systems change, and the development and implementation of peer operated services. Her publications include academic articles, training manuals and a book co-authored with Mary Ellen Copeland, *Wellness Recovery Action Planning and Peer Support*. Shery is currently the project director for the Evidence Based Practice, Consumer Operated Programs Toolkit funded by the Substance Abuse and Mental Health Services Administration

Has the heyday of progress in consumer participation and initiatives come and gone?

1. It hasn't come and gone. It's different now. The focus is different. Before it used to be about fighting for the treatment we want. It was treatment focused. Today it is more about focusing on people with lived experience focusing on alternatives.
2. I think people are still co-opted into 'the system'. This is a big problem because the people with lived experience can be working in a mental health setting and it looks like there is real participation but this is illusionary. The status quo is not challenged.
3. There can be a tendency for mental health services to 'show off' the number of people with lived experience they have working for them and tick off the box that says, 'consumer participation', but actually it is the same old, same old.
4. Mostly services are not upfront about this veneer of consumer participation. They are just covering their backs in terms of regulations that now sometimes stipulate that people with lived experiences must be involved. It is a 'tick the box' situation.
5. This pretence has the potential to be very dangerous. I would never set myself up as representing people with lived experience. I can't do that.
6. Consumers often get jobs in services because they need the money and there is nothing wrong with that except that they are not required to have any expertise in activism, advocacy, and ethics of 'representation'.

Is there a place for activism in mental health? What top three areas would you target?

YES! Absolutely. In the past we (people with lived experience) organised ourselves around critique –critique of services, critique of policy, critique of clinical behaviour and so on.

I believe that we must now move on to providing genuine alternatives: on to positive things, things that do work.

The three areas I would target are:

1. The development of crisis alternatives. The development of real alternatives to any sort of coercive treatment.
2. Research. I don't understand why there has not been a greater outcry by us about traditional research methods that treat us like statistics. Collaborative methods need to be lobbied for and research where people with lived experience are not the 'subjects' but are the people with the power to create the 'truths' (evidence-base) that drives practice. We also need to be activists in promoting the research that supports our community-based, peer-run alternatives to forced treatment for example.
3. I think we need a new kind of activism that focuses on development of what has worked. I think of activism as people actively taking a role in making the changes they hope to see. I think my big thrust has been the development of peer run crisis alternatives. Actively developing anything that alternative to coercive treatment is important

The other place I would work with is in research because I think there's really no activism in research. People don't get mad about the fact that we're measured with numbers and old hypotheses.

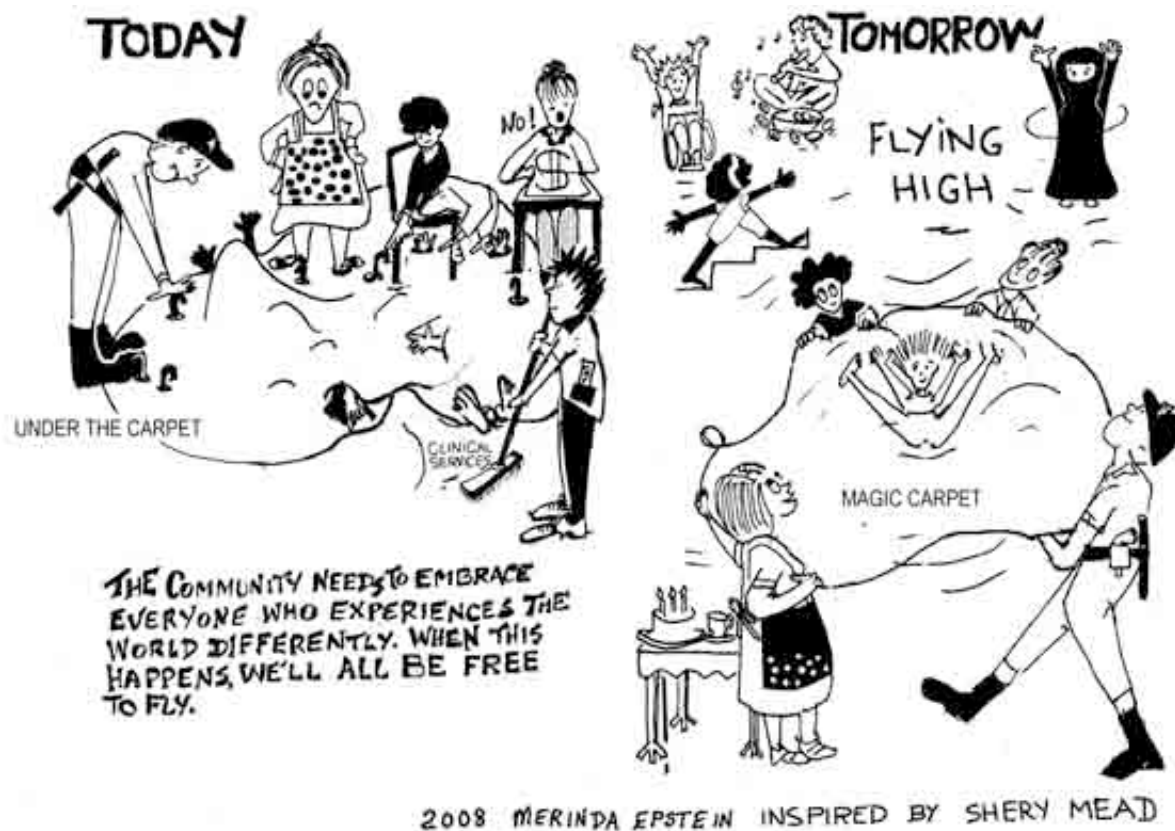
The other one for me that for me is really important is a focus on trauma. If I were to be really active in that area, I would think we would be building alliances with domestic violence and working on violence prevention as opposed to picking up the pieces after the fact. There's been a lot of activism around getting services to be trauma informed but I still don't think we put energy into violence prevention.

People with similar issues have a lot more power working across disciplines. I'm working with a group in Chicago that's doing a partnership between mental health and domestic violence and they're developing their practices for shelters and I think that's really exciting. There's lots to be done between cross disability groups, there's lots to be done between community development and peer projects there's lots of areas where you can partner.

What would you expect to be different if we lived in a community that embraced people who have mental health problems?

I would be out of a job which would be wonderful. One of the things that is problematic with the question is that we target people as having mental health problems. What would be different is people wouldn't identify each other as having mental health problems, but just as having different experiences.

In my own experience, my community can deal with me as an outsider by saying 'Oh, she has mental health problems'. If the community had just said, 'Wow, Sheri has a lot of different ways of dealing with her experience', then people would have come around and been supportive. I have a big bug about the fact that mental health by default individualises people, and we don't work on relationship building. The focus wouldn't be on one person's problem, it would be on communication between two or more people and what works.



If you were asked to give state government advice on how to spend \$500 million for mental health, what would you spend the money on? What about if you have \$10,000 to spend?

I would spend the money on community development. I certainly wouldn't waste it on the building of fancier hospitals. It would force us to create systems and communities that had things in place to support people through the difficult times in their own communities. There would also be a focus on education on diversity of experience and crisis planning, so it started really early and the expectation of community would be people would be much more able to sit with intensity, uncomfortable situations and work as a community to deal with it as opposed to developing more services that individually pathologise people.



If you think about it, what ecologists focus on are systems. Mental health does not focus on systems, it focuses on individuals. You don't have to call it community development. But we all know that systems are the way that businesses think, the way that global economists think, why wouldn't we think that way about human systems?

What are some things that could happen in one day that would give you a really good night's sleep where you woke up feeling hopeful and ready to take on the world?

This might sound like a cynical thing to say, but I would like to see the mental health system collapse and more natural supports would be in place.

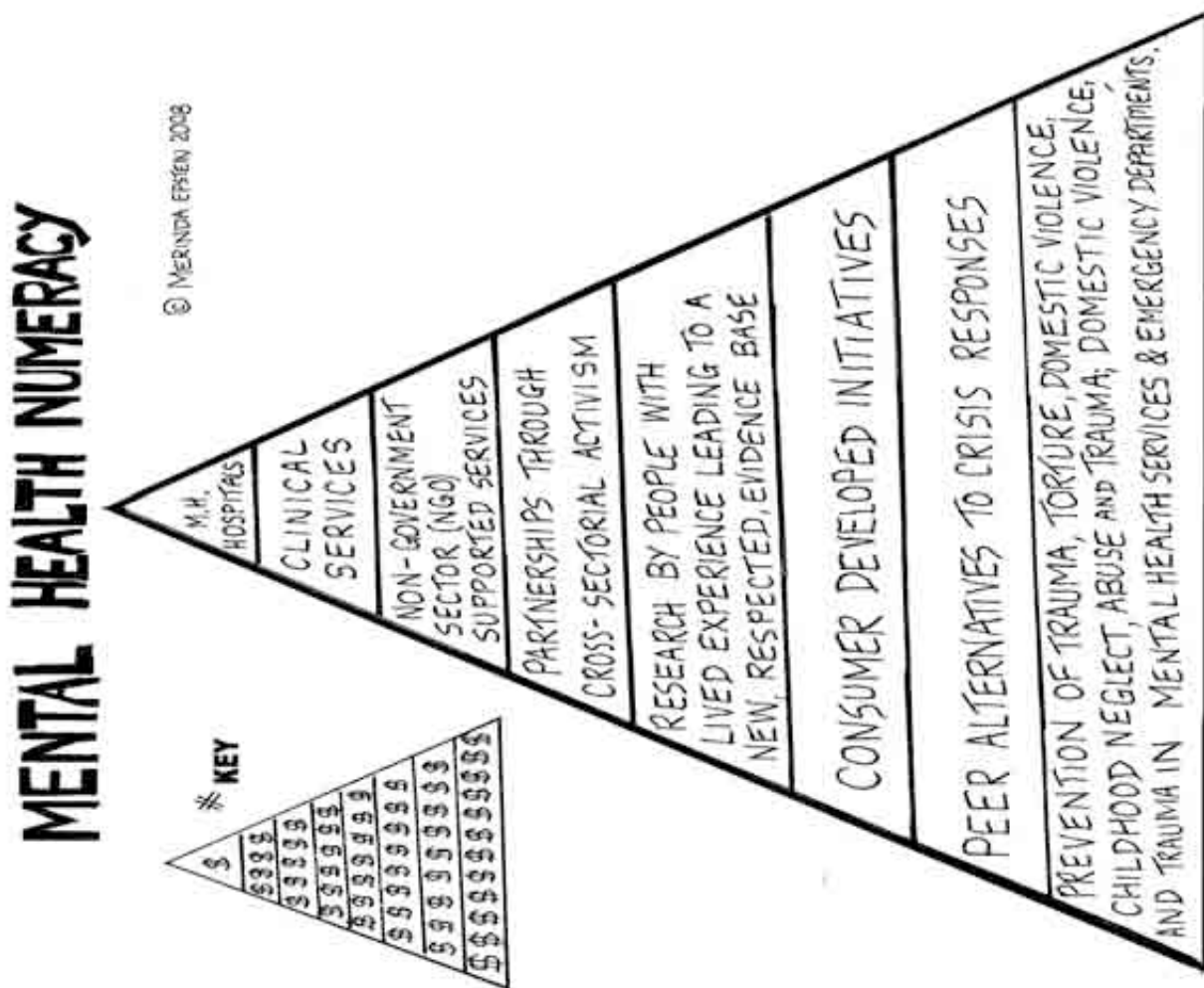
I would like to see a much stronger focus on violence prevention. And not continuously pathologising the effects of trauma.

If there were services, they would be much more run and developed by people with lived experience - In the community, low impact, much more natural support. That's always been the first step in my scheme of things.

We'd have alliances that talked about the global issues and talked systemically instead of all these compartments of mental health/health and everything else

Which is more important to you, the outcome or how you get there? Can you give an example?

I thought about that question and didn't get it at first but if I was really honest I would have to say the outcome because I'm a very impatient person. But the fact is, it's all process. The process defines the outcome. I think you have to have a vision for what's possible, but I think you have to be willing to let that vision evolve as you do the process. If you have a picture of the concrete outcome, then you're not talking about change, you're talking about what you already know. Process defines the outcome, but at the same time I think you have to have a vision that you're willing to let be malleable.





Isabell began working in mental health in 1989 initially in the Mental Health Branch of the Department of Human Services and then as a psychiatric advocate with the Office of Public Advocate. She has worked at the Victorian Mental Illness Awareness Council since 1995. Isabell has post graduate diplomas in Personnel/Industrial Relations and Business.



Truth, Morality & Defensive Reasoning in Psychiatry

Australia has one of the highest suicide rates in the Western world, and one in five Australians at any one time have a mental illness. The Australian community is clearly in emotional trouble, and it is therefore time for us to review our habits of practice.

As human beings, we are all “creatures of habit.” If we do something often enough we do it without thinking. If we see something often enough we cease to see it. This habitual way of seeing, listening, thinking and doing is in us all. It exists at a community, government, bureaucracy, management and employee level and affects not only the decisions we make, but also how we make them.

An unconscious culture of protection exists in our health care system. Government needs to protect itself from criticism from the public; the bureaucracy needs to protect itself from criticism from the government; management needs to protect itself from criticism from the bureaucracy; employees need to protect

themselves from criticism from the management; and patients need to protect themselves from criticism from their clinicians. Those who do not go along with the culture of protection become unprotected.

The theoretical principles of defensive reasoning were only brought to my attention some 3 years ago. I was discussing an advocacy case with the person who provides me with supervision. I was expressing frustration and confusion about the way mental health consumer complaints are often handled.

My frustration and confusion resulted from the fact that in the case I was discussing, the evidence in the medical file mostly supported what the consumer was complaining about. Yet, those whom the complaint had been made to were ignoring the supporting evidence.

Notwithstanding the ignoring of evidence, I was also expressing confusion as to why it was that a person's complaint is so often pathologised. For example, in this instance, I was told, "But Isabella she is a PD" (personality disorder).

Additionally, having expressed concern to the person handling the complaint that the person's diagnosis had no relevance to the issues of complaint and further, having complained about the fact that the evidence in the medical file was being ignored, I was promptly accused of being difficult and making the problem much worse.

My supervisor immediately responded by saying, "That's defensive reasoning." She gave me a book to read on the subject. I read a few pages of the book and knew why it was that we more often than not impede natural justice (a right of everyone), fail to explore the root causes of problems and mistakes, and therefore fail to come up with solutions that prevent recurrences.

The book is called Organisational Defences. The author is Chris Argyris¹ and I have relied heavily on his writings to discuss the theory of defensive reasoning.

Basically organisational defensive reasoning is a process whereby organisational decisions are made and actions carried out with the aim of protecting the organisation and maintaining staff morale. This practice is done at the expense of truth, natural justice and genuine learning. According to Argyris, this is the core value of most organisations, but it usually only becomes apparent when something goes wrong.

When we practice defensive reasoning we fail to address the "unaddressable," fail to discuss the "undiscussible" and rationalise our failures. The "unaddressable" and "undiscussible" are those issues that cause emotional discomfort to us and others. They are the things that if discussed, or addressed may cause us to lose popularity. Little to no consideration is given to the fact that defensive reasoning impedes our personal and professional growth and that of the organisation.

In essence, all of us are experts on defensive reasoning. It works extremely well because most of us practice it without being consciously aware that we are doing it.

1. 1 Argyris Chris. Overcoming Organizational Defenses: Facilitating Organizational Learning. New Jersey: Prentice Hall, 1990.

We have all been taught not to express our true thoughts and feelings otherwise we may offend other people. As employers and employees, we have been conditioned to be loyal to the organisation and the staff we work with, often at the expense of standards of practice and natural justice.

And You Thought Research was Boring....

In each issue we will be featuring consumer research from local initiatives to interstate and international projects. Stay tuned.



Glimpses - A compilation of uncensored real life experiences with Mental Illness, Compiled by Nicci Wall

Glimpses was born out of my desire to reduce the fear and sense of isolation associated with diagnosis for sufferers and their loved ones, as well as increasing awareness and reducing stigma surrounding mental illness. My goal was to produce an uncensored and accurate glimpse into the lives of those with a mental illness to provide insight into the manifestations and turmoil of having a mental illness, how hard we work toward recovery and make a genuine and significant contribution to society and our local communities.

I started collecting personal stories in 2004 with the intention of publishing a book. However in 2006 I decided that I did not want it to be cost prohibitive and to reach as many people as possible, so I distributed **Glimpses** by email to a small email distribution list, requesting it be forwarded to their distribution lists and now it reaches over 500 people each quarterly update distribution.

I have had some fantastic feedback from consumers, carers, consultants, nurses, doctors, psychologists, training facilities, university lecturers and course coordinators. **Glimpses** excerpts are being utilised by several universities and registered training organisations across Australia.

Contributors submit their personal stories for no remuneration and I intend to keep growing **Glimpses** until it reaches about 250 pages. My next goal is to find willing volunteers to translate **Glimpses** into different languages so it can reach all Australians.

Ideally stories should be about the lead up to diagnosis, dealing with MH Services, medication issues, identifying triggers, working towards recovery and coping strategies. If you would like to be added to my distribution list or submit your story for inclusion in **Glimpses** my details are below.

Post: Nicci Wall
Mental Health Advocate

Fax: 03 5222 6847
Email: forwalls@xi.com.au

Thumbs Up, Thumbs Down

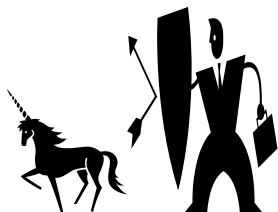


These are the things we see and hear that we love (and the ones we hate!) Please send us your examples.

1. **Thumbs down....** To the clinician who wrote five times on my Treatment Plan that I was a chronic liar and then expected me to sign it. I knew the price of not signing it was to not get access to my children so I signed.
2. **Thumbs Up.....**to all the Voice Hearers and other people who celebrated International Voice Hearers Day on Monday September 15th , and a special Thumbs Up to all the Voice Hearers who do not have a psychiatric diagnosis or access mental health services. Thumbs Up to all the Voice Hearer Groups.
3. **Thumbs Up.....**To all the consumers who have previously gone into government department committees, structures and projects (both federal and state), who in going into these places opened the doors of opportunity for others to follow. We know this has been difficult work in difficult environments, but we respect and acknowledge your courage and strength and your achievements. Your work has not been in vain.
4. **Thumbs down ...** The consumer consultant came in and he was bossy and superior. There was no difference between him and many of the staff.
5. **Thumbs down...** To my psychiatrist, G.P. and psychologist who keep making up excuses for not talking to each other. How can they adequately support me if they won't work together?
6. **Thumbs up....** To my friend, a consumer, who called me out the other day and said that sometimes when I scream at people it frightens her. It was actually good for someone I trusted to tell me the truth.
7. **Thumbs Down.....**To all the people who think that any one diagnosis is more important than any other, or that people with any one diagnosis are more discriminated against, or get a harder time, or are more marginalized, than any other. **Thumbs Down** to anyone who thinks that any one diagnosis is more 'serious' than any other.

8. **Thumbs Down.....** To all those who support a society that has a Mental Health Act that discriminates against us because we are different.

Stories from the Trenches



Here you will find the stories of our every day successes, trials, and tribulations as we work towards making our hopes and dreams come true.

Author - Alvina Hill

Alvina Hill has written an account of her life and relationships while coping with bipolar disorder. Her book, "To Dance Across the Heavens - A Personal Journey Through Mental Illness" makes for compelling reading detailing a particular period of intense mental instability. It is also a reflection on the author's life as a whole, the principal relationships that were integral to her life and the impact they had upon her formative and later years. See www.alvinahill.com.au for more information.

Below is a story written by Alvina about her fear of flying and the impact of this on her advocacy work as a consumer.

Grounded

I was alright until I started flying. I mean as a child I'd been afraid that I'd fall off my bike at some break-neck speed and skin my knees. But that was survivable. Not like flying. Yeah, I had my first flight to blame for it all. A flight to Bali. I was fine until we hit the storm. "Tropical storm" the pilot said as he apologised for the lights going out in the cabin. That was fine; I could manage the darkness. But it was when the first ceiling panel crashed down on my head that I began to lose it. And that's how it's been ever since. Flying equated to anxiety: separation anxiety – me separating from the ground...

I am a consumer advocate and NSW Coordinator and I have to fly to Melbourne from Sydney twice a year – to attend meetings of the Private Mental Health Consumer Carer Network. This is part of the work that I do and nothing will stop me, not anxiety, or anything else. This is what I want to do

and this is where I want to be. So at least twice a year I enter the Dread Zone – a period of no less than two weeks prior to embarkation when all manner of physically debilitating symptoms appear: loss of appetite, sleep deprivation, nightmares and anxiety. No amount of logic, cogent argument, diversion therapy or other seductive ways from my exasperated husband and children eases my ever rising anxiety. The countdown to take off, to oblivion is measured in ever louder heartbeats.

I am at the airport. My legs feel like two thick leaden pipes. I silently scream, but answer, “No I have only two bags for cabin luggage.” Proceed. I am assured by my husband that I will be alright, yes it has been a good marriage and he'll grow old with me. I just have to survive the flight I tell myself, then all things are possible. Through the luggage inspection. Okay.

I check flight details on the board and begin the long walk to my plane. Suddenly I am swooped upon by three security police. I am confused. “What is it you want?” I ask “Why are you so nervous?” one of them ventures. “I hate flying, I get really nervous about it,” I respond. “We've seen nervous passengers before but you are more than unusually nervous. What have you got in your brief case?” I open my bag and show them papers. By this time I'm bordering on the hysterical. My body must have been visibly shaking. Having satisfied themselves that my case contained no explosive devices, they left as abruptly as they had arrived. By this time my anxiety level had reached fever-pitch. I headed for the nearest short black coffee.

I am seated in a window seat. “You have a view” says the jovial passenger next to me. Yes, I think to myself, I can see the engine and warn the pilot if I see flames coming out of it. My seat belt is securely fastened and I have already read the safety instructions before the plane has finished taxiing down the runway. Be prepared I say. My heart is in my throat; there are deep welts left from finger nails imbedded in soft palms. “Help, I scream, let me off!” To myself of course. My throat has completely seized up. I couldn't scream if I wanted to. I'm completely at the captain's mercy. I wonder if he needs any help.

There is a momentary pause as the engines build for the their thrust forward into the opening skies. If I am to escape, this is my last chance. They could still let me off now. The plane begins to vibrate, rocking backwards and forwards. With one mighty thrust the engines push forward and my chance for deliverance is gone, lost.

It's really the landing that I hate...

Ideas You Can Nurture



Here you will read about good ideas people have discovered and want to share. Send in your good ideas.

1. The Supermarket manager and late night shelf stockers.

Did you ever notice that when people need access to support services the most (weekends and after hours during the week) there is almost nothing available? This has puzzled me for years. So many services operate 9.00am to 5.00pm. I guess it means they are cheaper to run, but it really doesn't help me much. Often, I need support at night time. Sometimes I used to just wander the streets, trying to pass the time until morning came and services opened. Walking the streets was less difficult than staying in my flat / unit. Initially I was stopped and questioned quite regularly by the local police. They eventually got to know me and when they found me peering through the windows of the local shops they knew I was not planning a heist. They also realised I wasn't a vagrant. The police tend to leave me alone now if I am out walking till all hours of the night. Sometimes they just stop for a chat. Sometimes it feels as if they might be very bored with their jobs and just want to have a chat with someone.

I also discovered from all my night time wanderings that night time is when the local all night supermarket gets deliveries of stock from really big trucks. They have what they call 'night time shelf packers' whose sole job it is, is to restock the shelves. One time I was having a really difficult time with a whole lot of things going wrong in my life and the night was getting more and more difficult for me to get through. I was just hanging out at the supermarket, just passing time till the morning when services were open.

The night manager was starting to look at me more and more suspiciously, especially when after 2 or so hours I still hadn't decided to purchase anything. I decide to talk to him to put his mind at ease. I showed him my licence. I figured this was a good way to reassure him that I wasn't planning to rob the joint. No robber would show their identification would they? I just explained that I was having a pretty difficult time, and just wanted to be somewhere where there were people around. I offered to help the shelf packers by bringing in the hand pallet truck of stock from out the back for the packers. I explained that I didn't want to get paid; I just wanted to be doing something to help me get through the night till morning when I could get to see staff at a service I needed. I didn't explain which services.

He said it was ok so that's what I did. Over the next 2 years, this happened a few times and both the night manager and the shelf packers didn't seem to mind. Then the next time the manager said that there was some new supermarket policy about insurance and work cover and he said he would list me as a 'casual shelf packer', just so he didn't get into trouble for breaking store policy. So now I am listed as part of the stores casual shelf packers and I can go there whenever I need to. I guess if all of my jobs suddenly fell in a screaming heap and I didn't have any income at all, I could apply to the supermarket for a job getting paid. After all they already know me, they know I am a good worker, and there is already 1 manager who could vouch for me. Double bonus!! A community resource that supports me through difficult times when services aren't open and an emergency employment back up plan if I need it.

Introducing...



In this section we highlight peoples' experiences of different groups. Send us a piece about a consumer group that you're involved with. How did it start? What are some things you get out of it? In this edition our focus is on on-line groups.

Online Groups, or: All my invisible friends are real now, not like back in the 80s but I digress
- Sara Clarke

All links provided are examples only, there are many more choices out there

Before anything else make sure your anti-virus program is up to date and working. Surfing the net with inadequate protection is far riskier than diving into shark infested waters after rolling around in mince meat with a hint of garlic and black pepper. There are many paid and [free](#) versions. Find and run one and update it regularly and don't get your computer's leg bitten off.

The huge advantage to online communities is that you don't need to live near someone (or be in the same physical space at the same time if they are close) to meet them. There are estimated to be some [1,463,632,361](#) people in the world who access the internet. A lot of them are surfing for porn or jobs or cars or news but someone in that number is going to be up for talking about whatever you are interested in and searching makes it possible to find them.

They may hang in a [chat room](#), post on a [message board](#), belong to an [email list](#) or perhaps they [blog](#) or use a [social networking site](#). There are other folks like you (no matter how weird you are) who want to talk about the same stuff you do (no matter how weird it is), they just may be a little further away than your local shops and in a different time zone.

On the internet nobody knows if you are man or woman, gay or straight, mad or not, showered or sluggish, rich or poor, drug affected or employed unless you tell them. All the usual societal status stuff loses relevance. You are not judged on clothing, housing or even odour. People are often more prepared to be "out" with all sorts of usually private stuff as well as much more tolerant on all sorts of subjects so discussions can go much further than that had around a tea room or pub table. There are many communities for those with mental illness and many other communities that don't care if that is part of you so long as you want to talk about cats or cars or obscure Japanese art from the 1300s or your favourite tv show.

Do a search on things that interest you and see what comes up ([google groups](#) is a great place to start). If one place doesn't suit you there are many more to choose from or you could even start your own and see who wanders in. The one thing to be wary of is that there are a lot of strange beliefs/theories out there (and people making money off them) and they can look as reputable and real as more likely answers. Remember that advice on the internet is easy to give but risky to take, nobody else has to live with your consequences but you. Luckily you also have the means to check stuff out, [Wikipedia](#) can be a good place to start for many questions. The internet is rife with urban legends so please check things out on a [reputable site](#) before forwarding that email to all your friends or everybody in the group.

Every group will have its own rules, sometimes called [netiquette](#). Find them and abide by them in the community concerned and try places out while being careful to protect yourself and your information. It can often be worthwhile signing up using an [email](#) address you can discard easily if the group is a front for address collecting spammers or if addresses/posts are searchable. If a group doesn't suit move on to another.

Real connections can be made with real people really quite easily.

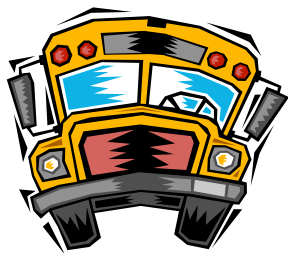
Really.

Ten ways that you can be involved in Our Consumer Place:



1. Book us to come and show the Our Consumer Place website to your group
2. Get us to come to a group or organisation to talk informally about Consumer Developed Initiatives and your needs
3. Fill out our Training needs survey and submit it to us
4. Membership – encourage your relatives & friends to register on our website
5. List your group on the Consumer Developed Initiatives Directory
6. Tell us what you think of our helpsheets/starter kit
7. Give us your ideas for new help sheet topics
8. Send us your ideas for new help sheets
9. Write something for the Our Place newsletter
10. Ring us up & email us about the ideas you have for Consumer Developed Initiatives

Finding Us at Our Consumer Place:



ADDRESS: OUR CONSUMER PLACE
OUR COMMUNITY
51 STANLEY STREET
WESTMELBOURNE, 3003

Our Consumer Place is located with Our Community in Stanley Street, West Melbourne. The building is called Our Community. Stanley Street runs between King Street and Spence Street. There is usually ample parking although it is metered.

Getting to Our Consumer Place by public transport

There are three commonly used ways to get to Our Consumer Place by public transport:

1. **FROM NORTHERN AND WESTERN SUBURBS (with a bit of a walk):** If you are coming from the western, northern suburbs you can come by train and get off at North Melbourne Station. From there you can turn right after you come out of the station and walk straight down Spencer Street until you come to Stanley Street. To check you are walking the right direction the first major street (with lights) you will come across is Dryburgh Street ... just keep going. Stanley is the second street (turn left) after Hawke Street (which has traffic lights).
2. **FROM MARYBYRNONG, FOOTSCRAY WEST, FLEMINGTON:** If you are coming from Maribyrnong or Flemington you can catch the Number 57. This tram goes down Rosamond Rd., Maribyrnong Rd., Union Rd., Epsom Rd, http://www.metlinkmelbourne.com.au/maps_stations_stops/metropolitan_trams/tram_57 get off tram **STOP 11** which is on the corner of Errol Street and Victoria Parade North Melbourne. You can then walk down King Street towards the city. It's a bit tricky at the top as you need to walk about 10 meters (at the most) down Hawke Street before turning left into King Street. Once in King Street it is an easy stroll (much shorter than walking from either Flagstaff or North Melbourne Stations) down King Street, past Roden Street and the next street is Stanley where you turn right. Our Community looks a bit like a warehouse and is on the left hand side of Stanley Street about half way down.
3. If you are coming from the city, the easiest way is probably to get on Tram Number 57. This Tram's terminus is on the corner of Elizabeth and Flinders Streets. It travels north up Elizabeth Street. You get off at STOP 11 which is the stop after the Queen Victoria Market Stop. It should take around 8 – 10 minutes from Flinders Street. It is a Zone One area. The walk to Stanley Street is exactly the same as the one described in point 2 above.
4. If your train goes around the underground loop you can also get off at Flagstaff Station. This is probably the nicest route on a Spring morning but there are lots of stairs at Flagstaff Station. Flagstaff Station is on the corner of LaTrobe and William Streets. You aim for the Flagstaff Gardens and you can stroll across them diagonally and end up on the corner of Dudley and King Street. You then cross Dudley Street and cross King Street and walk up King Street away from the city. You know you are going the right way if you cross Rosslyn Street. Stanley Street is the next street on the left. Our Community is halfway down the Street on the left hand side. http://www.metlinkmelbourne.com.au/maps_stations_stops/metropolitan_trams/tram_57

Contacting Us at Our Consumer Place



Our Consumer Place

ourconsumerplace.com.au ~ Resource Centre for Mental Health Consumer Development Initiatives (CDI)

Headquarters: Address 51 Stanley Street West Melbourne VIC 3003

Telephone (03) 9320 6800 Facsimile (03) 9326 6859

Email merindae@ourcommunity.com.au



ourconsumerplace.com.au

RESOURCE CENTRE FOR MENTAL HEALTH CONSUMER DEVELOPED INITIATIVES (CDI)

Fast Forward

If you found this newsletter helpful, please feel free to send it on to your friends and fellow consumers. People can sign up to receive their own copy at www.ourcommunity.com.au/consumer/becomeamember/

If you would like to reproduce anything in this newsletter in your own newsletters or websites, you are free to do so. Please just add a small credit line, "courtesy of www.ourconsumerplace.com.au" and a direct link to the www.ourconsumerplace.com.au site if on a webpage.

We Need Your Feedback for Training Needs



ourconsumerplace.com.au

RESOURCE CENTRE FOR MENTAL HEALTH CONSUMER DEVELOPED INITIATIVES

Please tell us your views on training needs, or your members' training needs in relation to
Consumer Developed Initiatives

Training Module (Each workshop is up to 3 hours duration)	Priority 1 = Highest Priority
Getting the most from ourconsumerplace website	
Locating resources in your community	
A happy and healthy Committee of Management	
Grant Seeking	
Fundraising not hair raising	
Other Priorities – please specify below	

Please Return to Our Consumer Place by:

Post: Our Consumer place, 51 Stanley Street, West Melbourne, VIC 3003

Fax: (03) 9326 6859

Email: service@ourconsumerplace.com.au



ourconsumerplace.com.au

RESOURCE CENTRE FOR MENTAL HEALTH CONSUMER DEVELOPED INITIATIVES

Information Workshop

Location: William Angliss Conference Centre, Building A, Level 5,
555 La Trobe St Melbourne **Room:** Main Theatre
Date: Monday 8 Dec. 08 **Time:** 10am - 12 midday

Our Consumer Place is a resource centre run by and for mental health consumers in Victoria. We offer tailored information, help, advice and training to individuals and groups in Victoria who are providing consumer developed initiatives, or CDIs.

Consumer Developed Initiatives include our own organisations, support groups, businesses – whether these are happening in someone's lounge room or are part of a larger organisation. Learn more about Our Consumer Place and how it can help you or your group.

This workshop will offer an introduction to Our Consumer Place and our website followed by an opportunity for participants to talk about what they or a group they are involved with might want. Participants will receive:

- A starter kit about how to start up a group
- Our newsletter
- Other resources will be available on the day for people to take home.

Please forward this information to others you think may be interested,

The Our Consumer Place team

Action Required if Attending

RSVP to Email ourconsumerplace.com.au or Telephone (03) 9320 6839

Operating in partnership
with Our Community:



ourcommunity.com.au

Funded by the Victorian
Department of Human
Services - Mental Health
Branch, Mental Health
and Drugs Division:



Consumer Support Structures