## Mental Health Australia



National Mental Health Consumer & Carer Forum



## 2017 Annual Issues and Opportunities Workshop Report

**SEPTEMBER 2017** 

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## **1.Introduction**

## **Annual Issues and Opportunities Workshop**

Each year, Mental Health Australia hosts an Annual Issues and Opportunities Workshop for members of the National Register of Mental Health Consumer and Carer Representatives (National Register) and the National Mental Health Consumer and Carer Forum (NMHCCF).

These two-day workshops aim to further develop the representative skills of mental health consumers and carers already participating in national policy initiatives. In particular, the workshops are designed to develop representatives' advocacy, policy development and leadership skills. The workshops also provide important networking opportunities for representatives.

The 2017 Annual Issues and Opportunities Workshop was held in Melbourne on Thursday 28 and Friday 29 September 2017 and was attended by 50 mental health consumer and carer representatives.

An evaluation survey was sent to all participants following the 2017 Workshop, which close to 65% of attendees responded to. These responses have helped gauge the learning outcomes from the workshop sessions as well as the level of participant satisfaction.

This report provides highlights from the two day event and a summary of the key themes and outcomes raised by mental health consumers and carers during the workshop sessions or through the subsequent evaluation survey.

## 2017 Workshop attendees

#### National Register of Mental Health Consumer and Carer Representatives

The National Register is a pool of 60 trained mental health consumer and carer representatives from across Australia. National Register members work at the national level to provide a strong consumer and carer voice in the mental health sector. The National Register is a Mental Health Australia project.

The National Register membership was reviewed in early 2017. National Register members participated in an induction workshop in June 2017.

#### National Mental Health Consumer and Carer Forum

The NMHCCF is a combined national voice for mental health consumers and carers. The NMHCCF listen, learn, influence and advocate in matters of mental health reform. Mental



Health Australia auspices and has a formal Memorandum of Understanding with the NMHCCF.

## 2017 Workshop Working Group

The 2017 Annual Issues and Opportunities Workshop has been informed by a working group of consumer and carer representatives. The Workshop Working Group held several teleconferences and had extensive email contact in the lead up to the workshop, to help shape the themes and the workshop agenda.

The 2017 Annual Issues and Opportunities Workshop Working Group included members of the National Register and the NMHCCF.

**Be Aadam** National Register consumer representative

Lyn Anderson National Register carer representative

Lyn English NMHCCF consumer Co-Chair and National Register consumer representative

Kerry Hawkins National Register carer representative

Peter Heggie NMHCCF carer representative

*Ellie Hodges* National Register consumer representative

#### Margaret Lewry

National Register carer representative

*Carli Sheers* National Register consumer representative

Jan West NMHCCF consumer representative

Linda Zagorski National Register carer representative

## Developing the agenda

The agenda for the workshop includes sessions of varying types and purposes. The intent was to ensure a balance of workshop topics, with sessions in each of the following categories:

• **information sessions**: during which invited guests would update participants on developments in the current mental health landscape



- advocacy sessions: in which participants could discuss national systemic advocacy issues and/or common issues being tackled at a more local level and determine together the important messages and audiences for their work
- skills development sessions: designed for participants to learn advocacy, representation, and communications skills from one another or an identified expert.
- networking and mentoring: between participants of both groups.

The Workshop Working Group was very keen to ensure there were light and fun breaks throughout the workshop and opportunities for participants to network and share further discussions about the workshop topics.

The Workshop Working Group came up with the theme and topic title for the two day workshop:



"Effective Communication in Systemic Advocacy"

Drawing by @helensarahcreative, Workshop participant

## Facilitator

The 2017 workshop facilitator, Ingrid Ozols is a long term mental health and suicide prevention advocate, consumer representative, workplace educator, facilitator and speaker.





# 2. Day 1 Thursday 28 September 2017

## Agenda

ANNUAL ISSUES AND OPPORTUNITIES WORKSHOP 2017

AGENDA – DAY 1 THURSDAY 28 SEPTEMBER 2017





Time	Agenda Item
9.30am	Arrival and morning tea
10.00am	Welcome
10.35am	Effective Communication in Systemic Advocacy Lachlan Searle
12.15pm	Lunch
1.15pm	Round robin
2.45pm	Afternoon tea
3.00pm	Activity: When things go pear-shaped
3.45pm	Activity: Self-care
4.15pm	Workshop working group: Summary of day 1
4.30pm	Day 1 close





## **Effective Communication in Systemic Advocacy**

In this session, Lachlan Searle, Director, External Relations, Mental Health Australia, presented on effective communication/advocacy for systemic change. In table groups, participants were asked to consider a systemic issue and the key messages important to consumers and carers, and then decide on the audience they would like to reach and the communications platforms they would use.

Issues covered and group responses included:

## Issue: Eliminating restrictive practices

#### Key messages:

- Legislative change is required and policies must be adhered to.
- Consumer and carer champions to be embedded across the whole mental health system. Consumer and carer peer representatives need to be there at all levels to drive change.
- Independent outside oversight is required for evaluation, monitoring and reporting.
- Human rights and emotional safety for all.

*Target audience:* Community in general, as community members can drive change.

#### Getting the message across:

- Use of social media to link with existing campaigns, for example US campaign 'Who cares'.
- It is important to deliver the message to audiences who don't know they need to know this information, rather than preaching to the converted. Driving the community to drive change.
- Using lived experience stories to deliver the message. Statistics don't have as much of a 'punch' in delivering messages.
- Target key broadcasters.

## *Issue: Developing and supporting the peer workforce*

#### Key messages:

- Peer support is complimentary to existing mental health services.
- General understanding of what the peer workforce is and does.

Target audience: Government, politicians, mental health service staff.

#### Getting the message across:

- Stay positive and offer solutions rather than just addressing politicians with the problems.
- Bring them together to get the key message to a group of people, including researchers, champions and politicians.



- Use dedicated research, facts and evidence.
- Use the right language. Don't make it too emotional.
- Balance the information with the use of lived experience stories.

# Issue: Raising awareness of the direct and adverse effects of neuroleptic drugs

#### Key messages:

- Consumers and carers require access to the right resources to be informed and able to compare alternative options.
- Mandatory for consumers and carers to receive information about medications and the effects of drugs.

Target audience: Consumers and carers, clinicians. Grass roots and a top down approach.

#### Getting the message across:

- Social media and posters.
- Consistent and ongoing messaging "You have a voice, you have a choice, be informed. Be empowered."
- Having champions speak.
- Sharing lived experience stories.

### Issue: NDIS

#### Key messages:

- People are feeling sad, confused, isolated, scared and helpless.
- The NDIS is a great opportunity but we need to also keep state and territory funding to help those who are not eligible for NDIS supports.
- Please don't put all of your eggs in one basket! Eggs can fall out of the basket and it is the eggs that fall we need to talk about – people who fall into large gaps who are not suitable for NDIS services.



Target audience: State and territory ministers, federal ministers.

#### Getting the message across:

- Adding an attention grab, for example a logo or motto. "NDIS will you be ok or will you be worse off?"
- Get the service right, and then advertise.



## Reflections

Workshop participants really enjoyed Lachlan Searle's presentation, with 75% of Evaluation Survey respondents being either very satisfied or satisfied.

"Looking at mental health differently, not black and white. Know your story, your message, your audience and your mediums. I enjoyed this talk."

"Informative."

"Excellent interactive presentation. Thanks Lach."

## **Round robin**

Representatives welcomed guests from the mental health sector to sit at their tables for 10 minutes each before moving to the next table, in a round-robin style. Guests shared information about the strategies, activities and actions their services have in place to ensure meaningful engagement, participation and inclusion of the voices of lived experience.

The following guests were involved:

- Sonia Di Mezza, Deputy CEO, ACT Disability, Aged and Carer Advocacy Service
- Marie Piu, CEO, Tandem
- Michele Swann, Carer Advisor, North Western Mental Health (Melbourne)
- Irene Gallagher, CEO, Being
- Keiran Booth, Programs Manager, Central Coast Primary Care
- Allison Kokany, Consumer Consultant, WentWest Primary Health Network (Western Sydney)
- Sarah Pollock, Executive Director Research and Advocacy, Mind Australia

Our invited guests also learnt from representatives, listening to their views on how to best engage with consumers and carers.

### Reflections

Workshop participants enjoyed the Round Robin session, with 75% of Evaluation Survey respondents being either very satisfied or satisfied.

"This was probably the best session."

"This was excellent as I enjoyed listening to people talk about the work they are involved with. Again I learnt a great deal in a short time."



## When things go pear-shaped, and self-care

Participants were asked to consider their own self-care strategies and the ways in which mental health representatives can support each other.

In table groups, participants considered the issue of lateral violence and bullying when advocating in the mental health sector and discussed strategies for reducing and managing lateral violence.

The following themes were discussed:

- Develop a toolkit for mental health consumer and carer representatives, including shared values and strategies for identifying lateral violence and managing behaviours in self and supporting others.
- Every member, especially new members, to be buddied up with another member for mentorship.
- Position statement from the NMHCCF and National Register.
- Workshop or training session to be aware of what lateral violence is what it looks like/sounds like/what drives it.
- Ability to demonstrate confidence and courage to name inappropriate behaviour when we witness or experience it.
- Support peers and check in with them to make sure they're okay.
- Be willing to ask for help.
- Have a clear complaints process.

### Reflections

Workshop participants were divided on this session, with 40% of respondents being very satisfied or satisfied and 31% being very dissatisfied or dissatisfied. 29% said they were neutral.

"I appreciated learning about and discussing what lateral violence is. This meant a lot to me, particularly given that I now know that I have suffered from lateral violence in the past and did not even know it. So this session was very helpful to me."

"Prompted good discussion."

"Prompted too many memories."

"[This session] should be up front at the beginning so it can be made use of throughout the workshop."



# 3.Day 2 Friday 29 September 2017

## Agenda

ANNUAL ISSUES AND OPPORTUNITIES WORKSHOP 2017

AGENDA – DAY 2 FRIDAY 29 SEPTEMBER 2017



Time	ltem
8.45am	Arrival
9.00am	Welcome
9.15am	Sector Update and Q&A Frank Quinlan and Dr Peggy Brown
10.45am	Morning tea
11.00am	Soapbox
11.40am	NDIS and Psychosocial Supports Michael Burge and Evan Bichara
12.10pm	Activity: Skills into practice
12.45pm	Lunch
1.45pm	Activity: Primary Health Networks
2.50pm	Activity: Self-reflection and workshop evaluation
3.30pm	Workshop working group: Summary of workshop
4.00pm	Workshop close and afternoon tea



## Sector Update and Q&A

**Frank Quinlan, CEO, Mental Health Australia** provided an update on current issues in the sector, including: Primary Health Networks (PHNs) and commissioning, the National Disability Insurance Scheme (NDIS), and the Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan).

**Dr Peggy Brown, CEO, National Mental Health Commission** provided a sector update and an update on the work of the National Mental Health Commission, including; the Mentally Healthy Workplace Alliance, the Fifth Plan, NDIS, suicide prevention, and, alcohol and drugs and mental health.

This session was extended at the request of Workshop participants as they embraced the opportunity to ask questions and discuss issues with Frank and Peggy.

### Reflections

Workshop participants really enjoyed the sector update presented by Frank and Peggy with 91% of Evaluation Survey respondents being either very satisfied or satisfied.

"Big picture reforms. Peggy and Frank both spoke very well and answered questions from the floor."

"Extremely useful presentation."

"Very important and thorough. It gave me the information I needed to be able to inform my staff as to what was happening."

*"Excellent opportunity for questions and answers to many of the policy 'big picture' issues around mental health."* 

"A great way for us to get our heads around what's going on."

"Wonderful opportunity to ask questions. Both Frank and Peggy were very generous with their time."



## Soapbox

Participants were invited to sign up to do a "tightly timed" three minute presentation on a topic of their choice. The aim of the soapbox session was to give people a platform to briefly share a success story, a useful tool or an idea that they were exploring, with the view that people who wanted more information could approach the speaker outside of the session.

**Debbie Hamilton** has been working to improve the NDIS over the last 3 years. Debbie has an NDIS package which has changed her life and she thinks there can be good ways for people to have much more control.

**Ailsa Rayner** proposed a one stop online portal that could be facilitated, maintained and promoted by a consumer body. It would be balanced and cover fully informed decision making, adding to people's knowledge.

Lyn English presented on behalf of Patrick Hardwick and Janne McMahon about the National Private Consumer and Carer Network feasibility study into the establishment of a member based peer work organisation. There will be consultations in every state.

**Michael Burge** is travelling to India to the World Federation of Mental Health Conference and will be advocating for reasonable adjustments. Michael believes the biggest systemic failure in the modern day workforce is discrimination and inappropriate behaviour towards peer workers.

**Sarah Sutton** spoke about NDIS: National Disability Insurance Solutions. In South Australia Sarah has partnered with the NDIA, making suggestions for measuring psychosocial disability, including prisoners who might be eligible, helping people apply for the NDIS, and developing clear governance procedures.

**Suzie Adam** spoke about how Peninsula Carer Council are using an open dialogue approach, sitting and talking first before reaching for medication. Suzie shared impressive recovery outcomes.

## Reflections

Evaluation Survey respondents really enjoyed hearing from their peers in the Soapbox session, with 87% being very satisfied or satisfied.

"A great opportunity to hear what members were up to, their thoughts and opinions."

"Was great to get a brief overview of some of the sorts of things Register/Forum members are working on."

"Info clear and informative."

"Well done to all those who participated!"

"Always nice to hear what others are doing and sharing information."



## **NDIS and Psychosocial Supports**

Evan Bichara, National Register carer representative and Michael Burge, NMHCCF and National Register consumer representative provided an update from the NDIA Mental Health Sector Reference Group. Evan and Michael provided a presentation on the current work of the Reference Group.

Workshop attendees had discussion time and feedback forms which they used to provide recommendations for Evan and Michael to take back to the Reference Group.

The issues raised by attendees included:

#### Consumer & carer issues

• Supports for carers are required, including community supports, respite services, counselling and information about carers' rights.

#### Advocacy

- There is a lack of (specific) services for the Indigenous Australian population, CALD communities and other diverse populations, for example, people in the forensic mental health system/prisoners have specific unmet needs.
- The literacy level of forms and documentation are not easily understood.
- There are service gaps. 24/7 service responses are required, especially in rural and remote areas.
- Supported peer advocates are required, working systematically in a seamless integrated way with planners to help navigate the system.

#### Education

- There is a general lack of understanding about the episodic nature of mental illnesses. Mental health training of all parties working in and with NDIA is required, and there needs to be a strengths based approach that is recovery oriented, with trauma informed care and family inclusive practices.
- There is a lack of knowledge, understanding, and consistency of NDIS practices, systems, documentation, and scheme eligibility. Current operations are causing confusion and inefficiencies. Further information is required on how the NDIS works, permanency, how to complete documentation for all parties including general practitioners, local health services, NDIS staff, LAC's, planners, consumers and carers.

#### Process

- Quality control of NDIS service providers is required to reduce inconsistencies relating to quality and standards.
- There are long waiting periods for assessments and packages, seeking services is complex and uncoordinated, there is no continuity of care via email or phone services. Large number of consumers no longer get access to services (this is potentially where more peer workers are needed).
- There is a lack of funding support for the person putting a package together.



- There should be fairer allocations of money, as there is a service gap for psychosocial disability, packages are much less in value than when NDIS was first rolled out.
- There is a lack of flexibility with package adjustments between categories. The issues are different depending on the person, circumstance and location. A 'one-size fits all' process does not work.
- NDIA should establish an easier complaints service and process. An appeals process would be helpful, otherwise there are not many options for resolution.
- Key Performance Indicators around numbers of consumers referred and accepted to a program compromises those who need it if numbers are exceeded. NDIS is intended for those who need the extra help. Quotas can be harmful.
- We need more planners. There's a constantly changing workforce.

#### **Provider Perspective**

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- KPIs set for PIR (Partners in Recovery) client numbers and for referral to NDIS are causing confusion.
- There can be conflict of interest between support coordinators and service providers, as they are often in the same service, pushing their own interests.
- As a solo clinical provider, time spent constructing policies to adapt to new systems affects your bottom line and becomes a barrier. Small business operators could be provided with a standardised/consistent package of relevant policies to remove this barrier.

## **Primary Health Networks**

Time for this session was cut short due to extending the Q&A session with Frank Quinlan and Peggy Brown however participants had time to discuss the local and national issues they would like to explore further regarding PHNs, including:

- Understanding the role of PHNs.
- Communication between PHNs.
- Consumer and carer representation on PHN advisory and stakeholder groups. Some NMHCCF and National Register members are highly engaged with their local PHNs.
- Having a representative information group consisting of a mental health consumer and carer associated with each of the 31 PHNs, providing updates and linking in with each other.
- Peer workforce being incorporated into PHNs and commissioned services.
- More psychosocial supports commissioned by PHNs.
- Consumers and carers kept informed by becoming a community member of your local PHN.
- Importance of holistic services, as opposed to PHNs only commissioning clinical services.





## 4. Conclusion

The 2017 Annual Issues and Opportunities Workshop provided an opportunity for members of the National Register and NMHCCF to network and learn from each other and invited guests. The theme of the workshop, 'Effective Communication in Systemic Advocacy', encouraged members to think about the way information is presented in advocacy, who their audience is, and how best to work together to effectively get a message across.

### Reflections

Survey respondents were asked to list the three most valuable things they had gained from the 2017 Annual Issues and Opportunities Workshop.

"Networking."

"Discussion with other members."

"Information about what's happening in regards to the peer workforce in different states/territories."

"Sector updates."

"The expert information provided by Peggy and Frank."

"Finding out about things that are happening elsewhere in the country."

"Meeting other Register and Forum members."

"NDIS information."

"Round Robin."

"The chance to meet and exchange ideas with others."

"The co-operation and collaboration between peers and the chance to meet new members."



## Mental Health Australia



Mentally healthy people, mentally healthy communities

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