



Ms Michele Gardner  
Director Justice Health Unit  
Department of Justice  
Level 38, 80 Collins St  
Melbourne VIC 3000

Dear Ms Gardner

**Re: Final consultation on guidelines for diversion and support of offenders with a mental illness**

Thank you for the opportunity to comment on the *Guidelines for diversion and support of offenders with a mental illness*.

We are pleased to see that many of the recommendations made in our response to the draft Framework have been incorporated and that the document is comprehensive and well informed.

With regard to the draft Guidelines; a useful addition would be a more detailed description of how to engage consumers and carers in the development, implementation and evaluation of diversion and support programs. Guidance on this can be found in the NMHCCF *Consumer and Carer Participation Policy – a framework for the mental health sector*<sup>[1]</sup>. This document could be referenced as *Further reading* in the section *People with mental illness* on page 52.

The Guidelines also note that mental health services now engage consumer consultants to advise on service planning and delivery (p52). It is worth noting that in mental health services both consumer and carer consultants are being engaged, often in the roles of “peer support workers” or “advocates” for consumers and carers who regularly find themselves in need of support to negotiate a complex mental health system while experiencing a mental illness. Indeed, workers engaged as consumer or carer consultants by mental health services often find that peer support and advocacy take up most of their time.

There is now a commitment through the *Fourth National Mental Health Plan* to support and develop the consumer and carer workforce. The NMHCCF is currently in the process of developing a position statement on how best this workforce should be supported.

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[1] See NMHCCF website:

<http://nmhccf.org.au/documents/ConsumerandCarerParticipationPolicy.pdf>

One of the recommendations of the proposed NMHCCF position statement will be that consumer and carer consultants or advocates be employed as specialist expertise in community support areas, such as housing and employment and the criminal justice sector. The criminal justice sector, and in particular diversion and support programs, will be one area that would benefit from the skills of such employees. We propose that diversion and support programs seriously consider the use of consumer and carer consultants to assist justice mental health consumers to participate effectively in those programs, both on an individual level and at a program design and maintenance level.

The use of consumer and carer experts, recruited as per the NMHCCF *Consumer and Carer Participation Policy*, and of consumer and carer consultants to undertake advocacy and peer support could also then be mentioned as a possible program input on page 56.

Further, *6.5.1 Inputs and resources* (p56) would also benefit from the addition of the sentence:

“A key to the development of innovative solutions will be the involvement of mental health consumer and carer experts.”

Similar inclusions should be made under all the sections in *6.5.2 Activities and processes* (p57). For example, this would include the consideration of using consumer and carer expertise for participant identification, as part of the assessment team or process and pathway negotiation.

The document also uses the term “mental impairment” on several occasions. It would be more meaningful to replace this with the term ‘person with a mental illness’ or ‘person with a psychiatric disability’.

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  
Executive Officer  
National Mental Health Consumer and Carer Forum