

## 3. CONSULTATION FORUMS

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### 3.1 A capacity building approach

Face-to-face Consultation Forums in each State and Territory were used as the primary strategy for the consultation process. In order to meet the objectives of the national consultation, the development and implementation of the forums was based on a capacity building approach. Of special note, the capacity that had already been developed by Auseinet through the national consultation on Promotion, Prevention and Early Intervention for Mental Health<sup>1</sup> and Auseinet's subsequent work to build capacity for promotion and prevention in mental health was drawn upon<sup>2</sup>.

Forums were organised by a coordinator from each of the State/Territory governments, with help in some jurisdictions from the relevant member of the Auseinet Consumer and Carer Consultative Committee or representatives of local consumer networks. Coordinators were responsible for determining the following elements of the Forums:

- *Timing* – to maximise participation (although it should be noted that there was a relatively tight time frame, with only a 3-month period available within which to schedule the consultations).
- *Location* – to facilitate participation of all stakeholders.
- *List of invitees* – each jurisdiction was responsible for determining their list of invitees to be participants in the Forums and for issuing invitations to attend. However, special attention was paid in all jurisdictions to ensuring wide consumer and carer representation, and the members of the Auseinet Consumer and Carer Consultative Committee and other consumer and carer networks were used to facilitate consumer and carer involvement.
- *Keynote speakers* – each jurisdiction organised a speaker to welcome participants to the Forum as well as a consumer and/or carer to share some of their lived experience related to preventing further episodes of mental illness. In some jurisdictions, presentations of local initiatives in relapse prevention, rehabilitation or recovery were also provided.
- *Funding* – financial support was available through Auseinet and in many jurisdictions to facilitate consumer and carer involvement.
- *Political support* – there was demonstrated commitment from government to progressing initiatives in relapse prevention for people seriously affected by mental illness.
- *Workshop* – each Consultation Forum used a workshop process to generate feedback related to the *Discussion Paper*.

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<sup>1</sup> Parham, J & Rickwood, D (2003) *Promotion, Prevention & Early Intervention for Mental Health: National Consultation*. Adelaide: The Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet).

<sup>2</sup> see [www.auseinet.com](http://www.auseinet.com)

All jurisdictions implemented Forums in late 2004, although central Australia and Tasmania also organised major Forums for the initial development of the *Discussion Paper*. Altogether, there were 21 Forums held across Australia, with a total of 653 participants. Table 1 provides a summary of the locations, dates and number of participants at each of the Consultation Forums.

<b>Table 1. Consultation Forums</b>		
<b>Site</b>	<b>Date</b>	<b>Number of Participants</b>
<b>New South Wales</b>		<b>145</b>
Campbelltown	27 October 2004	54
Parramatta	26 November 2004	52
Orange	3 December 2004	39
<b>Victoria</b>		<b>120</b>
Melbourne	17 December 2004	120
<b>Queensland</b>		<b>76</b>
Brisbane	11 November 2004	76
<b>Western Australia</b>		<b>26</b>
Perth	6 December 2004	15
Teleconference with Esperance and Kalgoorlie	6 December 2004	6
Perth community services	6 December 2004	5
<b>South Australia</b>		<b>70</b>
Adelaide	8 December 2004	53
Port Augusta	9 December 2004	10
Murray Bridge	10 December 2004	7
<b>Tasmania</b>		<b>94</b>
Hobart	14 December 2004	25
Launceston	15 December 2004	27
<i>Note: earlier Forums were held in Tasmania during development of the Discussion Paper</i>		
Hobart	16 November 2003	12
Launceston	17 November 2003	23
Burnie	18 November 2003	7
<b>ACT</b>		<b>44</b>
Canberra	15 November 2004	27
Canberra (Transcultural Mental Health)*	10 December 2004	18
<b>Northern Territory</b>		<b>78</b>
Alice Springs	29 November 2004	28
Darwin	30 November 2004	19
<i>Note: earlier consultations were held in Alice Springs, with visits also to Papunya and Kintore</i>		
	8-12 March 2004	31
<b>TOTAL</b>		<b>653</b>

\*Facilitated by Stephen Druitt from Mental Health ACT

## 3.2 Workshops to provide feedback

Each Consultation Forum used a workshop process to generate feedback related to the *Discussion Paper*. Workshops involved the participants breaking into smaller groups to provide comments specifically on the *Discussion Paper* and the more general issue of preventing relapse for people seriously affected by mental illness.

The process used for each workshop comprised the following:

Participants broke up into smaller groups (usually about 10 people per workshop group). Where possible, groups were organised according to the different sectors represented: usually comprising a consumer group, carer group, clinical service providers group, and psycho-social services providers group. It was recognised that breaking people up into sector-related groups reduced opportunities for sharing views across sectors; however, it was argued this provided an opportunity that would yield a greater depth of information because each sector could consider the issues from its own perspective, rather than spend the group's time debating the priority and relevance of issues with other sectors. In reality, a combination of both approaches emerged, and about half the forums were sector-based groups, and about half comprised more heterogeneous groups. Importantly, in areas where there were significant numbers or representatives from Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, or other population or workforce groups, these people comprised a separate group if that was their choice.

Each workshop group was allocated a facilitator and a scribe, who were local people who had been briefed prior to the session. The following questions formed the basis for discussion:

1. What are your thoughts about the relapse prevention framework as presented in the *Discussion Paper*? Do you think it provides a good tool for developing recovery-focused services?
  - a. What do you like about it?
  - b. What don't you like about it?
  - c. Are there any gaps in the framework?
2. What other experiences have you had with relapse prevention and tools for relapse prevention? How did you find them? What difference did it make?
3. What needs to happen to ensure relapse prevention becomes standard practice in mental health services?
4. How will we know that relapse prevention has become standard practice? What sort of indicators and measures will show that we have relapse prevention as standard practice in a recovery focused mental health system?
5. Any other comments?

The facilitator led the discussion around these main points and the scribe recorded the participants' comments. A written summary of the workshops from each Consultation Forum was provided to the Forum organisers to feed back to participants. A description of the views presented by participants in the Forums is presented in Section 4.

## 3.3 Overview of the Consultation Forums

The following sections provide an overview of the Consultation Forums held in each of the States and Territories.

## New South Wales

New South Wales was the first State to implement their consultations, with the first Forum held in Campbelltown in late October. This was the second of a series of half-day forums focussing on recovery held by the South Western Sydney Area Health Services. This Forum attracted 52 participants. Subsequently, two more Forums were held in Northern Parramatta and Orange, which attracted 54 and 39 participants, respectively. The Forum in Orange was organised specifically to engage participants from rural and regional areas.

The Forums were organised through collaboration between local Area Health Services and the NSW Centre for Mental Health. A wide range of sectors was represented at each of the Forums, with a large contingent of consumers and some carers. Importantly, transcultural mental health was represented in the NSW consultations.

Consumer and carer presentations, giving the lived experience of relapse prevention and recovery were highlighted in each the NSW Forums and these provided a rich context for discussion of the role of relapse prevention in recovery.

<b>Key coordinator</b>	Regina Osten, A/Senior Policy Analyst, Centre for Mental Health, NSW Health Department
<b>Dates of forums</b>	27 October, 26 November, 3 December 2004
<b>Locations</b>	Campbelltown, Parramatta, Orange
<b>No. of participants</b>	145
<b>Sectors/ organisations represented</b>	Consumers, consumer workers, carers, NGOs, transcultural mental health, general practice, mental health education, clinical service providers, Aboriginal health, child and adolescent mental health, juvenile justice, forensic mental health, mental health policy
<b>Structure/format</b>	<ul style="list-style-type: none"> <li>• Half-day (Campbelltown) or full-day (Parramatta, Orange)</li> <li>• Opening address</li> <li>• Presentation by consumer or carer</li> <li>• Overview of <i>Discussion Paper</i></li> <li>• Overview of Auseinet</li> <li>• Showcasing of local initiatives</li> <li>• Feedback discussion groups on <i>Discussion Paper</i></li> </ul>
<b>Highlights</b>	<ul style="list-style-type: none"> <li>• Presentation by Douglas Holmes EO NSW CAG</li> <li>• Broad sector participation</li> <li>• Range of recovery focussed initiatives already underway</li> <li>• Local Consumer Network activities</li> </ul>
<b>Main issues raised</b>	<ul style="list-style-type: none"> <li>• Welcomed the discussion of relapse prevention – felt it was overdue</li> <li>• Liked the practical focus of the 4As</li> <li>• Liked the consumer focus and increase in a consumer driven agenda</li> <li>• Felt that the gaps were in implementation, resourcing and funding, particularly for step-down facilities</li> <li>• Argued that the capacity of case managers to effectively support relapse prevention needed to be expanded</li> <li>• Argued that there needed to be common goals across services and sectors</li> <li>• Felt there needed to be more focus on early intervention within acute services, rather the current crisis focus</li> </ul>

## Victoria

The Department of Human Services (DHS) organised a full-day Forum in Melbourne to which people from throughout the State were invited. A total of 120 people attended the Forum, comprising consumers, carers, psychiatric disability rehabilitation services (PDRS), clinical services and the DHS.

An important aspect of the Victorian consultation was the input of the PDRS sector. This group argued that their sector's work was not well recognised in the *Discussion Paper*, but noted that Victoria was the only jurisdiction with such a well-developed psychiatric disability sector and that this greatly enhanced its capacity in the area of relapse prevention. For the PDRS, relapse prevention was a routine part of everyday practice.

<b>Key coordinator</b>	Bernadette Pound, Mental Health Branch, Department of Human Services
<b>Date of forum</b>	17 December 2004
<b>Location</b>	Melbourne
<b>No. of participants</b>	120
<b>Sectors/ organisations represented</b>	Consumers, carers, psychiatric disability support sector, clinical services, psychiatric research, Department of Human Services
<b>Structure/format</b>	<ul style="list-style-type: none"> <li>• Full-day</li> <li>• Opening address</li> <li>• Presentations by consumers and carers</li> <li>• Overview of <i>Discussion Paper</i></li> <li>• Overview of Auseinet</li> <li>• Small group discussion of <i>Discussion Paper</i></li> </ul>
<b>Highlights</b>	<ul style="list-style-type: none"> <li>• Presentations by consumers and carers</li> <li>• Representation from Psychiatric Disability Rehabilitation sector</li> </ul>
<b>Main issues raised</b>	<ul style="list-style-type: none"> <li>• Concern of lack of representation of PDRS in the <i>Discussion Paper</i> and argument that relapse prevention is nothing new to this sector</li> <li>• Argued that the 4As needed to be made practical and relevant to consumers, carers and clinicians</li> <li>• Felt there needed to be a more strengths-based approach</li> <li>• There needed to be better recognition and integration of the work of the psychiatric disability support sector by acute and clinical services</li> </ul>

## Queensland

Queensland used the opportunity provided by an already arranged meeting of managers and directors in mental health to incorporate feedback on the *Discussion Paper*. This provided an opportunity to gain input from 75 clinicians and program managers. Unfortunately, an additional Forum advertised for consumers was not well-attended. However, input from consumers was organised separately at a later date by one of the consumer consultants, and a written summary of their views was provided.

<b>Key coordinators</b>	Ivan Frkovic & Elizabeth Davis, Mental Health Unit, Queensland Health
<b>Date of forum</b>	11 November 2004
<b>Location</b>	Brisbane
<b>No. of participants</b>	76
<b>Sectors/ organisations represented</b>	Mental health, nursing, additional input from consumer network
<b>Structure/format</b>	<ul style="list-style-type: none"> <li>• Brief introduction to <i>Discussion Paper</i></li> <li>• Small-group discussion on <i>Discussion Paper</i></li> <li>• Consumers undertook a separate consultation process independently and provided a written submission</li> </ul>
<b>Highlights</b>	<ul style="list-style-type: none"> <li>• Major input from clinicians and mental health services directors</li> <li>• Direction to Fraser Coast Early Intervention Service Reorientation Project</li> </ul>
<b>Main issues raised</b>	<ul style="list-style-type: none"> <li>• 4As provides a useful set of principles, comprehensive</li> <li>• Recognises what is already done and is based on good case management - don't need to reinvent the wheel</li> <li>• Relapse prevention is taking place in most areas, but is not formalised and there is no access to the full range of components to implement</li> <li>• Likely to provide the outcomes if have the resources to implement</li> </ul>

## Western Australia

The Forum in Western Australia was small because there were other current issues that were a focus for consumers, carers and services providers at the time. Nevertheless, the Forum was attended by people with diverse experiences of continuing care for mental illness. Some people had experienced comprehensive continuing care, while others had experienced fragmented support and not had all their needs met in a timely manner.

The videoconference organised with rural and remote service providers was a highlight and showed how technology can be used to connect with people in remote regions. While these remote areas had significant challenges for continuing care and relapse prevention, it was evident that remote service providers were able to better integrate clinical and non-clinical services through partnerships, greater flexibility and innovative approaches to problem-solving.

A visit to Ruah Community Services provided an opportunity to see how a peer-led approach to relapse prevention and recovery was being implemented through training and support in the *Wellness Action Recovery Plan*. This was shown to be a very effective model to support the recovery of people who had been seriously affected by mental illness, and one which has a major focus on relapse prevention but placed within a wellness framework.

<b>Key coordinators</b>	Vicki Caudwell & Kylie Wake, WA Department of Health
<b>Date of forum</b>	6 December 2004
<b>Locations</b>	Perth, Videoconference with Esperance and Kalgoorlie, Visit to Ruah Community Services
<b>No. of participants</b>	26
<b>Sectors/ organisations represented</b>	Consumers, carers, NGOs, recovery-focussed services, rural health services, Aboriginal and Torres Strait Islander health services
<b>Structure/format</b>	<ul style="list-style-type: none"> <li>• Visit to community mental health services</li> <li>• Half-day Forum with opening address, consumer presentation, Overview of <i>Discussion Paper</i>, Overview of Auseinet, discussion group on <i>Discussion Paper</i></li> <li>• Videoconference discussion on <i>Discussion Paper</i> with Esperance and Kalgoorlie</li> </ul>
<b>Highlights</b>	<ul style="list-style-type: none"> <li>• Discussion with remote area service providers</li> <li>• Innovative and flexible approaches using the services and supports available to provide continuing care in remote areas</li> <li>• Presentation of implementation of <i>Wellness Action Recovery Plan</i> in Ruah Community Services</li> </ul>
<b>Main issues raised</b>	<ul style="list-style-type: none"> <li>• Problems with lack of financial support for consumer networks</li> <li>• Need for more widespread support and resourcing of community support and rehabilitation services</li> <li>• Issues of distance needed to be innovatively dealt with</li> <li>• Major focus needs to be on the needs of Aboriginal peoples</li> </ul>

## South Australia

A comprehensive consultation was organised in both metro and country areas in South Australia with 70 participants involved overall. The metro consultation was noted for the broad sector representation and was an opportunity to highlight working examples of rehabilitation and relapse prevention taking place in the community. The country Forums gave an in-depth view of the issues in two local country areas—areas experiencing multiple social and economic disadvantages, which is increasingly common in rural Australia. These areas also have less access to support services for mental health and struggle to sustain more than a basic crisis approach.

<b>Key coordinator</b>	Adrian Booth, Mandy McCulloch, Suzanne Heath, Department of Human Services
<b>Dates of forums</b>	8, 9, 10 December 2004
<b>Locations</b>	Adelaide, Port Augusta, Murray Bridge
<b>No. of participants</b>	70
<b>Sectors/ organisations represented</b>	Consumers (including young consumers), carers, rehabilitation services, NGOs, community health, clinical services, hospital services, adolescent services, drug and alcohol services, corrections, migrant health, health promotion, education, Aboriginal health, suicide prevention
<b>Structure/format</b>	<ul style="list-style-type: none"> <li>• Full-day in Adelaide, half-days in country areas</li> <li>• Opening address</li> <li>• Consumer and carer stories</li> <li>• Examples of current initiatives in relapse prevention</li> <li>• Overview of <i>Discussion Paper</i></li> <li>• Overview of Auseinet</li> <li>• Small group discussions on <i>Discussion Paper</i></li> <li>• Country areas did not have opening presentations</li> </ul>
<b>Highlights</b>	<ul style="list-style-type: none"> <li>• Broad sector involvement and participation</li> <li>• Urban and rural contrasts</li> </ul>
<b>Issues raised</b>	<ul style="list-style-type: none"> <li>• Need for key logistic steps to get from concepts to practice</li> <li>• Domination of crisis response</li> <li>• Ad hoc work in relapse prevention and recovery, but not routine or supported by management practices from the acute sector</li> <li>• Excellent models from rehabilitation and NGO sector, but not widely available</li> <li>• Need for wider range of treatment options and support for self-management</li> <li>• Need to listen to carers</li> <li>• Lack of consumer networks in country areas</li> <li>• Increasing and multiple disadvantages in country areas</li> </ul>

## Tasmania

Tasmania held two rounds of consultation, in late 2003 during development of the *Discussion Paper* and again in late 2004 to consider the issues raised in the *Discussion Paper*. At the same time, a review of rehabilitation services took place in Tasmania, which involved an extensive mapping and consultation process. This gave Tasmanians a sense of optimism with hope for improved services for continuing care for people who had been seriously affected by mental illness.

The areas of Hobart, Launceston and Burnie were covered in the consultations with 94 participants overall. Services to support relapse prevention in Tasmania suffer from having a very small population spread over a large and mostly rural area. The population cannot support the wide range of services that need to be available. During the consultations, participants realised that a great deal was to be gained by working together and improving their networks, which could help to compensate for the lack of support services.

<b>Key coordinator</b>	Wendy Wolf, Mental Health Services
<b>Dates of forum</b>	16-18 November 2003, 14-15 December 2004
<b>Locations</b>	Hobart, Launceston, Burnie
<b>No. of participants</b>	94
<b>Sectors/ organisations represented</b>	Consumers, carers, mental health, community health, transcultural mental health, NGOs, hospital services, alcohol and drug services, CRS, Aboriginal health, occupational therapy
<b>Structure/format</b>	<ul style="list-style-type: none"> <li>• Half-day forum</li> <li>• Overview of <i>Discussion Paper</i></li> <li>• Overview of Auseinet</li> <li>• Small group discussion on <i>Discussion Paper</i></li> <li>• Carer stories</li> </ul>
<b>Highlights</b>	<ul style="list-style-type: none"> <li>• Broad range of sectors participating</li> <li>• Networking between participants</li> </ul>
<b>Issues raised</b>	<ul style="list-style-type: none"> <li>• Major problems for Tasmania with small population living mostly in rural areas</li> <li>• Lack of rehabilitation and accommodation services</li> <li>• Need for better integration between hospital services and community services, particularly through better discharge planning</li> <li>• Lack of services for young people</li> <li>• Significant transcultural mental health issues, with small support base from communities</li> </ul>

## Australian Capital Territory

The ACT undertook two consultations, one general consultation and one specifically for people involved in transcultural mental health. Transcultural mental health issues are currently a focus of several consumer and carer organisations in the ACT. The transcultural consultation was facilitated by Stephen Druitt, as Debra and Susan were involved in a consultation in South Australia.

The general Forum was well-attended from a broad range of sectors. It was evident that improvements have been achieved for ACT mental health services with the trialling of Collaborative Therapy in adult mental health services. This has improved service coordination and support over time for many consumers, and encouraged better integration between services and sectors, as well as highlighted the importance of prioritising and supporting consumer participation in their own treatment planning.

<b>Key coordinator</b>	Stephen Druitt, Mental Health ACT
<b>Dates of forum</b>	15 November, 10 December 2004
<b>Location</b>	Canberra
<b>No. of participants</b>	44
<b>Sectors/ organisations represented</b>	Consumers, carers, transcultural mental health, adult mental health, child and adolescent mental health, mental health policy, primary care, Aboriginal health, alcohol and drug services
<b>Structure/format</b>	<ul style="list-style-type: none"> <li>• Half-day workshop</li> <li>• Welcome - ACT Mental Health</li> <li>• Overview of <i>Discussion Paper</i></li> <li>• Overview of Auseinet</li> <li>• Small group discussion of <i>Discussion Paper</i></li> </ul>
<b>Highlights</b>	<ul style="list-style-type: none"> <li>• Opportunity to network</li> <li>• Growing collaboration evident among ACT services</li> <li>• Strong consumer networks</li> </ul>
<b>Issues raised</b>	<ul style="list-style-type: none"> <li>• Collaborative Therapy being successfully trialled in ACT</li> <li>• Relapse prevention as presented in <i>Discussion Paper</i> fit well with current directions trying to be achieved in ACT</li> <li>• 4As Framework was useful</li> <li>• Consumer focus was welcomed</li> <li>• Need for increased resourcing for transcultural mental health before the 4As Framework could be implemented</li> <li>• Need for resources – education and training, staffing, alternatives</li> </ul>

## Northern Territory

The Northern Territory held two rounds of consultations: in early 2004 as part of the development of the initial *Discussion Paper*, and late 2004 to consult on the paper. In the first consultation, issues for central Australia were emphasised with a range of consultations taking place in Alice Springs and visits to remote communities to give special attention to the needs of Aboriginal peoples in remote areas.

Altogether, 78 people were engaged in the Northern Territory consultations and there was representation from a very wide range of sectors, including corrections and crisis accommodation services. Clearly evident was the essential need for effective collaboration between different services and sectors in order to meet the significant challenges for the Northern Territory as a result of its small but very diverse and widespread population.

<b>Key coordinator</b>	Cheryl Furner, Sarah O'Regan, Nicholas Stiles, Department of Health and Community Services
<b>Dates of forums</b>	8-12 March, 29-30 November 2004
<b>Locations</b>	Alice Springs, Darwin
<b>No. of participants</b>	78
<b>Sectors/ organisations represented</b>	Consumers, carers, Aboriginal health workers, mental health NGOs, drug and alcohol services, correctional services, health services, general practice, accommodation services, Lifeline
<b>Structure/format</b>	<ul style="list-style-type: none"> <li>• Welcome – NT Health</li> <li>• Overview of <i>Discussion Paper</i></li> <li>• Overview of Auseinet</li> <li>• Small group discussion of <i>Discussion Paper</i></li> <li>• Consumer and carer stories</li> </ul>
<b>Highlights</b>	<ul style="list-style-type: none"> <li>• Broad representation of a range of sectors</li> <li>• Consumer support initiatives in central Australia</li> <li>• Awareness of issues for remote Aboriginal communities</li> </ul>
<b>Issues raised</b>	<ul style="list-style-type: none"> <li>• 4As Framework is empowering for consumers</li> <li>• Mental health services are reactive not active</li> <li>• Need to focus on de-stigmatisation</li> <li>• Need for community development to provide support for approaches to relapse prevention for Aboriginal peoples in remote communities</li> <li>• Serious workforce shortages</li> <li>• Significance of suicide in Aboriginal communities</li> </ul>