



23 Big Issues

Are they still relevant?

Douglas Holmes

2018

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Foreword

I was pleased to be asked to support the release of the 23 Big Issues Report at the 2018 Adelaide TheMHS (The Mental Health Services) conference. Members of TheMHS management committee have had a long history of supporting consumers to have a voice.

One of the crucial ingredients in getting a better outcome for people with mental health distress is making sure we understand the issues that are of importance to them. Ensuring that these issues are broadly socialised, along with thoughts about what could and should be done to address them, is the next step. This report is therefore an important initiative towards achieving that goal.

In both Australia and New Zealand, the issues outlined in the 23 Big Issues Report have been articulated previously. For example, they have appeared in a number of other reports, including the 1992 'Burdekin' Report, 1994 National Community Advisory Group Report; "Let's talk about Action", The 1996 Mason report, Te Kokiri: The NZ Mental Health and Addiction Plan 2006-2015. Internationally, they are very similar to a list of 24 issues presented by the Mental Patients Unions in April 1973 in England called *The Declaration of Intent*.

The 23 Big Issues Report reflects a consumer perspective, and has been informed in particular by consumers who have attended the Consumer Day at TheMHS conferences.

The consumer perspective is defined as: *A way of seeing the world in the light of experience/s of mental/emotional distress. Includes experiences of seeking support (of various kinds), of stigma in the community and within services. Also incorporates a sense of solidarity with others who have had similar experience* (taken from The Kit: the advocacy we choose to do, p 256).

In 1991, the first conference (which later became TheMHS conference) was held in Adelaide. Emphasising the importance of hearing the consumer voice, from the outset it was stipulated that one of the three keynote speakers should be a consumer.

In 1994, the first Consumer Day was held in Melbourne with this tradition continuing until this day. In total, 5626 people have attended the TheMHS Consumer Day since 1994, with approximately 60% having been there on more than two occasions. This clearly indicates the value placed on this opportunity by consumers and illustrates its richness as a forum from which to generate issues of importance.

In 1999, the TheMHS Melbourne Consumer day organising committee, with assistance from the Victorian Mental Illness Awareness Council (www.vmiac.org.au), identified the first 20 Issues and started to focus the attention of people attending the Consumer Day on the importance of these issues. This was consolidated at the 2000 TheMHS Adelaide Consumer Forum, seen as the starting point for the 23 Big Issues project.

The issues were reviewed at the 2006 Townsville Consumer Day and again at the 2010 Sydney Consumer Day. In 2014, the TheMHS Management Committee supported a working group to consider the feedback from the many people who have provided both written and verbal feedback about the 23 Big Issues.

The 23 Big Issues Report is the product of that process. I thank the working group for their efforts in presenting it in a concise summary format that makes it easy to understand. Each of the issues warrants serious consideration. I therefore commend this Report to you and I look forward to hearing of achievements being made in addressing each issue over coming years.



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National Mental Health Commission

Background

This report is being developed for release at the 2018 Adelaide TheMHS Conference. It will include and acknowledge where progress has been made on each of these issues, however since this work was started we have discovered the 1974 Mental Patient Union report "Declaration of Intent" that had identified 24 similar issues (included at Appendix A)

Although the 2000 TheMHS Adelaide Consumer Forum, is seen as the starting point for the 23 Big Issues project, it is important to acknowledge the work done in previous consumer day committees, especially the 1999 TheMHS Melbourne Consumer day organising committee: with assistance from the Victorian Mental Illness Awareness Council (VMIAC) www.vmiac.org.au, when they identified the first 20 Issues and started to focus the attention of people attending the consumer day on the importance of these issues.

Steven Pitcher had been nominated as the co-ordinator for the Consumer Day in Adelaide in 2000.

Steven attended his first Consumer Day in 1999 in Melbourne. It was there that he saw the work that had been developed by consumers, believed that this work was important and that action was needed. He decided that it was time to stop talking about what was wrong and encourage people to develop solutions that had some relevance and meaning for consumers.

On 28 August 2000, at the Adelaide Convention Centre, 235 people with lived experience of a mental illness came together and worked through the issues.

The two outcomes were (a) the addition of 3 more issues to make a total of 23; and (b) the creation of a document detailing the work of the day. During the 2000 consumer day those present workshopped the issues, Steven wrote up their findings and presented them to Mr Woolridge, Commonwealth Minister for Health and the 2000 Youth Round table forum:

The document, entitled *The Most Important Issues Affecting People with a Mental Illness or Disorder* (known to most people as the 23 Big Issues), provided background to each of the issues and proposed solutions developed by the people at the forum. This document is available on the TheMHS web site. Steven passed away in 2010 aged 31 years of age. He is sadly missed by the TheMHS family and the consumer movement.

In 2001 the Australian Mental Health Consumer Network presented the Issues to the Australian Health Ministers Advisory Council National Mental Health Working Group so all state & territory directors could have had the opportunity to say what they were doing about these issues.

One of the crucial ingredients in getting a better outcome for people with mental illness is firstly making sure we understand the issues of importance for them, and secondly letting everyone know what the issues are and what should be done about them. This means we need to collect information from the people involved: those with mental illness; those that care for them; those that provide services to them; and those that make policy about mental health.

In Australia these issues have appeared in a long list of reports, including the 1992 'Burdekin' Report, 1994 National Community Advisory Group Report; "Let's talk about Action" and the 2005 Mental Health Council of Australia (MHCA) (in association with the Human Rights and Equal Opportunity Commission) "Not for Service" Report, which all describe the failure in the mental health system and the need for change for services in Australia.

In New Zealand at a meeting held during 2011 of the Auckland Regional Consumer Network the participants suggested the following three reports be considered to show that these issues still need to be addressed in NZ. The reports are; The 1996 Mason report, Te Kokiri: The Mental Health and Addiction Plan 2006-2015; and Our Lives in 2014: A recovery vision from people with experience of mental illness.

Following the 2010 Sydney TheMHS consumer day a 23 Big Issues working group was started by the organising committee and the group has meet regularly to consider the feedback from the many people who attended the 2010 consumer day.

This document is a summary of that work

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Number and Name of Original Issue	Issue (1): Transport
Description of Issue	Transporting people with a mental illness to hospital
Recommendations from working group	
Rec No 1:	Ongoing coordinated and sustainable training between mental health teams, police and ambulance.
Rec No 2:	Workable partnership, true partnerships between local Mental Health teams, police and ambulance.
Rec No 3:	Ongoing conversations at a local level between consumer advocacy groups and their families and the police.
Other issues from working group: Nil	

Number and Name of Original Issue	Issue (2): Seclusion
Description of Issue	An event in which an individual experiences a seclusion and/or restraint
Recommendations	
Rec No 1:	People experiencing distress and trauma should be treated in an inclusive, collaborative and respectful manner in the event of seclusion and/or restraint.
Rec No 2:	<p>A National seclusion and restraint audit be developed, implemented, reviewed and actions developed at regular service meetings, including consumer advocates. The audit to include:</p> <ul style="list-style-type: none"> • staff intervention (numbers involved in enforcing the seclusion and processes pre, during and post seclusion) • assessment times • occasions when person is escorted from seclusion room for access to toilet • time spent in seclusion • consumer participation in staff directed post seclusion counseling • consumer report of experiences and perspective to consumer worker/peer support/advocacy in post seclusion discussions • use of mechanical restraints and reason for use • use of chemical restraints and medication doses higher than therapeutic guidelines • care and wellness plans reviewed identifying early intervention plans for possible future events
Rec No 3:	All inpatient staff to participate in a standardized training program on seclusion and restraint with a focus on trauma informed care (http://www.samhsa.gov/nctic/) - including reduction strategies, communication techniques and use of environmental alternatives such as sensory modulation rooms and people being treated in an inclusive, collaborative and respectful manner. An update refresher program to be mandatory every two years. Consumer/peer workers to be included in the training programs.
Rec No 4:	Consumer worker/peer support and advocacy programs, such as 'post seclusion narratives' and 'creative expression of experiences' be implemented in all services, with appropriate actions regarding rights and responsibilities to be taken when needed.

Number and Name of Original Issue	Issue (2): Seclusion continued
Rec No 5:	Consumer participation, collaboration in developing relapse prevention plans including advance directives for treatment and care to be acknowledged as acceptable personal directives, completed when well, for periods of unwellness. Implementation of this process within legislative framework be considered.
<p>Other issues for consideration/discussion: The working group need to be aware of: NMHCCF Position Statement – Ending Seclusion and Restraint in Australian Mental Health Services (2009, revised 2010) that has been put out by the Australian National Mental Health Consumer and Carer Forum (http://www.nmhccf.org.au/Publications-info) and SAMHSA’s National Center for Trauma-Informed Care (NCTIC), a technical assistance center dedicated to building awareness of trauma-informed care and promoting the implementation of trauma-informed practices in programs and services (http://www.samhsa.gov/nctic/)</p>	

Number and Name of Original Issue	Issue (3): Side Effects
Description of Issue	Mental health consumers having little or no choice of prescribed medication and experience of the direct side-effects that result from these medications
Recommendations from working group	
Rec No 1:	Consumers be given a card with 4 or 5 key questions to ask clinicians about their medications at point of prescriptions.
Rec No 2:	Strong support for the consumer voice to unite and raise awareness around medication issues. This would be via internet forum/links etc. Perhaps it could be a standing agenda item for the new National Consumer Peak Body http://crazelateralsolutions.com
Rec No 3:	Checkbox scale tool for clinicians to gauge quality of life due to the impact of effects from medications. (Then we were informed that Ron Coleman already has one so I will investigate that and send it on)
<p>Other issues for consideration/discussion: We need to follow up about the checklist that Ron Coleman has developed. The working group discussed that we needed to identify what is the universal wording that is currently being used to collect Consumers views into their treatment plans e.g. In NSW it is the NSW Health MHOAT Consumer Wellness Plan http://www.health.nsw.gov.au/pubs/2010/whoserecovery_dl_v5_web.html</p>	

Number and Name of Original Issue	Issue (4): Accommodation
Description of Issue	Lack of choice, safety and support regarding accommodation for people with a mental health issues
Recommendations	
Rec No 1:	Individual housing/accommodation plans to reflect the individuals changing need, with flexibility for transfers between varying levels of accommodation support structures (e.g. single living, shared accommodation, group home and 24hr support), joint tenancies in public housing and housing within close proximity to support networks (family, friends or therapeutic services).
Rec No 2:	Provide supported accommodation that meets individual needs in the community Working party to include a descriptive examples box with community support strategies from across Australia and New Zealand (e.g. Housing Accommodation Support Initiative (HASI), Personal Helpers and Mentors Services, Joint Guarantee of Service, Catholic Community Care, Meals on Wheels etc)
Rec No 3:	Suggested rewording: education program (including the lived experience) to be developed for landlords (public, NGO and private) to increase awareness of individuals support needs and community options to maximize and maintain their recovery
Rec No 4:	Suggested rewording: education program (including the lived experience) to be developed for landlords (public, NGO and private) to increase awareness of individuals support needs and community options to maximize and maintain their recovery
Other issues for consideration/discussion: People need to be aware of the Mental Health Council of Australia paper on homelessness at: www.mhca.org.au Look at how we develop the descriptive examples box with community support strategies from across Australia and New Zealand. Do we need to include links to programs like NSW HASI http://www.health.nsw.gov.au/pubs/2007/hasi_initiative.html	

Number and Name of Original Issue	Issue (5): Employment
Description of Issue	Lack of Employment support & information opportunities for those experiencing a mental illness
Recommendations from group 5	
Rec No 1:	Develop training and support programs to assist consumers in obtaining ongoing employment
Rec No 2:	Publicise and improve government subsidies to the wider community of employers
Rec No 3:	Support consumers in developing worker co-ops and social enterprises
Rec No 4:	Education of employers and doctors about current opportunities for employment
Rec No 5:	Legislate standards for payment of consumers within mental health services, ie classification of positions and amount of payment
Other issues for working party consideration/discussion: Nil at this stage	

Number and Name of Original Issue	Issue (6): Access when unwell
Description of Issue	People with a mental illness having to be really unwell to access help
Recommendations	
Rec No 1:	More information and education with regards to mental and physical health services e.g. housing
Rec No 2:	Provide more peer support in all services
Rec No 3:	Do an Audit of existing mental health services & training eg. Examples from group was that in Adelaide consumers talked of a first stop shop for people who think they may have mental health issues, Consumer led training of mental health workers and GP's.
Other issues for consideration/discussion: The National Consumer and Carer Forum has an issues paper on duty of care at: http://www.nmhccf.org.au/documents/A%20Duty%20to%20Care-Duty%20of%20Care%20Brief.pdf	

Number and Name of Original Issue	Issue (7): Continuity of Care
Description of Issue	Continuity of care
TheMHS Consumer Day 2010 Original Recommendations from group 7	
Rec No 1:	One recovery plan that has authority and you take with you and your case worker linked to what you need (in line with recovery plan)
Rec No 2:	Focusing on Relationships instead of service (Relationships aid recovery)
Rec No 3:	When in hospital education about what you need to live independently when out of hospital. To be clarified with note taker David Duval and/or group members who was the Recovery Bus Coordinator for the group
Other issues for working party consideration/discussion: In NSW there is information in the NSW Health MHOAT Consumer Wellness Plan at: http://www.health.nsw.gov.au/pubs/2010/whoserecovery_dl_v5_web.html Are there other examples that we could use	

Number and Name of Original Issue	Issue (8): Choice of Therapists
Description of Issue	Lack of choice in type of therapists i.e. Alternative, Psychologists, OT, Peer Worker
Recommendations	
Rec No 1:	Changing medications can be terrifying - it should be done in a safe environment (clinic - supervision)
Rec No 2:	Early access to counselling/therapy with someone who has understanding and suffered (feel the need to share with a counsellor without judgement)
Rec No 3:	More funding and research into complimentary therapies
Rec No 4:	Doctors should be more informed and have better referral system - not just adding medications
Other issues for working party consideration/discussion: Nil at this stage	

Number and Name of Original Issue	Issue (9): Rehabilitation
Description of Issue	Lack of worthwhile and appropriate rehabilitation services – that are consumer led, focus on recovery - wellbeing – employ consumers as staff – provide access to wellbeing and recovery services
Recommendations	
Rec No 1:	Education and information on physical and psychological therapies (traditional and alternative) and programs be available and offered to consumers.
Rec No 2:	Consumer led services, activities and programs to be adequately resourced and supported.
Rec No 3:	Partnerships between services be strengthened to ensure consumers have access to and an empowered choice of wellbeing and recovery activities and programs that support their recovery journey at that point in time.
Rec No 4:	Access to information, including available community services and that recovery focused activities be further developed in all inpatient settings. These should include peer run programs.
Rec No 5:	Peer led programs to support the transition of people from hospital to home be reviewed and promoted for implementation within all health services. Examples include: FUDGES (telephone support program); CAN Hospital to Home.
Other issues for working party consideration/discussion: Nil at this stage	

Number and Name of Original Issue	Issue (10): ECT
Description of Issue	Unfair and inappropriate detention, treatment and administrative orders to force treatment such as electro-convulsive treatment (ECT)
Recommendations	
Rec No 1:	One National Mental Health Act with prescriptive legislative requirements to comply
Rec No 2:	Right of consumers to have full and timely 2 nd assessment by a second psychiatrist external to the service (no cost & Dr of choice)
Rec No 3:	Automatic availability of consumer advocate external to the service
Rec No 4:	<ol style="list-style-type: none"> 1. Admin order with National Mental Health Act; Always least restrictive option and individualized plan. 2. Respectful process with independent consumer advocate with greater flexibility 3. Accountability of Board, i.e. no. of orders, no.s off orders, no.s managed
Other issues for working party consideration/discussion: Janne McMahon was the Recovery Bus Coordinator for the group. Janne's email address is jmcmahon@senet.com.au Nil at this stage	

Number and Name of Original Issue	Issue (11): Unpaid Work
Description of Issue	To include the words: Opportunities for paid work in a variety of capacities, parity with other workforces and the adverse affects of unpaid work
Recommendations	
Rec No 1:	Policy framework and relevant policies within National Mental Health standards that spells out types of positions, conditions and relationships of this work to Centrelink and other Government payments - dedicated funding within budgets towards consumers wages.
Rec No 2:	Work to Recovery programs through Commonwealth Department of Employment with a range of payments related to getting better and staying well
Rec No 3:	Training of Mental Health workforce by consumers to increase receptivity and understanding so that consumers jobs are real jobs and not something of inferior/status
Rec No 4:	Where do mental health consumers work fit in: - consult with ACTU, with human rights/equal opportunity accountability mechanism
Rec No 5:	We support the opportunities for people to do voluntary work where this is appropriate and by choice and should not substitute for employing consumers in services
Other issues for working party consideration/discussion: The National Consumer and Carer Forum has an issues paper on employment at: http://www.nmhccf.org.au/documents/Employment%20brief.pdf	

Number and Name of Original Issue	Issue (12): Stigma
Description of Issue	Stigma from the: Family, Community, Workplace, Police force and Mental Health Workers
Recommendations	
Rec No 1:	Stigma has been colonised and 'lost its sting. We need to move beyond stigma and discrimination to recognising prejudice and oppression.
Rec No 2:	A consumer-perspective, consumer-led anti discrimination campaign based on the NZ Like Minds, Like Mine campaign highlighting this shift in orientation and language.
Rec No 3:	40% of the mental health workforce to have lived experience and be valued for that experience not patronized or used to gain funding.
Rec No 4:	Consumers integrated into teaching mental health practitioners from a consumer perspective (lived experience). This must be appropriately resourced and a respected part of curriculum.
Rec No 5:	Consumers to recognize self-stigma and the importance of language in maintaining dignity.
Other issues for working party consideration/discussion: The National Consumer and Carer Forum has an issues paper on stigma at: http://www.nmhccf.org.au/documents/Final%20version%20Stigma%20&%20Discrimination.pdf	

Number and Name of Original Issue	Issue (13): Lack of Information
Description of Issue	Lack of information given to consumers about their illness and legal rights
Recommendations	
Rec No 1:	Create a resource that includes consumer rights and responsibilities, what is mental illness, medication information from a consumer perspective, side effects, withdrawal effects, communicating with healthcare professionals and how to navigate effectively through the system.
Rec No 2:	This resource should look like the 'Y not make it U' resource in out packs. It should be colourful, have human faces who have lived experience of recovery and address the HARD facts/questions that people always tiptoe around.
Other issues for working party consideration/discussion: The National Consumer and Carer Forum has an issues paper on information at: http://nmhccf.org.au/documents/Mental%20Health%20Facts%20and%20Figures.pdf	

Number and Name of Original Issue	Issue (14): Lack of Legislation
Description of Issue	Lack of legislation upholding and protecting the human rights of mental health consumers
Recommendations	
Rec No 1:	Legislation to support a National Charter of Human Rights for mental health consumers with employed consumers to monitor and enforce them.
Rec No 2:	Legislation for Antidiscrimination Act extension to smoking and involuntary medication for mental health consumers.
Rec No 3:	Legislation to fix a percentage of budget for funding of independent consumer groups democratically responsive to consumers as proposed by the Our Pick report.
Rec No 4:	Legislation to include psychiatric disability in the National Disability Insurance scheme
Other issues for working party consideration/discussion: The National Consumer and Carer Forum has an issues paper on legal issues at: http://www.nmhccf.org.au/documents/NMHCCF%20Response%20to%20Guidelines%20for%20diversion%20and%20support%20of%20MI%20offenders.pdf	

Number and Name of Original Issue	Issue (15): Lack of Partnership
Description of Issue	Achieving equal partnerships through delivery of services that meet consumer needs and consumer representation is embedded in service delivery
TheMHS Consumer Day 2010 Original Recommendations from Group 15	
Rec No 1:	Recognize prior learning when determining consumer qualifications
Rec No 2:	Provision of accessible education and training for consumer workforce and volunteers
Rec No 3:	Provision of accessible education and training for consumer workforce
Rec No 4:	Accountability of consumer participation is in line with National Standards
Rec No 5:	Adequate increases of effective resources for the consumer workforce and Volunteers
Other issues for working party consideration/discussion: The National Consumer and Carer Forum has an issues paper on participation at: http://www.nmhccf.org.au/documents/Final%20C&C%20participation.pdf	

Number and Name of Original Issue	Issue (16): Lack of Empowerment
Description of Issue	Lack of empowerment for mental health consumers
TheMHS Consumer Day 2010 Original Recommendations from Group 16	
Rec No 1:	Form an empowerment working group to discuss how consumers can facilitate empowerment
Rec No 2:	Peer support groups/educators to be supported to access resources for early intervention programs
Rec No 3:	Continue to keep individual and community empowerment on the agenda
Rec No 4:	Flag early intervention as a separate issue. This will become issue 92 - see Issue 010 September 2010 issue No 10 on the TheMHS web for more information www.themhs.org
Other issues for working party consideration/discussion:	

Number and Name of Original Issue	Issue (17): Rural and Remote
Description of Issue	Lack of services in rural and remote areas
Recommendations	
Rec No 1:	Non taxable incentives for health professional plus fuel subsidy for those people who need to drive for treatment.
Rec No 2:	Active support for peer volunteers by implementing a national plan for reimbursement of expenses.
Rec No 3:	Mobile mental health clinics including peer support workers.
Other issues for working party consideration/discussion:	

Number and Name of Original Issue	Issue (18): Management Plans
Description of Issue	Move from management plans to collaborative recovery care plans
Recommendations	
Rec No 1:	To incorporate collaboration in planning our own recovery journeys
Rec No 2:	National rates of consumer collaboration in individual planning should be measured and reported monthly via key performance indicators. MAKE IT TRANSPARENT
Rec No 3:	Actively informing all consumers about their rights to be involved in and receive a copy of their own individual plans
Other issues for working party consideration/discussion: The working group discussed that we needed to identify what is the universal wording that is currently being used to collect Consumers views into their treatment plans e.g. In NSW it is the NSW Health MHOAT Consumer Wellness Plan http://www.health.nsw.gov.au/pubs/2010/whoserecovery_dl_v5_web.html The National Consumer and Carer forum has a paper http://www.nmhccf.org.au/documents/Final%20workshop%20report%202010.pdf	

Number and Name of Original Issue	Issue (19): Support from Hospital
Description of Issue	Little support from hospital to home
Recommendations	
Rec No 1:	Implement the Recovery Star “hospital to home” program www.mhpf.org.uk
Rec No 2:	Provision of recovery respite services for consumers as an alternative to being admitted to hospital.
Rec No 3:	Develop “info exchange” - headspace, get support for housing and home care, help with getting a job, list of contact numbers for all local areas
Other issues for working party consideration/discussion: The working group discussed that we needed to identify what is the universal wording that is currently being used to collect Consumers views into their treatment plans e.g. In NSW it is the NSW Health MHOAT Consumer Wellness Plan http://www.health.nsw.gov.au/pubs/2010/whoserecovery_dl_v5_web.html The National Consumer and Carer forum has a paper http://www.nmhccf.org.au/documents/Final%20workshop%20report%202010.pdf	

Number and Name of Original Issue	Issue (20): Access to Psychiatrists
Description of Issue	Lack of suitable access to Psychiatrists
Recommendations	
Rec No 1:	Consider a voucher system to obtain care from psychiatrist, enabling greater choice and reducing waiting times.
Rec No 2:	Incentives to attract psychiatrists to rural/disadvantaged area e.g.: HECS debt reduction, accommodation, company car.
Other issues for working party consideration/discussion: The working group discussed that we needed to identify what is the universal wording that is currently being used to collect Consumers views into their treatment plans e.g. In NSW it is the NSW Health MHOAT Consumer Wellness Plan http://www.health.nsw.gov.au/pubs/2010/whoserecovery_dl_v5_web.html The National Consumer and Carer forum has a paper http://www.nmhccf.org.au/documents/Final%20workshop%20report%202010.pdf	

Number and Name of Original Issue	Issue (21): Children of parents with MI
Description of Issue	Children of parents with a mental illness
TheMHS Consumer Day 2010 Original Recommendations from Group 21	
Rec No 1:	Funded website needed to give info re: National best practice guidelines, policies, laws, rights and where to access help and respite care for families.
Rec No 2:	Special independent advocates to assist parents and kids with legal assistance, help and support available.
Rec No 3:	More staff training regarding effects of parent of mental illness on children.
Other issues for working party consideration/discussion: Include information on COPMI website www.copmi.net.au	

Number and Name of Original Issue	Issue (22): Young People
Description of Issue	Unique problems facing young people with a mental illness
TheMHS Consumer Day 2010 Original Recommendations from Group 22	
Rec No 1:	Education: Provide training and support for teachers in primary, secondary school and tertiary institutions around (1) Mental Health Literacy e.g. Mental Health First Aid. (2) Access to pathways to age-appropriate care, and (3) mental health friendly practices and how to establish a mental health friendly culture.
Rec No 2:	Youth Participation: Make it compulsory for youth mental health services to offer meaningful youth participation programs which value young people views, skills and contributions. In-order for it to not be tokenistic it should (1) invest in training (2) fund young people to attend relevant conferences/ leadership events (3) provide adequate and meaningful remuneration for their time and contributions and (4) services need to make use of the young people's contribution and be held accountable
Rec No 3:	Access to youth accessible specific care: Make youth specific services available to all young people and delivered in accessible locations and on time. The services need to go beyond clinical care and provide group programs and youth participation programs (including peer support)
Other issues for working party consideration/discussion: Include web for headspace: www.headspace.org.au	

Number and Name of Original Issue	Issue (23): C.A.L.D
Description of Issue	Culturally, sexuality and linguistically diverse people experiencing a mental illness.
Additional information on description	Recommendation on name for issue: That the current definition does not cover the issues Lesbians & Gays, Bisexuals and Transgender Indigenous issues Aboriginal, and Torres Straight Islanders - Spirituality & Creativity and that these should be issues in their own right
Group 23 made the following recommendations	
Rec No 1:	National training tool to train mainstream advocates to work with CALD consumers.
Rec No 2:	National program to train CALD consumers to run culturally appropriate support groups
Rec No 3:	Consistency across the nation of funded CALD consumer advocates trained specifically to work with CALD Vicki Katsifis and Lily Wu were the Recovery Bus Co -Coordinators for the group. Vicki's email address is vkatsific@gmail.com and Lily Wu email address is lily.wu@sswahs.nsw.gov.au
Other issues for working party consideration/discussion: include reference to www.mhima.org.au	

Appendix A: Mental Patients Union Demands



Mental Patients Union Demands

taken from the
Declaration of Intent
of April 1973

[Use to discuss what has and has not been achieved].

We Demand

1. The abolition of compulsory treatment i.e. we demand the effective right of patients to refuse any specific treatment.
2. The abolition of the right of any authorities to treat patients in the face of opposition of relatives or closest friends unless it is clearly shown that the patient of his own volition desires the treatment.
3. The abolition of irreversible psychiatric treatments (ECT, brain surgery, specific drugs)
4. Higher standards in the testing of treatments before use on us.
5. That patients be told what treatments they are receiving are experimental and should have the effective right to refuse to be experimented on.
6. That patients be told what treatments they are receiving and what the long-term effects are.
7. Also the abolition of isolation treatment (seclusion in locked side rooms, padded cells, etc.)
8. The right of any patient to inspect his case notes and the right to take legal action relating to the contents and consequences of them.
9. That the authorities should not discharge any patient against his will because they refuse treatment or any other reason.
10. That all patients should have the right to have any treatment which we believe will help them.
11. That local authorities should provide housing for patients wishing to leave hospital and that adequate security benefits should be provided. We will support any mental patients or ex-patients in their struggle to get these facilities and any person who is at risk of becoming a mental patient because of inadequate accommodation, financial support, social pressures, etc.
12. We call for the abolition of compulsory hospitalisation.
13. An end to the indiscriminate use of the term 'mental subnormality'. We intend to fight the condemnation of people as 'mentally subnormal' in the absence of any real practical work to tackle the problem with active social understanding and help.
14. The abolition of the concept of 'psychopath' as a legal or medical category.
15. The right of patients to retain their personal clothing in hospitals and to secure their personal possessions without interference by hospital staff.
16. The abolition of compulsory work in hospitals and outside and the abolition of the right of the hospital to withhold and control patients' money.
17. The right of patients to join and participate fully in the trade union of their choice.
18. That trade union rates are paid to patients for any work done where such rates do not exist.
19. That patients should have recourse to a room where they can enjoy their own privacy or have privacy with others, of either sex, of their own choosing.
20. The abolition of censorship by hospital authorities of patients' communications with society outside the hospital and in particular the abolition of telephone and letter censorship.
21. We demand the abolition of any power to restrict patients' visiting rights by the hospital authorities.
22. The right of Mental Patients Union representatives to inspect all areas of hospitals or equivalent institutions.
23. We deny that there is any such thing as 'incurable' mental illness and demand the right to investigate the circumstances of any mental hospital patient who believes he or she is being treated as incurable
24. We demand that every mental patient or ex-patient should have the right to a free second opinion by a psychiatrist of the patient's or Mental Patients Union representatives' choice, if he or she disagrees with the diagnosis and that every patient or ex-patient should have the right to an effective appeal machinery.

Archive used in teaching by Clare Ockwell for Capital Project Trust, West Sussex

For more information about the Mental Patients Union see <http://studymore.org.uk/mpu.htm>

Appendix B: Memo to 23 Big Issues Working Group Members

Hi!

Please find the template the 23 Big Issues working group has developed with information from the small group you attended from the TheMHS Consumer Day.

The template has the recommendations, feedback and comments from the 94 people who left their email address at the end of the TheMHS Consumer day and the 62 who have responded through SurveyMonkey & Mailchimp.

If you have email addresses of others who attended your small issues group at the 2010 TCD please forward this onto them.

We would like you to read through the template and make any comments within six weeks.

Once the 23 Big Issues working group had reviewed the comments and have agreed to any changes the template would then be circulated to all the people that attended the 2010 TCD we have email addresses for. This group would have a further six weeks to comment.

When these comments have been reviewed by the 23 Big Issues working group the template would be displayed on the 23 Big Issues web page of the TheMHS web site.

Our goal is to have a number of the completed documents on the TheMHS web site prior to the 2011 Adelaide TCD. Once all 23 issues have been commented on the final report will be finalised and will include the posters and abstracts from Sydney TCD 2010. A decision about where the report will be disseminated after further consultation with the TheMHS management committee and the 23 Big Issues working group.

Appendix C: Email to abstracts for TCD 2010

This letter is a follow up from the email I sent out earlier this week.

We have received 25 abstracts for the posters sessions for the 2010 Sydney TheMHS Consumer Day with some of the issues we have received more than one abstract. i.e. Issue 15: Lack of Partnership has 3 abstracts.

All the abstracts are included in the attachment titled: *23 Big Issues Poster Session 2010 TheMHS Consumer Day*. This document will be finalised after the day and when finished will be a summary of the 2010 Sydney TheMHS Consumer Day.

I am writing to ask if you are definitely coming to the consumer day on Tuesday 14 September 2010 and still want to present a poster. The poster can be a maximum size equal to (420 mm or 594 mm) the equivalent to the size of an A2 sheet and be either in landscape or portrait format. Please RSVP by Friday 2 September 2010.

If you are attending the day and presenting a poster please read through your abstract in the attached document. Please respond if you want to make any changes to the words to your abstract before Wednesday 8 September 2010.

I have included some background information on why we are doing the 23 Big Issues Poster sessions. The session is building on the recommendations from the 2006 Townsville Consumer Day.

They were:

1. There needs to be continued support of the development of the social network associated with the TheMHS Consumer Day. The network promotes information sharing, social support and monitors progress with the 23 Big Issues.
2. Further development of an action research project that will examine the gains and losses for consumers since 2000, and identify whether the outcomes are meaningful for consumers and find ways of bringing the issues to resolution.
3. Further consultation needs to take place with consumers over the next 18 months to seek out, clarify & highlight the many positive examples happening around these issues

To assist the organising committee it would be useful to know if you are presenting a poster: would you be able to facilitate one of the small groups or would you prefer to just present the poster. The small groups will have between 15 – 20 consumers around the issue that relates to your poster. The committee has allowed 90 minutes for the session and the session will start at 11.15 and conclude at 12.45 for lunch.

The Consumer Day organising committee will be meeting on Thursday 2 September to finalise the program and instructions for each of the facilitators, poster presenters and participants in the 23 Big Issues Poster sessions that will be part of the day.

If you would like more information or wish to talk further about the session I can be contacted on 041 346 4469, happy to call you back or you can email me on douglasholmes@optusnet.com.au

Appendix D: The 23 Big Issues small group workshop.

An expression of interest was developed and circulated by email through the groups email list, 25 people have responded and these posters will be showcased after morning tea.

Everyone else to pick **one issue** from the 23 Big Issues that they would like to comment on. After morning tea we will be exchanging information about the issues and why we came to the group.

Instructions for individuals and Recovery Bus Coordinators are on page 6. Doing it We will break into small groups – see page 11 for layout of room

Each group will look at **one issue**.

- People will share their experiences about this issue.
- The size of the group will be around 15 to 20 people.
- The group will have 90 **minutes** to discuss & develop any recommendations.
- Recommendations will be entered onto the Recovery Bus Stops.

Recovery2 Bus Coordinator3

- Each group will have a Recovery Bus Coordinator and be wearing a Recovery Bus Coordinators hat.

Role of Recovery Bus Coordinator

- To guide the group, the group discussion and “keeping the group on track”
- To make sure all members of the group have a fair say
- To feedback the groups’ solutions to the consumer forum delegates after lunch.
- There will be two to three minutes to do this per group.

Support people

A group of friendly support people have been selected by the consumer organising committee to assist. Their role will include:

- Being a scribe (only if asked by Recovery Bus Coordinator)
- Any other odds and ends the group require.

The next steps: Recommendations will be sent to;

- Presented to everyone at TAMHSS meeting on Friday morning during the conference
- Sent to state Consumer Advisory Groups around Australia.
- Given to the National Consumer and Carer forum
- Given to relevant places in New Zealand.
- Sent to the Mental Health Council of Australia.
- Sent to all State NGO Mental Health Peaks
- Sent to state and territories Mental Health & Drug and Alcohol offices
- Presented to various members of the Australian Federal Government during October as part of the National Walking for Pleasure meeting on the ground of Parliament House.

Appendix E: List of Original Issues

No	Issue Title	Description
1	Transport	Transporting people with a mental illness to hospital by police.
2	Seclusion	People experiencing a mental illness being strip-searched and put in seclusion rooms when detained in psychiatric facilities
3	Side Effects	Mental health consumers having little or no choice of prescribed medication and the side-effects that result
4	Accommodation	Lack of choice, safety and support regarding accommodation for people with a mental illness
5	Employment	Lack of employment opportunities for those experiencing a mental illness
6	Access When Unwell	People with a mental illness having to be really unwell to access help
7	Continuity of Care	Continuity of care in the community and hospitals for people with a mental illness
8	Choice of Therapist	Lack of choice in type of therapist i.e. Alternative, Psychologist, OT, Peer Worker
9	Rehabilitation	Lack of worthwhile and appropriate rehabilitation.
10	ECT	Unfair and inappropriate Detention, Treatment and Administrative Orders to force treatment such as Electro-Convulsive Treatment (ECT).
11	Unpaid Work	Amount of unpaid work done by people with a mental illness
12	Stigma	Stigma from the family, community, workplace, police force, mental health service providers
13	Lack of Information	Lack of information given to consumers about their illness and legal rights
14	Lack of Legislation	Lack of legislation protecting mental health consumers
15	Lack of Partnership	Lack of true partnership in service delivery and tokenistic representation.
16	Lack of Empowerment	Lack of empowerment for mental health consumers
17	Rural and Remote	Lack of mental health services in rural and remote areas.
18	Management Plans	Little or no involvement in management plans
19	Support from Hospital	Little support from hospital to home for people with a mental illness
20	Access to Psychiatrists	Lack of suitable access to psychiatrists
21	Children of parents with MI	Children of parents with a mental illness
22	Young People	Unique problems facing young people with a mental illness
23	C.A.L.D.	Culturally and Linguistically diverse people experiencing a mental illness