

Count-Me-In Conference, 1-2 March 2007

Outcomes and recommendations, by session

These outcomes and recommendations were compiled by combining:

- Chairs' / scribes' notes at each conference session; and
- Participants' feedback and suggestions via the conference evaluation process.

Plenary – Social Inclusion

1. All NGOs to consider projects / strategies focused on social inclusion
2. Reduction of stigma and discrimination is an ongoing important role for everyone.
3. Need a holistic approach to community development. Significant numbers of people with psychiatric disabilities live in disadvantaged communities
4. Link, encourage, and support consumers into social groups & friendships
5. Consistent lobbying and commitment to bring a culture of social inclusion to Australia
6. Make positive images of mental illness visible in the community, and create community connections that build resilience and open dialogue
7. Education should be more focused on schools and the community in general
8. Compile publication of recommendations on social inclusion from conference, circulate & lobby. Compile research evidence & practice examples from NGO members.

Symposium – How hard can it be? Consumer participation

1. Consumer participation works, introduces direct experience and new ideas, and provides valuable role/work/experience for consumers.
2. Consumer participants who are paid by the agency/department they provide advice to can feel they can't offer independent views.
3. Tokenism still occurs, and there can be incongruence between words and action with consumer participation.
4. Consumer participation important to young people and people new to mental illness.
5. Consumer participation in health has to come through NGO sector
6. All agencies need to consider the practicalities of involving consumers in planning and implementing programs. Consumer-run programs need to be formalised. Develop guidelines / best practice around this area.
7. Provide support, empowerment, and training to consumers and carers to enable them to deliver programs
8. Agencies need to listen and respond to consumers' input

Symposium – In from the margins: NGOs working for mental health

1. Focus on workforce development in NGOs. Present and "sell" packages to NGOs for strategic planning in implementing good workforce development.
2. Build NGOs' capacity to support social inclusion framework.
3. Support programs that are already working, and take ideas of successful programs to develop state-wide
4. Look for cohesiveness and ways we can all work together.
5. Nurture consumer NGOs

6. Appoint independent facilitator who understands risks & solutions to make social inclusion among consumers a reality in NGOs, to work with NGO to help set up a process going beyond tokenism. Establish a champion in NGO too.
7. Continue to lobby & ensure COAG initiatives are the start not an end in themselves. Help Govt services & communities put in place frameworks to provide meaningful community outcomes
8. Appropriate training for MH workers which would encourage and support people working in the sector, including direct care workers to enable them to provide respite for carers.

Let's talk: partnerships that work

1. Support projects that are currently working, and support implementation elsewhere.
2. Ensure planning that promotes services to work together to add value to thought and workshopping
3. Work with Government departments (eg Housing and Employment) to ensure that their front line staff who are likely to have contact with people living with mental illness are adequately trained in MH & the complexity of issues.
4. MHCC to help keep NGOs aware of each other, and keep NGOs aware of areas of need and opportunities.
5. Encourage and support NGOs to continually improve
6. Establish connections / programs that foster connections with communities.

Where's the justice? Exploring mental illness and prisons

1. The proportion of prisoners with a mental illness has increased substantially, and this can be attributed to the closure of psychiatric hospitals without adequate resources directed to the community. This points to a broader need to better resource the community sector to support people and keep them well in the community.
2. MHCC to include in its submission on the Mental Health Act the need to remove Executive Discretion in making decisions about prisoners with mental illness.
3. Monitor Long Bay forensic mental health unit and other forensic health units to ensure they do not become a prison; focus should be on health and recovery.
4. Research into links between mental health and the prison system.

Size isn't everything: third sector challenges

1. MHCC to continue to promote the benefits of investment in community services. The new funding coming into the MH sector in NSW is much needed/ appreciated/ overdue but still not at a sufficiently critical mass to allow a significantly proportional/ meaningful contribution by the sector.
2. Size does matter – smaller and/or values based organisations can achieve a lot with little, they are closer to the issues on the ground, it is important that the NGO sector not lose this.
3. NGOs need practical support for change (eg "how to" instructional manuals, assistance with staff/clients reactions to change, eg grief/loss)
4. Work on the challenge of providing equivalent services across rural and remote areas.
5. More support to parents, families, and carers.

Symposium – In from the cold: the housing landscape, and More than a roof – critiquing accommodation support

1. Reshape public housing reforms. Currently they are so heavily targeted that only the very very unwell will get housed in public housing
2. The Housing environment is very complex, and initiatives from all levels of Govt and a number of different departments can impact on housing and people's capacity to access it (eg the changes to superannuation). MHCC to consider housing impacts when advocating, preparing submissions, etc, to keep housing on the agenda.
3. MHCC to take up with Dept of Housing the issue of 2, 5, 10 year leases and how this is quite inappropriate for many people living with mental illness due to the episodic nature of many mental illnesses. Moving people to the private rental market removes security and places people at risk of homelessness if they become unwell.
4. MHCC to take up with Dept of Housing the issue of the complex housing needs test. The initial model developed by DOH includes perverse incentives to become street homeless/become more unwell so as to get housed more quickly (eg. street homeless is category 1 need, person with mental illness sleeping on friend's sofa only category 2)
5. Sector to support and promote the recommendations in Shelter NSW's options paper on housing, particularly those that can be related to social inclusion and its importance to mental health.

Collaboration and innovation – mental illness and substance abuse

1. Our clients are becoming more complex (ie. more health and social problems) with both mental illness and substance use being key features
2. Do more evidence based practice with this complex group, including the routine inclusion of research and evaluation as a base for service development
3. There must be an emphasis on training for MISA service providers and ongoing support for transfer of the training to practice (for both direct service & management)

Your idea or mine? Consumer recovery

1. Need to change attitudes. Consumers do recover. Reduce stigma in the workplace (including stigma by staff and by other consumers too)
2. Make mental illness visible:
 - Staff need contact with well consumers (rather than just unwell consumers) as part of their ongoing work and to reinforce the message that consumers do recover. It was noted that CAN has a database of well consumers available to present their stories.
 - Needs to go beyond community education to reach individuals, ie. So that everyone's life is in some way touched by mental illness.
3. Easier, clearer, more comprehensive access to recovery tools and literature – eg. MHCC to have links on its website to recovery resources including Ausienet toolkit.
4. Consider concept of professional “askers”, who identify then match a consumer's profile of who they would like as a peer with people in the community (rather than relying on volunteers). See The Art of Asking at www.inclusionworks.org.au.

Somewhere to call home: exploring homelessness

1. Develop strategies to support / expand the mental health NGO sector:
 - Peaks to showcase dynamic models of agencies partnering to develop enhanced models of comprehensive service

- Individuals involved in new models / partnerships to educate other clinicians
- 2. Expand support programs for the aged / vulnerable people to enhance their capacity to sustain accommodation
- 3. Explore models of partnership that strengthen how services are provided to include not just homeless people but include capacity to work with families
- 4. Look at developing proven accommodation / support models for homeless people who have a mental illness, such as “HASI for the homeless”.

Different strokes: valuing diversity

1. Embracing and valuing diversity is at the heart of social inclusion. Social inclusion is not about homogenising people, but about providing opportunities for all regardless of their differences.
2. We all have a role in applying a “whole person approach” in our practice.
3. Part of community development is to genuinely engage communities for a shared human experience.

Symposium – Is it working? Employment in today’s climate

1. Employment is the best avenue to inclusion in social & economic life of the community, and is backed by evidence-based models
2. MHCC to continue to advocate for changes to the Welfare to Work and WorkChoices initiatives that are most unfair for people living with mental illness, including the job capacity assessment process, the disincentive to voluntarily seek work and risk losing DSP, and the 8 week penalty regime (eg. the 8-week penalty is equivalent to a fine of \$1840. This is extremely harsh, particularly when exercised on the most vulnerable people in society.)
3. Advocate to change the underlying philosophy of the system from a compliance model to a facilitating / nurturing model to support people into the workforce.
4. Advocate for grants for NGOs to trial projects with consumers to enable greater capacity for consumers to secure and retain employment. The NGO sector is well positioned to offer innovative housing, social & employment programs, & complement govt services. There is also potential with the right partnerships to challenge the mainstream to provide more responsive & consumer focused services

Social inclusion and third sector activism

1. The status quo doesn’t have to be here forever. NGOs have power. No one else is going to stand up for change – it has to be us!
2. Fund independent think-tanks and support independent advocates.
3. Challenge tokenism wherever we meet it.
4. As a sector we need to put up alternatives to Government initiatives, and transfer rhetoric into action
5. Inform the general public about the importance of social inclusion for all people with a mental illness and other disabilities
6. Return to social justice as a core value of NGOs. Look at how funding directs us rather than being clear about what we stand for & negotiating assertively with funders. They need us now. We need to resume our power.
7. Need to put mental health back on the election agenda/s