



National Register of Mental Health Consumer and Carer Representatives

2009 Workshop **Issues and Outcomes Report**

23 & 24 April 2009

Mental Health Council of Australia

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1) BACKGROUND

1.1 About the National Register

In 2007, the Mental Health Council of Australia (MHCA) established a National Register of Mental Health Consumers and Carers, utilising funding provided by the Australian Government Department of Health and Ageing.

The National Register comprises approximately 60 mental health consumer and carer representatives with experience in working in training, advocacy, policy development, communication or in other fields requiring leadership or representation of mental health consumer and carer issues.

National Register consumer or carer representatives are available to be members on national committees, boards, planning or evaluation groups or to perform other advocacy roles. They use their lived experiences, understandings of the mental health system, and skills to promote the issues and concerns of consumers and carers in various forums including at the national level.

To enable members of the National Register to learn from each other and to develop new skills and understandings to make them more effective advocates, in March 2008 the MHCA hosted an initial workshop. Responding to participant feedback from this initial workshop, a second National Register workshop was organised for 2009.

1.2 About the 2009 Workshop

On Thursday 23 and Friday 24 April 2009, the MHCA convened the second National Register workshop in Melbourne. Included at Attachment A is a copy of the Workshop Program.

Sixty-three (63) individuals participated in the two-day workshop. This included:

- 50 members of the National Register and/or National Mental Health Consumer and Carer Forum comprising representatives from all states and territories, plus various national representatives. There were.
 - 13 representatives who were also workshop presenters; and
 - 13 representatives who were workshop moderators or facilitators.
- 7 external speakers.

Day 1 of the workshop program included various scene setting presentations regarding the key mental health issues and challenges facing consumer and carer representation in Australia. These were delivered by:

- *David Crosbie, Chief Executive Officer, MHCA (DC)*
- *Virginia Hart, Assistant Secretary, Mental Health Reform Branch, Department of Health and Ageing (VH)*
- *John Mendoza, Chair of National Advisory Council on Mental Health (JM)*
- *Janet Meagher, Director, Psychiatric Rehabilitation Association (JMe).*

There was also a major presentation on the development of an Australian human rights charter presented by:

- *Graeme Innes AM, Human Rights Commissioner & Disability Discrimination Commissioner (GI).*

Included in the program were four break-out sessions that enabled participants to participate in small-group discussions and workshops. A total of 12 small group workshops were held covering a broad range of topics including:

- practical skills development
(for example on advocacy; networking; mentoring; plus effective use of the media)
- current policy developments and issues
(for example on seclusion and restraint; increasing accountability in mental health services and policy; mental health and housing; mental health and employment policy; plus the status of mental health bodies, relationships and developments in Australia)
- updates on current projects and research
(for example on the development of an Australian Recovery Standard; the MHCA's Carer Engagement Project; plus Lessons from the IIMHL Leadership Exchange).

Across the two day workshop a number of plenary and group planning sessions were also convened. In addition, a motivational closing address was delivered by Jonathon Welch, creator of the Choir of Hard Knocks.

What follows is a summary of key issues and outcomes discussed by participants during the 2009 National Register of Mental Health Consumer and Carer Representatives Workshop. It has been prepared by the independent facilitator, Edwina Deakin from EJD Consulting and Associates.

2) **SPEAKERS AND PRESENTATIONS**

Speakers and presenters during Day 1 provided a broad overview of the landscape of mental health in Australia and the reforms and challenges that are affecting mental health consumers and carers. Some key messages and themes to emerge included:

- The Australian mental health system is very complex and involves layering of Commonwealth and State arrangements, as well as a broad spectrum of government, non-government and private bodies and other stakeholders. This complexity was also evident in the layering or 'cascading' of principles, policies, programs, service models and practices which were too often not fully aligned or integrated (*VH/JM/JMe*).

Issues discussed included:

- This complexity was confusing to navigate as often structures and processes that should be 'joined up' were not (*JM*).
- The Rudd Government has instigated positive directions on health reforms, and in the areas of social inclusion (some building on earlier government initiatives), yet there was a general lack of consumer and carer confidence that change will come quickly enough.
- Effective communication and information exchanges often relied on the hard work and networks of individuals rather than on a well run and designed system (*JM*).

- There were genuine challenges involved in managing the 'disconnect' between stated mental health policies and procedures (which were noted as often 'world best practice') and the day-to-day mental health practices experienced by consumers and carers (*JMe*).

Issues discussed included:

- What accountabilities exist at the state/territory and service provider level? (*JM*)
- What penalties should be in place when breaches of stated policies occur?
- How can policies and practices align with human rights declarations?
- Specific concerns were noted in the areas of privacy and confidentiality, particularly in terms of carer involvement in the recovery model.

- There was a major challenge facing consumers and carers in bringing about genuine, system-altering change. It was noted that the historical approach on incremental change was not adequate given the scale of the problem within mental health services across Australia and that system 're-engineering' rather than system 'tinkering' was needed (*DC/JMe*).

Issues discussed included:

- The need to introduce a new approach to consumer advocacy based on three principles: values, integrity and a change of focus to the whole person (*JMe*).

- The focus needs to shift from a discussion of how to change the health 'system', to a discussion on how to better serve the people within it. For example, it was noted that health systems were very well designed to achieve what they currently aim to achieve, but that it was not what most consumers or carers were wanting or needing (DC).

It was also noted that if health systems were not build with integrity and informed by a set of values, then mental health consumers would continue to receive less than adequate services and support. What was required was a service system that from 'top-down' and 'bottom up' demonstrated (not just stated) integrity and strong inclusion values (JMe).

- It was observed that recovery based health models were widely acknowledged as the preferred philosophy and practice but that the term often:
 - carried different meanings depending on who and how it was being used; and
 - did not translate into improved health outcomes for consumers or improved service delivery (VH).

It was hoped the finalisation of an Australian Recovery Standard could start a process of better embedding agreed principles in practice.

- Mental health needed to be viewed in the context of the whole person and their circumstances. It was observed that too often service responses were 'siloes' and only focused on health delivery rather than the individual's or carer's other requirements such as income support, housing, support services, employment and education needs.

It was noted that most consumers spend most of their time outside of mental health services and health services generally. Yet there were insufficient opportunities to reform those other psycho-social areas that impacted most on people's lives, including their access to pensions and benefits (JMe).

Issues discussed included:

- Need to focus on a social recovery model that complements health and medical recovery issues.
- Need to take advantage of all opportunities to promote the social inclusion of consumers and carers.
- Need to ensure mental illnesses are receiving their share of growth funding in health services more generally, in disability services, and other funding programs such as affordable housing. (For example, given the poor physical health of many mental health consumers, more mainstream funding should be focused on improving health outcomes for this sector).
- Need to promote the National Mental Health Consumer and Carer Participation Policy which was developed by the National Mental Health Consumer and Carer Forum (NMHCCF), yet has not sufficiently influenced change. For example many consumer and carer representatives present were not familiar with the document or its content.

- The National Partnership Agreement on Community Mental Health, currently with the Government, was seen as a very positive initiative. The Council of Australia Government (COAG) is due to respond mid-year. The ongoing challenge will be how to implement positive directions at a state/ territory level, at the same time bring about reform in the culture, competency and capacity of the mental health sector nation wide (JM).
- The National Human Rights in Australia consultations posed a major opportunity for people with a mental illness.

The Human Rights and Disability Discrimination Commissioner encouraged as many individuals and organisations as possible to participate in the consultation process to ensure that the specific needs and views of the mental health sector are reflected in the recommended outcomes to be put before the parliament. At this stage these are likely to involve an Australian Charter of Human Rights (GI).

Issues discussed included:

- Recognition and adoption of the five internationally recognised human rights principles: *dignity, fairness, respect, participation, and equality*. These were noted as having a powerful resonance with the breadth and nature of issues consumers and carers are involved in and advocating for.
- Challenge in human rights is where different parties' human rights conflicted. There are many examples of this amongst consumers and carers, including in particular those involving seclusion and restraint.
- How can abstract human rights be enforced at a local or service delivery level? Consideration is being given to how a national human rights agenda would or could operate in the law or procedures. State and territory jurisdictions are being directly consulted on these issues.

A number of overseas examples (for example in the UK) were noted as possible models of redress that could be adopted in Australia.

- The Fourth National Mental Health Plan (due later in 2009 and currently in draft form) was considered as having major potential to deliver reform. However it was noted that (as per the three previous plans) currently the Plan lacked an effective implementation and monitoring process that would ensure improved outcomes for consumers and carers. In particular the Plan was found to lack an effective accountability and monitoring process.

Issues discussed included:

- What would positive outcomes look like for consumers and for carers?
- How would we measure it in a meaningful way?
- How would we report on it at a state/ territory and national level?
- How would improvements in health service delivery and consumer outcomes overall be monitored?

- There appeared to be insufficient opportunities for government and non-government organisations alike to use and learn from good practice mental health models and services that existed across Australia. There needed to be more mechanisms for these successes to be build on, particularly in the areas of early intervention and prevention.

- Consumer and carer voices need to be heard at all levels of the health system.
 - The establishment of the new peak consumer mental health organisation was noted as a genuine opportunity for strengthening input, as was the Rudd Government's interest and funding of 'social inclusion' (*JMe*).
 - Consumer input was not just needed at a local and service specific level, but also in high level policy decision making at the national, state and area health levels.
 - Peer support and consumer led recovery models needed to be better promoted and funded throughout Australia.
- The sheer number of bodies involved, the quantity of consultative processes, the tight timeframes and the number of issues requiring a response, worked against a coherent, strong and effective consumer perspective being provided. The fact that there appeared little to no integration of the processes was also a concern (*JMe*).
 - This trend may require increased specialisation in consumer and carer representation to prevent individuals and organisations 'spreading themselves too thinly'.
- There was an identified need to ensure that those who are performing the role of consumer or carer representatives on committees, or through the NMHCCF, should gather input and provide feedback to others in their state and territory to ensure all representatives feel consulted and included in processes that affect them and the people they support.
- It was noted that although there were many individuals and organisations connected to the National Register and the NMHCCF, there was a need to:
 - Better link with other consumer and carer advocates who were still outside or unconnected to these structures.
 - Ensure there was better promotion and sharing of the NMHCCF position papers, research, and other initiatives with members of the National Register.
 - Utilise the NMHCCF website and other publicly accessible sites to ensure as many consumer and carer representatives as possible can have access to the same resources.
 - In terms of consumer and carer representation, establish more consistent and clearer nomination and appointment processes to bodies and committees.
- Consumers and carers need to develop new ways of coordinating their input to public policy debates. Options discussed included:
 - Making greater use of the media and putting out joint media statements.
 - Developing a list of spokespeople with established expertise to speak on topical issues. (The recent decision of the NMHCCF to develop short briefs with spokespeople listed at the end was noted as good step in this direction.)
 - Using local, regional, and state and territory networks to ensure there are more local perspectives provided on national issues.
 - Promoting and talking about successful overseas examples to ensure that the media is aware of the solutions, not just the problems.

3) **SMALL GROUP WORKSHOPS**

A total of 13 small group workshops were held across the two days of the workshop (see Attachment A for details, including the names of presenters and moderators).

What follows is a summary of the key issues or actions arising from the small group workshops¹.

▪ **Recovery Standard Workshop (6.1)**

Presenter: Dr Peggy Brown

The goal of this workshop was to consult consumers and carers on the development of an Australian Recovery Standard.

Key issues and actions arising from the discussion included:

- The definition of recovery is not straightforward and there are many issues and approaches that could be attached to the standard.
- Important to include NGO issues in the standard, as well as the needs of Indigenous, CALD, and rural and remote communities and individuals.
- Ideally consultation should be extensive given the importance of the Standard. However:
 - Funding to enable consultation on the standard is limited. State and territory health bodies could be approached to assist in this regard.
 - Consultation timeframes should be generous to enable feedback.
 - Need for use of plain English to increase stakeholder understanding of what is being considered.
 - Need to work through existing networks at national and state levels to maximise input.
 - Questionnaire is being developed and needs to be simple and easy to complete.
 - Formation of a working party to assist in consultation process was seen as useful.
- Communication of what the standard means and how it applies is important, both in the consultation phase and after its finalisation.
- Important that the Recovery Standard remains 'living' and has built-in review processes. It also required effective monitoring and reporting processes.
- Presenter Dr Peggy Brown was happy to be contacted regarding feedback on the Australian Recovery Standard: peggy.brown@act.gov.au

¹ Note: At time of printing recorded outcomes were not available for the following two workshops:
- Session 11.1- *The Caring Experience: Lessons from the Carer Engagement Project*
- Session 12.1- *Mental Health and Employment Policy*

▪ **Effective Advocacy (6.2)**

Presenter: Mr Tony Fowke

The goal of this workshop was to discuss and build on participants' skills in providing effective advocacy and participation for consumers and/or carers in a range of policy development arenas.

Key issues and actions arising from the discussion included:

- There are different types of advocacy: individual, group and systemic. Each requires a tailored stepped approach to working through change.
- Need to acknowledge change is not good or easy for all parties. This is often the cause of resistance to advocate's suggestions and feedback.
- Self-advocacy and looking after yourself is an essential first step.
- Be selective in the issues and matters you get involved in. There is a lot to do and you can't do everything.
- Do not devalue or let others devalue your lived experience. It provides powerful messages and demonstrates knowledge of the issue that many others do not have (and some do not want to hear).
- Show respect but also regard yourself as an equal. Speak up when appropriate but try not to interrupt.
- Be solutions focused, provide ideas for how things could change for the better, not just focus on the problem. Where possible these should be evidence based or drawn from other successful approaches elsewhere.
- Skills needed for effective advocacy are akin to debating. One needs to 'plant the seed', nurture respect, and foster true partnerships between yourself as an advocate and the provider (plus the consumer and other parties if doing individual advocacy).

▪ **Effective Mentoring (6.3)**

Presenters: Ms Desley Casey and Ms Eileen McDonald

The goal of this workshop was to discuss and build on participants' skills in mentoring up-and-coming consumer and carer representatives, and hear strategies and case studies for passing on their knowledge and expertise.

Key issues and actions arising from the discussion included:

- There was no single model of mentoring. People need to develop their own approach using common sense and learning from others.
- Some of the key aspects of successful mentoring included:
 - Having a mutual agreement and being clear about roles and responsibilities.
 - Setting boundaries (what we can and cannot do; what to expect).
 - Being non-judgemental.
 - Modelling good behaviour.
 - Operating from safe places.

- Importance of encouraging, mentoring and working with young people. Too many mental health consumer and carer representatives are now over 50 and this is unsustainable for the sector.
- Need to map mentoring possibilities through existing consumer and carer networks, including in particular at local as well as state and territory levels.
- Options for encouraging new consumer and carer representatives and advocates included:
 - For older advocates to 'step back' and allow new individuals to take on positions of responsibilities.
 - At next year's National Register Workshop allow new representatives to present and to run workshops ('not same old faces').
- When done well and over time, mentoring can be very rewarding for both parties.

- **Seclusion and Restraint (7.1)**

Presenters: Ms Isabell Collins and Dr Peggy Brown

The goal of this workshop was to discuss the issue of seclusion and restraint, drawing on the work of the NMHCCF and the Safety and Quality Partnership.

Key issues and actions arising from the discussion included:

- Seclusion and restraint was an emotional issue. Some scenarios make it very difficult to remain objective and focus on the best outcomes for all involved.
- US research has shown that there is great variety of responses across the country but that there are some useful models including those that focus on leadership and cultural change.
- A key focus had to remain on duty of care and responsibilities under law, though it was acknowledged that there was interpretation in the application of legislation.
- Prevention and early intervention strategies are essential, as in the past these have not been used or properly applied prior to enforcing seclusion or restraint measures.
- It was noted that some states and territories have better practices than others and all needed to adopt good, evidence based policies and procedures.
- There was a real need for improved communication and explanation of why restraints or seclusion are deemed necessary before applying them, not afterwards. It was also noted that quality communication and support post intervention is also essential.
- In addition to having improved and more transparent policies and practices in place, some other key issues discussed were:
 - Need for alternative methods to traditional seclusion and restraint options.
 - Education, training and support of clinical staff in the application of seclusion and restraint.
 - Education, training and support of consumers and carers in the application of seclusion and restraint.
 - Ensuring new approaches are linked to cultural change and a holistic approach to the policies.
 - Being open about errors and acknowledging where actions have been inappropriate or an over-reaction to a situation.

- Managing and providing support to consumers who have been restrained or secluded, as the experience is often a type of post-traumatic shock. This fact is rarely recognised and the lingering effects can seriously impact on some individual's recovery.
- Feedback on the NMHCCF Statement on Seclusion and Restraint in Mental Health Services is invited by 31 July 2009. See www.nmhccf.org.au

▪ **Accountability (7.2)**

Presenter: Mr Sebastian Rosenberg

The goal of this workshop was to discuss issues of accountability in the mental health system, including looking at the possibility of a national scorecard that draws particularly on the experiences of care for consumers and carers.

Key issues and actions arising from the discussion included:

- How could one define what an effective measure of mental health care is? Options considered were:
 - Need to place a strong emphasis on consumer and carer outcomes.
 - Need an evidence-base for what is or is not effective treatment.
 - Need to focus on how the treatment is delivered not just what was delivered:
 - Was there genuine consumer participation?
 - Was accessible information and advice provided before the treatment?
 - Was there follow-up in terms of its impact and side-effects?
 - Need to have measures that are suitable for different types of health settings and communities. For example:
 - Is the measure suitable for CALD or Aboriginal consumers and carers?
 - Is the measure appropriate for rural settings or isolated communities?
- In Australia, an understanding of accountability and system responsiveness is underdeveloped from a government perspective. It was noted that in general:
 - We do not measure outcomes, and certainly not from a consumer or carer perspective.
 - We do not use good qualitative measures; instead the focus is on service delivery inputs and outputs.
- There was general frustration over the lack of consultation and accountability processes that have been included in the 4th National Mental Health Plan.
- There was also frustration that the NMHCCF were not fully consulting or sharing their papers with people outside the NMHCCF. State and territory representatives on the NMHCCF had to do more to involve other consumer and carer representatives in their respective jurisdictions.

▪ **Media Skills and Use (7.3)**

Presenter: Mr Simon Tatz

The goal of this workshop was to learn skills in working with the media, and how to ensure it works for, rather than against, consumer and carer interests.

Key issues and actions arising from the discussion included:

- It was noted that what drives the media is conflict; lack of solutions to conflict or vague issues are not generally covered.
- Consumers and carers generally do not have a 'face' or 'voice' in the media. As such:
 - the sector needs to work with established journalists and build up some key contacts; and
 - ideally it would be good to have a consumer figure head that can be relied on for comment.
- Media works with a fair degree of predictability: action-reaction. For example consumer and carer organisations/ representatives need to establish a reputation for putting out media releases or responding when contacted.
- It is important to always have a solution to the problem, clearly stated and where necessary repeated. How to express this and what examples will be given need to be prepared before media contact is made.
- Working with the media requires a sense of what is newsworthy and what is timely. For example:
 - Budget time is a good time for publicity and statements about what is needed or what should have happened in expenditure.
 - In an economic down-turn, employment strategies may not be keenly covered but homelessness would be.
 - Good to have already considered the possible angle or 'hooks' journalists might use to cover your issue.

▪ **Mental Health and Housing Policy (11.2)**

Presenter: Mr Wayne Chamley

The goal of this workshop was to discuss the highly topical area of housing and mental health through a discussion of the major policy issues, drawing on the new White Paper on Homelessness and other recent policy developments and documents. It also aimed to identify effective models.

Key issues and actions arising from the discussion included:

- There was a need to get mental health issues embedded in current reforms in affordable housing and homelessness policies being driven by the Australian Government. If this opportunity is lost, and there is no funding allocated to new supported housing models, then it could be many years before a similar window of opportunity opens up. Some options included:
 - Writing to local members to emphasise unmet need of people with mental illness.

- Forming partnerships with housing and homelessness groups to better promote mental health and housing linkages.
- As mental health is seen as part of health, representatives could strategically link needs to disability agenda as this way more funding opportunities could become available.
- Gathering support from the general public and expanding awareness of the housing needs of consumers and carers.
- Ensuring that Mental Health and Housing Policy be included on MHCA and NMHCCF policy agendas in order that coordination of effort and ongoing advocacy is occurring.
- It was reported that Section 11 has been removed from the National Mental Health Standards and that this section had included housing and accommodation issues. Its removal was considered a major step backwards.
- It was noted that providing designated housing for people with mental illness was only the first step. What else was needed was:
 - Designs that were anti-vandalism or damage (as this can occur with consumers with episodic issues).
 - Maintenance budgets, as this remained an ongoing issue for housing providers or supported housing tenancy managers.
 - Security of tenure, as changing circumstances are difficult to manage for many consumers.
- Best housing models would include various options linked to different levels of support.
- **Understanding the Mental Health Policy Landscape (11.3)**

Presenter: Mr Sebastian Rosenberg

The goal of this workshop was to provide participants who were just starting work in mental health advocacy, with an introduction to the key national mental health policy bodies and how they fit together. The session also aimed to give pointers on how participants could navigate the policy maze and work more effectively in it.

Key issues and actions arising from the discussion included:

- There was general confusion as to how the various committees, bodies and levels of government inter-related and communicated. In short it is a very complex and layered landscape.
- Requests for representation were coming from many different quarters and to different organisations. Not all appointments are clear, democratic or open.
- Funding of sitting fees were not standardised and it was noted that there were considerable inconsistencies in how advocates were remunerated.
- In order to help new advocates:
 - Need to map and disseminate who sits on which committees so representatives can communicate their concerns or issues.
 - Need to prepare and regularly update which consumer and carer representatives have expertise in specific topics
 - NMHCCF website should be enhanced to include a greater number of papers and contacts so all advocates can benefit.

- Other opportunities for input and influence included:
 - Prime Minister and Cabinet's Social Inclusion Unit. This could be used to 'mainstream' mental health issues in other social justice and human service initiatives.
 - COAG had considered the 12 Outcome Areas of the National Action Plan for Mental Health. Whilst the document may not be perfect, it is important that mental health is being considered at the highest level.
 - Each state and territory has peak groups representing carers and mental health consumers. These can be accessed to provide assistance.

- **Lessons from the IIMHL Leadership Exchange (12.2)**

Presenter: Ms Jackie Crowe

The goal of this workshop was to discuss the IIMHL Leadership Exchange hosted by Australia. Participants in this session discussed the benefit of this program, key learnings from this year's event and any changes that would provide additional benefits to consumer and carer participants.

Key issues or actions that arose from the discussion included:

- The opportunities to connect with and learn from other consumers and carers from overseas were very beneficial to Australian leaders in this area. We need to ensure new leaders are being mentored and having similar opportunities in the future.
- There are many lessons that can be learnt from other countries' practices and their consumer and carer advocates. Australian representatives need to have the time and support to enhance their skills and knowledge by reading relevant reports.
- Social inclusion is a strong theme that can be built on.
- The importance of mentoring and providing leadership is stronger in some cultures more than in others and needs to be adapted to the Australian context.
- Need more opportunities to share lessons learnt from the IIMHL Leadership Exchange. The NMHCCF website and National Register email list were suggested as good places to upload reports or summaries.
- The next IIMHL exchange is in Ireland. Need secure funding to enable other consumer and carer representatives to attend.

▪ **Effective Networking (12.3)**

Presenter: Ms Edwina Deakin

The goal of this workshop was to provide participants with some practical advice on how to be effective in their advocacy and networking.

Key issues or actions that arose focused on 10 practical suggestions:

- Be prepared prior to advocating, including reviewing who will be there and what the relevant documentation is.
- Play your role as an advocate or representative - it's about using your personal style and building on your strengths and managing your weaknesses.
- Always be professional and show integrity - avoid the personal and try to manage emotions and anger (yours and theirs) including through terminating discussions for another occasion if things are escalating.
- Know your allies and 'resisters' in any discussion - build support and identify challenges prior to major meetings.
- Know the outcomes you seek - be specific and present solutions rather than focusing on only the problems and weaknesses.
- Keep communication open. Set up opportunities for further calls, emails or discussions.
- Take your opportunities but always in the appropriate context (i.e. avoid lobbying during social occasions).
- Do what you say. This links to being credible and professional.
- Acknowledge the steps forward and be gracious when some concession is made. 'From little things big things grow' is a good attitude to adopt.
- Remain civil and 'be nice'. Nobody seeks out conflict so even when disagreeing do so with respect and civility. Matching strong words with soft voice can be effective as can humour if well delivered.

4) ACTIONS ARISING

In addition to the actions discussed in small group settings, a number of plenary sessions were held to discuss common themes and possible actions. These included:

1. Convene and secure funding for a 2010 National Register of Mental Health Consumer and Carer Representatives Workshop.
 - It was suggested that next year's workshop should go for three days with the first day focused on representation tools and skills training for new consumer and carer representatives. Other topics discussed for inclusion in 2010 were:
 - Dual diagnosis - mental health and drug and alcohol
 - Stigma and discrimination
 - Measuring qualitative consumer and carer outcomes
 - CALD and ATSI representation, issues and concerns
 - Youth representation, issues and concerns
 - Evidence based practices (and specifically non-medical model approaches).
2. Input to the consultation processes on a national Human Rights Charter as it could provide a useful regulatory benchmark for future mental health consumer and carer advocacy.
3. Disseminate and promote the work of the National Mental Health Consumer and Carer Forum (NMHCCF) to ensure all consumer and carer representatives have access to it, including members of the National Register. Key documents discussed in particular were:
 - National Mental Health Consumer and Carer Participation Policy
 - Short briefing papers on key consumer and carer issues containing consumer/ carer contact details.
4. Identify ways to better integrate and communicate NMHCCF activities generally with National Register representatives.
5. Disseminate list of which consumer and carer representatives sit on which bodies and committees. This would assist information sharing and advocacy opportunities.
6. Establish improved feedback mechanisms so that representatives on key bodies and committees, including NMHCCF, are feeding issues and outcomes back to other representatives in their state or territory, as well as seeking suggestions for discussion.
 - Currently there are inconsistencies across the country in how well this information exchange process is occurring.
7. Given the importance of the 4th National Mental Health Plan, prepare a joint statement on the need to:
 - improve consultation with consumer and carer representatives
 - incorporate measurable outcomes for consumers and carers
 - incorporate stronger accountability and reporting arrangements.

5) EVALUATION OUTCOMES

Participants at the National Register of Mental Health Consumer and Carer Workshop 2009 were invited to provide feedback on each of the workshop sessions, as well as an assessment on the Workshop as a whole. The overall feedback was extremely positive with 96% of responses (n=25) reporting the Workshop was a success, and 84% reporting the Workshop was either successful or very successful in promoting networking opportunities between participants.

In addition, over 75% of respondents reported the 2009 Workshop had improved their:

- knowledge of current national mental health consumer/ carer issues
- knowledge of different responses to consumer/ carer issues across Australia
- capacity to be an effective consumer/ carer representative
- confidence in discussing mental health consumer/ carer issues.

When participants were asked what they found most valuable in terms of their participation in the Workshop, the majority indicated the networking opportunities and the opportunities to learn from the external speakers and specific workshop presenters.

In terms of how the Workshop could have been improved, or what might be included in future workshops, a broad range of constructive ideas were provided including:

- allocating more time for discussion, particularly in terms of joint planning and actions
- extending the workshop to three days and including more practical, skill-based sessions
- pre-polling participants to nominate future workshop topics and speakers.

Participants also indicated that they were interested in greater access to the NMHCCF activities, to being able to access more consumer and carer information electronically, and to the formation of special interest groups amongst the National Register members in order to better exchange information and network in between annual workshops.

In general, National Register members indicated the 2009 Workshop was much improved on the previous year, and that they looked forward to the hosting of another annual National Register of Mental Health Consumer and Carer Workshop in 2010.

6) **FURTHER INFORMATION**

For further information on the National Register of Mental Health Consumer and Carer Representatives or for copies of presentations delivered at the 2009 Workshop please contact:

National Register Project Officer
Mental Health Council of Australia

Tel: 02 6285 3100

Fax: 02 6285 2166

Email: natreg@mhca.org.au

* * * *

Prepared by Edwina Deakin
EJD Consulting and Associate
Workshop Facilitator



ATTACHMENT A

**NATIONAL REGISTER OF MENTAL HEALTH CONSUMER AND CARER
REPRESENTATIVES**

WORKSHOP PROGRAM

23 –24 April 2009, Holiday Inn Melbourne Airport

Day One – Thursday 23 April 2009

TIME	SESSION	
9.30	1.0 Registration	Holiday Inn Melbourne Airport Tea and coffee available upon arrival
10.00 – 10.15	2.0 Welcome	David Crosbie – MHCA To include recognition of consumers and carers past - Lily Wu and Keiran Booth
10.15 – 11.15	3.0 Scene setting presentations	<p>Goal: These presentations will build participants' knowledge by providing an overview of the current key developments of relevance to consumer participation in mental health in Australia.</p> <p>Presenter 1: Virginia Hart Assistant Secretary, Mental Health Reform Branch</p> <p>Presenter 2: (Apologies) Aaron Groves Chair of the Australian Health Ministers Advisory Council and Mental Health Standing Committee</p> <p>Presenter 3: John Mendoza Chair of National Advisory Council on Mental Health</p> <p>Presenter 4: Janet Meagher Director Psychiatric Rehabilitation Association</p>

11:15 – 12.15	4.0 Facilitated Q&A Session	<p>Goal: A chance for consumers and carers to reflect on the previous session and share their views.</p> <p>Participation from the floor will be encouraged, with the facilitator aiming to draw on the diverse interests, backgrounds and experience of the group.</p>
12.15 – 12.45		LUNCH - Vargas Restaurant
12.45-1.45pm	5.0 Mental Health & Human Rights Issues	<p>Graeme Innes AM, Human Rights Commissioner and Disability Discrimination Commissioner.</p> <p>The Australian Government has announced a National Human Rights Consultation providing an opportunity for all people in Australia to have their say about human rights and how they should be protected. The Australian Human Rights Commission wants to be sure that the voices of consumers and carers are heard.</p> <p>The session will cover:</p> <ul style="list-style-type: none"> • what is the National Human Rights Consultation? • how could human rights be better protected in Australia? • how can you and your organisation participate in the Consultation? • how can you help others to participate in the Consultation?

1.45 – 2.45	6.0 Breakout Sessions:	
	6.1 Recovery Standard:	<p>Session Goal: To workshop a process for consulting consumers and carers on the Recovery Standard.</p> <p>Moderator: Isabell Collins, Tony Fowke and Judy Bentley</p> <p>Presenter: Dr Peggy Brown</p>
	6.2 Effective Advocacy:	<p>Session Goal: Participants will discuss and build their skills in providing effective advocacy and participation for consumers and/or carers in a range of policy development arenas.</p> <p>Moderator: Lei Ning</p> <p>Presenter: Tony Fowke</p>
	6.3 Effective Mentoring:	<p>Session Goal: Participants will discuss and build their skills in mentoring up-and-coming consumer and carer representatives, and hear strategies and case studies for passing on their knowledge and expertise.</p> <p>Moderator: Jenny Burger</p> <p>Presenter: Desley Casey & Eileen McDonald</p>
2.45 – 3.00	AFTERNOON TEA	

	7.0 Breakout Sessions:	
3.00 – 4.00	7.1 Seclusion and Restraint	<p>Session Goal: Participants will discuss the issue of seclusion and restraint, drawing on the work of the NMHCCF and the Safety and Quality Commission in this important policy area.</p> <p>Moderator: David Lovegrove</p> <p>Presenter: Isabell Collins & Dr Peggy Brown - Chair of Safety and Quality Partnership</p>
	7.2 Accountability	<p>Session Goal: Participants will discuss issues of accountability in the mental health system, including looking at the possibility of a national scorecard that draws particularly on the experiences of care for consumers and carers.</p> <p>Moderator: Keiran Booth</p> <p>Presenter: Sebastian Rosenberg</p>
	7.3 Media	<p>Session Goal: Participants will learn essential skills to work with the media in their advocacy work and make sure it works for them, rather than against them.</p> <p>Moderator: Ingrid Bentsen</p> <p>Presenter: Simon Tatz</p>
4.00 – 5.00	8.0 Effective Networking	<p>Session Goal: A chance for participants to identify how to build effective networks and practice effective networking skills.</p> <p>Presenter: Edwina Deakin – Facilitator</p>
5.00	9.0 Closing Remarks	Edwina Deakin – Facilitator
6.30 for 7.00	Dinner	Holiday Inn, Melbourne Airport (in function rooms)

Day Two – Friday 24 April 2009

TIME	SESSIONS	
9.00 – 9.30	10.0 Facilitated Feedback Session:	A chance for participants to provide their views on the previous day's activities and what they hope to achieve from Day 2. Facilitated by Edwina Deakin
9.30 – 10.30	Breakout Sessions 11:	
	11.1 The Caring Experience: Lessons from the Carer Engagement Project	Session Goal: Carer leaders will have the opportunity to learn from and respond to key issues for carers from around Australia that arose from the MHCA's Carer Engagement Project. Moderator: Patrick Hardwick Presenter: Rachelle Irving
	11.2 Mental Health and Housing Policy:	Session Goal: Participants will discuss the highly topical area of housing and mental health through a discussion of the major policy issues, drawing on the new White Paper on Homelessness and other recent policy developments and documents, and identifying effective models. Moderator: Lynette Pearce Presenter: Wayne Chamley
	11.3 Understanding the Mental Health Policy Landscape	Particularly for those just starting work in mental health advocacy, the way policy is made can be very confusing. The aim of this session is to provide an introduction to the key national mental health policy bodies and how they fit together. This session provides pointers on how you can navigate the policy maze and work more effectively in it. Moderator: Judy Bentley Presenter: Sebastian Rosenberg

10.30 – 11.00		MORNING TEA
11.00 – 12.00 11.00-12.00	Breakout Sessions 12:	
	12.1 Mental Health and Employment Policy	<p>Session Goal: Participants will discuss the important area of mental health and employment, particularly considering the significant changes in employment policy since the election of the Rudd Government in 2007 and the development of the new National Mental Health and Disability Employment Strategy.</p> <p>Moderator: Noel Muller</p> <p>Presenter: Mark McMahon</p>
	12.2 Lessons from the IIMHL	<p>Session Goal: This year, Australia hosted the IIMHL Leadership Exchange. Participants in this session will discuss the benefit of this program, key learnings from this year's event and any changes that would provide additional benefits to consumer and carer participants.</p> <p>Moderator: Lily Wu</p> <p>Presenter: Jackie Crowe</p>
	12.3 Effective Networking	<p>Session Goal: Participants will have an additional opportunity to engage with their fellow consumer and carer leaders through this loosely structured networking session.</p> <p>Presenter: Edwina Deakin</p>
12.00 – 12.45		LUNCH- Vargas Restaurant
12.45 – 2.00	13.0 Small Group & Panel discussion	<p>Session Goal: Will reflect on key issues and learnings from the past two days, and future directions for consumer and carer leadership in Australia.</p>

2.00 – 2.15		AFTERNOON TEA
2.15-2.30	Closing Remarks	Edwina Deakin - Facilitator
2.30 – 3.15	14.0 Guest Speaker to close Workshop	Jonathon Welch – Creator of Choir of Hard Knocks
3.15		WORKSHOP CLOSE

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