

Specific issues / topics we would like the Minister to talk about

Notes for Hon. Ruth Dyson's speech – 23rd Sep 2008

- Having mental health peer support/education programs operating out of consumer governed and operated organisations means complete fidelity to the key recovery values of hope, self determination, empowerment, power sharing, person responsibility, self advocacy and peer support.
- Being valued for 'lived experience of mental illness' and being more open about such 'personal qualifications' may be a new and uncomfortable relationship for some MH professionals and indeed for people who use MH services, but a peer support service working in collaboration with other MH service providers holds great potential in dismantling unhelpful and over-defined differences between people who use and people who provide MH services
- Service supports are reconceived as mentoring by peers and not as supervisory, as can happen with MH staff.
- A shift in emphasis from pathology to experience, hope, wellbeing and strengths
- The rediscovery of a positive sense of personal and cultural identity, separate (or much less so) from illness and disability with people using the service.
- Empowerment through information, role change, and self care that are associated with peer support/education.
- There is considerable benefit for working from the education modality that Balance does, people with mental distress can then simply acknowledge that there are things they can learn to make their lives more comfortable and productive. Whatever uncomfortable place people are moving from, they can skip the presumption of fault or wrongness. In treatment mode, they start from the assumption that there's something wrong with them which often results in self stigma. It may be hard to seek help and find hope because they feel ashamed of wrongness. It's hard to hear helpful suggestions because they feel defensive about their failings. In learning mode, they can stand side by side with their educators. We have some things to teach others and we know that others have things to teach us.

We need to keep insisting that a comprehensive community-based mental health system requires funded consumer-led consumer recovery and self-help components.

We need to support consumer-centred and led programs such as:

WRAP (Wellness Recovery Action Plan) trainings

Social/community networking

Peer support

Ecotherapy

Creative art

Recovery and self management programs (WRAP)

Pschoeducation

Pathways to education, training and work

Consumer leadership, advocacy, training and participation in the system

The task and challenge is to develop and protect programs Balance offers like WRAP & Peer Support (face to face and online) as consumer driven and consumer-led...we must not smother the very essence and potency of these programs by professionals moving to far to the fore.

The programs are about an empowerment process of consumers, a recovery journey of consumers, peer mentoring and support by consumers for consumers.