

CONSUMER REPRESENTATIVE REFLECTION

I joined and started volunteering for the ACT Mental Health Consumer Network (the Network) in the late 2000s following a career in the Commonwealth Public Service. It seemed a logical choice for me to volunteer in mental health in recognition of my own lived experiences and a desire to contribute to the broader ACT community. The journey to advocate for an improved mental health system, on behalf of consumers, has been both frustrating and fulfilling.

Over time, I have represented consumers on a wide range of committees and witnessed many legislative, policy, staffing and structural changes across the ACT mental health system. The most significant legislative change has been the development and implementation of the Mental Health Act, 2016 (ACT) (the Act), which inter alia, seeks to empower consumers to make decisions about their health care and contains legal responsibilities for relevant staff. In line with the Human Rights Act 2004, the Act also aims for a recovery-oriented approach with the best treatment, care and support in a least restrictive environment.

Entrenched negative attitudes of staff towards consumers, and restrictive practices reflective of earlier days of institutional care, were of great concern to me when I first started volunteering for the network. The idea that consumers have a right to decide their own treatment has been a difficult concept for many frontline staff to grasp, where culture and attitudinal change have proved intractable. Consequently, much of my frustration has involved the disconnect between the policies and procedures developed to put the legislation into practice, and the practices and rhetoric at the hospital ward level. The disconnect was initially quite startling. However, recent initiatives, such as the implementation of 'safe wards', early intervention and de-escalation of potentially aggressive situations, and attention given to the physical health of consumers to help to alleviate the side-effects of medication, have had positive results. Many of the restrictive practices I first witnessed have been relaxed, alternative therapeutic techniques have been implemented to relieve aggression and violence, and attitudes of empathy and kindness shown towards consumers have become more evident.

There has also been more emphasis placed on the National Safety and Quality Health Service Standard 2: Partnering with Consumers, which aims to create health services in which there are mutually beneficial outcomes in having consumers as partners in planning, design, delivery, measurement and evaluation of systems and services. The standard was based on good evidence that delivering care that incorporates consumers' needs and preferences can lead to better health outcomes, better experiences, and greater efficiency of care. There was a need for staff to take the time to listen to and value the consumer voice and enable their input to contribute to solutions. and challenge accepted norms.

During my time volunteering with the network as a consumer representative I have had many enjoyable and satisfying experiences. In the early days I sat on the Board of the Network and over time have participated in many consumer-focused discussions. I have

had the opportunity to attend interstate conferences and present a paper at the Mental Health System Conference in Auckland. I have also made many friends through my volunteering work and obtained value from discussion and feedback from other consumer representatives where we have been able to help each other through shared needs and experiences of the mental health system.

It has been a great source of fulfillment for me when the consumer voice is heard. This has contributed to a reduction in the stigma of mental illness and a trend towards a recovery-oriented mental health system in the ACT, with the best treatment and support in a least restrictive environment.

Patricia Green

Consumer Representative