

Mental Health Community Network

Consumer Open Space Forum

17 November 2008

Book of Proceedings

the question?

What do we need in WA to get integrated and meaningful consumer participation in mental health?



Government of **Western Australia**
Department of **Health**
Mental Health

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Disclaimer:

This Book of Proceedings is provided as a record of the discussions which took place on 17 November 2008 at the Mental Health Community Network Consumer Forum in Perth.

The records of each discussion, made by the participants, have been presented here in their original form, with amendments being avoided except where necessary to clarify meaning. If participants feel that this record does not accurately reflect the discussion, that vital information was omitted or was incorrect, it is recommended that they contact the Mental Health Division on 9222 4099 to make a record of this.

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TOGETHER WE CAN SHAPE THE FUTURE

Help shape the vision for consumer participation in mental health in Western Australia

Do you feel passionate about consumer participation in mental health?

Do you want to be part of a lively and inclusive discussion regarding consumer participation in mental health in WA?

Then come along and share your passion, ideas and thoughts over the question:

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Consumer participation in WA's mental health services is fundamental to ensuring an effective and responsive system. Through this forum, the Department of Health's Mental Health Division, the Mental Health Network, and the Statewide Mental Health Services Consumer Coordinator seek to explore stakeholder expectations and aspirations for consumer participation in mental health.

Forum discussion groups will follow the method of Open Space Technology, "a philosophy, practice and process that enables groups of any size to come together around complex, important issues and accomplish something meaningful." (Peggy Holman, Founder of The Open Circle Company)

- YOU will create the agenda.
- YOU will be able to move freely from group to group and contribute as you consider best.
- All discussion will be captured in a Book of Proceedings that will be made available to the public.

Date: Monday, 17 November 2008
Time: 10.00am - 1.30pm (Registration and morning tea from 9.30am)
Venue: Function Centre, Bentley Technology Park, 2 Brodie Hall Drive, Bentley
Bookings: by 10 November 2008 on 9222 4099 or at mentalhealthreception.royalst@health.wa.gov.au

Bookings are essential. Lunch and refreshments will be provided.

We look forward to your participation.

Dr Steve Patchett
Executive Director
Mental Health Division



Government of **Western Australia**
Department of **Health**
Mental Health

What happened?

On Monday 17 November 2008, a forum was held in Perth to address the question:

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Community members, consumers, carers, health professionals, policy makers, Non-Government Organisation representatives, and service providers gathered to consider this question using the method of Open Space Technology.

In opening the forum, Parliamentary Secretary to the Minister for Mental Health, the Honourable Helen Moreton MLC, welcomed participants to the forum and reflected that 'the voice of consumers and carers is insistent and it must be heard'.

Together, participants created the days agenda at the Market Place and were free to attend, move between and contribute to discussions as they wished. A summary of each discussion was recorded by participants, which have all now been compiled to form this Book of Proceedings.



The Market Place

Session One

Code	Title	Founder	Page
1A	Political Agency	Maria Gaglia	7
1B	Preventative education and whole of community awareness in mental disorders	Barrie Pack	8
1C	From the bottom up	Beverley Morrison	NDR
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1E	Payments or remuneration of consumer representatives	Joey Windrich	10
1F	Psychological effects of aging process in immigrant community; effects on patients and carers; how to cope – pre-emptive measures for stability all round; experience sharing forums	Diana Teplyj	11
1G	Lack of services, preventative care of mental disorder, of suicide. Looking at full picture. Treat the ground roots. Not turn away from hospitals, after hours care.	Anne Griffiths	12
1H	Multicultural services centre	Ramdas Sankaran	13-14
1J	Police education via Police Academy	Judy Moran	15
1K	Strategies to keep a success story successful! (After managing “the condition”...)	Cushla Winnett-Leech	16
1M	To develop a structure (state wide), run by consumers with the Office of Mental Health	Alan Clively	17
1N	Does there need to be legislation to make this happen?	Lee Roberts	18
1O	National Council Women WA, Open Forums. Thursday, Peel, Nora Reagan Hall	Marion Nelson	NDR
1SPE1	How can we structure a consumer run peak body on par or stronger than those in the other Australian States. This peak body needs to be united in their goals, properly staffed and funded. I would like this to be similar to a spider web with a consumer body in the centre providing high quality training education etc – proper payment system – no seeing providers as ‘them’ but part of ‘us’.		NDR
1SPE2	What is the best GOVERNANCE arrangement for an independent consumer association?	Maxine Drake	19
1SPE3	Rural and remote discharge planning with elders, family, consumers before sent home.	Ali Fillery	NDR
1SPE4	Accessing Government	Gerald	NDR
1SPE5	Single peak body	Peter Francis	20

The Market Place

Session Two

Code	Title	Founder	Page
2A	Safety within the system: short term-long term urgent housing for MHC Armadale	Margaret McRae	21
2B	Funding of multicultural mental health services & Integration through listening to those from NESB	Nihal & Karen	NDR
2C	Would like to see mandatory follow-up following discharge from a mental health facility or a crisis	Barbara Calcraft	22-23
2D	I am a consumer member on board of BOICO, Esperance rural/remote. I feel strongly about the funding of NGOs as our service has been capped. There is a big need in Esperance for our consumers	Lyn Symes	24
2E	Consumer decision making		NDR
2F	Mental health clinics to be open after hours and weekends. More support rural and remote.	Sheila Stephens	25
2G	Time is right for consumers and carers to fight for and take their rights and how we go about it	Michelle Oldham	26
2H	Youth Mental Health	Matt Pearse	27-28
2J	Mental Health Consumer Voice Peak Body	Lyn Mahboub	29
2K	How can service providers support the voice of consumers in getting the integrated and meaningful participation in mental health that they (consumers) want	Ann White	30-31
2L	Discrimination	Rebecca Coghlan	32
2M	Parents with mental illness support (children support)	Margaret Cook	33
2O	Dual diagnosis – Alcohol abuse in young population with possible mental health problems	Rebecca Coghlan	34-35
2SPE1	Consumer of mental health service ‘user of mental health service. Training, guidance, mentorship on an ongoing basis, to put consumers in jobs they are suited to, and helping them stay there. In doing this, helps people stay well.		NDR
2SPE2	Societal issues	Anne Dore	36

* NDR – No Discussion Recorded

Session Code:	1A	Initiator:	Maria Gaglia
Session Title:	Political Agency		
Recorder:			

- Address disparity in consumer participation.
- Unmet need – low literacy people (European background) – to find a voice.
- Go into clubs/ associations (e.g. Italian, Muslim).
- Educated (CALD Australian culturally diverse, same sex couples) educated – children to assist empowerment of their parents/grandparents regarding accessing mental health services and their RIGHT to do so sharing of cultural awareness.
- Advocacy – minimal consumer representation – a matter of social justice. Cultural accountability.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Session Code:	1B	Initiator:	Barrie Pack
Session Title:	Preventative education and whole of community awareness in mental disorders		
Recorder:	Barrie Pack		

- Preventative education public awareness is an imperative. We can start with our kids in school.
- With the incidence of mental disorder increasing we have a duty of care to ensure that school students are informed about the triggers, illnesses and treatments.
- We all (the whole of community) need to be educated about the need to get help, the effects of medications and the consequences of a disorder reaching a stage where a patient is subject to the freedom restrictions of the Mental Health Act.
- Comments that putting MH issues in the school curriculum will take a long time, will be quickly out of date, don't respond well to teachers – quicker – more efficient to have outside groups come into schools.
- Children need to be made aware of mental illness to break down stigma – families need to be able to talk openly about it.
- Discussion about prevention – some felt that generally MH services just do crisis management – need to invest more in prevention/youth mental health.
- Some discussion about health/MH advertising – more awareness of mental health issues.
- Some concern school authoritarianism can halt honest open discussion – truths are punished/not encouraged – censorship – youth punished rather than engaged and encouraged.
- Have a look at how we get information to young people not in the school system – drop in centres – youth events.
- Young people that are involved in legal system to have other interventions rather than just punishment.

Who do young people in schools listen to?

- Chaplain – some religious barriers, independent/wanders around the school – not as much stigma as school psychologists.
- Some one they could talk to that is friendly and approachable.
- Some teachers can be approachable.
- School psychologists – stay in their little offices – don't go out to the students –stigma around seeing them.
- Whether young people listen or not, important that we have some MH education in schools, not overly technical, not like DSM – youth appropriate language.
- Young people to go firstly to their local GP – help to keep them out of hospitals.
- Training up teachers – 5 teachers youth approachable – Ministerial Council for Suicide Prevention.
- Headspace is out there.
- People/young people visiting schools who have been through the system/have mental illness.
- More likely to listen to some one who has been through the experience.
- Are the schools aware of the training in MH for their teachers – do they know of the groups that can come in? Teach their students about mental health.
- Do teachers do Youth Mental Health First Aid?

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Session Code:	1D	Initiator:	Vivien Kemp
Session Title:	The role of peer support		
Recorder:	Ann Bates		

Discussion on experiences of consumers in the workplace show:

- Stigma still alive and well.
- Consumers need flexible time for their work.
- Needs to be concern for their issues – e.g. might need to work more slowly.
- They want to be treated with respect in a civil fashion – should be awareness of vulnerability.

Suggestions on how peer supporters can be employed:

- Use role of ‘rehabilitation assistant’ in mental health services to create the position and then let them work with allied health to get credibility and skill.
- As mentors helping others to learn life skills.
- Helping others to address their concerns about day to day living.
- Phoning others after discharge to check on their wellbeing .
- Helping others to get information and become integrated in a way that best suits them.
- Linking with services.
- By assisting with the provision of transport.
- On wards to help before discharge and then be part of discharge planning process.
- To make peer support effective the aims, goals and objectives must be clear. Consumers need to be educated on what it is about and be given information on the opportunities it provides.
- All stakeholders need training and clear guidelines on what it is and what is expected.

To ensure success of peer support:

- Plan it properly – don’t do it ‘on the run’ – organise.
- Work at changing culture in mental health services to gain acceptance of the valuable contribution peers can make.
- Welcome peer supporters to the clinical team and help them to belong.
- Provide clear job descriptions/roles/responsibilities.
- Use consumer experiences.
- Ensure support and proper supervision.
- Make peer supporters training available in the country.
- Ensure the training is relevant and specific – involve consumers.
- Work towards peer supports ‘owning’ the peer support services.
- Improve communications to ensure all in mental health services know what it is and how to use it.
- Work at including peer support in the recovery model.
- Deal with politics and bureaucracy.
- Select people properly – being a consumer doesn’t necessarily mean you will be a good supporter.
- Consumer voice needs to be stronger – CAGs must have guidelines on peer support and know when jobs will be available.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Session Code:	1E	Initiator:	Joey Windrich
Session Title:	Payment or remuneration of consumer representatives		
Recorder:			

- Consumer reps should be adequately compensated for their time, experience and effort.
- Some reps may be on disability pension and wages may affect their pension. A solution may be vouchers for those who receive it.
- The hours may be flexible so payments in dollars won't affect the pensions too severely. Cut off \$114 per fortnight.
- Reps who are not on the pension would appreciate wages.
- Can't have a blanket 'all reps get this...'
- Currently \$25 per hour in Albany, once a month.
- We are dismissed, disempowered by this current state HCC – project eights years disbanded? Never given as payment. Token gesture – demeaning!
- Need petrol, stable enough to participate!
- Not consistent.
- Train fares.
- System problems are fringe benefits tax with vouchers. Called participation payment. Problem with employing reps as public servants. Should look at how to get round this.
- Must talk to Tax Department, Centrelink, Public Service.
- Current amount hasn't changed since 1995-96.
- Reps should get training and paid for it. And feel valued and financially rewarded or other incentive.
- NGOs and government sector worth billions. We are at a disadvantage because of inconsistency.
- Centrelink cutting off at fortnight. Some places don't know how to remunerate.
- Income bank is possible.
- Need certification to work with government.
- \$25 for rep. Only one per month. You may do more?
- On management committee no pay – David?
- Block funding of consumer inadequate because as funding runs out consumers are paid less!
- It's all about valuing reps in system type meeting.
- Everyone is getting paid on meetings and reps have to apply, forms etc.
- A contracting model?
- Demeaning manner of payment, records etc. Admin problem.
- Bureaucratic issues are a problem, North/South.
- Tokenism!
- Office of Mental Health should encourage valued participation through adequate incentives and demonstration please!

Summary:

- We petition the Office of Mental Health to encourage and support valued participation of consumer representatives through adequate, consistent incentives to benefit the community as a whole.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Session Code:	1F	Initiator:	Diana Teplyj
Session Title:	Multicultural		
Recorder:	Karin Eastwood-Helder		

- Parents, immigrants, both health going down. Daughter, sole carer – in danger of burn out.
- Respite (Carers WA) might be an option.
- Social workers have not been able to get parent to see counsellor.
- Carer will need to put up boundaries.
- Carer will need a break every three months.
- Rahim – create awareness of stress factor for people with ethnic background, which creates mental health issues.
- Network for carers.

Recommendations:

- Forums for carers from multicultural backgrounds for support, discussions etc.
- Take into consideration – religion, tradition and culture.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Session Code:	1G	Initiator:	Anne Griffiths
Session Title:	Suicide prevention care and most severe disorders		
Recorder:	Gayle Corbould		

- Concern expressed about Rockingham – lack of services – especially weekend and after hours.
- Question: “where do you go if feeling suicidal” Speaker explained process of contact with GP → mental health. Also role of Mental Health Direct and PET.
- Feeling that patients not getting enough support, getting turned away. Being told no bed space – being sent away.
- Long time to get help – DSH going every week – about 20 visits; then police told when speaker would get help.
- No follow up – nothing to help get home to Mandurah.
- Suggest need for government address – if repeat behaviour of DSH then need follow up to see what/why is happening.
- EDs not dealing with underlying issues – ‘stitch up service’ only.
- Rural/remote – lack of beds/capacity in hospitals to provide treatment – need discharge facility/hostel, ongoing treatment and support.
- Hospitals too quick to discharge – decisions based on beds not need/medical diagnosis.
- Lack of formal support services – pressure falls back to families.
- Internal structures of services – e.g. doctors, nurses, social workers – not coordinated/no common understanding or purpose – individual psychology, underlying causes of admissions not addressed.
- Needs to be a better understanding in government regarding mental health/employment link. Payments (Centerlink) need to support them and not be based on system of punishment if employment and payments criteria have not been met.
- Not enough support/accommodation – lack of ends up in cycle through hospital → home → hospital. Better structured supports could break cycles.
- ‘Safe houses’ required.
- ‘Suicidal people’ not ‘mentally ill’ don’t get same recognition/services as a result. Often nowhere to go.
- Family support needs to be part of the solution.
- Need local community support.
- Education of community to increase understanding of mental health issues.
- Respite important for families and other carers.
- Difficult for even service providers to get ‘suicidal people’ to gain admission to hospitals.
- Government does not provide adequate funding for respite care units and adequate staffing costs.
- Facilities (when built) need to be designed to maximise support and good community relations.
- Complex comorbidity for long term and short term stays and some permanent due to coping within the community (namely Albany – urgent facility required!).

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Session Code:	1H	Initiator:	Ramdas Sankaran
Session Title:	Multicultural Services Centre		
Recorder:	Ramdas Sankaran		

- Access to qualified interpreters especially those families with mental health concepts is of serious concern as issues of informed consent and effective, participatory treatment are being ignored/jeopardised.
- Rehab services – on discharge from Graylands for CALD clients are virtually non-existent – community based services should be funded for this purpose.
- Vital to establish a CALD consumer network along the NSW model – properly resourced and supported by government and community service providers
- Inadequacy of funding for:
 - Professional multicultural mental health services
 - Qualified professionals – attracting and retaining multicultural mental health professionals
 - Addressing needs of those with dual diagnosis
 - CALD consumer decision making
- Current government funding for community based professional multicultural mental health services does not reflect the needs of the CALD component of the state’s population and this should be addressed urgently.

CALD consumer decision making:

- Token participation of CALD consumers in 1-2 committees is woefully inadequate in having their voices heard.
- CALD consumers who can’t communicate in English can’t convey their concerns in forums such as this and language specific forums should be conducted.
- Mechanisms should be introduced to monitor how client decisions are made and implemented – diagnosis and treatment, follow-up and service planning etc.
- Transparency and accountability are critical and consumers should have access to information they require in this regard.
- Smoking ban in Graylands, especially in ‘locked wards’ is an infringement of human rights – people should have access to ‘smoking areas’ as this should be recognised as a coping mechanism.
- There are staff with unresolved personal problems who are impacting adversely on clients they service – this should be monitored closely.
- Untrained, young people with limited life experience may have negative impacts on clients, if they are not closely supervised. This should be addressed by all service providers.
- Consumer rights and decision making should be incorporated into legislation.
- Mental health issues are being ignored in employment participation and training – they are being cut off Centrelink benefits.
- Burn out of effective mental health professionals is of serious concern.
- There are no multicultural mental health services outside Perth – ‘royalties for regions’ should address this issue.
- Tele-health and visiting services of metro based multicultural mental health professionals should be extended to regional and rural areas.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

- Mental health prevention, promotion and early intervention are not being addressed adequately/effectively in the case of CALD communities.
- The resilience of CALD consumers are not being capitalised, i.e. empowerment is not effectively encouraged, especially when English language fluency is a factor.
- Job sharing options – where two or more people with mental illness can be supported and remunerated accordingly and appropriately. Governments, employee and service provider tripartite arrangement.
- Migrant men not fluent in English and socially isolated are in dire need of culturally and linguistically appropriate mental health support and intervention. Alcohol and drug abuse are serious issues for this group.
- The establishment of a Minister for Mental Health and Mental Health Commissioner clearly indicates for a greater commitment to the sector than was shown by the previous government. We commend this approach and request an urgent independent outcomes-focussed external review of multicultural mental health provision within the public and community mental health sectors.
- Age related mental health conditions such as dementia, Alzheimer's and elderly parents who are 'forcibly' house-bound are currently not being adequately or effectively addressed.
- Unmet need for cultural/linguistically appropriate mental health information should be addressed.
- Respite care – culturally and linguistically appropriate respite care is woefully inadequate.
- Mental health prevention, promotion and early intervention are not being adequately or effectively addressed in the case of CaLD communities and this should be addressed.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Session Code:	1J	Initiator:	Judy Moran
Session Title:	Police education via Police Academy		
Recorder:			

- Police education is very important along the lines of discernment/recognition of a mental illness.
- Empathy, understanding, compassion.
- Knowing how to handle a situation to diffuse it rather than aggravate it – to avoid a charge or maybe even hospitalisation.
- Police need to know what resources they can call on to go with them in a situation, or at best who to refer the mentally ill person for help.
- Could there be a special consumers/carers group/unit trained in crisis management, one of which could be available to accompany police on a suspected mentally ill call, 24/7.
- Surely sedation, taser gun, whatever, would be preferable to a fully armed confrontation.
- There is Mental Health First Aid training for many government departments, however only one day is given at Police Academy on mental health which includes MHERL team and forensics. ARAFMI was involved for many years but has not been included this year.
- Needs to be coordination of various government and NGO with police to broaden their understanding.
- Maybe a booklet/pamphlet could be produced with guidelines as to how to recognise a mentally ill person and how to handle the situation.
- Ideally not only police education at academy but eventually a mental health trainee officer/negotiator in every police situation.
- Geraldton mental health has very good liaison with police.
- GPs can volunteer to train in mental health – maybe police could be encouraged to do further training to specialise in mental health.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Session Code:	1K	Initiator:	Cushla Winnett-Leech
Session Title:	Keeping a success story successful		
Recorder:			

- After seeing and participating in the long haul of ‘managing the condition’ and experiencing success in work and everyday living there is the ‘challenge of change’.
- Ongoing support is vital – being discharged due to ‘managing the condition’ should not be the end of support, after all the condition is being managed, it is not cured!!

Summary:

- Ongoing support needed for ‘hiccups’ e.g. difficulties with medication. Change in everyday situation.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Session Code:	1M	Initiator:	Alan Clively
Session Title:	What would the structure of a consumer peak body look like?		
Recorder:	Louise Howe		

- Alan described the structure of a consumer voice using 'CAGS' (Consumer Advisory Groups) in north, south, east regions and the same for country CAGS. Each CAG sends a delegate to the peak body.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Session Code:	1N	Initiator:	Lee Roberts
Session Title:	Need for legislation to ensure change towards consumer statement		
Recorder:			

- “How to keep the ‘bastards’ honest”
- It = the integrated consumer system.
- Do we need it to be an act of parliament?
- Does it need to be part of the Mental Health Act or a separate act?
- The Italian model of social entities to provide employment options is relevant.
- Scope of ‘Act’ – applies to all providers of mental health service.
- The service needs to demonstrate meaningful integration of consumer participation.
- Consumer reps need to be paid to be involved.
- Parity of payment.
- Consumer involvement enshrined in all decision making forums. Systems based.
- More about systemic issues – not really at clinic level.
- It is already in the ‘standards’ and not happening so do we need an act to move forward.
- Discussions of bill even if unsuccessful would be useful.
- Leadership is lacking from the funding bodies.
- Serious change along the lines of separating out the OCP out Division of Mental Health to allow serious discourse. Difficult to change system from within.
- The act needs to be audited against – penalties real, flexible, responsive.
- Minutes of consumer meetings signed (OCP style), part of audit approach.
- What are other states, countries doing in this area?
- Does the Division understand that strengthening the consumer participation is part of their brief – it assists recovery on a systemic level and it will work.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Session Code:	1SPE2	Initiator:	Maxine Drake
Session Title:	Governance arrangements needed for an independent consumer association		
Recorder:	Maxine Drake		

- Good training for consumer board members is critical to the operation of an association, so that people understand governance, accountability, legislation they operate under and financial matters.
- There is a book out recently that would be a good resource for this, Book of the Board. It was acknowledged that all organisations need governance training and this would not be unique to a consumer association.
- Proper funding can allow for the purchase of functions for finance and legal matters, leaving other members free to do other governance work.
- Would a carer rep and a service provider rep strengthen an independent consumer association? This was generally regarded as positive.
- Definition of a carer would need to take into account the fact parents and carers of people in aged care are often seen as 'consumers'.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Session Code:	1SPE5	Initiator:	Peter Francis
Session Title:	Single Peak Body		
Recorder:	Peter Francis		

- Single consumer peak body that is sufficiently strong and robust and technically capable of getting it to government attention.
- How do we stop getting fobbed off by government Minister in relation to mental health issue, e.g. home care nursing being abolished in the northern suburbs and when will it be reinstated? With the rising costs of transport it's making it very difficult for patients to get to Graylands and Charles Gairdner Hospital.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Session Code:	2A	Initiator:	Margaret McRae
Session Title:	Safety within the system: Urgent, temporary, permanent housing for MHC Armadale after discharge from care		
Recorder:			

- MHC – abused by another MHC within the system, no staff member present at Graylands – wrote letters basically dismissed by authorities. Too shocked to report the incident at time – when she raised issue – basically told “no written report so it didn’t happen”.
- Schizophrenics have nowhere to go – short term and long term accommodation urgently required – full range of accommodation – hostels, supervised etc.
- Major community initiative required to assist to remove stigma regarding mental health issues.
- St Vincent de Paul (Vincent Care) supply housing MHC – residents accepted from acute care – Dept Housing regulated – 72.5% payable by clients. Same sex accommodation – mainly male – seeking female accommodation.
- Accountability required for staff? Criminal implications?
- Constant abuse towards staff – only human? Unacceptable.
- Personal alarm system for clients who feel threatened?
- Conflict resolution process needs revision.
- Employment agencies for MHC need re-education regarding behaviour towards MHC.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Session Code:	2C	Initiator:	Barbara Calcraft
Session Title:	Mandatory follow up for clients post discharge		
Recorder:	Gayle Corbould		

- Unified discharge plan for all hospitals in WA.
- Involve patient/community – plan in place, program where everybody knows system. It is already in place.
- Care plans not in place.
- Discharge and post discharge – should begin from day of entry. Mandatory.
- Unlikely patient see need – but family/carer
- E.g.: phone call from care worker twice weekly.
- Bridging gap between discharge from hospital until community follow up.
- Still unwell, still no follow ups post discharge
- E.g.: being given medication in hospital but on discharge, how can patient manage this? Confused by this.
- E.g.: seeking help post discharge from Graylands, patient told “you are not my problem any more”
- Another person discussed involuntary admission with GP assessing this with police assistance.
- Another person gave history – where no information between services is transferred. Especially between medical and psychiatric services.
- All community mental health clinics all very different in programs/gate-keeping.
- Reference to how different cardiology service is to mental health – complete lack of follow up and integration of services.
- Lack of common records.
- Band-aid approach to mental health.
- Reference to Swan family – care coordination pilot program community team involved – meet with family, meet with person 2/52. In family day care, Vincent Care worker, Catherine provided this information.
- Hiccoughs in state care, PSOLIS, expertise in proper discharge, difference between inpatient and community teams.
- E.g.: GP setting up care plan for patient. Wonderful services.
- Reference to Disability Services Commission where consumer chooses where to spend money – on what services.
- Inter-related psycho-social needs and medical/psychiatric care.
- Need for same access to services for everyone in Perth, i.e. equity in service provision.
- Significant lack of communication between acute sectors, e.g. Swan patient to Fremantle, but lack of information sharing.
- Reference to need for prevention – not wait for crisis.
- System: referral discharge planning, follow up support should be universal practices and access. Problem of ‘ownership’ – people not collaborative.
- ‘Memory stick’ – patient/consumer carries this and provides it to service.
- Problem when statements made in notes which are not true – patient cannot remove these often derogatory statements.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

- Acute services – lack of accountability – clinics who refuse to take part in care of patient. They are not providing care. Also, PSOLIS discharge planning – 3 years ago this was meant to happen but still no uniform recording.
- PSOLIS also not user friendly.
- Information from Catherine – Swan Mental Health: we know discharge support works. Drug and alcohol also a big part of the picture. 12 month program – then will review. Plan to keep people out of hospital – frequent flyers – frequent presenters.
- Very good results with reduced representation.
- Why are there different programs in different areas?
- Care coordination program – COAG funded.
- Mandatory discharge program – e.g. provided from Holland psychiatric ward, all structure, but on discharge not any structure – coming out is overwhelming.
- Positive statement Hawthorn House (but need for accommodation to use service).
- Unhelpful service for mental nurse – Bentley – where just check medicine but no help, support in real terms. No services.
- Costs more to the community in long term if not properly followed up, but for health service and consumers deterioration/wellbeing.
- Difference between clinic who says person fine – and carers who say otherwise.
- Negative comments on mental health nursing.
- Standard drops – take anyone even if nurse is inappropriate to work in the mental health area.
- Questions about relevance of training program – “quite stressful”.
- Abrupt end to medication when get discharged and chooses to no longer take it. Cycle which is silly – no ongoing care to prevent deterioration.
- Need to provide written information to inpatients: program, services. Also for families.
- Families have difficulty in accessing information.
- On weekend no services and patients discharged on Fridays.
- No patient should be refused a mental health bed because there is a lack of resources.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Session Code:	2D	Initiator:	Lyn Symes
Session Title:	Ideas for more funding for rural and remote NGOs		
Recorder:	Lyn Symes		

- Supported mentors to run craft group or living skills with other consumer members to ease staff pressures.
- The staff are so busy that they are stressed and the consumers suffer especially in one on one care. The staff can't be in ten places at once. That is why we need more funding so that we can employ more staff.
- Personal Helpers and Mentors program funding not available for all post codes in WA to apply for.
- Staff shortages are because of the lack of funding.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Session Code:	2F	Initiator:	Sheila Stephens
Session Title:	Open mental health clinics after hours and weekends		
Recorder:	Sheila Stephens		

- Felt the clinics should open over weekends and after hours. Only need a couple of staff each time.
- Bunbury CAG requested from clinic (mental health) coordinator and he took it back to mental health clinic staff, who were happy to try it. But it never happened due to finances.
- “Money over mental health.”
- After hours provides time for people to access professionals at the time they could most need it.
- Depression – anxiety.
- From a fundamental experience of life which is not coming from a physiological/brain chemistry imbalance.
- Being educated about life and understanding what depression and anxiety are.
- We live in an environment which is often portrayed via media to be scary and told we are living in difficult times and it's quite right to be fearful.
- Educate people differently.
- Educate people to stay well mentally.
- Tell the truth – it can be bad, but it can also be good.
- I like the Aboriginal way of life a whole lot better – they care about each other!

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Session Code:	2G	Initiator:	Michelle Oldham
Session Title:	Time is right to get integrated and meaningful consumer participation by consumers fighting for and taking their rights		
Recorder:			

- Not stop fighting until something happens!
- Want employment – through social cooperatives!
- But also want employment in services:
 - Peer support workers – carer and consumer
 - Education for employees
 - Personal leave during episode of mental illness
 - Mentoring
- State-wide consumer groups (CAGs) with training specific for consumers – how to run committees and peer support training. Fully supported.
- Support groups for consumers (to get true voice of all consumers).
- Peak body in WA.
- Consumer run services, consumer led services – and appropriate training to enable consumers to handle these positions.
- Have enough consumers on the ground to take over services and they have the skills.
- Reduce stigma by being open.
- Providing consumers basic needs (e.g. job, home).

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Session Code:	2H	Initiator:	Matt Pearce
Session Title:	Youth mental health		
Recorder:			

- Where are young people in the consumer MH discussion?
 - How do we engage young people effectively?
- Effective engagement:
 - Getting young people engaged in committee.
 - People value young people's contribution.
 - See them as expert in their field (youth MH).
- Schools don't do this well.
 - School psychologists don't do good jobs.
 - Teachers don't have proper training.
 - MH young people are excluded/discriminated against.
 - Does MH even get taught in schools?
 - Mind Matters does stuff in schools – are schools aware of these services?
 - Young person – MH isn't even discussed in school.
 - Concerns that Mind Matters is too 'soft' – not helpful – research that it doesn't help.
- Where can young people get together to discuss issues?
 - Examples of other places across
 - YAC – do young people go to them – just young people?
 - YACs don't account for CALD, ATSI, DSG
 - Young people get sick of people just talking about the issues and not doing anything about it.
- Do we need outreach workers – youth friendly services – young people won't go to so many services – youth gate keeper service.
- Rural/regional young people – no services for them.
 - Experiences of youth MH system just sets them up to go into adult system.
 - Just all talk – no recovery, no change – frustrating.
 - Concerns about giving medication to growing bodies – what are the long term effects?
 - Parents make all the decisions for young people – take the 'expert's' opinion over the young person's.
- Lot of group support for this idea: People want specific youth service.
 - CAMHS – to finish at 12.
 - New service for 13 to 25 year olds.
 - Youth appropriate.
 - Outreach workers.
 - Youth communities included.
 - Services appropriate for CALD, ATSI, DSG young people – for immigrants/refugees.
 - Young people need choices about who they see – to work with someone you trust and you can talk to.
 - For young people to be on the board of the service – to be involved in the appointments of MH professionals – young people to be involved when a person is interviewed.
 - What about the young people that don't fit any other services?
 - For youth to have consistent workers – not just finish service when over 18.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

- Young people getting bounced from worker to worker.
- Young people just to have one main case worker – they tell them the story and they (case worker) tell the rest.
- Young person moves to new area – have to see a new professional at new CAMHS office – should be able to keep seeing current person if they are willing to drive – the CAMHS don't transfer their notes effectively.
- Many young people are excluded from other services – AOD services – accommodation services – because they have a MH diagnosis.
- Headspace (13 to 25) was talked about – they have a face for many other MH/health services – can work as first point of call – and one stop shop – can help them with whatever issue they present with.
- Young people need support to go to appointments not just given numbers and that's it.
- Should have a service for just 'everybody' not exclude people.
- Need to invest in preventative things – can be not so mentally healthy – but not talk about how young people can maintain/promote MH – not just identifying those young people that have a mental illness.
- Some real concerns that teachers aren't prepared – aren't properly trained to deal with MH issues.
- People are not aware of youth MH services.
- Talk about the TV commercials: Act – Belong – Commit – more of that the better.
- “Dad – can Johnny come, he has...”
 - ...depression”
 - ...a broken leg”
- Breaking down of stigma of MI.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Session Code:	2J	Initiator:	Lyn Mahboub
Session Title:	Consumer voice: Peak body		
Recorder:	Lyn Mahboub		

- Voice:
 - Needs to be coordinated.
 - Purposeful engagement by and to services.
 - Mechanisms to assist with engagement?
 - Leadership – shared leadership.
- Membership growth to assist in expressing the consumer voice.
- Communicating out.
- Creating in-roads in.
- Those who turn up are the right people.
- Who would you employ?

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Session Code:	2K	Initiator:	Ann White
Session Title:	How can service providers support the voice of consumers in getting integrated and meaningful participation in the mental health that they want?		
Recorder:			

- Whole of WA – not just Metro.
- NGOs open to each other, share with each other.
- Starts with agency we are with – set up opportunities to hear the voice of consumers – Peer Business Panel (RUAH), everything goes to consumers voice.
- Communication issues/confidentiality issues (RFDS issue moving people from R&R to metro and not advising).
- Confidentiality- New Zealand – whole family approach – need for cultural sensitive/secure.
- Need for community.
- How much input consumers have to influence services depends on service + PHCS + leadership.
- Why have MH standards not been implemented, standard monitoring – why it fails, DSC standard.
- Ask consumers how they like to be involved, no one size fits all – 6/52 working group – how it is for clients who receive the service – exit process can be improved.
- NGOs and hospitals at discharge – recovery plan not treatment.
- Draw people in.
- Not exploit them.
- Give opportunity to express views.
- Agencies develop own participation policy.
- Rep on Boards.
- HCC Consumer reps – training programs.
- Committee of people to discuss issues = voice on board.
- Set true agenda item to speak.
- Role- Quality Assurance - Peer Support Client participant everyone's JDF.
- Write into contract with \$\$ and outcomes attached.
- Everyone's responsibility to spread the word.
- Funding from government – contract service provider – expect areas independent of funding stats.
- Seeding funding for one year, before major expectations are wanted.
- CALD – indigenous – metro – R&R – people with co morbid intellectual or physical disability and mental illness.
- How to reach the people who are part of this - COOV.
- Reference group for peak body from NGOs and other.
- Culture that values the consumer voices.
- Acceptance of values.
- OCP – ref standard.
- Communication from OCP – to advise how all/some NGOs are meeting relevant standards.
- Services that are individually designed are decided by what the customer wanted.
- Block funding for service provider – now service recipients are close, 'still need valid means of feedback loops'.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

- NGO – more consumers focus involved.
- Public MH – medical model – more community driven.
- Champions needed NGO public consumer voice.
- MH consumer contribution to MH service provider not always listened to, i.e. everything they say is assured to be part of mental health.
- To listen and believe.
- Media counter-acting stigma.
- Public mental health services use medical model – more community driven services needed.
- Mental health consumers' contribution should be noted.
- Mental health service providers do not always listen to consumers – assumption that everything is to do with mental health.
- To listen and believe.
- Need champions such as those in Rockingham where the NGO's and Public system support the Consumer Voice.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Session Code:	2L	Initiator:	Rebecca Coghlan
Session Title:	Discrimination		
Recorder:	Rebecca Coghlan		

- Moving into mental health system at a younger age. Acceptance/quite confronting.
- Financial discrimination includes – housing, transport etc.
- Employer discrimination.
- Friends discrimination – contact, acquaintances.
- Health system – access, discrimination.
- If you have an alcohol/substance problem finding a provider with interest to treat you. Some will not.
- Waiting list discrimination – even private and the wait times are significant – cost of accessing services is discriminatory.
- Gaps are very high for psychiatric services and can be for psychology services. Also GPs and sometimes we need optical and other allied health services.
- Educational opportunities can be limited due to financial issues.
- Hard to be employed full time (sometimes). This can make payments of all sorts hard, i.e. Centrelink benefits.
- How do you get paid for consumer participation at reasonable rates, especially as it has not changed in ten years and this is discriminatory in itself?
- Some of the new medications used for e.g. bipolar (Lamical) not on the PBS. Private prescriptions > \$100 per month and this is discriminatory. It has gone through the PBAC and was knocked back.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Session Code:	2M	Initiator:	Margaret Cook
Session Title:	Parents with mental illness support		
Recorder:	Jenny Terry		

- Meaningful/purposeful should come first – integration will follow.
- Individual needs – one size doesn't fit all. Psychosocial services play a big part.
- Fear of unknowns – ripple effect on family.
- Term 'carer' – seeing self as advocate; terminology varies – crisis = everyday experience.
- Huge array of definitions – information not out there.
- Finding services limited if families don't have formal services.
- Helping children/young adults understand condition aligned with physical illness.
- No support for wife – often family doesn't understand depression.
- Unsure of support for self as consumer.
- Division of COPMI service.
- MIFWA catering for whole of family – will help with multiple issues.
- Don't need diagnosis.
- Can self refer.
- Major issues – DV, child abuse, alcohol.
- Services filling – need many more workers.
- Need to think outside the square – acknowledgement that families are struggling.
- Structure that is built by consumers. CWA is an example of strong, community based organisation – voluntary support groups.
- Bringing back sense of community – people make their own agenda.
- CAG – Consumer Advisory Group – needs somebody in Office of Mental Health to support and two consumers.
- Got to build structure – delegates using voluntary support.
- Parents' groups in clinic with facilitator – need to know you're not alone.
- Bringing back 'meeting place' devolution of responsibility creating ownership.
- Mental health – bringing mental health education to the fore in schools to help children understand – teaching children to listen.
- Listening is one of the key issues.
- Demystifying mental illness – normalising.
- Huge campaign to help it become meaningful.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Session Code:	20	Initiator:	Rebecca Coghlan
Session Title:	Dual diagnosis – Alcohol abuse in young population with possible mental health problems		
Recorder:	Michele Evans		

- Young people are self medicating with alcohol – they find it difficult to access services.
- Big problem around the world.
- Problem when abusing alcohol – don't have ability to stop – mental health implications.
- Denial – acceptance issues.
- What does the user think – what are their triggers – why do they eventually stop?
- Alcohol use so accepted in society – people are often quite functional even when abusing.
- Difficult to find services with acceptance for substance use issues.
- How to access services which will treat mental illness occurring with substance abuse including alcohol use?
- Recounting experience of psychiatrist who actively sought to treat substance use.
- Need to bring it up and make it clear from outset.
- Cost of alcohol not prohibitive.
- Cost of addiction – should look at what the money could be spent on.
- Condemnation – up to 12/18 visits to psychologist through GP.
- Not enough expertise in the community? No plan to manage drinking.
- No care for what the alcohol is doing to the body – physical and mental damage.
- Strategies – get a diagnosis – so support with psychology and public system – good follow up and stabilisation with medication – long term follow up.
- Effect for family – violence – females as well as males.
- Issues for safety.
- Drinking to suppress underlying problems.
- Stigma around being an 'alcoholic'.
- Recounting experience of stopping with no support – making the decision and really wanting to stop.
- Problem of combination between medication and alcohol.
- Problem when stopping around loss of friends.
- Family crisis – all hurting inside – nowhere the whole family can go together?
- Alcohol abuse affects all families across all sectors.
- What is 'normal'?
- When are habits established?
- How do we challenge culture of drinking – working culture in certain industries – reinforcing the culture of alcohol abuse – employers rewarding employees with alcohol.
- Young do not adhere to acceptable limits – they do not care.
- Burden of drinking on society is huge.
- Coming off medication – drinking to compensate.
- Pressures of modern life – to succeed – creating stress – no sense of belonging in community – poor role models – high expectation.
- Mental health challenge for young people to withstand falling into the trap of alcohol abuse.
- Using alcohol and other drugs as a mask – remove the mask and find the pain.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

- Young people need to learn to build their individual capacity to cope with stress, deal with disappointment and cope with challenges.
- Education – target schools.
- Accessing services – keeping contact throughout recovery.
- Social outlets for both underage and of age youth – give other opportunities for outlet.
- Challenge culture which supports ongoing accessible drinking.
- Has to come from the individual – you have to want to stop.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Session Code:	2SPE2	Initiator:	Anne Dore
Session Title:	Societal Issues		
Recorder:	Anne Dore		

- I have my own registered business which I run from home as a sole operator – registered for 5 years, however, have been interested in this field for over 25 years.
- I do body work – there is not a lot of talking – I work to slow down the nervous system with the belief that calming the body helps with calming the mind.
- My main concern is the number of clients who present with anxiety/depression, unable to sleep and stress. Many of these folks take anti-depressants just to cope with their life.
- How has this happened?
- Are they living the wrong life? Are they caught on a tread mill they cannot escape from, will they develop a mental illness?
- I would like to see more education about the basic fundamentals of how our culture operates – how we come to believe in what we believe in – to actually be told that what we are taught is not necessarily the truth – there are many, many variables – so when their life does not go according to what they have been taught they understand that it's okay for it to be different. To be more flexible in their beliefs – how can they know others think differently if they are not told – basic, basic stuff!
- Believe it or not there are people out there that do not even understand that. Things go wrong and they go nuts!
- Or maybe things are already wrong – family violence etc – and they believe that is how everyone is.
- How do people come to suffer from depression or anxiety when there is no physiological explanation for it?
- Also, perception – how we do interpret the world from a physiological perspective. We live in artificial environments, wear sunglasses – the way our sensory system interprets the world is often inhibited and hence distorted because we are not allowing it to function in a way that it has been designed. No wonder some folks suffer depression and anxiety.
- Go into the forest or near the ocean and see how much better you feel.
- Please keep people well before they develop anxiety/depression.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Closing Remarks

Forum participants who remained at the conclusion of the morning were offered the opportunity to make a statement, insight, discovery or comment around how the day had been for them:

One participant sensed support in the community for an association exclusively for and of mental health consumers, which has the potential to drive reform and deliver services. This participant called for Consumers of Mental Health Western Australia (CoMHWA) to be supported to succeed in its mission. Participants were encouraged to become members of CoMHWA. An invitation was extended to approach Lyn Mahboub or Agneta Hyland regarding membership.

Another participant reflected on the lack of role clarity for consumers who are members of Consumer Advisory Groups.

The WA Police and their interface with those with a mental illness was discussed by numerous participants. It was noted that police training initiatives are underway to improve skills and positively influence attitudes.

The lack of representation by youth at the Forum was commented on by youth themselves. Discussion occurred regarding barriers to youth involvement. One youth asked if there was funding available to hold a similar forum specifically for this group. Another offered to initiate youth involvement in collaboration with interested others to ensure adults are not always talking for, or at youth / young adults.

The issue of stigma was reflected upon.

Another participant declared the forum a “splendid learning experience”, and stated that whole of community education regarding mental illness is critical. This participant also extended his thanks to Dr Steve Patchett and staff of the Mental Health Division for organising the forums.

The need for recreational and employment outlets for youth was mentioned. One participant asked where other than Lorikeet Club House can youth with a mental illness go?

“Generational mental illness” was mentioned. The existence of support groups such as Children of Mentally Ill Consumers Western Australia (COMIC WA) was highlighted.

Carol Scherret, Statewide Mental Health Consumer Coordinator provided the closing remarks. From a personal perspective Carol feels that if consumers believe they do not have a voice then she has failed in her role. However, she is happy to work in collaboration with any emerging structure to continue the work she has been undertaking, which includes building the capacity of rural and remote Consumer Advisory Groups. Carol likened the way forward for consumers to Tolkein’s story writing. That is, she encouraged consumers to unite with each other, service providers and bureaucrats to push back any black clouds that exist. She appealed to those present to look back on today and consider the group that attended as the “fellowship” – the group who will go forward and make a difference. That is, those who attended are the right people – the people with passion and heart, who if they forgive each other, encourage each other and listen to each other, will deal with any black clouds. Carol reflected on her own work history in human services over the past 20 years and encouraged participants to recognise that the humanity in Mental Health was present in the forum’s “fellowship”.

What do we need in WA to get integrated and meaningful consumer participation in mental health?

List of Attendees

First Name	Surname	Initials
Lakashman	Abeygoda	LA
Sanna	Andrew	SA
Ann	Bates	AB2
John	Bates JP	JB1
Ingrid	Bentsen	IB
Laura	Bishop	LB1
Linda	Borrison	LB2
Suzanne	Boyle	SB1
Sandra	Burns	SB2
Barbara	Calcraft	BC1
Rob	Calcraft	RC1
Trish	Campbell	TC
Alan	Clively	AC
Rebecca	Coghlan	RC3
Amanda	Cole	AC
Margaret	Cook	MC
Gayle	Corbould	GC
Bev	Cranwell	BC2
Carly	Dolinski	CD
Anne	Dore	AD
Megan	Double	MD1
Maxine	Drake	MD2
Karin	Eastwood - Helder	KEH
Sue	Etheridge	SE
Carol	Evans	CE
Michele	Evans	ME
Liz	Everard	LE
Alison	Fillery	AF
Daniel	Fillery	DF
Merv	Finlay	MF
Des	Flatley	DF
Peter	Francis	PF
Maria	Gaglia	MG
Ann	Garrity	AG1
Rahim	Gharui	RG1
Kirsten	Gibbs	KG2
Renay	Grech	RG2
Ann	Griffiths	AG2
Karron	Hall	KH
Ben	Hammer	BH
Tracey	Hennesy	TH
Norma	Herburt	NH
David	Hounsome	DH1
Louise	Howe	LH

First Name	Surname	Initials
Agneta	Hyland	AH
Nihal	Isal	NI
Lesley	Jardine	LJ
Joscelyn	Jones	JJ1
Jeanette	Jorre de St. Jorre	JJ2
Sujana	Kalwani	SK
Vivien	Kemp	VK
Merryn	Kenderdine	MK1
Sue	Khalid	SK
Gerald	Kirk	GK
Chris	Konrad	CK
Marina	Korica	MK2
Ian	Lake	IL
David	Lewis	DL
Michael	Livingstone	ML
Josique	Lynch	JL
Lyn	Mahoub	LM1
Lloyd	Marsh	LM2
Tony	Matthews	TM
Alistair	McIntyre	AM
Margaret	McRae	MM1
Jane	Molloy	JM1
Caron	Molster	CM
Judy	Moran	JM2
Bianca	Moreton	BM1
Beverley	Morrison	BM2
Helen	Morton MLC	HM
Marion	Nelson	MN1
Mary	Nolan	MN2
Michelle	Oldham	MO
Jimi	O'Rourke	JO
Barrie	Pack	BP
Penny	Panarettos	PP
Victor	Panarettos	VP1
Victoria	Panarettos	VP2
Steve	Patchett	SP
Danuta	Pawelek	
Harriet	Pears	HP2
Matt	Pearse	MP
Lorraine	Phillips	LP
Terry	Preston	TP
Irena	Quinn	IQ
Amanda	Ramsden	AR1
Beatrice	Rawle	BR1

What do we need in WA to get integrated and meaningful consumer participation in mental health?

List of Attendees cont...

First Name	Surname	Initials
Punya	Robertson	PR
Barbara	Rose	BR2
Vanessa	Ryan	VR
Ramdas	Sankaran	RS
Marianne	Schagen	MS1
Frank	Schaler	FS
Carol	Scherret	CS1
Debbie	Skroza	DS1
Beta	Spence	BS
Catherine	Spini	CS2
Claire	Steele	CS3
Sheila	Stephens	SS
Mandy	Stringer	MS4
Megan	Sumner	MS5
Lynette	Symes	LS

First Name	Surname	Initials
Beth	Taylor	BT
Diana	Teplyj	DT2
Jenny	Terry	JT
Trudy	Thompson	TT
Ruby-Anne	Tudino	RT
Katherine	Ursich	KU
Charl	Van-Wyk	CVW
Libby	Wallenborn	LW
Janet	Walton	JW1
Ann	White	AW
Caroline	Wigley	CW
Joey	Windrich	JW4
Cushla	Winnett-Leech	CWL

What do we need in WA to get integrated and meaningful consumer participation in mental health?

Guide to Acronyms

AOD	Alcohol and Other Drugs
ATSI	Aboriginal and Torres Strait Islander
CAG	Consumer Advisory Group
CAMHS	Child & Adolescent Mental Health Services
COAG	Council of Australian Governments
COOV	Council of Official Visitors
COPMI	Children of Parents with a Mental Illness
CWA	Country Womens' Association
DCP	Department for Child Protection
DSC	Disability Services Commission
DSG	Diverse Sexuality and Gender
DSH	Deliberate Self Harm
DSM	Diagnostic and Statistical Manual
DV	Domestic Violence
ED	Emergency Department
HCC	Health Consumers' Council
JDF	Job Description Form
MH	Mental Health
MHC	Mental Health Consumer
MHERL	Mental Health Emergency Response Line
MHFA	Mental Health First Aid
MI	Mental Illness
MIFWA	Mental Illness Fellowship of Western Australia
NGO	Non-Government Organisation
OCP	Office of the Chief Psychiatrist
PBS	Pharmaceutical Benefits Scheme
PHCS	Perth Home Care Services
PSOLIS	Mental Health Clinical Information System
R&R	Rural & Remote
RFDS	Royal Flying Doctor Service
YAC	Youth Advisory Council

What do we need in WA to get integrated and meaningful consumer participation in mental health?