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**OUR PLACE NEWSLETTER  
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RESOURCE CENTRE FOR MENTAL HEALTH CONSUMER DEVELOPED INITIATIVES

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## **Fast Forward:**

### **What we have been up to**

We have engaged many people to assist with the writing of the next lot of pamphlets for us. We recognise that there are people who have more specific knowledge about some topics than what we, as a Leadership Team, have. Our original scope for the topics was focused on “what relevant information mental health consumers might need”, but then we realised that people who access the private mental health system might want different information, and what about people who haven’t accessed services yet? This really broadened the scope of the pamphlets to a much larger group of people across many more sectors than we first imagined. The task of ensuring ‘consumer input into all aspects of Our Consumer Place’ (which is part of our core mandate) means that timelines need to be long enough for this inclusion to occur. The list of topics so far covers.....

The Basics, Diagnosis, Services, Clinicians, Medications, Getting more informed, Our Rights and their violation, Reconceptualising mental health and ‘mental illness’, taking control of the situation, Tips for surviving and thriving, Consumers coming together, Consumers in the workforce, Non-government Organisations, The Private sector.

These are just the headings and groupings of Pamphlets. Under each heading there are between 10 and 20 individual pamphlets. Here are some examples.....

**The Basics** – The OCP Pamphlet collection, What is consumer perspective, Connecting to other consumers – the rationale, Participation – concepts and critique, .....

**Our Rights and their violation** – Clinicians and services: how do I know who to complain to, How the Medical Board handles complaints about psychiatrists, Privacy, secrecy and confidentiality, .....

**Taking Control of the situation** - What is an Advance Directive, Tips for writing an Advance Directive, Accessing your records through Freedom of Information Legislation, Common communication challenges between clinician and client,.....

This just gives you some idea of the content of information we are building into the Pamphlets. It is a huge piece of work, with many, many people assisting us. We thank every-one for contributing to this work that has never been done before. Your inclusion is very important to us.

## **Feature Article: Correction to Leadership Article from our December Newsletter**

Apologies to Vrinda Edan and our readers – in the December 2008 edition we omitted the final section of Vrinda’s piece, *What do we mean when we talk about LEADERSHIP*. We have reprinted the article in full below.

Vrinda has been employed in a number of areas, including the health industry prior to her involvement with the consumer perspective movement. She has undertaken tertiary studies at undergraduate and post graduate level. Vrinda has been employed in mental health services as a consumer worker for 8 years and been involved in local, state and national committees and projects for over 12 years.

Vrinda is passionate about helping Mental Health Workers to understand the impact that service use has on the person, particularly in providing opportunities for the clinician to hear directly from consumers about their experiences and how it can influence change in practice. Vrinda currently works at Southern Health as Director of Consumer and Carer Relations in the Mental Health Program. Vrinda has a partner of 18 years, two wonderful children, and loves to go on weekend quilting retreats with her local quilting group.

*“Management is doing things right;  
leadership is doing the right things”*

*Peter F. Drucker*

### **What do we mean when we talk about LEADERSHIP?**

The word leadership is used to describe many activities all of us undertake. We lead teams, both work teams and sport teams. We lead discussions and committees. You might lead a small company or a large multi national corporation. And many of us lead our dogs on a daily basis! What do we really mean in all of these situations?

When most people think about leadership they focus on what it means to be at the top of a group hierarchy, the CEO, Managing Director, team leader, or ruler. In reality being at the top

of the hierarchy does not make you a leader, or even necessarily a manager. You may sign the right forms and make important decisions but does this make you a leader?

This leads us to the question of how to define leadership. Wikipedia defines leadership as

- The ability "to get people to follow voluntarily."
- Those entities that perform one or more acts of leading.
- The ability to affect human behavior so as to accomplish a mission designated by the leader.

Whatever else we might say about leadership, all these definitions focuses on one person as a central figure. That person in some way motivates us to do things we wouldn't otherwise do. This might lead us to decide that leadership is whatever moves us. This wouldn't be useful because then our definition is too all-inclusive. It would not be helpful to think of salespeople, teachers or our mothers as leaders just because they succeed in persuading us to buy something, do our homework or eat our vegetables.

Why is a teacher, salesperson or our mother not a leader? Because leadership is a group function and a group means having a common purpose. Also, there is something about leadership that is not self-interested. Should we really regard a politician as a leader who convinces us to vote for her by offering to lower our taxes? Is buying votes really leadership or salespersonship? As a community we tend to admire the leader who convinces us to do something we wouldn't otherwise do by appealing to the greater good of the group, as Martin Luther King or Nelson Mandela often did.

***“Leadership is about having the self-confidence to do what is right even when it is not popular”***

*Lee B. Salz*

### **But what does this mean to consumers?**

Some may think that the issue of leadership does not apply to consumers. The consumer workforce is small and the movement is disjointed. We have so many things on our agenda we want or need to fix about the system, who has time to think about leadership? As a collective, consumers are disempowered and subjugated by many people, systems and organizations. However if we are going to advance the many concerns we have regarding the Mental Health Service sector we need to have leaders. Gordon wrote about the involvement of consumers in the management and leadership of mental health services:



Although acknowledging that the health sector has begun to recognize service user participation, it was highlighted that a future challenge is moving from a paradigm of service user participation to service user centredness and service user leadership, which has three critical dimensions (Second Mental Health Plan: Report of the Sector Leaders' Forum, unpubl. data, 2004 [NZ]):

- Central leadership in the managerial and governance structures that plan, fund and deliver mental health services.
- The provision of service user managed and delivered services.
- Central involvement of service users in mental health advocacy, training, education and promotion.

*(Gordon 2005 Australian Psychiatry V13, N4 p365)*

The reality for Victorian consumers is that despite over 12 years of paid consumer workers, we have been unable to develop these dimensions in an ongoing and sustainable way.

- To date DHS and the Mental Health and Drugs Division has resisted any advances by consumers to employ people with service use expertise within the department to develop policies and protocols that impact on the delivery of services.
- Very little funding or encouragement has been given to the development of consumer delivered services.
- After more than 20 years, VMIAC remains the only organization that is currently funded to provide advocacy services specifically for consumers of mental health services.
- The funding and development of Our Consumer Place will assist and enable more consumer initiated and delivered services to develop and is to be applauded as an excellent beginning but it has only been funded as a three year project.
- There has been no increase in real funding for consumer participation activities within mental health services for over 12 years, and despite some growth with services providing funding for some increase in EFT, consumer workers are not in management roles and have no real governance accountability within services.
- Despite the existence of a Consumer Academic position at Melbourne University for over 8 years, no other university has taken the initiative to employ to a similar position.

I am not sure how we can provide leadership in an environment so fraught with day to day issues and problems. How is it possible to provide vision and incentive to make changes when you don't have a job that reflects your expertise and experience? How can you lead in an

organization that employs less than 1EFT of consumer workers and barely supports a Consumer Advisory Group? How can you lead in a community that is so ill informed about Mental Illness and Psychiatric Service use? How can you lead in a workforce that doesn't want to go where you want to be?

Leadership is not easy; sometimes you are thrust into it without any preparation or support. Leaders are often fighting against a more powerful force. However if we are going to make any difference in this world, any difference to our brothers and sisters, any difference to the coming generations of citizens, we must support those leaders we do have and others that are willing to take the risk.

*“A great leader's courage to fulfill his vision comes from passion, not position.”*

*John Maxwell*

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## **Feature Interview – Kim Koop, CEO of VicServ (Victorian Peak Umbrella Group of NGO PDS services).**

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

I hope not, I hope that the heyday hasn't even started. The heyday has to be when consumers are even more central in growing and running services. Consumer participation and involvement are important steps on the way. What's missing is consumers leading and developing truly consumer-run services providing a new way of giving and receiving care and support.

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

I'm not an activist. I think activism is protesting and dissenting and demanding social change – I think there is a place for this but I'm not sure that the radical protesting end is right for me. If I was subjected to things that compromised my human rights then I think I would be an activist. In my role at VICSERV my job is to promote change, which I think is much more than being a protester and demanding change. My role is to be part of making the change by proposing alternatives.

## The top three areas I would target are:

- **Stigma:** Lack of understanding about mental illness, and the subsequent stigma, is the underlying reason why mental health and people with mental illness are impoverished. It is fundamental to everything else we do. We need a sustained, well funded education/ anti-stigma campaign across the country.
- **Choice:** There are not enough real treatment and support options, counselling and other therapies. There is an awful lot of emphasis on 'case management' and doing things to people. We need to find ways for people to actively participate in their own treatment and recovery and choose what will work for them. Most importantly we need to shift the underlying attitude that 'we know what's best for you'.
- **Physical health care.** Poor health outcomes for people with mental illness are accepted as the norm. I could become an activist over this one. Much lower health outcomes than the rest of society is not acceptable and needs to be tackled as a priority.

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

We would have a more compassionate society/community. We would see the person and not the illness. There would be more people with mental illness in the workplace. As a community we would offer people with mental illness more choices around their treatment. We would start to see people as human beings and mental illness as part of the human condition. This will free everyone –both people with mental illness and those without.

### 4. If you were asked to give state government advice on how to spend \$5000 million for mental health, what would you spend the money on? What about if you have \$10,000 to spend?

VICSERV has released 4 proposition papers that give suggestions for how we would prioritise the spending of money. They are:

- Social Inclusion
- Housing
- Economic Participation: Education and employment
- Health Inequalities

The need for secure housing, with wrap around support, is a huge area of unmet need. Without housing the benefits of treatment and possibilities for recovery are limited.

These papers at [www.vicserv.org.au](http://www.vicserv.org.au)

If I had \$10,000 I would provide a scholarship to enable a leader in the field – a leader who has a demonstrated capacity to bring back the information they have explored and excite other people about it ... something that will lead to changing ideas –a new way of seeing



things. I have a strong commitment to education and learning as a powerful tool for change.

**5. 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?**

A really good thing in a day for me would be to climb a mountain, literally. To do something really physically strenuous and achieve it. Also I would like to spend time in 'deep conversation' with a friend or colleague and know I have stretched my awareness and ideas.

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

More and more to me it is both. I do really like to see outcomes and achievements and to see things are changing, without this I feel I'm wasting time and effort.

To get the outcomes we want in MH services, you need good people along with you on the journey because it's not always easy. Also there is strength in combined effort that builds the capacity of people and systems.

**Example:** An example is the 'Consumer and Carer experience of care survey' where working out how to do the survey, including getting ethics approval, was a challenge. However, because there were wise people around the table we all learnt so much by going through the process. We got end products beyond what we expected at the outset.

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## Consumer Research:

### Wanda Bennetts

### Consumer Workforce Research "Real Lives, Real Jobs".

*"Real Lives, Real Jobs" – Developing Good Practice Guidelines for a Sustainable Consumer Workforce in the Mental Health Sector, through Participatory Research – Wanda Bennetts*

Go to: <http://ourconsumerplace.com.au/news> for the full report

*Wanda Bennetts has held a variety of consumer roles within public mental health services since 2000, including Consultant, Advisor and Training Consultant.*

This very important consumer research gives an up to date snapshot of the environments and expectations surrounding consumer worker roles in the mental health field across the state, and identifies both the the potential for the consumer workforce and some of the associated

issues and challenges. Wanda's research recommends a framework for systematic planning, support and career development of the consumer workforce in the mental health sector. This is a must read for consumers currently working in the mental health sector, consumers who want to know more about these roles, and for service managers and anyone with an interest in continuing to develop and promote consumer worker roles and consumer leadership.

## **About the research**

This participatory research was funded through a Mental Health and Drugs Division, Department of Human Services research fellowship grant. Given that it is more than 10 years since Consumer Consultants were first introduced in Victoria, this report is a timely and valuable assessment of our work to date and directions for the future. *Real Lives, Real Jobs* brings together the experiences and analyses of members of the consumer workforce as they speak about their work.

## **Workforce challenges**

The report shows that there are ever increasing expectations of the consumer workforce that it be multi-skilled and contribute at complex levels, but often with little or no training. The report finds that:

- Consumer roles have diversified to respond to policy directions through growing recognition that consumer perspective work improves workplace culture and the quality of services
- The breadth of areas include service planning, development and evaluation
- The breadth of skills include presentations; research; education; training; advocacy; policy development, committee representation
- The breadth of sites include: universities, expansion into aged, youth and Psychiatric Disability Rehabilitation and Support

## **Recommendations**

The report provides direction on developing good practice guidelines for a sustainable consumer workforce into the future including recommendations about workplace safety and flexibility; development and training of the consumer workforce; consumer leadership and resource allocation. The report recommends clarification of the roles, knowledge and skills expected of consumer workers and proposes guidelines for addressing the career structure of established positions and for the development of new consumer positions.

## News of the issue:

### National Scoping Study.... Consumers Speak

*National Scoping Study: Consumers Speak: seeking a national voice - a project to inform the establishment of a new national mental health consumer peak has commenced*

#### Key dates

- Consultation Home Page live – 5 August 2009
- First Phase of Consultations commence – 22 August 2009
- Discussion Paper publicly available – 13 Nov 2009
- Second Phase of Consultations commence – 23 Nov 2009
- Draft Final Report publicly available – 12 February 2010
- Report finalised – 19 March 2010

#### How you can be involved

- Send the Project Team your thoughts and ideas at any time – Online survey, email, post, fax
- Attend a consultation meeting in your state organised by the Project Team
- Talk with your organization, group or your mental health service about supporting local meetings where consumers can come together to discuss and provide input to the project
- Download our papers from the Reading Corner and see what you think
- Hold your own consultation with friends over a cuppa
- Hold 'conversations that matter' – see the guide on our website
- Form a 'learning circle' with friends or members of a local consumer organization or group – see the guide on our website
- Be artistic and send us art work or poetry that depicts your ideas and vision for the new peak body – see homepage for prizes being awarded throughout the project

#### More Information

Visit the Scoping Project's Website: [www.CrazeLateralSolutions.com](http://www.CrazeLateralSolutions.com)

Email: [Leanne.Craze@bigpond.com](mailto:Leanne.Craze@bigpond.com) Phone: 02 62381549 or 0408869051

Mail: PO Box 314, Bungendore. NSW. 2621.

## Introducing:

### Two Trees Media - An innovative CDI by Madeleine Kell

Two Trees Media is a business and website I established in 2005 to host sales of the electronic second edition of my book *Life on a Roller-coaster*. There is a good deal of information and advice there for all sorts of people on the site. Sales are continuing steadily although there is some frustration that the book is only in electronic form. I've since written other books and they're available in electronic form from the website too. The web address is [www.twotreesmedia.com](http://www.twotreesmedia.com) or [www.beatbipolar.com](http://www.beatbipolar.com) (the same site).

I wanted to let as wide a range of people as possible get access to my work, and so an idea emerged for workshops and online learning for bipolar sufferers and their supporters. I trialled face-to-face workshops in Wangaratta and Melbourne and from this experience built up a robust model for the online version — Living Well with Bipolar Disorder.

While the face to face workshops are still being offered, a prototype of my online education program is near completion. Designed to run over 12 weeks, the course aims to help people live the life they intend to live. Instead of just the person with bipolar doing the course, the 'sufferer' and their 'supporter' work as a local trio with their doctor and online with other trios. The key family member must be involved as a co-learner to avoid aggravating the condition or becoming codependent. Further, many people with bipolar find it hard to engage their doctor on preventative strategies. The experiential aim is for each trio to come to a shared understanding of the condition, its management and to formulate and agree on the sharing of responsibility among the three individuals as it necessarily changes from time to time. As far as I'm aware this use of trios is a world-first. Another world-first aspect is that this is not only consumer-developed but also its scope includes health professionals as co-learners.

The course includes modules on separating psychologically from bipolar disorder; medical information; and the development of a two-part Living Well Plan.

The first part of the Living Well Plan sets down the trio's agreed responses to and plans for the management of the illness, as expanded from *Life on a Roller-coaster*. The second part is focused on the sufferer and supporter each planning and dreaming their intended lives. With bipolar managed, an intended life becomes a possibility.

The prototype course is presently hosted on an open-source education platform in a private area of the Two Trees Media website.

Most importantly I need partnerships for an imprimatur and distribution through formal health channels. Closer to the launch, I will be looking to recruit online moderators from among bipolar sufferers around Australia. My aim is to distribute in the US, Australia and even further afield.

Enquiries to: [Madeleine@twotreesmedia.com](mailto:Madeleine@twotreesmedia.com)



## Bio

Madeleine Kelly studied medicine at the University of Melbourne for four years. Living with bipolar disorder and childhood sex crime survivor syndrome, she has worked in many roles and sectors. She worked as a consumer consultant in the early days at the Alfred and Royal Melbourne Hospitals and participated in the VMIAC before making a tree-change to Strathbogie, Victoria. She is currently enjoying her studies in theology.

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## Words from a NewBee:

### 'Through the eyes of a 'Newbee' to consumer stuff'

*I would like to take the time to thank Our Consumer Place for the opportunity to attend the training with Shery Mead and Chris Hansen. (editors note.....reference to the 5 day workshops).*

*It was a privilege to have been able to attend, because there were limited spots and I was the only consumer there who does not, and never has, worked in any form of consumer employment. It is my intention to work towards some such position in the future, but having been treated mostly in regional, public facilities over the past 10 years, I had only ever spoken to one peer worker for longer than a couple of minutes.*

*Forgive my ignorance but I am only now becoming aware of the consumer movement. I suppose a lot of people who have done the hard yards over a lot of years can see the inadequacies and the non-recognition by the mainstream mental health system, but from the perspective of someone dunking their head into the fishbowl for the first time, it is bloody fantastic and does a whole lot more than it often seems to give itself credit for.*

*Now back to the training once again,. Blown away. Some very big and very challenging training and particularly group discussion for a fairly small fish. There seems to be a lot more to a Peer Support role than one might think at first. Would that this week could be stretched over a year in a TAFE or Uni, I would sign up yesterday if not sooner. A big hello to the smokers and non-smokers who inhabited the smokers' corner on the breaks and at lunch. Almost felt like being on the ward but with grounded people in recovery who are getting on with their lives. Either way is fine but this was a new slant and probably the least challenging and very enjoyable part of the course.*

*Hope to hear of more such stuff happening through the Our Consumer place Newsletter. Thanks also to Merinda for a place to stay for the week and to all the participants for the challenges.*

**Paul.**

## 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 help sheets/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
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## From The Editors and the Team of Our Consumer Place

Well that's about it for this Edition. We hope this information has been helpful in keeping you informed of some of the ideas, views, innovations and work that is going on via the connections with Our Consumer Place.

The Our Consumer Place Team.

**Become a Member of Our Consumer Place**  
**IT'S FREE!**

Go to: [www.ourconsumerplace.com.au/becomeamember](http://www.ourconsumerplace.com.au/becomeamember)

