Marie McNerney reported on the VICSERV Towards Recovery Conference in Melbourne, from May 19-20, for the Croakey Conference News Service.

Croakey is a social journalism project for public health based in Australia.  
http://croakey.org
Towards recovery: exploring mental health issues in times of change

Marie McInerney writes:

The peak body for community managed mental health services in Victoria, VICSERV, held a timely conference in Melbourne, Towards Recovery.

The article below introduces some of the key issues nominated by conference presenters, participants and organisers.

As well, Aram Hosie, Public Affairs Manager for cohealth, Australia’s largest community health organisation, tweeted from the conference for @WePublicHealth.

VICSERV has also curated some useful public Twitter lists of people who attended and spoke at the conference (right), as well as others who may be of interest to conference followers. Check out the lists here.

You can track Croakey’s coverage of the conference here.

http://bit.ly/1OBhlvF
Focus on innovation

The theme of the conference was Towards Recovery: Hope, Innovation, Co-design – and a number of the issues on its agenda were also explored in VICSERV’s recent edition of its newparadigm magazine.

The conference was held at a time of great change for the mental health sector, in Victoria and beyond.

Recent reforms include the establishment of Primary Health Networks (PHNs) and the considerable expansion of their scope in community mental health and suicide prevention in response to the Review of Mental Health Programmes and Services.

But Victoria also faces a unique major challenge for mental health under the National Disability Insurance Scheme, with all of its mental health community support funds committed to the NDIS.

That raises major issues around eligibility for the NDIS – about definitions of ‘permanent disability’ and how recovery can be understood – that will also mean challenges for other states and territories.

VICSERV has been studying the NDIS trial programs at Barwon to explore the gaps and problems, amid concern that people who are deemed ineligible for NDIS support won’t be able to go back to their current support services.

A number of conference sessions looked at these issues, including an interactive ‘Hypothetical’ using the Harvard Case Method to explore a real life scenario, with a surprise ending.

Following concerns by former Australian of the Year Professor Patrick McGorry, there was a timely panel discussion on the role of the PHNs within the context of national mental health reform, led by Chris Carter, CEO, North Western Melbourne PHN, Lyn Morgain, CEO of cohealth, and Jason Trethowan, CEO, Western Victoria PHN.

The conference’s keynote speakers included Dr Simon Duffy, Director of the Centre for Welfare Reform in the UK, and Professor Mark Salzer from the Department of Rehabilitation Sciences at Temple University in the US.

Watch Duffy in the clip below on the meaning of citizenship, one of the themes of his keynote.
Salzer spoke on “A life in the community like everyone else: Evidence and innovation”, calling for innovation in self-determination, authentic peer support, technology and addressing environmental barriers to inclusion that see “the person”, not “the patient”.

The conference focused on finding better ways to respect and strengthen the voices of consumers and peers in mental health, and featured some innovative thinking and practice on how to build a peer workforce, including in acute settings.

Other sessions looked at varying cultural experiences and challenges in mental health, including programs working to provide good care and address stigma in Arabic and Chinese communities.

As part of a number of presentations on ways to address unmet needs for Aboriginal and Torres Strait Islander people experiencing mental health issues, conference participants heard from the Wadamba Wilam program as an example of a collaborative approach that has been targeting homelessness and mental illness in a proactive and positive way.

The conference looked at particular issues for young people, carers, and the lack of access to services in non-metropolitan regions. In the wake of the recent landmark report from Victoria’s Royal Commission into Family Violence, one session will explore the intersection of mental illness with family violence, alcohol and other drugs and trauma.

Messages from #TowardsRecovery

Kim Koop
VICSERV CEO

Kim Koop is being photo-bombed by VISCERV senior trainer Lorelle Zemunik
Keynote speaker Dr Simon Duffy
Director of the Centre for Welfare Reform in the UK
@SimonJDuffy

“Unlocking the power of peer support to advance a world where everybody matters”

Chris Carter
CEO of the North Western Melbourne Primary Health Network
@CarterChrisJ
Associate Professor Jane Burns  
CEO, Young and Well Cooperative Research Centre  
@janeburns

Debra Parnell  
VICSERV Policy and Communications Manager

"Young people as co-creators in research, practice and policy"  
#TowardsRecovery

Towards recovery: exploring mental health issues in times of change  
#TowardsRecovery
Dr Lisa Brophy  
Senior Research Fellow, The Centre for Mental Health, Melbourne School of Population and Global Health, University of Melbourne, and Director of Research, Mind Australia  
@LisaMBrophy

“My priority is to support people’s recovery, social inclusion and human rights!”
For better mental health, advocate for fairer, more inclusive societies

Marie McInerney writes:

Mental health advocates should be campaigning for more equal, inclusive and stronger communities, according to a provocative and challenging keynote presentation to the Towards Recovery conference.

Dr Simon Duffy, founding director of The Centre for Welfare Reform in the UK, told the conference that while the welfare state is a good thing, it had been poorly designed, creating an “empire of services” that end up protecting their own interests and undermining the possibility of better solutions.

This had led in the UK to many in the charity sector providing poor representation of the people they were charged with supporting, with fear of losing funding having “killed the independence of leading charities”.

For better mental health, advocate for fairer, more inclusive societies
As a result, he said, we are failing to truly address complex issues contributing to poor mental health, and actually causing mental illness.

He cited evidence showing a correlation between inequality and mental illness, that more mental health services don’t necessarily mean better mental health, and that mental health improves in strong communities.

“If you believe in mental health you should be against high levels of income inequality; campaign around that,” he said.

“I do think a lot of organisations, if they’re not careful, their main purpose becomes surviving.”

Duffy cited what he said was much contested but enduring evidence of better outcomes for people with schizophrenia in developing nations, possibly because of greater community inclusion, involvement of traditional healing rituals, valued work roles and extended kinship.

And he talked about the harsh impact and culpability of recent UK government policy – “Mrs Thatcher had nothing on these people,” he said.

The introduction of “work capability assessments” of people with disability and mental health issues had led over three years to multiple social issues, including increased rates of suicide.

“That’s government policy,” he said. “Those are the folk we ask to take care of society.”

He talked about the need to shift funding, resources and attention “upstream”, telling the “parable” of three friends out for a walk by a river, who found a baby had been thrown in, and then another, another, and more babies.

They start saving them, then one began to run off up the river. When the others asked why he wasn’t helping, he said: “I’m going up the river to find out who’s throwing all these babies in.”

Duffy highlighted two groups he had studied that had emerged from local communities with innovative new approaches to tackle their own issues. One was the People Focused Group Doncaster: peers with mental health problems who came together on a project and got more out of working together than from the project proper.

The other was an example of an innovation alternative, the West Yorkshire-based WomenCentre that has delivered significant improvements in health, justice and safety issues for very vulnerable women and families who had, he said, effectively been deemed too complex by other services.
He showed a slide documenting what “label” was given to women in the centre when they arrived, versus other very pressing issues they faced (“they come in with a mental health issue but really the pressing problem was, say, debt or dentistry”) and then what was their real underlying problem. Read his report on its work.

Duffy has worked for many years in self-directed care. His mantra is that it is not choice that is vital, but peoples control over their own lives. He said Australia had lagged in the area in the past, but was now taking it on in a very exciting but risky way, through the NDIS and consumer-directed care in aged services.

“You’ve created a whole new bureaucracy to do it, one big experiment all at the same time using some very elaborate technology,” he said.

“I hope it works because it’s the most exciting thing happening internationally, but I’ve never seen anything quite like this so I’m worried, and when I come to Australia I see a lot of worried faces.” The risk, he said was it could become an “expensive mess”.

And he warned that his critiques of welfare were no justification of Big Society style polices, where “suddenly the system, it’s so carried away it forgets that some things can’t be done through individualised funding...You don’t commodify the social worker: some things are infrastructure and need to be treated differently.”

### Questioning language

Duffy also questioned the use of the term “consumer” in mental health, and challenged the mental health sector to complete the process of deinstitutionalisation, which he said had only just started. Community services were, he said, “at a crossroads”.

He asked: Are they “just a buttress to the empire, part of the system, not really of community?” Or are they organisations of the community, that grow out of it and nurture it?

The conference chair Lyn Morgain, CEO of cohealth, later told Croakey, that Duffy’s presentation was “incredibly thought provoking and challenging”.

<table>
<thead>
<tr>
<th>Service label</th>
<th>n</th>
<th>Urgent problem</th>
<th>n</th>
<th>Real need</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victim of domestic violence</td>
<td>55</td>
<td>Debt</td>
<td>50</td>
<td>Better self-esteem</td>
<td>64</td>
</tr>
<tr>
<td>Mentally ill</td>
<td>39</td>
<td>Housing</td>
<td>48</td>
<td>To overcome past trauma</td>
<td>54</td>
</tr>
<tr>
<td>Criminal</td>
<td>35</td>
<td>Benefits</td>
<td>46</td>
<td>To manage current trauma</td>
<td>51</td>
</tr>
<tr>
<td>Poor mother</td>
<td>33</td>
<td>Health</td>
<td>37</td>
<td>To stop being bullied</td>
<td>50</td>
</tr>
<tr>
<td>Misuses alcohol</td>
<td>24</td>
<td>Rent</td>
<td>32</td>
<td>Guidance</td>
<td>50</td>
</tr>
<tr>
<td>Uses drugs</td>
<td>22</td>
<td>Criminal justice Advocate</td>
<td>24</td>
<td>Relationship skills</td>
<td>45</td>
</tr>
<tr>
<td>Violent</td>
<td>19</td>
<td>Dentistry</td>
<td>8</td>
<td>Mothering skills</td>
<td>26</td>
</tr>
<tr>
<td>Chronic health condition</td>
<td>16</td>
<td>Others</td>
<td>3</td>
<td>Others</td>
<td>1</td>
</tr>
</tbody>
</table>
She said some in the sector would struggle with his opposition to the term “consumer”, given the history behind its use here.

“The other (challenge),” she said, “was the risk that what he is suggesting – community engagement and ownership as an alternative to the welfare state – can be readily appropriated by political forces that perhaps don’t have the best interests of the community at heart.”

She did not believe Duffy was at all naive to that risk: “I think he says that we can’t risk not talking about it.”

* See Simon Duffy’s slideshow [here](#). And follow him on Twitter at [@simonjduffy](#)

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### Tweets from Simon Duffy’s presentation

1. **Lyn Morgain** (@MsLynM):
   
   Racism leads to mental illness. #TowardsRecovery
   
   ![Image of a slide showing prejudice and racism cause mental illness.](#)

   Black men in Britain are 5 times more likely to be in prison and 17 times more likely to be diagnosed with a psychotic illness.

2. **Lyn Morgain** (@MsLynM):
   
   If you are a leader in mental health and understand the data this demands that you confront the truth and go upstream. #TowardsRecovery

   ![Image with a tweet](#)

3. **TowardsRecovery** (@WePublicHealth):
   
   Great debate underway at #TowardsRecovery about balancing individual & collective needs/good. @SimonDuffy argues citizenship is about both.

   ![Image with a tweet](#)

4. **Mary Sayers** (@marijsayers):
   
   People want control to build relationships - a good life is about relationships you can’t be a citizen on your own #TowardsRecovery
You can track Croakey's coverage of the conference here.

For better mental health, advocate for fairer, more inclusive societies

#TowardsRecovery

#TowardsRecovery

Income inequality = mental illness. Aust (along with the US and the UK) are in the top 3 globally for both - @simonjduffy #TowardsRecovery

Managing a serious health condition

<table>
<thead>
<tr>
<th>Health Issue</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feeling a safer place to live</td>
<td>64%</td>
</tr>
<tr>
<td>Living with childhood abuse</td>
<td>27%</td>
</tr>
<tr>
<td>Didn't finish their education</td>
<td>51%</td>
</tr>
<tr>
<td>Recent experience of domestic violence</td>
<td>76%</td>
</tr>
<tr>
<td>Fractured family (for those with young families)</td>
<td>85%</td>
</tr>
<tr>
<td>Children experienced abuse (for those with children)</td>
<td>68%</td>
</tr>
<tr>
<td>Living with a severe level of mental illness</td>
<td>55%</td>
</tr>
<tr>
<td>Living with some mental illness</td>
<td>91%</td>
</tr>
<tr>
<td>History of drug or alcohol misuse</td>
<td>52%</td>
</tr>
<tr>
<td>Victim of crime</td>
<td>41%</td>
</tr>
<tr>
<td>Perpetrator of crimes</td>
<td>39%</td>
</tr>
<tr>
<td>Worried by debt or lack of money</td>
<td>65%</td>
</tr>
</tbody>
</table>

Marie McInerney @mariemcinerney - 1h
UK study looked at label women had when entered service system, versus 'real needs' @simonjduffy #TowardsRecovery pic.twitter.com/g1ENqMv4ID

For better mental health, advocate for fairer, more inclusive societies #TowardsRecovery
You can track Croakey’s coverage of the conference here.

For better mental health, advocate for fairer, more inclusive societies

#TowardsRecovery
You can track Croakey's coverage of the conference here.

For better mental health, advocate for fairer, more inclusive societies #TowardsRecovery

Selfies and snaps from #TowardsRecovery

For better mental health, advocate for fairer, more inclusive societies

#TowardsRecovery

Croakey
“Conference News Service”
Call to action: Tear down the barriers to inclusion for people with mental illness

Marie McInerney writes:

How are we addressing the barriers that stop people with mental health issues from participating fully in the community, including in the workforce?

It’s a timely question in a federal election campaign with a focus on “jobs and growth”, and as the National Disability Insurance Scheme is set to roll out nationally.

Community inclusion is “not just a nice idea”, according to Professor Mark Salzer, Chair of the Department of Rehabilitation Sciences at Temple University in Pennsylvania.

He told VICSERV’s Towards Recovery conference that inclusion is a human right, an economic and moral imperative, and plays a critical role in health.

However, the focus of the broader community, including among clinicians and service providers, is still too much on illness and symptoms, and not enough on the hopes and dreams that people living with a mental illness share with other members of the community, for a full life.

Fix the barriers

There is still more focus on “fixing” the individual through medications and therapies, rather than on fixing the environment that puts up barriers to inclusion and participation, he said.

These barriers include everything from poverty and prejudice through to well-meaning notions about whether or not people are “ready” to participate, he said.
“One of the things I’d like you to take home, if nothing else, is that community inclusion requires all of us to see individuals who experience significant mental health issues...as a person and not as a patient,” he said in his keynote address: ‘A life in the community like everyone else: evidence and innovation’.

Salzer also told the conference he was very concerned to hear that Australia’s Early Psychosis Youth Services (EPYS) program was at risk.

“One of the many things we have borrowed or stolen from Australia (in the United States mental health area) is a focus on early psychosis programs,” he said.

“We’re just gearing up after about 20 years of great work here (in Australia). To hear that that’s a possibility [cuts to the service] is quite frightening to me,” he said.

Salzer heads a research and training collaboration on community inclusion for people with psychiatric disabilities, and has also been working with the MI Fellowship in Australia on a soon-to-be-released report looking at the evidence behind community inclusion.

As was made clear by many of the peer workers who spoke to the conference, he said inclusion is not just about having workplaces or sports clubs or universities being prepared to make “some adjustments” to enable participation by people with lived experience of mental illness.

“Community inclusion goes beyond that,” he said. “It means: we want you there, you’re important to us, we actively seek you out and value you for the unique contributions you make in our setting.”

While there are fewer people living in institutions and instead living in the community, they are not of the community like everyone else, he said.

Focus on the person, not the patient

Salzer told the conference that often the barriers to inclusion are in the lenses through which people, including those in professional mental health roles, see people with mental health issues.

He talked about one of the training exercises he conducts in the mental health sector, to try to understand what lens they bring to their work. If he were to ask professionals about the life possibilities for people with mental health issues, he said they would invariably be expansive.
But he gets a much different answer when he asks them to tell a story, starting with ‘once upon a time’, about a 38-year-old man called John, who has been diagnosed with schizophrenia.

“Even with the most sophisticated, recovery-oriented audiences…(the stories) focus on symptoms, medications, hospitalisations, homelessness, maybe violence…and oftentimes end with John living in a residential centre, taking medication, smoking cigarettes, drinking soda, putting on 40-50 pounds, and dying 25 years early,” he said.

And that, he says, limits the options that services are likely to consider for John.

“If you tell the ‘John the patient’ stories, if that’s the first thing that comes to mind, that’s going to reflect the type of interaction you have,” he said.

What he’s looking for, is people who tell a story that focuses on “John the person”.

“This story says that John is a 38-year-old man who dreams of finding a girlfriend, working more hours, managing his finances, seeing his sisters more and keep his apartment,” he said.

**Environmental barriers are critical**

Salzer says there is no magic pill or magic method for inclusion, which “takes a lot of work”.

“That’s clearly why providers and policy makers are not fully invested: (it requires) addressing public stigma, discrimination, poverty issues, transportation and access to resources,” he says.

“We are coming to believe at our centre that environmental barriers are probably at least as responsible for lack of participation for people with lived experience as the illness or the diagnosis or the symptoms associated with it.”

Salzer said the Housing First initiative, which originated in the United States, is a model that could apply well to employment, education, recreation, relationships and other vital aspects of inclusion.

Housing First is based on the concept that a homeless individual’s first and primary need is to obtain stable housing, and that all other issues – from mental health and drug and alcohol to debt or family violence – can be addressed later.

The conference heard an update on the great potential of the model in Australia that has been seen in the Journey to Social Inclusion project, being run by Sacred Heart Mission in Melbourne, and from growing efforts to support and build a peer workforce.

Salzer’s work is focused on ensuring that all individuals, especially those with disability, have equal opportunity to participate in the community like everyone else, through work, education, dating, parenting, recreation, spirituality….“anything anyone wants to do”.

He said many people working in mental health were unaware of the International Classification of Functioning, Disability and Health (ICF) that focuses on participation as much as on body structure or functioning.

It says that “if you are not able to participate in meaningful social situations – work, school, dating, parenting, leisure, friendships etc – you don’t have full health.”

But the reality is that most supports and services available to people with mental health issues focus on the need to treat symptoms first and often never get to participation.
Salzer said many mental health professionals tell him that it’s all well and good to talk about inclusion, but “the people I work with, they have very significant issues, they don’t want to do all this”.

The bottom line, he says in response, is there is no good evidence for “readiness”, that predicts if someone will be able to participate successfully with a mental health issue. There is, however, evidence about the benefits of peer support and mutual aid.

The key factor, he said, should be if the person living with a mental illness says they “want to work, want housing, want to go to school, want custody of their kids, want to date…”

That may not fit with notions of “readiness”, but raises the critical issue of “the dignity of risk”, of having the opportunity to make mistakes “just like everyone else”.

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Watch conference MC Peter Mares talking with Professor Mark Salzer

Call to action: Tear down the barriers to inclusion for people with mental illness #TowardsRecovery
From the Twittersphere

Mark Heeney @heen.face May 19
It's all in the picture - Mark Salzer's inspiring keynote @VCSERV #TowardsRecovery

Fundamental #1: Community inclusion is important
- Would participate
  - Not doing things that are important to them
- Could participate
  - Evidence that with supports participation is possible
- Should participate
  - Participation is good for everyone (positive psychology)
  - Participation is good for people with mental illnesses
  - Participation is good for cognitive functioning
    - Physical activity and neurotrophic factors
    - Loneliness and cognitive functioning
    - Poverty and cognitive functioning

sally.mitchell @sally_1.m May 19
Mark Salzer says community inclusion and participation good for everyone = better health

#TowardsRecovery @WePublicHealth May 19
@Cl_Salzer says poverty impacts cognitive functioning, doing something about poverty necessary to recovery #TowardsRecovery

#TowardsRecovery @WePublicHealth May 19
@Cl_Salzer speaks about ICF domains of health including participation as key to health #TowardsRecovery a medical necessity

Marie McNerney @mariemcinemey May 19
Fewer people with mental illness living in institutions but are still not OF the community like everyone else. @Cl_salzer #TowardsRecovery

Caz Healy @caz_healy May 19
#TowardsRecovery Mark Salzer community inclusion is a right as per UN convention- need to build community as an economic & moral imperative

Lisa Brophy @LisaMBrophy May 19
Poverty, transportation rights, access & stigma & discrimination are things we need to address - now! Mark Salzer @VCSERV #TowardsRecovery

PlatformTrust @PlatformTrust May 19
Public campaigns do little to change stigma #towardsrecovery it takes active community inclusion - Mark Salzer Temple University

Call to action: Tear down the barriers to inclusion for people with mental illness #TowardsRecovery

Croakey Conference News Service
You can track Croakey's coverage of the conference here.

Call to action: Tear down the barriers to inclusion for people with mental illness #TowardsRecovery
Storm clouds over the future of mental health and disability services

Marie McInerney writes:

The mental health sector is in the midst of “a perfect storm” of change, as one speaker put it during the conference. This comes as the sector grapples with how to offer people with mental illness not just choices but control over their lives.

Mental Health Australia CEO Frank Quinlan told delegates that the system was in a period of “quite unprecedented change”, with the rollout of the National Disability Insurance Scheme (NDIS), the new role in mental health of Primary Health Networks (PHNs) and other reforms planned or underway in response to the National Mental Health Commission’s Review of Mental Health Programmes and Services.

While many of the major system changes underway, including the NDIS, are welcomed in the mental health sector, there is confusion over details and concern that many people with mental health issues could fall through new gaps in the system.

Some at the conference said the upheaval rivals the days of deinstitutionalisation, particularly in Victoria which has just emerged from much criticised recommissioning of mental health services and where there is also uncertainty about what of its mental health community support funds will be committed to the NDIS.
These concerns are only exacerbated by the uncertainty surrounding the policy outcomes likely to result from the July 2 federal election, and the marathon eight-week election campaign and caretaker period.

Despite all the planning for the NDIS, which on 1 July begins its full national rollout after three years of trials, the fate of some programs such as the Personal Helpers and Mentors (PHaMs) program is still not known.

(As a measure of ‘reform fatigue’, Victorian Alcohol and Drug Association CEO Sam Biondo told one session that when he started out in the 1970s, all he wanted was change; now all he wants is some stability).

“Some organisations don’t know what contracted services they’ll be offering on July 1,” Quinlan told Croakey in a follow-up interview yesterday. “That means uncertainty for their clients, people who rely on them, and also for their workforce who don’t know whether they will have employment in six weeks time.”

Meanwhile, Mental Health Australia released its election platform after the conference, saying the important reforms that are underway “cannot be forgotten during the current electoral cycle”. It is calling on political leaders for long-term commitment to:

- reducing the national suicide rate
- improving the physical health of people with a mental illness
- increasing employment rates for people experiencing mental illness and their carers
- increasing mental health consumer and carer participation and choice in national policy design and implementation
- maintaining current overall levels of investment in mental health, with measures that support full reinvestment of cost efficiencies and savings.

Mental Health Australia will produce a ‘report card’ to be released prior to the election, outlining the major parties’ response on these issues.

Meanwhile, just a few days after the conference ended, one of its speakers, Professor Jane Burns, CEO of the Young and Well Cooperative Research Centre, joined other mental health leaders in releasing details on suicide across 28 Federal electorates, calling on party leaders and candidates to spell out what they intend to do to address the rising toll of suicide and self-harm across Australia.

**NDIS concerns**

The mental health sector has welcomed the NDIS, saying a well funded and well run scheme will meet many needs.

But the numbers provide the context for some of the concerns raised at the conference: it is estimated that each year in Australia, there are around 600,000 people who experience severe mental illness, and 300,000 who experience severe mental illness with “complex inter-agency needs”.

By comparison, there are around 60,000 places in the NDIS for people with mental health issues.
VICSERV CEO Kim Koop said the conference message was: “The NDIS is a welcome addition to a contemporary mental health system but is not sufficient replacement for the current offering.”

She said Victorian community managed mental health services were “desperate for more information” about the NDIS.

But the State Government has an equal role to play, she said, pointing out that the bilateral agreement makes clear that the introduction of the NDIS is a shared responsibility between the States and the Commonwealth. “Both need to step up and provide information,” she said.

VICSERV has played a lead role in documenting the Victorian trial of the NDIS in the Barwon area, but is waiting to hear back on how its concerns will be addressed.

Koop said:

- “The NDIS is not a bad thing (for mental health).
- The trouble is that the funding for the existing services is being transferred to the NDIS and that it is still very uncertain if the NDIS will offer a similar range of services.
- At the moment it’s just really unclear. We’re waiting to hear from the NDIA (National Disability Insurance Agency) around the review of supports for people with mental illness but until that comes out, we just don’t know what kind of supports, what price they will be at, what workforce (levels) there will be required.”

Delegates at one conference session peppered a panel that included senior managers in the National Disability Insurance Agency (NDIA) about many details of the NDIS’s likely operation.

A delegate told the panel it had been great to have different trials conducted across Australia over the past three years but their different reports on different experiences have created “confusion and misinterpretation…trying to compare apples with oranges”.

Others expressed continuing concern about how people with episodic mental health issues would be included in a Scheme designed around permanent disability.

**On markets and mental health**

The session followed a keynote by UK philosopher Dr Simon Duffy raising issues such as citizenship and the need to focus on community rather than institutional and organisational interests. By contrast, the language of the NDIS discussions was all around markets, market failures, entrants and competition.

In an aside to me, one delegate questioned whether there is a “market” in people with mental illness.

Asked at another session whether there really was a “fair dinkum market” for organisations to start competing in, National Mental Health Commissioner Rob Knowles said there wasn’t yet.

But he warned that one would develop as it has in other countries, and he was not sure people in the sector understood the significance of the changes that will occur.

When the UK went down this road, about 80 per cent of existing services were provided by not for profit organisations, the remainder by private providers. That was soon reversed, he said.
A mistake many not-for-profits made was to think “people stick with us”, Knowles said: “People are much more fickle than that. I think there are significant challenges for those operating in this: how they make themselves be a service provider of choice”.

**Concerns for Aboriginal health**

A delegate from an Aboriginal community controlled health organisation (ACCHO) raised issues for her sector, where Aboriginal communities are estimated to have twice the incidence of disability as non-Aboriginal communities but much less access to services, and agencies that are not specialists for disability support.

“If you focus most of the effort on transitioning current supports (to the NDIS), that will continue to leave Aboriginal communities under-supported,” she told the NDIS panellists.

She was told the NDIA had identified it needed to do a lot more work around Aboriginal disability, and would step up that engagement and transition work. Other culturally and linguistically diverse (CALD) communities will also get a bigger focus.

Another ACCHO representative voiced fears that if Aboriginal people with disability transitioned to other services under the NDIS, only to find they were not culturally safe for them, that the ACCHO workforce might not still be there for them to return to.

**What will PHNs offer mental health?**

Another panel session focused on the news, announced last year, that funds will be reallocated from Canberra to PHNs to commission — but not deliver — mental health services.

Again, the sector has welcomed the move, particularly as a bridge between States and Commonwealth, but with concerns about how it all might work in practice.

@FrankGQuinlan need to target outcomes and consumer co-design but fears reforms will lead to wrong doors and gaps #TowardsRecovery

The aim of the PHNs, to make sure they get local services on the ground where they are needed, was very welcome, Quinlan said. The concern is how to maintain national standards.

He said: “For example with eating disorders and suicide prevention, you can quickly see you wouldn’t want 31 PHNs across the country all inventing their own way of doing things. Addressing how we tackle some national issues while ensuring local suitability is a big challenge.”

The PHN session involved panelists Jason Trethowan – Chief Executive, Western Victoria PHN, Lyn Morgain – Chief Executive, cohealth, and Christopher Carter – Chief Executive, North Western Melbourne PHN. They outlined what PHNs would cover, and what they wouldn’t.
The questions they sought to answer in their session demonstrated the issues of concern for many of the delegates there:

- How will planning be undertaken that ensures the range of demographic, clinical, aged related, cultural, socio-economic and comorbidity of people is properly planned for?
- How will the flexible funding pool work – be prioritised – is it flexible for service models of care?
- How will PHNs work with the State system, and with each other to ensure continuity – especially given the transient nature of some consumers?
- What does this mean for existing youth primary mental health services? Youth with severe mental health?
- How will we ensure that services for Aboriginal and Torres Strait Islander people recognise the social determinants of health and cultural safety?
- What are the potential approaches to reduce fragmentation (suicide prevention)?
- What are the commissioning challenges and opportunities for rural communities?
- There will likely be a gap with the move of specialist recovery based community mental health support services to the NDIS. Will PHN’s be able to fund recovery based CMH or will as suggested PHNs be limited to commissioning only “clinical primary MH” as has been suggested in some of the guidance documents?
PHN perspectives

Croakey later asked panellist Chris Carter for his reflections on the session.

Q: What were the main messages you wanted to get across during the session on the role of PHNs within the context of national mental health reforms?

That the role of PHNs is developing – in the first phase this will be about development of a stepped care model that reflects regional needs, and is focussed around safe, quality mental health care. There will be a number of stages and phases in the evolution of an integrated system given the high level of fragmentation in the healthcare system.

Q: What key concerns emerged from the session? What’s your response to them?

Not really concerns, but a genuine desire to participate in the conversation about reform – how PHNs will take into account the diversity of populations, families and individuals when considering future planning and investments in the mental health system.

Q: The Federal Opposition said recently: “The PHNs, as the critical commissioners under the new reform agenda, are stuck in an unenviable position, wedged between the enormous pressure to deliver the reforms with unreasonable demands and an information vacuum from the Department of Health and at the same time trying to manage an increasingly agitated mental health sector hungry for information and advice.” What’s your response to that?

Our role as PHNs is to help facilitate as much information sharing and participation in planning processes as is possible. Some of the tension lies between acute and primary systems, as well as State and Commonwealth systems. At a regional level, our job is to bring local intelligence / evidence and wisdom to try and meet the needs of consumers / citizens, whilst bringing along the sector – which we acknowledge is reform / change fatigued in Victoria.

Q: What do you want to see promised for mental health in the federal election? Has the campaign put major work on hold? What certainty is needed now?

I support Mental Health Australia’s call for a long-term strategy for mental health – and would add that we need to integrate State and Commonwealth responses at a regional level in order to target diverse populations and diverse needs. The election campaign has not put our work on hold – we are on track to implement continuing and new arrangements ready for July 1 and beyond in partnership with stakeholders.

Some Twitter observations

![Twitter observations](image)
Control, not choice

Another big theme at the conference was given a sharp focus by keynote speaker Simon Duffy – that the idea of ‘choice’ is not enough for people with disability.

Rather, he said, control is what's vital. (See also Duffy’s views about the NDIS in this [earlier Croakey story](#) and in [this interview](#) on Radio National's Life Matters).

In a similar vein, RMIT Associate Professor Paul Ramcharan told delegates about the It's My Choice toolkit (DVD, discussion guide and booklets) developed with Inclusion Melbourne, a day service that supports people with intellectual disability. The project sought to inform people with disabilities, family, friends and others as well as service personnel about how to explore choices within complex lives and relationships.

Ramcharan later told Croakey:

> “Of the nine principles of choice (identified), one in particular challenges us to rethink the notion of choice. In this principle, the important question is not whether people with disability have choice – given that no one really has a total choice in what happens in their lives and that choices are made within a complex of relationships, services and environments. The question should be whether the limitations placed on their choices are reasonable or not.

> Organisations delivering services should be looking at discrimination and community norms and other barriers that get in the way of people expressing their choices not just about mundane matters like what to eat and wear (though important) but pervasive areas relating to health, education, work, family and intimacy.

> Choice of services alone does not equate to personal choice. It’s the journey of life that counts, not formal academic indicators, but the rich fabric that enriches our lives day to day.”

See his slide below.
- **Principle 6** - Nobody is completely free to choose and pursue any choice they wish. What is therefore important is whether the limitations experienced by a person are reasonable or not.

- Based on arguments of discrimination and social justice, limitation should be no greater for me as a person with lived experience than it is for others
- Limitations on my experiences should be no different in form or measure to community ‘norms’
- I have equal human rights to everyone else. In making my choices disability discrimination says it is an offense if these human rights are not respected, protected and fulfilled.
- If there are reasonable limitations on my choice I have a right to try and overcome these. I cannot achieve everything I want. All people are limited by their capabilities but striving to achieve the highest level of capability is what makes life meaningful. This may only be achieved where I have dignity of risk.

**Conference perspectives**

**Frank Quintian** @FrankGQuinian · May 19
View from the front, panel discussion on whether #mentalhealth reform will "get us what we want" #TowardsRecovery

**Neami National** @neaminational · May 19
Great discussion on National Mental Health reform with Liz Crowther, @FrankGQuinian & Rob Knowles #TowardsRecovery
Watch some interviews and stories from VICSERV’s Towards Recovery mental health conference

As well as reading Croakey’s coverage of VICSERV’s #TowardsRecovery mental health conference, you can watch several interviews via the Periscope app with keynote speakers and other presenters and participants at the event in Melbourne last week.

They are all available at Croakey TV – or watch them below.

Keynote speaker Dr Simon Duffy at #TowardsRecovery

Dr Simon Duffy, founding director of The Centre for Welfare Reform in the UK, talks in this interview about his presentation on citizenship, choice and social equality. While warning strongly against the Big Society policies that have stripped communities of support in the UK, his big challenge to the conference was the need to challenge the way the welfare state has created an “empire of services” that end up protecting their own interests and undermining the possibility of better solutions that should be forged in community.

He also discusses how all eyes are on Australia’s National Disability Insurance Scheme (NDIS) but says there is a big difference between offering people with disability choice or control over their own lives. Read our story here.
You can track Croakey’s coverage of the conference [here](#).

Watch some interviews and stories from VICSERV’s Towards Recovery mental health conference #TowardsRecovery.

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**US Professor Mark Salzer talks inclusion and participation**

Professor Mark Salzer, Chair of the Department of Rehabilitation Sciences at Temple University in Pennsylvania, talks in this interview with conference MC and former Radio National journalist Peter Mares about community inclusion and participation. He said people with mental health issues are still seen too often, including by clinicians and service providers, as patients, not people, and he called for advocates to fix the social barriers that get in the way of true participation just as much as any symptoms of mental illness. Read the Croakey story about his keynote.

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**Kim Koop and Lyn Morgain take stock at the conference**

Conference organisers VICSERV CEO Kim Koop and cohealth CEO Lyn Morgain talk to Croakey on Day 1 at the #TowardsRecovery conference about the big challenges facing the mental health sector and some big ideas that emerged in the keynotes. Read the Croakey story about some of the challenges that emerged in conference sessions.
You can track Croakey's coverage of the conference here.

Harvey Baker-Dowdell talks about being a peer worker at #TowardsRecovery

MI Fellowship staffer Harvey Baker-Dowdell told the conference about his journey from participant to peer worker after co-presenting with his supervisor at a session that explored support for the emerging peer workforce.

Marion Blake from NZ’s Platform Trust on a community sector ‘transformation’

Platform Trust is a New Zealand collaboration of community organisations that are providing services to individuals, families and communities where mental health and addictions are an issue. Its CEO Marion Blake told Croakey that the group decided it had had enough of ‘business as usual’ approaches to complex health and social issues which didn’t resolve problems. “We decided to change course, lead from the front, find some partners and together transform the way the mental health and addiction system is working,” she told the conference.
Fiona Browning talks about the #TowardsRecovery Advocacy Tree

Fiona Browning from cohealth talks about the Advocacy Tree project initiated by mental health consumers involved in the North Western Melbourne Consumer Leadership Group. She said the group wanted to address a lack of advocacy and self advocacy supports and resources and to map what is needed in the mental health system for people seeking support. So they ‘planted’ the Advocacy Tree at the conference and asked delegates to contribute their thoughts on two key questions: ‘What do you wish you knew then that you do now?’ and ‘What would a consumer need to be able to advocate for themselves in the current climate?’ She gives Croakey a tour in this video.
The importance of supportive systems and networks for peer mental health workers was highlighted at the VICSERV Towards Recovery conference.

The conference also heard about a peer program for people with eating disorders that has been sharing stories of recovery, as journalist Marie McInerney reports below.

Marie McInerney writes:

Over the past 20 years, Harvey Baker-Dowdell has had many careers. He has been a chef, trained to be a priest, completed a degree in politics and international relations, worked as a banker, and trained in horticulture.

But now Baker-Dowdell has a role that he wouldn’t have imagined a few years ago – as a peer worker with mental health support service MI Fellowship in Tasmania.

Baker-Dowdell told the recent VICSERV mental health conference in Melbourne that he had experienced depression and anxiety for more than 20 years.
“I always just thought I was a bit strange, a bit weird,” he later told Croakey. “But actually in 2011 I had a really serious mental breakdown, and almost lost my wife and children over the experience.”

But what came out of his recovery, and is being reinforced and shared through his new work role, is that “no matter what you’ve been through, it’s absolutely possible to pick up your life and have that full and meaningful life, the hopes and dreams you once held onto.”

“For me, my recovery has been fairly long and I’m still in recovery,” he said. “I have the same challenges that anybody else has, I’m still reminded every day of my mental illness. I live it, but it’s only part of me, it’s not the whole of me.”

Baker-Dowdell, who is in his late 30s, has moved from receiving support in his recovery from mental illness at MI Fellowship into a paid position as a peer worker (people with lived experience of mental illness, or of caring for someone with a mental illness, working in mental health).

His role is to walk alongside other service users, and share his experiences and insights about his recovery with others experiencing mental health issues and with other workers without that experience.

“I think we bring a very unique skill and contribution to the community space,” he said.

**Supporting peer workers**

Baker-Dowdell, who is one of just four paid mental health peer workers in Tasmania, and his supervisor, social worker David Wilkes, presented to the conference their insights on how best to support and develop peer workers, particularly given there are still relatively few in the sector and they can often feel tokenistic and isolated.

An important part of their relationship was daily contact, often just a catch-up, and an ongoing focus on self-care, they said. This was important not just because of lived experience of mental illness, but because often it can be the peer worker’s first experience of work in human services, often with consumers in very vulnerable places.

Their was one of a number of sessions highlighting the emerging role of the peer workforce in mental health at the conference, including one timely session on the implications for this workforce of the National Disability Insurance Scheme (NDIS) which will start to be rolled out nationally in July.

Growing recognition of the role and value of peer services is seen as illustrating a paradigm shift in a recovery-oriented mental health service, viewing lived experience of mental health as not part of the problem but part of the solution.

Consumer leaders cite evidence showing multiple benefits from peer work, ranging from reduction in hospital readmissions through to helping to reduce coercive mental health practice and enhancing overall staff commitment to recovery.

But the conference heard there is a long way to go to address tokenism and resistance, and that peer workers need good training, clear job roles, adequate support and supervision and inclusive workplaces.

Change is coming slowly, delegates said, pointing for example to Victoria’s 10 year mental health plan which explicitly recognises the need for growing the peer workforce through clear and consistent role descriptions, supervision and career progression.
Questions about the NDIS

But there are mixed verdicts on what the NDIS might mean for peer workers.

With consumers able to choose under the NDIS who they want to deliver services, it may mean the growth of peer-led organisations and the potential development of wholly consumer owned and run services.

But one presentation warned that funding under the scheme might also reduce incentives for community mental health organisations to develop, expand or enhance their lived experience workforce.

“This limitation is effectively moving against the tide of change where mental health peer work is increasingly recognised and growing,” warned members of the Pathways team, which has piloted an official Traineeship in Mental Health Peer Work.

This new model provides formal mentoring and support in the workplace, and the peer workers complete a range of training and professional development options including the nationally accredited Certificate IV in Mental Health Peer Work.

Supportive networks

Other sessions highlighted the need particularly to bring peer workers together more often, with non peers, and also in their own networks.

Conference participants heard about the Eastern Peer Support Network (EPSN) which was set up to bring together peer advisors, workers and people with lived experience of mental health and/or alcohol and drug issues to meet on a monthly basis, to develop a regional approach to peer networking, workforce development and training.

Peer worker Paula Kelly said the project developed by co-design of discussion topics, what skills people wanted to build, and the speakers they wanted to hear. Discussion topics ranged from stigma and self care through to training and systemic change.

What was particularly helpful, she said, was that the network project was set up by an alliance of services, “so we had a ready-made platform to bring (peer workers) together”. But still not all of the services in the region engaged with the network – “to the detriment of their peer workers,” she said.

Kelly would like to see statewide funding invested in more peer hubs and networks so that all peer services and peer workers could start to align. “We all seem to be duplicating what we’re all doing,” she said.

Another presenter stressed the value of the peer workforce in spreading “the word of hope”, and developing hubs as “a really strong force in prevention as well as recovery”.

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Stories of recovery from eating disorders

The conference also heard about a peer program for people with eating disorders that has been sharing stories of recovery as a powerful way to promote hope, inspiration and optimism among groups of people currently receiving treatment.

Eating Disorders Victoria (EDV) client services manager Cathy Wyett said the Stories of Recovery program trained recovered speakers to share aspects of their experience with people who were receiving hospital-based treatment for an eating disorder such as anorexia nervosa, bulimia nervosa or binge eating disorder.

She told Croakey after the presentation that EDV was confident the program would be effective, but even they were surprised to learn that for some patients it was the first time they had ever met someone who had recovered from the condition.

She said:

- To us, that was unexpected and amazing, that this person might have been in hospital multiple times but never met anyone who had recovered from the illness they have.

- Not having that perspective (of the chance of recovery) can do terrible things to your sense of hope. People were really moved by being able to hear from someone who is now thriving and surviving.

- It’s very different to being told ‘yes, you will recover’ by a health professional who is equally invested in your care but hasn’t been there themselves.”

Wyett’s presentation provided an insightful account of the benefits and challenges of running a peer support program.

She said Stories of Recovery aimed to carefully select and train a diverse group of recovered speakers, who could help others still struggling with eating disorders and build on their own sense of worth. They also helped to bust some myths around eating disorders and to set up good relationships with hospitals and health workers, and patients and families on release.

Wyett said one of the main goals was to try to represent the diversity of eating disorders, to counter stereotypes that they only affect young girls with anorexia, when men and older women could also be affected.

“Everyone focuses on the Caucasian teenage girl,” she said. “We really wanted to get across that an eating disorder looks very different for every person, and there are lots of different diagnoses that come under the banner. People experiencing them feel alienated by the stereotype, so we’re really trying to bust that myth.”

Wyett said the program is delivering many benefits, including for the volunteer speakers who have been really “energized – not to dwell on the hard times but to support others’ recovery”.

Hospital staff get a lot of out it too, she said, particularly for those who had known the speaker as a patient.
The program was also giving EDV a better understanding of hospital referral processes and admission criteria that can be fed back to people seeking support on the EDV helpline, as well as letting patients and families know about services available when they leave treatment.

But there have been challenges too that weren’t anticipated.

Wyett said EDV had thought the program might not be able to get enough volunteers or that hospitals wouldn’t be interested or see the value in the program. However, these concerns have not been realised.

In fact, there’s been great interest from hospitals, but also many layers of bureaucracy to negotiate to manage risk or other issues around bringing an external group in to work with a complex group of patients.

“With one hospital, we’ve been in conversation for over a year now and still haven’t signed off, despite everyone (there) being really enthusiastic,” she said.

Unfortunately, the stigma and stereotyping around eating disorders that the program aims to address has meant that, to date, they have been unable to recruit any men who have recovered.

“There’s a lot of stigma around eating disorders in general, but it’s still very much perceived as a female illness, so many men feel increased stigmatisation as a result.”

To help address stigma and encourage greater awareness of the warning signs of an eating disorder, EDV will on June 9 launch a new campaign – ‘How far is too far?’

Croakey readers can check it out on Facebook as the launch date nears. Meanwhile, June 2 will be the first ever World Eating Disorders Day.
What are the priorities for mental health? Sharing some insights from the Towards Recovery conference

Marie McInerney writes:

The importance of tackling the upstream determinants of mental health and wellbeing, and of promoting recovery and choices for people with mental health needs are among key priorities to have emerged from a recent conference in Victoria.

The VICSERV Towards Recovery conference also highlighted some major challenges for the system at a time of huge change.

In particular, there were calls for the impending roll-out of the National Disability Insurance Scheme (NDIS) to incorporate feedback from trials, and to address the needs of particular groups, especially Aboriginal and Torres Strait Islander people.

Our final Croakey Conference News Service report on the conference includes reflections from some participants about the critical issues facing the sector and health reform more broadly.
It comes as the **Australian Health Care Reform Alliance** (AHCRA) calls for an election focus on mental health, warning that “Australia’s approach to mental health has become fractured and piecemeal with unacceptable risks for people with a mental illness and their families”, and that the experience of mental health care now “varies wildly” depending on where you live.

An AHCRA statement says: “Huge problems remain in access to care, particularly for some key groups such as those under 25 years, the elderly, Aboriginal and Torres Strait Islander people and multicultural communities.”

Politicians should be asked the questions below, suggests AHCRA.

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**The AHCRA statement underscores concerns raised during the conference about some storm clouds over mental health**, particularly around the implications of the NDIS, and what it means for people with mental health issues.

The two international keynote speakers Dr Simon Duffy and Professor Mark Salzer **put big ideas upfront** – about where the welfare state has gone wrong, on citizenship, choice and control, and the barriers to community inclusion and participation – challenging the sector itself about its motivations and responses.

As our Q and A below reveals, there was clearly an appetite for such big thinking.

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**Key reflections**

**Q1. What is your main takeaway/reflection from the conference?**

**Dr Lisa Brophy**, Senior Research Fellow, The Centre for Mental Health, Melbourne School of Population and Global Health, University of Melbourne and Director of Research, Mind Australia

I think the importance of addressing the social determinants associated with peoples’ experience of psychosocial disability were raised in so many different ways at the conference. It was so refreshing to talk about stigma, participation, loneliness, poverty, friends and love and focusing on supporting people to gain a good life – and the possibilities that personalisation and self-directed care might offer to address these issues.
Noeleen Tunny, VACCHO Senior Policy Officer

That there remains a worrying lack of clarity still about how the NDIS will cater for Aboriginal people with psychosocial disability whose needs are not being met currently by the disability service system. My worry is: if you’re putting all your efforts into transitioning existing service provision which is failing to connect with Aboriginal people, you’re going to just re-create the under-utilisation in a new environment. My biggest fear is Aboriginal people will again become a footnote: “NDIS worked well for the majority of people” (*except Aboriginal people).

Mary Sayers, Deputy CEO, Victorian Council of Social Service (VCOSS)

The future social services will be completely different from the past, with a focus on facilitating community inclusion, enabling deep choice and control for service users and “deinstitutionalising” the service offering.

Bron Parks, mental health clinician

From the conference the biggest point I noticed was how important peer workers are to the industry and to how they connect workers and consumers in a hospital setting for the process to not be so clinical, scary, and informal.

Alan Murnane, General Manager, Primary and Mental Health, Inner South Community Health

The conference left me needing to rethink our models of service delivery within mental health. How effectively do we (the whole community, not services) use allocated resources to the best interest of people with mental illness? How well do we understand what will be the best use of allocated resources?

Russ Wood, Head Honcho, Bedrock Social Co

That it is OK to seriously question what it is we have built up over the last few decades in terms of the welfare state.

That a true and driven focus on the individual, their needs and aspirations is both morally right but also the best way we can currently see of empowering them to live their lives to its fullest.

Kim Koop, CEO VICSERV

My main takeaway: that the NDIS is only a small part of the mental health conversation we need to have in Victoria. The role of the state government in ensuring contemporary mental health services including rehabilitation needs to be our main focus.

Q2. What were the standout presentations and why?

Dr Lisa Brophy, The Centre for Mental Health, University of Melbourne

Both Simon Duffy and Mark Salzer were great and complementary keynote speakers. Simon’s story about the babies being thrown into the river was so memorable just because it makes so much sense – we need to find out why and how to stop the babies being thrown into the river as well as rescuing them! But so often all our efforts are too downstream. I also liked Mark’s urgent challenge about addressing poverty, transportation, rights, access to services and stigma and discrimination.
Noeleen Tunny, VACCHO Senior Policy Officer

A fantastic and inspiring case study presented about the Wadamba Wilam program about the way assertive outreach can be life changing. It too worried me though about whether the kind of wrap around care provided collaboratively by the services involved in the program will be supported by the NDIS when block funding makes way effectively for fee-for-service.

Mary Sayers, Deputy CEO, VCOSS

cohhealth and ERMHA’S presentations on preparing for the NDIS. Both presentations highlighted the opportunities of new ways of thinking about the opportunity of the NDIS in promoting greater control for people with disability and mental health needs.

I loved the analogy ERMHA made of ensuring you have right both the “poetry – staying mission driven” and the “plumbing – having the right business practices and organisational training and support”.

Bron Parks, mental health clinician

The standout presentations were both by ACSO (Australian Community Support Organisation) – one on dual diagnosis and the other on group work: PUMP (Participate Understand Motivate Persevere). They both showed innovation in arguably one of the most important areas in mental health: the presence of dual diagnosis as an expectation, not an exception, with 75-80 per cent of consumers having symptoms of mental health concerns and concerning substance use. Not only was this problem area identified, effective and empirically based solutions were suggested.

Alan Murnane, General Manager, Primary and Mental Health, Inner South Community Health

Simon Duffy’s keynote on ‘Being a True Equal…Citizenship’ was my standout presentation. Simon is a philosopher and delivered his presentation from that perspective, challenging traditional notions of mental health service delivery. Simon quoted research showing that income redistribution (UK or USA) is only about 2 per cent of Gross Domestic Product (GDP).

Instead of using the tax and income support systems to ensure everybody has adequate income, funds are put into services. ‘We spend most of the money on stuff that is not very good or does not change the situation.’ He also presented research showing the distribution of services to women. It showed that the women with the greatest needs received the least services.
Russ Wood, Head Honcho, Bedrock Social Co

Simon Duffy keynote: First time I have heard in Australia that our ‘welfare’ system is perversely feeding ill-health and disadvantage and that if the ‘welfare state’ isn’t supporting the most in need and the most complex, what good is it!

Stories of Recovery (Eating Disorders Victoria) and Sane Australia (who with University of New England looked at how to safely present the experiences of people who have attempted suicide via different media to help reduce stigma). At the other end of the scale from the high-level, philosophical debate about purpose, funding and policy investment were two presentations that reminded me of the power of the individuals’ stories. While we can all get caught up in programs, recommissioning, reform, elections etc, it all comes to nought unless we are best able to support the people we work with. Both presentations were very powerful reminders of this.

Paul Ramcharan: Paul’s presentation (about the It’s My Choice program) followed Simon’s and he really brought together theory and research in terms of the role that promoting and supporting ‘risk-taking’ plays in recovery. An excellent presentation.

Kim Koop, CEO VICSERV

Simon Duffy and the session following that with Prof Paul Ramcharam – together they explored the importance of giving CONTROL to individuals and unpacked the things that get in the way of choice. This shows the complexity of the environment we are in and the exciting opportunities and also risks we are working with.

Q3. Any standout quotes, evidence, or tweets?

Dr Lisa Brophy, Centre for Mental Health, University of Melbourne

“We must move from a ‘professional gift’ model towards a ‘citizenship model’” – Simon Duffy

Noeleen Tunny, VACCHO Senior Policy Officer

Simon Duffy in his plenary speech about the need to place control, not just some choices, in the hands of the person with the need. That really resonates for me as a worker in an Aboriginal community controlled health service where at the moment we are engaged very explicitly in discussions around self-determination and what it means.

Mary Sayers, Deputy CEO, VCOSS

“Seeing the person and not the diagnosis is the key to community inclusion” – Mark Salzer

Bron Parks, mental health clinician

I remember my tweets more than anything as I aimed to quote information that I thought was important and stood out. The two would be:

Schizophrenia recovery has better outcomes in developing countries due to social inclusion – Simon Duffy

Wellbeing is a presence of a positive, not absence of a negative – Dr Lindsay Oades

They both focus more on positives and recovery in a strength based and community model.
Russ Wood, Head Honcho, Bedrock Social Co

The ‘dignity of risk’ – Paul Ramcharan.

“Morally, what’s at stake here is freedom” – Simon Duffy

“Too often we do the right thing, but not the effective thing” – Simon Duffy

Kim Koop, CEO VICSERV

Favourite moment: when Victoria’s Public Advocate Colleen Pearce asked everyone connected to VICSERV in the auditorium to stand up. How great to see our work in such a tangible way.

The Office of Public Advocate award will give the VICSERV team lots of courage to step up and speak out in the year ahead.

Q4. What are the urgent priorities to be addressed on mental health in the federal election campaign?

Dr Lisa Brophy, Centre for Mental Health, University of Melbourne

The Federal Government has an important opportunity to respond to the feedback about the NDIS from the trial sites – it is such a fantastic development for Australia with so many good intentions but the architecture of the scheme needs to be addressed to ensure it fulfils its promise.

People with psychosocial disability need access to evidence based support and interventions – including developing their opportunities for informal support – that are going to enable economic participation and social inclusion. So many people just don’t get a chance and remain stuck in cycle of unsatisfactory treatments and marginalisation.

Noeleen Tunny, VACCHO Senior Policy Officer

A willingness to commit to long-term flexible funding that allows community controlled organisations to address the needs of communities in the way they know will work. No more strategies without funding, no more 10-year plans with 12 months of funding, and the flexibility to focus on outcomes rather than activity.

Mary Sayers, Deputy CEO, VCOSS

Ensuring there are no gaps for mental health funding and that we do not lose service for people in the transition to the NDIS – especially for those with episodic disability.

Bron Parks, mental health clinician

100 per cent it needs to be early on intervention and prevention, which includes suicide prevention. As Simon Duffy said, it’s time to stop the ‘babies’ being thrown in the river, rather than to keep on fishing them out.

Russ Wood, Head Honcho, Bedrock Social Co

Focusing on those in the community with the most complex needs by re-setting policy incentives to encourage, not discourage, integration and client-focused services.

Making sure that all government programs have an evaluation element built-in.
Building the focus on peer support programs across mental health (and other areas).

**Kim Koop, CEO VICSERV**

Federal election urgent issues – the trend towards reducing mental health investment. Mental health needs to come back on the table as an important issue for the health of our whole community.

**Q5. What change/challenge will most occupy your work in mental health this year?**

**Dr Lisa Brophy, Centre for Mental Health, University of Melbourne**

I will be doing lots of evaluation of innovative services types – like Recovery Colleges and Prevention and Recovery Services. I will also be continuing to work in partnership with consumers and their supporters regarding how we can reduce coercive interventions and promote people's human rights, particularly through supported decision-making. I will be focusing on hearing from people about what makes a difference for them, what they need, what they think works for them, where the gaps are and thinking about how to fill those gaps.

**Noeleen Tunny, VACCHO Senior Policy Officer**

My focus is on the NDIS, so my urgent priority is to make sure it does not re-create the old disability service sector environment, which clearly has not served the needs of Aboriginal people.

**Mary Sayers, Deputy CEO, VCOSS**

Continuing to work towards building sector capability to respond to the changes and capitalise on the opportunities of consumer directed care in partnership with Ageing, Disability and Mental Health Collaborative Panel.

**Bron Parks, mental health clinician**

The Q&A part of Simon Duffy’s opening presentation created a lot of doubt on NDIS, which should be a fantastic person-centred model. This year will be focussing on understanding the NDIS roll out, the impact it’s going to have on mental health programs in the community, and making sure no one is ‘lost in the gaps’.

**Alan Murnane, General Manager, Primary and Mental Health, Inner South Community Health**

Access to quality psychosocial rehabilitation in the community sector with the implementation of the NDIS will be a major challenge in Victoria. All current Victorian Mental Health Community Support Service funding is rolling into NDIS, and the NDIS clearly excludes rehabilitation. We will remain very focused on this issue as the rollout develops in Victoria.

**Russ Wood, Head Honcho, Bedrock Social Co**

Supporting innovative organisations to find, and then sustain, service models that allow us to provide integrated, ‘wrap-around’ support for the most vulnerable – cohorts like the chronic homeless and those with a dual diagnosis. There are many agencies trying to work around the current support system to get things done for clients – which seems entirely perverse.
The impact of the transition of community managed mental health services in Victoria to the NDISs and the looming gaps between disability support and the treatment services: Who will be responsible for rehabilitation? The Bilateral agreement says “States”: Will the Victorian Government step up the challenge and fund services that build citizenship and social inclusion?

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**Kudos and tips for future conferences**

Conference organiser VICSERV, the peak body of Victoria’s community-managed mental health services, was presented with Victoria’s Public Advocate’s Award 2016 for its long-standing work with services, their consumers, families and carers.

“In particular, it has showed courage over the last few years in advocating for Victorians with mental illness to access supports under the National Disability Insurance Scheme, and continuing supports for those who may not be eligible,” Public Advocate Colleen Pearce said.

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**Missing voices**

The closing session also heard some criticism of the conference. One delegate said some of the presentations around peer work had been “troubling” because they were not discussed by the peers undertaking the work. “I think you need to be more mindful of that when looking at abstracts,” he said.

He was also disappointed there had not been a keynote speech from a mental health consumer, such as US psychologist and researcher Patricia Deegan who had addressed one in the past. “That was wonderful to hear,” he said.

He added: “Otherwise, it was a great conference.”

Another delegate felt that issues relating to people with mental illness who were caught up in the forensic system, and those who hear voices that are distressing, were missing from the conference this year.
You can track Croakey's coverage of the conference here.

What are the priorities for mental health? Sharing some insights from the Towards Recovery conference

#TowardsRecovery

How do we move to recovery? Messages from posters

Control
Choice
Hope
Discovery
Knowledge

#TowardsRecovery

"Nothing about us without us"

VICSERV's mental health conference

Hope is hearing other people's experiences, value the lived experience of those seeking wellness

#TowardsRecovery

VICSERV's mental health conference

Real partnership, real outcomes

#TowardsRecovery

VICSERV's mental health conference
What are the priorities for mental health?
Sharing some insights from the Towards Recovery conference

#TowardsRecovery

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**Tweets and Selfies**

*Critical importance of lived experience, community capability, cultural lens and grounding in rights. #TowardsRecovery #article19*

*Such evident insight, strength, experience and capacity for innovation. Ensuring these are able to influence new futures.*
What are the priorities for mental health? Sharing some insights from the Towards Recovery conference

#TowardsRecovery

You can track Croakey’s coverage of the conference here.

Marie McInerney @marie.mcinerney · May 19
"It seems to me kids are completely forgotten in the context of the mental health debate" @CFECFW CEO Deb "bombs" #TowardsRecovery

Ostara Australia @OstaraAustralia · May 19
Our own Faiza and friend Marie spoke about our Work for Wellness program at #TowardsRecovery this afternoon

Frances Monro @chémonro · May 19
#TowardsRecovery James McClura and Brooke Baxter from Pathways Barwon

Russ Wood @bedrocksocialco · May 19
Great yarn about personal stories, data, research, social impact, hope & @YouTube from Samara Grey @SANEAustralia. #TowardsRecovery

Lisa Sweeney @Lisaannewweeney · May 19
Aboriginal community controlled health has learnings to offer the MH sector regarding holistic and person-centred care #TowardsRecovery
What are the priorities for mental health?
Sharing some insights from the Towards Recovery conference

#TowardsRecovery

Thanks to all tweeters!
Twitter Analytics

There were more than 8 million Twitter impressions for #TowardsRecovery from 17 – 30 May, and 478 participants. Read the Twitter transcript here.

Warm thanks from Croakey to all who participated in sharing the news on Twitter, and a special shout out to Aram Hosie for covering the conference for @WePublicHealth.

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Croakey Conference News Service

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  Disclaimer: Marie McInerney works as a sub-editor for VICSERV's newparadigm magazine.
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