



Michele Gardner  
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Dear Ms Gardner

**Request for comment: Diversion and support of mentally ill offenders**

Thank you for the opportunity to comment on the Consultation Draft Version 1.1, *Diversion and support of mentally ill offenders: a framework for best practice* and to discuss the involvement of the National Mental Health Consumer and Carer Forum (NMHCCF) with Mr Julian Thomas at the meeting held in Melbourne on 25 September 2009.

We are pleased to see that many of the recommendations made in our response to the National Justice Mental Health Initiative Stakeholder Brief have been included in this Version 1.1 Consultation Draft. The sections on considerations for groups with more complex needs is also an important addition, however some basic issues around the importance of consumer and carer participation and recovery continue to lack emphasis and clarity in this document.

One way of highlighting and clarifying these issues would be to add a summary of considerations around the complex needs of mental health consumers and carers in general, as has been provided in the sections on the needs of Aboriginal and Torres Strait Islander peoples and young people. This section could provide more detail on the importance of consumer and carer participation and recovery and describe the importance of these concepts in the framework.

The following changes also need to be considered:

- Section *Why Diversion*; Paragraph 6, (page 5):
  - The first sentence should be shortened to:

“This outcome is sometimes attributed to a lack of capacity within community based services to meet the needs of people with mental illness.”

- An additional sentence should be added:
 

“Other reasons include poverty, social disadvantage and marginalisation contributing to drug and alcohol abuse as well as homelessness and consequent over-policing.”
- Section *Principles for Best Practice Service Development*, (page 8):
  - The principle “Consumer and carer participation enriches policy and service development” lacks clarity. The following would provide a more practical explanation about the imperative of consumer and carer participation:
 

“Consumer and carer participation ensures that policy and service development are more targeted, effective and sustainable.”
  - The principle “A recovery orientation requires a long term perspective” also lacks clarity. Despite being endorsed as part of the 4th National Mental Health Plan, a recovery orientation is not well understood within the mental health sector and is likely to need some more explanation for those from outside the sector. This principle could be replaced with:
 

“A recovery orientation is essential.”

This should then be followed on page 12 by an explanation of recovery approaches. The link to the reasons for a more longitudinal and whole of life approach in addressing ongoing issues of chronic or relapsing conditions could then be made here. However this is not the whole definition of recovery, as implied in the current explanation on page 12.

- Section *Young people*: It is worth noting that the heading “Family involvement is often essential” (page 20) not only applies to young people and Aboriginal and Torres Strait Islander People, but can also be an essential consideration for any person with a mental illness, whose family or carer may play a key support role for the person with mental illness. This could be described in the proposed new section on the complex needs of mental health consumers and carers and hopefully be picked up under the principle on consumer and carer participation. If this is not the case a further principle would be an important addition on page 8. For example:

“Family or carers play an integral in the lives of people with mental illness.”

The NMHCCF is pleased to have contributed to this important project. Please do not hesitate to contact me if we can be of any further assistance.

Kylie Wake  
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 National Mental Health Consumer and Carer Forum