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Cooktown - Cape York

Peer-toPeer Support Promoting Mental Health and a genuine approach toward resources projects in Recovery

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Introduction

Thank You for this opportunity to help advance our understanding of human ecological on matters surrounding Mental Health Recovery from a consumer's perspective.

This is a perspective that draws insight to the phenomenon of recovery.

The following information is supported by a wealth of evidence collected by governments, consumers and health professionals who are concerned about what happens to consumer's in their overall recovery.

The underlying premise depicts a platform of three major points;

1. improving awareness of the various difficulties encountered by people with mental health problems in trying to integrate themselves into society.
2. gaining a fuller perspective on de-institutionalisation and its cost
3. introducing and monitoring of projects and the benefits of "good practice" in terms of transferability and cost effectiveness.

Social exclusion is what happens when society marginalises people so that they are not able to play a full and equal part in their community.

Many people who suffer from mental health problems live in poverty and experience stigma and discrimination. At best 15% of working-age people with long-term mental health problems may be working, which is far lower than any other group of disabled people; and unemployment, a lack of adequate housing and social networks may result in people becoming seriously isolated and excluded from society.

While good mental health can help people to be intellectually and emotionally fulfilled and integrated into social, educational and professional life, poor mental health can become both a cause and a consequence of social exclusion and stigmatisation.

Broadly this article begins by advancing reasons why having Allied Friends and Peer-to-Peer support networks is essential to a person's civic wellness and recovery in Mental Health.

It advocates that building an Allied network for Peer-to-Peer support ought to be considered as an integral part of every consumer's recovery team.

For this reason it is hoped that by working together with other mental health consumers and non-consumers we may work to produce outcomes of self-directed recovery, independence, and community integration. [\[1\]](#)

Evidence based Recovery

Comparative evidence asserts that a person's recovery is enhanced through engaging in meaningful activities that connect one to the community.

For this reason recovery in Mental Health ought to be based on the lived experience of persons with mental health issues by paying attention to what helps and what hinders them in their recovery. [\[2\]](#)

At a local inter-regional level, we need to do more to build on local knowledge for mental health recovery, to encourage broader awareness of the dynamic, ecological interplay of factors that facilitate or impede recovery.

The benefits in doing this for Mental Health consumers and non-consumers would help to identify the need for resources, processes (such as choice), qualities (such as hope), relationships, mental health services, and environments that influence recovery. [\[3\]](#)

Local Policy and LA21

From a consumer perspective we need to build a set of indicators that can be used to assess the performance of national, state, regional and local mental health systems and providers as they are being facilitated or impeded through the dynamic interplay of many forces that are complex, synergistic, and inter-linked. [\[4\]](#)

Scientifically we are exploring the practical reality from the experience of a consumer in every-day life where;

1. the interaction of helping agents or forces reveal their combined effect and can be seen as greater than the sum of their individual effects.
2. the cooperative interaction among groups, especially among the acquired subsidiaries or merged parts of a organisation, that creates an enhanced combined effect.

Snap Shot One: Please take a few moments to consider the 23 Big Things in Mental Health list, in Appendix 1. A quick view of this list reflects that a consumer has some if not all of these issues going on in their life, at anyone time. As you can see these issues would have a vastly negative impact on a person trying to manage problems in Mental Health.

Conceptual paradigm

The aim is to increase knowledge about what facilitates or hinders recovery in Mental Health.

For this reason, we are being asked to look at the phenomenon of mental health recovery.

- Recovery is a product of dynamic interaction among characteristics of the individual.
- Recovery is about the self as a whole person, about hope and a sense of meaning and purpose.
- Recovery is about improving characteristics of the environment. These include basic material resources, social relationships, meaningful activities, peer support, formal services, formal service staff. [\[5\]](#)
- Recovery is about values and the characteristics of exchange. Hope, choice, empowerment, independence and interdependence.

In a ecological context recovery is about having a livable income, safe and decent housing, healthcare, transportation, a means of communication (e.g., access to fax, telephone, admin etc), and works to move people towards recovery.

This paradigm reflects how social isolation, a lack of support and the lack of basic material resources undermine a sense of safety and hold people back in their recovery. For example recovery is difficult for people who are unemployed, underemployed, and exposed to discriminatory forms of disturbance such as stigma and exploitation.

Citizenship is membership to community

Recovery involves a social dimension, a core of active, interdependent social relationships being connected through families, friends, peers, neighbours, and colleagues in mutually supportive and beneficial ways.

This helps to overcome social and personal isolation, poverty, emotional withdrawal, controlling relationships, poor social skills, immigrant status, disabling health and mental health conditions, past trauma, and social stigma which impede the recovery journey.

Promoting Full Citizenship

As you may agree, full citizenship expands beyond social relationships

and is a measure generic and universal significance. For example, it takes into account the value placed on having a meaningful job and career, which can provide a sense of identity and mastery, offering one an economic opportunity, self-sufficiency, liberty, and the pursuit of happiness.

Essentially a recovery focus helps identify options, such as advancing one's education, volunteering, engaging in group advocacy efforts, and or being involved in program design and policy level decision-making.^[6]

In this inter-regional area, training and education opportunities are lacking, benefits have employment disincentives, prejudice and discrimination hamper efforts, and individual wishes and decisions are disregarded.

A Recovery Perspective

Research findings support personhood serving as a critical dimension of recovery.

When talking to consumers about recovery, they talk about the internal sense of self, inner strivings and their whole being (physical, emotional, mental, and spiritual) as affected by and affecting their recovery process.

Consumers describe various personal qualities, attitudes, and conditions that can help (self-reliance, personal resourcefulness, self-care, self-determination, self-advocacy, holistic view) or hinder (not taking personal responsibility, shame, fear, self-loathing, invalidation, disabling health and mental conditions).

The personhood dimension is also about hope, purpose, faith, expectancy, respect and creating meaning. Participants in Recovery described how developing a sense of meaning, purpose and spirituality as well as having goals, options, role models, friends, optimism, and positive personal experiences support recovery.

Impedances include humiliation, demeaned dreams, pessimistic staff, poor psychiatric hospitalisation, and lack of education and information about one's condition and potential resources destroy hope and act as roadblocks to recovery.

These issues have powerful negative effects on an individual's self-concept, esteem, and sense of efficacy. If a person's aim is recover these effects are compounded by mental disorder itself and the associated stigma (internalised and external), prejudice and discrimination.

Believing that recovery is supported by others (friends, family, peers, and staff) helps fuel self-agency (the process of intentionally living one's life on one's own accord).

People suffering with Mental Health issues want to understand what they are experiencing. They want to be educated, have good information and actively participate in making important choices about their own lives.

A diverse and cultural approach is also important. An approach that respects certain affiliations, a person's connectiveness within the community (I.e, social affiliations, family networks and relationship status), connections that may modify the emphasis on self-agency through activating kinship, social inter-connections that support and encourage interdependency or living for the good of the larger social unit.

When considering the fullness of the personhood, self-agency in recovery, promotes a universal quality of life needs and desires.

A person's life journey becomes a journey of hope, exploration and discovery. Thus, a holistic focus and positive expectancy (regarding attitudes, beliefs, and goals) on one's own part, on the part of helpers, within families, and in the media and the broader community can move recovery forward.

Empowerment

Empowerment is critical through the process of recovery.

Empowerment becomes one of people gaining power and control over their lives through access to meaningful choices, and the resources to implement those choices.

The Role of Choice

Choice has a crucial role through empowerment.

It is the difference between a person having or not having information on, or access to, a range of meaningful and useful choices and options that foster recovery.

Citizens everywhere, are empowered when they make the choices regarding where they live, housing, finances, employment, personal living/daily routine, disclosure, who they associate with, self management and the right form of treatment.

Individual consumers have talked about the empowering experience of choosing 'how I see myself, my disorder, my situation, my quality of life.'

But for such empowerment to occur, meaningful options must exist and people must have training and support in making choices, and the freedom to take risks and fail. ^[7]

In discussions, consumer recount service providers, professional, family members and communities engage in the use of coercion, control, restricted access or involvement, discrimination, and stigmatisation. Independence in this context^[8], falls within the meaning of empowerment through both a process and goal of recovery.

Independence is achieved through making one's own choices and decisions, exercising self-determination such as;

- having an advanced directive,
- enjoying basic civil and human rights and freedom,
- having a livable income,
- a car,
- affordable housing, etc.

Paternalistic responses, lack of respect, involuntary and long-term hospitalisations, stereotyping, labelling, discrimination, the risk of losing what benefits and supports one does have, all undermine independence.

Repeated encounters with experiences that offer no independence instills adverse fear, lack of confidence, and negative attitudes and beliefs.

Interdependence and Social Connectiveness

Interdependence is a term that implies an interconnection or an interrelationship between two parties. As a inter-connection it describes the link of people to people. In this way it is vital to note that seeking independence and seeking interdependence are not mutually exclusive.

A self-help mechanism based on the care of the consumer, Peer-to-Peer and or allied friends movement provides opportunities to all government departments who need to be seen to allocate funding to address their own transforming policy incentives.

The government recognises the need for expansion, project funding, support and availability of peer services, such as;

- peer support,
- education,
- outreach,
- role models,
- mentors, and advocates

There is a need to identify alternative services and engage 'experienced experts/peer specialists' across all levels of mental health service

provision.

The Mental Health Servicing Environment

The aim must be to counter-act the limitations in funding, geographical availability, poor participation and leadership development opportunities, as well as lack of transportation.

Sharing Service Provisions

I draw your attention here to the UN's Primary Health Declaration from Descriptors 1. Alma Ata All and Descriptor 3. The value we place on health and sharing its affordability.

The formal service system, and the professionals and staff employed within it, constitute another reality that impacts the process of a persons recovery.

We must fully acknowledge that the formal system often hinders recovery through;

- bureaucratic program guidelines,
- limited access to services and supports,
- abusive practices, or poor quality services,
- negative messages,
- lack of 'best practice' program elements, and;
- a narrow focus on a bio-psychiatric orientation that can actually serve to discount the person's humanity and ignore other practical, psychological, social, and spiritual human needs.

Note: Fear of Mental Health issues is at the core of such hindering forces is the operationalisation of society's response to mental illness, that of shame and hopelessness and the need to assert social control over the unknown and uncomfortable.

Evidence reflected through the recent National Senate Inquiry and State findings lend further support to shortcomings already identified within the formal system of care.

Unintentional Systemic Consequences hindering Recovery

Often these hindering influences are the unintentional consequences of procedures implemented by well-meaning authorities in a belief that the practices are in the best interest of patients.

- People have basic subsistence needs that 'the safety net' does not meet.
- Social welfare and mental health programs are fragmented and difficult to access.
- People do not want to have to deteriorate in order to receive help, nor do they want to lose vital supports when they make progress toward recovery.
- Psychiatric services can be experienced as a means of social control, countering individual efforts of recovery.

The formal service system and many of its personnel largely overlook how responding to, and coping with, trauma is a central experience of psychiatric disorder and thus the system fails to incorporate trauma knowledge in existing explanations of, and responses to, mental illness.

The experience of trauma and abuse reported by consumers is well documented throughout all studies mentioned above.

The impact reported by consumers includes;

- internalised stigma,
- the repeated or re-traumatisations by the system, and;

- the historical trauma of past abuse.

Pivotal in creating a culture of belonging, safety, openness, participation, citizenship, and empowerment is the level of support of peer services and peer staff, both independent of and integrated into existing service delivery systems.

Consumer programmes and efforts in Peer-to-Peer support involve a need to return to the basic core of helping. It promotes a 'therapeutic alliance' that highlights the need for positive helping relationships based on partnership.

People do not want to interact with neutral detached helpers, nor do they want to meet a new professional or paraprofessional each time they seek help.

Partnerships and inter-related support provisions

Opportunity for choice and negotiation in selecting partnership relationships with a doctor, therapist or case manager are strong concerns.

People desire the collaborative development of individual treatment plans with full information on the potential benefits and side effects of medication.

Most people seek to continue to be in charge of her or his treatment or recovery plan to the maximum degree possible (and when informed choose to exercise choice in all aspects of their lives, including through the use of mental health care proxies or advance directives).

Respect, self-determination and choice through Recovery

Respect is critical. The whole focus of the helping relationship should have this value at its core; the actualisation of the individual through self-determination and choice.

A Recovery paradigm

Recovery can be construed as a paradigm, an organizing construct that can guide the planning and implementation of services and supports with people coping with issues in Mental Health.

Through new policies, a consumer paradigm outlining a recovery-enhancing system is emerging.

Of special note; Funding is available to those who wish to learn how to develop and support consumers through the benefits these funding packages attract.

These funding packages are based on policies promoting a person-oriented approach, emphasising respect for people's lived experience and expertise.

Embedded is a strategy that promotes decision-making and self-responsibility.

These policies address people's needs holistically and contend with more than their symptoms. They demonstrate a system trying to meet basic needs and addressing problems in living.

It empowers people to move toward self-management of their condition.

The orientation is one of hope with an emphasis on positive mental health and wellness.

A recovery-oriented system assists people to connect through mutual self-help.

And, it focuses on positive functioning in a variety of roles, and building or rebuilding positive relationships.

Conclusion

Seeing people as whole persons beyond their labelled identity is integral to recovery. Since persons are at the core of a dynamic interplay among themselves, other people, the resources available in the environment, and other forces, mental health services must recognize and allow for self-agency while bolstering, or at least not undermining, such efforts.

A shift to a recovery orientation will require attention to wellness and health promotion, and not simply attention to symptom suppression or clinical concerns. [\[9\]](#)

No Wrong Door polices are a pathway to inclusiveness.

Attention must be paid to basic needs in safe and affordable housing, health care, income, employment, education and social integration.

A recovery orientation will require close attention to fundamental rights and needs.

Re-orientation away from coercion requires alternative resources as well as training.

There needs to be a continual evolution in our thinking, and for development of knowledge concerning recovery among diverse communities.

Challenges

The challenge is to include the balance of autonomy and self-reliance versus group or family focus may differ in recovery based on such factors as ethnicity and culture. Special attention is needed for people who have experienced trauma or who have substance use disorders.

Resources for re-educating families, consumers, the professions and paraprofessional providers, young people, and the public on the potential for recovery is required, and will take significant application and investment.

Stigma and misinformation must be countered through a variety of strategies (with attention to incorporating active roles for consumer, allied friends and peers) that target many audiences.

Resources

Hope and empowerment are critical and their relationship to recovery warrants continued application and focus.

True representiveness of decision-making power and respect through mutual and supportive partnership among consumers, peers, professionals, administrators, and policy makers can become the basis of collaborative efforts to design and implement action strategies that will move Cooktown's inter-regional mental health system toward a recovery orientation.

Adequate resources are needed to apply and integrate funding that supports a consumer voice and consumer leadership development.

Appendix 1. 23 Issues in Mental Health

23 "big things" is a short-list of issues regarding a Consumers perspective in Mental Health.

1. Transporting people with a mental illness to hospital by police.
2. People experiencing a mental illness being strip-searched and put in seclusion rooms when detained in psychiatric facilities
3. Mental health consumers having little or no choice of prescribed medication and the side-effects that result

4. Lack of choice, safety and support regarding accommodation for people with a mental illness
5. Lack of employment opportunities for those experiencing a mental illness
6. People with a mental illness having to be really unwell to access help
7. Continuity of care in the community and hospitals for people with a mental illness
8. Lack of choice in type of therapist ie Alternative, Psychologist, OT, Peer Worker
9. Lack of worthwhile and appropriate rehabilitation.
10. Unfair and inappropriate Detention, Treatment and Administrative Orders to force treatment such as Electro-Convulsive Treatment (ECT).
11. Amount of unpaid work done by people with a mental illness
12. Stigma from the family, community, workplace, police force, mental health service providers
13. Lack of information given to consumers about their illness and legal rights
14. Lack of legislation protecting mental health consumers
15. Lack of true partnership in service delivery and tokenistic representation.
16. Lack of empowerment for mental health consumers
17. Lack of mental health services in rural and remote areas.
18. Little or no involvement in management plans
19. Little support from hospital to home for people with a mental illness
20. Lack of suitable access to psychiatrists
21. Children of parents with a mental illness
22. Unique problems facing young people with a mental illness
23. Culturally and Linguistically diverse people experiencing a mental illness

Note: We are not claiming that these are all the issues that affect people with a mental illness. (Australian Mental Health Consumer Network)

These are the most common issues raised and experienced
"The solutions exist - The task is to turn them into reality".

Endnotes and Bibliography

[1] Capacity Building. We need consumer training and certification of peer specialists among residents and staff of this inter-regional community.

[2] Knowledge Sharing and Exchange. Create broader awareness. Develop a set of mental health system performance indicators based in 'lived' experience through recovery.

[3] From a consumer perspective; Explore how the social environment, including the mental health system, impacts on process. Note: This lens delves into design, cross-site findings, discussion and considers local policy implications

[4] Identify and outline a set of indicators that can be used to assess the performance of state and local mental health systems and providers that are mindful of how recovery (as a persons experience) is facilitated or impeded through the dynamic interplay of many forces that are complex, synergistic, and linked. (Consider induction of a No Wrong Door policy with a vision to integrate through Service Provisions. Alma Ata discriptors 1 + 3.

[5] Multi-pronged Cutural Strategy. The ID Boom Approach in Appendix 2. This is a Knowledge Share and Exchange integrative model. It is a communication tool that later may help us organise and interpret the needed to build capacity for consumer support in the community environment.

[6] Social Services. I.e., PSP (Centerlinks Personal Support Program) ' See JobNet and CHR. Primary Health and policy updates on Funding this potentially valuable Peer Supportive linkage.

[7] Too often a persons quality of life choices seem outside the realistic reach of many consumers. Many report that their options are limited, lousy, or nonexistent.

[8] Interdependence. Not being subject to the control of others, and not requiring or relying on others. - *Webster's II New Riverside University Dictionary, 1984.*

[9] See Fighting for Mental Health by Norman Sartorius, the eminent and influential psychiatrist. Fighting for Mental Health in Professor Sartorius's judgement means fighting on three front's ensuring that psychiatric practice is based on evidence and experience, that it is part of medicine and develops mutually supportive relationships with it, and that it grows in conjunction with overall socio-economic development. Cambridge University Press, Cambridge, 2003, £29.95, ISBN 0 521 58243.

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Special Thanks to 'Working for ourselves, our familys and community'. [Reseach Papers & Reports.](#)

Special Credit to OMH's Doug Dornan and fellows of the Phase 'One Research Report: A National Study of Consumer Perspectives at the National Research Project for the Development of Recovery Facilitating System Performance Indicators which I have sourced my expressions of key interest and quoted from.