



Independent Mental Health Advocacy (IMHA)

Wanda Bennetts & Liz Carr

IMHA: Background

- Reforms to the Mental Health Act 2014 (Vic)
- Mental Health Principles
- Supported decision making mechanisms
- Independent, representational advocacy- a key mechanism

IMHA: our advocacy model

- Taking instructions from consumers
- Supporting self advocacy by consumers
- Representational advocacy

IMHA: What do advocates assist with?

IMHA advocates support and assist people to **make or participate in decisions** about their mental health assessment, treatment and recovery

IMHA: What does this look like in practice?

- Information about the mental health system
- Participation in treatment decisions
- Advance Statements
- Referrals

IMHA: Eligibility

- Free service
- All people on **compulsory treatment orders**
- Graduated levels of service based on **priority indicators**

IMHA

Non legal advocacy,
information and referrals
in relation to mental
health treatment

Advocacy with clinical
treating teams and other
services

MENTAL HEALTH & DISABILITY LAW

Legal advice

Legal representation at
Mental Health Tribunal

IMHA: what we look like

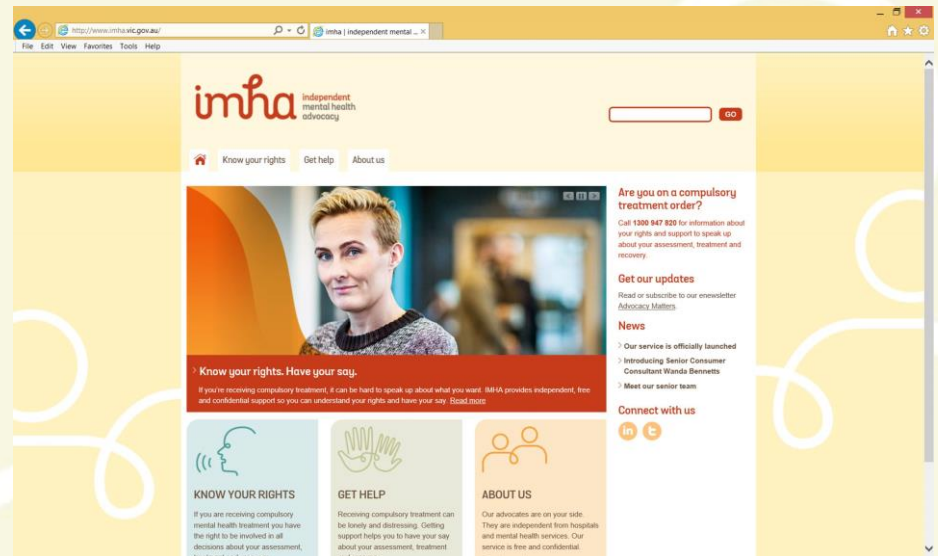


IMHA Team

- 60% lived experience
- Clinical experience
- Community mental health experience
- Peer work
- Carer experience
- Legal experience

IMHA referrals

IMHA phone line on **1300 947 820**
(9.30am - 4.30pm, Monday to Friday)



www.imha.vic.gov.au
contact@imha.vic.gov.au

Consumer Leadership & Engagement

Wanda Bennetts - Senior Consumer Consultant

- Consultations
- Recruitment strategy
- Reference Group
- Speaking from Experience
- Development of Consumer Leadership & Engagement Strategy

Discussion

Many in the audience are working with people who are voluntarily accessing services. You have probably also had experiences of working with people who are being treated against their will in clinical services, or you may be the person who has been treated against your will. What impact does compulsory treatment have on the consumer, you and the way you work with the person?

Discussion

IMHA's model of establishing outposts in acute settings means that people on inpatient orders are much more likely to access the service than people on community orders. IMHA would like to improve access for people on community orders. How do you think we could do this? In your experience, what is the best way to promote opportunities to consumers living in the community?

Thanks!

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