

## **Consumer movement – Mental Health**

Did you know there is a current day ‘consumer movement’? Perhaps you have seen movies or read books about some of the people who worked so very hard to reform the ‘mad houses’ and ‘asylums’ of the day in the 17 and 1800s? Certainly, those places rarely offered real asylum from the troubles of life. Many were harsh, punitive, depraved places that experimented on people experiencing mental distress or were locked up unfairly if they disagreed with those around them. People such as Elizabeth Packard, who was ‘put away’ because her husband, a reverend, had the power to do so. He did not like the fact that she disagreed with his ideas of child rearing and so forth. Then there was Dorathea Dix who advocated and lobbied for change in the USA. These folks and many more were the early pioneers, their work inspired many to follow suit. Also, important to acknowledge are those activists and advocates from the civil rights movements of the 70s whose work has paved the way for the modern consumer and family movement that is alive and well today. The consumer movement is a political movement that seeks to raise awareness that all that we have been taught about mental health is quite heavily contested. Mental health diagnosis, for example is heavily flawed and not as scientific as one might have been led to believe. Many people in the consumer movement, seek to raise awareness that many modern mental health treatments are too individualistic and fail to recognize that mental distress can be alleviated by having a safe place to live, practical support and resources to live well, something meaningful to do and compassionate people to talk through problems with. Essentially, the right tools and resources to recover our lives. Additionally, they try to call attention to the fact that some mental health ‘treatments’ are abusive and harmful such as seclusion and restraint. Activist and advocates (consumers, family members and professional allies) work to have services and agencies listen to the voices of people who are living through mental distress. We want caring, compassionate help, not coercive, traumatic ‘treatments’. Some people who have experienced harmful services call themselves ‘survivors’ or part of the ‘survivor movement’, some countries use the term ‘consumer’ and others use ‘service user’. The origins of consumer involvement in mental health in Australia date back to 1999, when advocates pushed for an inquiry into mental health services. This was the first-time people using mental health services were listened to in a meaningful way. This inquiry led to the Report of the National Inquiry into the Human Rights of People with Mental Illness (commonly called the Burdekin Report after Brian Burdekin who was charged with heading up the inquiry) which was tabled in Parliament and publicly released on 20 October 1993. The fact that this report was going to go public led to Australia developing government policy and National Standards in 1992. Among other things, the National Standards ensure that services involve people with lived experience of mental distress and substance use in the design and delivery of those services, in the hope that we can have a say and actually design help that is helpful. As a result, there are a range of ‘lived experience’ roles that have emerged for people who have individual experiences of mental distress and their family members (or carers) who want to become advocates for change. Some role titles are consumer consultant, consumer advocate, consumer academic, peer support worker, peer trainer, lived experience advocate, lived experience academic and many more. Similar titles are used for carer roles also.

<sup>1</sup><https://humanrights.gov.au/about/news/speeches/burdekin-national-inquiry>