

Acacia Mental Health

A business plan for an alternative Australian mental health support system.

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Revision Notes

Version 2 3/9/2024 . Name change to Acacia Mental Health due to unavailability of original name (Connexions) for business . Acacia (Australian Wattle) is said to symbolise regeneration, perseverance, and integrity.

Version 3 1/9/2024 Added info about Open Dialogue which appears to becoming increasingly important as part of proposed service offering.

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Movement
Initiative...

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The Problem and a Solution

Australia's mental health system is widely regarded as being dysfunctional. While it appears to work reasonably well for some, there is abundant evidence that it doesn't work well for the majority.

Many fall through the cracks while others often receive substandard treatment that exasperates and sometimes worsens their condition.

We know this from listening to people's stories, examining many formal research studies and of course our own personal experiences.

After years of fruitless efforts and frustration, many reform advocates seem to be coming to the conclusion that there is little or no genuine interest or motivation for government led mental health reform in Australia.

The explanation for this is complex but beyond the scope of this paper.

The solution proposed here is for an affordable, alternative. A community based mental health support system based on the *wellness* model of mental health. It is envisaged as a worker owned **cooperative** owned and operated by **Lived Experience Workers** (LEW's) with the services being predominantly delivered **online**. It is envisaged that it can operate without government funding or subsidies on a user pays basis that should be comfortably affordable even to low income earners including those on unemployment benefits.

The ideas in this paper have evolved from discussions with a number of people who have expressed interest and support for this idea.

The Wellness Model



The wellness mental health model contrasts starkly with the mainstream biomedical model. The mainstream approach claims that serious mental health issues are the result of an incurable but unknown brain disease that can be managed through the use of medication. There is very little credible evidence to support this claim but it persists regardless.

Its ongoing acceptance, seems to be the result of heavy, widespread promotion by conservative vested interests over many years.

The wellness approach is based on the idea that mental health is not just about avoiding or treating psychological disorders but about achieving a balanced and fulfilling life. The basic principles of the wellness model include a commitment to holistic, person-centred care, emphasising the importance of community, promoting overall well-being rather than just symptom management and individual empowerment by taking an active role in their own mental health journey.

The Focus On Psychosis?

In any discussion about mental health, psychosis is often a focus point despite the fact that it affects only a relatively small proportion of mental health sufferers. Its complex and often bewildering array of symptoms like hallucinations, delusions, and disorganised thinking together with potential risks, and the need for early intervention, make it a subject of considerable interest to both researchers and practitioners. This is particularly true when working with the wellness model where diagnostic categories and boundaries may be relaxed or in some cases not used at all.

Some also suggest that if a mental health system can deal with psychosis it can probably handle just about any other condition. For example many psychotics experience chronic depression from time to time.

While the wellness model deals with all non biologically based mental health problems the focus is inevitably psychosis oriented. A number of organisations already successfully employ this approach including Diabasis, I-Ward, Soteria, Open Dialogue, Hearing Voices Network and others.

The Wellness mental health model is not anti-medication or anti-psychiatry. It is capable of integrating with existing services but it is also capable of operating independently. It has been shown to be capable of delivering impressive improvements in performance and cost reduction compared to the current mainstream biomedical model.

Open Dialogue

Open Dialogue is a mental health approach that like all **Wellness Model** approaches emphasises listening, mutual respect, and shared understanding. It was developed in Finland in the 1980s and has proven to be highly effective. It doesn't focus on diagnosis or medication. Nor does it oppose all

traditional approaches either. It is about finding the best balance. It achieves this by seeking to understand a person's experiences in the context of their relationships and environment in order to determine the best possible individualised treatment.

Trained LEW facilitators will help create a safe space where all voices are heard and valued, fostering a collective understanding of the issues at hand.

A core principle of Open Dialogue is to start treatment as early as possible, ideally within 24 hours of the first contact. The immediate, care and support that LEW's can provide aims to prevent hospitalisation and minimise the use of medication.

The process is fluid and adaptable. The frequency and duration of meetings is determined by the needs of the person involved.

This method has shown promising results in reducing psychotic symptoms and improving social functioning, making it an innovative, compassionate alternative to main stream mental health practices and services.

Studies of Effectiveness

The Western Lapland Study (Seikkula et al., 2003, 2006) is an often cited study from Western Lapland, Finland, where Open Dialogue was developed. Open Dialogue is one of the organisations that employs the wellness approach.

These studies show that after 2-5 years of treatment -

1. About 74% of individuals experiencing their first episode of psychosis had no residual psychotic symptoms at follow-up. By comparison, less than 50% of people treated only with medication were free of residual symptoms. Furthermore the ongoing dosage of medication was likely to be higher with the medication only clients leading to the possibility of long term quality of life problems.
2. Approximately 82% of people treated using the open dialogue approach were either working or in school after 5 years of treatment. By comparison, only 30-60% of patients, (depending on which study) receiving medication only treatment returned to work or education, during this period.
3. After 5 years of treatment, over 80% of participants treated using the open dialogue approach were either not taking anti psychotic medication or had significantly reduced their usage.

Functional recovery rates with the open dialogue approach (depending on which study) typically show a relapse rate of 15% - 20% after 5 years. The relapse rate using medication only treatment is around 60-80% of patients within two years (again depending on which study).

An estimated of the total anti-psychotic medication used over 2 years

- Open Dialogue treatment: 73,365 mg per person.
- Medication-Only treatment: 292,000 mg per person.

The Open Dialogue approach shows approximately 75% overall reduction in the use of anti-psychotic medication compared to the medication only approach.

Direct Cost Comparison: The Western Lapland Study found that the direct costs of care for the first two years was 33% lower for patients treated with Open Dialogue compared to a control group.

Long-Term Savings: The reduction in hospitalisation rates and the lower need for long-term medication resulted in significant cost savings over time. The study estimated that the total cost of care over five years for Open Dialogue patients was about 40% lower than for those receiving standard care.

Conclusion

The Western Lapland Study demonstrated that the Open Dialogue/Wellness approach not only improves clinical outcomes but also leads to substantial cost savings, particularly through reduced hospitalisation and lower medication use. This model of care, which emphasises early intervention, family involvement, and continuity of care, has shown itself to be more cost-effective than traditional biomedical approaches in mental health care and has proven itself over many years to successfully help people.

The Business Of Mental Health



The international mental health system, encompassing a wide range of services, products, and technologies, is estimated to be worth around **\$US 400-500 billion per annum** with a compound annual growth rate (CAGR) of around **6-7%**.

The Australian mental health system is estimated to be worth around **\$US8 billion per annum**. Much of the Australian system is run by or substantially subsidised through government funding. This gives it some unique and in some cases problematic characteristics compared to mental health services in some other parts of the world.

About half of the money spent on mental health services in Australia relates to people having experiences defined as psychotic even though psychotic clients account for less than about 3% of all people with mental health problems. Only about 1% (1/3rd) of these people receive any form of government supplied or funded treatment for their problems.

Cooperatives

Cooperatives are just one of many forms of legal structure that could be used to establish and run a mental health business in Australia,

This proposal suggests that a LEW operated mental health service business be setup and run as a worker-owned co-operative.

A co-operative is a legally incorporated entity designed to serve the interests of its members. Co-operatives may be profit sharing enterprises or non-profit organisations. Members of a worker co-operative are both the owners and employees of the co-operative. The co-operative provides work and a "fair deal" for its members. The members elect a board of directors from amongst themselves. The board are responsible for the day to day running of the organisation. All active members have an equal say in the running of the organisation as well as an equal vote at a general meetings regardless of their shareholding.

Why a Co-Operative?

In various discussions with LEW's, a common complaint is that they are frequently exploited and/or discriminated against by other "higher status" mental health workers. A worker owned co-operative turns the situation around since the cooperative is owned and run by LEW's who set their own terms and conditions. A number of successful worker cooperatives have been founded, particularly in the UK, to address social and economic inequalities and to provide good jobs with fair wages and benefits.

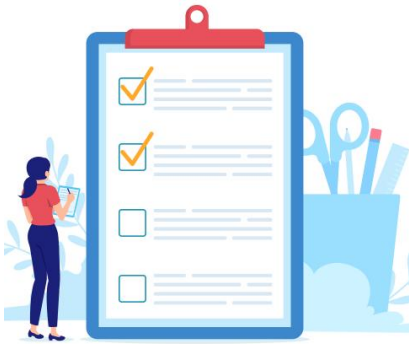
There are about 2.5 million small businesses in Australia known as Small Medium Enterprise(SME's). These comprise about 98% of all Australian businesses. More than 2000 of these are cooperatives but currently there only appears to be a couple of dozen worker owned cooperatives operating in Australia.

If this venture is successful, it could have an impact on working condition's for LEW's outside of this co-operative. Others may also follow this lead and start similar co-operatives in competition with this one.

Shares.

Shares in a cooperative work in much the same as for any other start up. Founding members are initially allocated shares for a low nominal amount in return for time and services to get the co-op up and running. As the organisation evolves and grows, these shares can be expected to increase in value. While the growth potential for a mental health services co-operative may not be as great as something like a high tech startup, you never know.

Getting Started



The plan proposes an entrepreneurial style startup venture.

Startup ventures can be both exciting and challenging. Not everyone has the desire or passion to be involved in a startup but for those that do the experience can be very rewarding.

Many LEWs probably have little or no experience with startups. This is not a significant concern providing it is possible to attract a sufficient number of committed, commonsense people who are interested in being a part of this project.

Specific details about how a startup venture like this can and should be managed will become apparent as the plan is discussed and developed.

It would be expected that anyone wishing to become involved in a startup venture like this would have a basic understanding of the problems and issues with the Australian mental health system from their own lived and/or work experience. Hopefully most would also see the potential for a project like this to have a worthwhile positive impact on the Australian mental health industry, rather than just providing a job.

Below is a task list that gives some idea of how we might go about getting this project up and running. It is by no means fixed.

Flexibility together with the ability to think on one's feet and respond quickly to opportunities, changed conditions or problems that arise are important keys to the success of any startup enterprise.

A Task List For Getting Started

1. Promote the business idea/plan described in this discussion paper to Lived Experience Workers (LEW's) or anyone aspiring to this role.
2. Meet with LEW people online. Discuss the plan including issues, questions and concerns.
3. Extend these online meetings to prospective customers to try and determine their needs. (market research)
4. Start developing, evolving and implementing the plan. Put together a marketing message and an online brochure etc.
5. Set up regular (free) online Zoom meetings for both LEW's and potential clients. (weekly, fortnightly monthly?) Initially use the commercial Meetup app (www.meetup.com.) to promote the idea publicly. Two "free" Meetup channels are currently available.
6. Start the business and coop registration process.
7. Start setting up basic admin and financial systems to keep track of money and time spent by LEW people and any others who are involved in the startup (Use Excel spread sheets etc initially until we see where we are going)
8. Set up social media marketing connections such as a Facebook page etc and work them with

- regular postings. "Free" use of the 'Panther website to initially launch this business prior to establishing a dedicated website is available. (www.PinkPantherActivists.au)
9. Set up some experienced professional wellness consultants online so that clients who need immediate support will at least have an option of somewhere to go. We currently have three people who are considered to be suitable and have agreed to fill this role. We also have a list of other possible candidates who need to be vetted. (See section on qualifications, skills and training)
 10. Establish a 24 hour crisis response service with LEW's (This is envisaged as a paid service)
 11. Set up training for LEW's (See section on qualifications, skills and training)
 12. At some point change the initial meeting group to a more formal free weekly client orientation group run by pairs of LEW members taking turns to facilitate on a rotation basis.
 13. Start running paid client groups facilitated by pairs of LEW administrators.
 14. Refine, refine refine.

Risk



While some people are uncomfortable dealing with risk and uncertainty, others are optimistic about potential positive outcomes and are willing to take a chance. Anyone who has difficulty coping with uncertainty, may find being involved in a project like this unduly stressful.

We need to approach this in a pragmatic way that looks realistically at the risks involved and balances them with potential gains. Starting a new business is always a high risk activity although if undertaken skilfully and

systematically, the risks can often be reduced and reasonably managed. It is prudent however to be realistic about the risks so as not to be blindsided if things go wrong.

Failure of an enterprise doesn't need to mean the failure or financial ruin of an individual.

There are about 400 thousand new business startups in Australia each year. Government statistics show that only about 40% of them will still be operating after 5 years. As a starting point for risk assessment, it appears that this cooperative based mental health support business we are evaluating, will, like any other startup, only have about a 40% chance of success.

What if anything can be done to try and improve these odds?

The extensive research available on business failures shows that about 30% fail due to insufficient capital. Many startups run out of money before reaching profitability or sustainability. As previously discussed, this proposed business does not appear to need large sums of start up capital.

The capital that is required is for significant amounts of human time and effort which would be provided by the contribution of owner-members.

This is obviously the first thing that needs to be considered. Unless a reasonable number of capable people can be found who are willing and able to commit to this project, there is little point in trying to go ahead with it. Many hands make for light work but if the work is left to too few it can become onerous and people are likely to burn out. We will in affect run out of energy and motivation which will have much the same affect as an organisation running out of money before it gets established.

It is very important that those who take on leadership roles in a group such as this are able to work constructively together as a team. It only takes one persistently dissident person in a team to create sufficient discord to drain away a lot of energy which could impact or destroy the whole project.

Getting a good team together is considered to increase the probability of success by about 10-15%. Training and skills which are later mentioned are also important because they enable the business to provide a high quality service which of course is very important for success.

Perhaps the biggest risk is market risk which means are there enough people willing to buy the service that is being offered at the price being asked. Market risk typically accounts for about 40%

of all startup business failures.

One thing that can significantly reduce risk is good financial and administrative management. It is very easy for a startup to quickly get out of control, particularly if the business takes off in an unexpected manner.

Provision for public liability risk and insurance will need to be considered.

Another risk that needs to be kept in mind is interference from conservative vested interests who drive the existing biomedical based system. They are not going to give up their financial power base easily. In the past they have sabotaged wellness based initiatives mainly by lobbying funding organisations to withdraw their support. That shouldn't worry this effort too much because we will not be depending to any significant extent on any funding organisations but there is nothing to say they won't resort to other tactics.

If we are able to find a team of good people, determine that there are at least a small number of Australians who are interested in our proposed service and set up a functional financial and administrative systems right from the start, the chances of success increase dramatically.

Finance



When starting a business, there is an old saying that ***you have to spend money to make money***. At a superficial level this may make some sense but people who take this literally can get themselves into a lot of trouble.

It is not uncommon for entrepreneurs both large and small to throw buckets of money at a project and then crash and burn in a spectacular way when things don't work out as planned. When a person's home and life savings are lost in this way, which happens far more frequently than many realise, it can be devastating for those concerned.

Here are a couple of replacements for "the spend money to make money rule".

- 1. Never spend one penny more than you have to, particularly in the early stages. Make do with the cheapest and simplest facilities, equipment etc that you can get away with.***
- 2. Never put all your eggs in one basket. This way you can have lots of small failures and recover from them and still have an overall successful outcome.***
- 3. Avoid personal guarantees on loans, particularly any that involve your home.***

Some business ventures do require a lot of start up capital and if this is the case there is no way around it. You have to come up with a way to raise the required capital. With a business that has a potential for high profits there are a number of ways to go about this but in the mental health field, unless the proposed business is targeting clients in the small but wealthy high end of the market, there really isn't much potential for significant profits. It would therefore be difficult to attract investors.

Our first 'Panther project was undertaken to put our foot in the door and try to gain some experience and understanding of the mental health industry. A life time of personal lived experience with mental health problems doesn't really count for much compared to what can be learnt in a couple of years working on the inside.

Our project was an attempt to establishing **Soteria** community houses in Australia. Soteria houses are capital intensive, not just to set up but also to run. Private investor finance was not a viable option and when the federal government made it quite clear that they weren't interested in even looking at something like this there was no other sensible choice but to mothball the project.

The out of pocket expenses however were small. In total they were less than \$1000 plus of course many 100's of hours of work. Overall the pain of this loss was tolerable. The upside was that some valuable contacts were made and a lot of useful knowledge was gained in a field where we previously had no industry experience.

What we are looking for is a number of LEW's or people aspiring to be such who want to **work in**

the industry with dignity and respect and who want to make a worthwhile positive difference to other people's lives.

They need to feel motivated and willing to put in the **time** and **energy** required to kick start a venture like this.

If this human "risk" capital is spread amongst a number of LEW's then the individual risk and effort should be quite modest. If this project fails to materialise, a participant would have mostly just wasted some time. Even if the project fails completely however, the experience and knowledge gained should be invaluable to anyone considering a career as a LEW.

How much can a LEW expect to earn once the business is up and running?

The average casual wage for service industry workers in Australia as at August 2024 is around **\$33-\$36 per hour**. Once the business is established, entry level wages for suitably qualified LEW's is expected to be in this range with increased rates for experience and seniority.

Mental health is, or at least should be, first and foremost about helping people. Nobody is suggestion that LEW's should not be reasonably paid for their efforts but if making money is your primary goal, it is respectfully suggested that mental health is probably not your field. You should perhaps be looking for a job in finance, investment or banking which is focused on money.

It is also worth keeping in mind that this type of business will need to run with a reasonable safety margin of profit. The LEW owner-workers are the ones who will manage the business and set prices, wages and profit margins.

Systemic problems and attitudes towards money.

We could engage in a long and complex philosophical socio-economic discussion about wages, workers rights, conditions, etc but that is not going to help us deal with the immediate problem of trying to improve Australia's mental health system.

Leaders and decision makers in the mental health industry currently are amongst the top 1% of income earners in Australia. This income structure is at least a part of the present problem that locks Australia and many other parts of the world into a conservative system of mental health that is highly resistant to reform and has been described as not fit for purpose.

People who are doing very well out of an existing system obviously have no motivation to want to change the way things are and they will simply rationalise away any malpractices or other wrong doings.

Perhaps one of the most important points to keep in mind with this particular project is that the LEW's that finish up owning and running this cooperative may very well become the leaders of a new or very different mental health movement in this country. They will be responsible for establishing and maintaining a different culture within an organisation that they own and manage. If this new culture is one of genuine caring and compassion then the type of mental health reforms that many are currently looking for will hopefully evolve over time and permeate the larger

community. On the other hand, if the culture is allowed to become self serving and driven by greed, control and lust for power, some mental health services may change in nature but overall we will still have a system with the same sorts of issues and many people suffering mental health problems will continue to be treated as sub human.

Raising Finance

Raising the relatively small amounts of upfront finance likely to be required can of course be challenging but in my experience is achievable through a combination of strategies. Here are some ways to go about it.

- Federal and state government grants and funding programs
- Community philanthropic organisations like Rotary, Lions, Lord mayors Charitable Foundation etc
- Small scale fund raising events. Bunnings Sausage sizzle for example
- Donations
- Crowd Funding
- Branded merchandise sales
- Interest free loans or microfinance - Bendigo Bank - Family and friends
- And so on....

Services and Delivery

Online vs Bricks and Mortar



The global Covid epidemic changed everything. All sorts of organisations throughout the world went online just to survive and many continue to use this modality in part or in total. Online therapy, through video conferencing technology in many situations proved itself to be just as effective as face-to-face delivery for both group and one-on-one services. In some situations online proved itself to be superior. For example, it overcomes problems associated with distance and travel. This is important for a country like Australia with vast distances and where the provision of regional services has always been a

problem.

With online video conferencing technology, a small group of LEW individuals living anywhere in Australia can, with online access, collectively service the entire country.

Online is also a lot cheaper. Facilities that require bricks and mortar facilities could be expected to significantly increase costs which would then have to be passed on to customers as increased rates, thereby making services less competitive or attractive.

At some future time it may be necessary to incorporate some bricks and mortar facilities, but for the time being, online via teleconferencing seems like a no-brainer for a startup of this type.

While not everybody will be comfortable or able to accept online delivery, many seem to be quite comfortable with it and it can afford significant convenience for some in a busy day-to-day world. As discussed in the section on marketing, a successful business does not depend on the ability to offer a service that appeals to everybody. If it just appeals to some people, particularly in the early start-up phase, that will be sufficient.

About Groups

Groups are often considered as either a cheap substitute for therapy or as a means of just meeting people and making friends. Such an impression is not evidence-based and is incorrect. Well-run groups have been shown to be at least as effective as one-on-one therapy. The social aspect of groups is very important. They are not really about friendships in the traditional sense but rather a microcosm of normal society where deep and hopefully honest human interaction can take place. The functions and dynamics of groups are important and need to be understood.

Individual therapy can also be readily combined with a support group. Together they may be more effective than either by itself. Groups can provide significant support that might not otherwise be

available. They reduce the likelihood of hospitalisation and save lives.

Groups are highly cost effective. They can be set up quickly and relatively easily. Group membership can be adjusted as needed. Different types of groups can be set up for different purposes once there are sufficient numbers of clients. For example we could simultaneously run a family and carers group, a coping with depression group, managing psychosis and extreme experiences group and more.

The proper facilitation of groups does requires significant skills. Providing training in these skills would appear to be an important function as discussed in the Qualifications, Skills and Training section.

Being an assistant facilitator in a support group may well prove to be a good entry level opportunity for those who want to start working in this field.

Our key reference book for group work is *Theory and Practice of Group Psychotherapy* by Irvin Yalom and Modyn Leszcz 2021.

Yalom is an American psychiatrist, therapist and author. He is probably best known for his book 'Loves Executioner'. He is also known to some as the "Grand Old Man" of therapy. Yalom is now in his 90's

Theory and Practice of Group Psychotherapy is considered by many to be the standard text book on group work. It has been continuously in print for many years and updated many times over that period. It represents a life time of practical experience and advice in all types of group work.

A copy of this book can be downloaded from the 'Panther's members library in PDF, ePUB or Kindle (AZW3) format.

Types Of Services

It is envisaged that the cooperative will initially provide 4 types of services.

1. Free Orientation Group. This is the online equivalent of the traditional "try before you buy" situation where prospective clients can meet and discuss needs and issues with facilitators as well as interact with each other. This group would be advertised and run on a regular basis, probably weekly to start with. It would also provide facilitators with an opportunity to make an initial assessment of prospective clients and how they can best be helped.

2. Crisis Response. Open Dialogue regards a response to a crisis situation within 24 hours as very important. Many people in crisis now have to wait weeks or months to see someone. It is considered very important to engage people during the crisis, not a couple of months later when a lot of the distress may have diminished or be been pushed aside. Crisis response should, wherever possible, involve any carers or concerned family member rather than just the distressed person. i.e. as far as possible it should involve the distressed person's personal support network.

This would be a paid service initially involving 2 LEW facilitators. The suggested rate for crisis response is \$100/hr paid in advance.

3. Support Groups - Groups would typically be made up from about 10 clients with 2 LEW facilitators. They would run on a weekly basis for approximately 1.5 hours duration. The suggested rate is \$20/week paid in advance. Groups can run for a fixed period or be ongoing.

4. One-On-One counselling - Experienced, fully trained therapist/councillors. Rates would be dependant on individual councillors. The typical rate seems likely to be between about \$90- \$130/hr out of pocket costs after medicare rebate where applicable. We have three highly trained and experienced councillors who have agreed to provide this level of service to help get things started. Their rates fall within this range. Only one of the three is eligible for a medicare rebate.

Qualifications, Skills and Training



For a venture like this to be successful it is essential that facilitators and therapists who work with clients be appropriately skilled and competent. One of the tasks of the co-operative will be to assess the skill and experience levels of interested LEW's and help those wishing to do so to develop the required skill level. In the context of the wellness approach, formal qualifications may or may not be useful or relevant.

Not all LEW's need to be therapists or facilitators. As the co-operative develops there will be people needed to fill various non clinical roles. Hopefully the cooperative will be able to provide opportunities for training in any relevant area where workers want to develop their skills.

Cognitive Behavioural Therapy for Psychosis. (CBT-p) .

A few years back, when I was looking for help with my own mental health problems. I came across something called **CBT-p**

I purchased a couple of text books but after reading them was none the wiser.

Then somebody pointed me to an inexpensive online Udemy CBT-p course put together by someone named Ron Ungar. I didn't realise at the time that he was considered by some to be a leading expert in this field.

I found this course invaluable. It helped set my thinking straight on what psychosis and appropriate treatment for it were all about. Ron's approach to CBT-p underscores my own understanding of the **Wellness** approach.

Finding a CBT-p practitioner in Melbourne, Australia, however turned out to be difficult. Federal Government sources told me that while CBT-p was a well recognised internationally and a proven evidence based intervention for psychosis, they were not aware of any qualified practitioners in Australia. After three years of countless emails and phone calls I managed to find a clinical psychologist who came reasonably close to the sort of therapist I was looking for at that time.

I have since discovered a small number of other practitioners in Australia who are knowledgeable and experienced at working with psychosis.

Some Background on CBT-p

Cognitive Behavioural Therapy (CBT) originated in the 1960s It has become the go to psychotherapy for addressing various psychological conditions like anxiety and depression. Over the last thirty years or so, CBT has continued to develop. A number of variations, known collectively as Third Wave CBT have evolved. These include Acceptance and Commitment Therapy

(ACT), Dialectical Behaviour Therapy (DBT), Mindfulness-Based Cognitive Therapy (MBCT), Schema Therapy and more.

These newer modalities have had a mixed reception. My view is that their success or otherwise has more to do with the skill of the therapist than the method. Any approach, when used in a mechanical way seems likely to be of limited value and can even cause further distress and damage when the client feels they have failed or been labelled as "treatment resistant". While it is inevitable that some therapists and clients will be a poor match for each other, labelling and blaming the client for the disconnect is just bad practice.

In the 1990s, clinicians and researchers began exploring the use of CBT for managing delusions, hallucinations, and other psychotic symptoms. They named it CBT-p . It is now widely recognised as an effective means of reducing the distress associated with psychosis. CBT-p has also evolved to include techniques from third wave CBT, emotional intelligence training and spiritual practices like meditation and mindfulness that date back to the dawn of time.

Simply learning **about** these techniques however is not sufficient. A useful metaphor for this type of training and development is that it is like learning to play a musical instrument. It requires some theory but a lot of practice. In time these new skills become habitual and a part of one's normal life skills.

It starts with developing good listening skills which in turn helps develop empathy. This enables the practitioner to connect with others in a more meaningful way so that they are better able to "Walk in their shoes" regardless of whether they agree with them or not.

Competency can be said to have been achieved when a facilitator or therapist can step into the same mind space as a person who is having a psychotic experience, communicate with them via their unique metaphorical language without becoming triggered or overcome by their own or the other persons trauma, delusions or hallucinations.

The wellness model of mental health doesn't just focus on symptoms but considers the broader context of a person's life. This seriously challenges the traditional, biomedical based approach in that it promotes and recognises a high probability of recovery from psychosis with resilience, and well-being central to its the treatment.

CBT-p is an established evidence-based approach to treating psychosis that complements the holistic, patient-centred approach of the Wellness model. Integrating CBT-p with other wellness practices can create a holistic and effective approach to treating psychosis that includes self-awareness, emotional regulation, and personal meaning, providing a well-rounded strategy for managing symptoms and promoting recovery

CBT-p Training

I believe it is possible to train people here in Australia to support and promote the **Wellness** approach to mental health utilising CBT-p.

I have maintained contact with Ron Ungar who these days devotes most of his efforts to providing

the type of CBT-p training that has been discussed. He has indicated that he is interested in helping run a course in Australia. There are also a few practising therapists in Australia that I am aware of who have skills and knowledge in this area. It may be possible to include some of this local expertise in the training program.

What I am envisaging is an affordable, 12 month, interactive online course probably directed by Ron Ungar for a group of about 10 people. Participants would meet on a weekly basis. The course would include a significant experiential training component including group theory and practices.

This course is still in the planning stage but I am very open to ideas and input and very happy to discuss this with anyone who is in anyway interested,

You can [learn more about Ron and his work here](#)

Marketing and Market Research



Market Research is about trying to understand the needs and preferences of consumers, assess the viability of a product or service, and identify potential opportunities or challenges within a market.

Marketing is the process of promoting, selling, and distributing a product or service. It involves understanding customer needs and creating value through communication, pricing, and delivery. The goal is to attract and retain customers by providing them with products or services that satisfy their wants and needs.

Big organisations often spend a lot of money on various forms of market research and marketing. Even then they sometimes get it horribly wrong.

Basically market research gets down to talking to people who are likely to need the services that are being offered. In the **Getting Started** section of this document, items 2 and 3 on the task list mention this. Market research needs to be one of the first things we do.

Once we have established that a viable market exists the next step is to adjust the services if and as required to best meet the needs of those who appear to be interested in them and then develop a marketing message. This is about explaining how those needs can be met in a way that prospective clients can understand .

Australian Bureau of Statistics information suggest that at any time about 6 million Australians are experiencing mental health problems. We only need to attract 1/10 of 1% of those people to this proposed service to have far more clients than we could initially provide for.

Affordability and Desirability

One important criteria that I believe we should aim for is that the services offered be affordable by anybody.

That of course does not mean that everybody will be willing to pay for them.

In Australia, a lot of mental health services provided by state and federal government are nominally free which means they are paid for by the tax payer. I expect that many people will feel that they are entitled to completely free services. Some will probably even feel outraged at any suggestion that they should pay for such services.

That brings up another issue. People often tend to value something more if they have to pay for it compared to something that is free. Research shows that when people are invested in their mental health treatment, financially, emotionally, or otherwise, they tend to have better outcomes. This is especially true with the wellness model because it requires a willingness to commit to ongoing

effort.

Preliminary estimates suggests that the proposed services at the suggested prices that the co-op should be able to offer would be very affordable.

A person on job start benefits currently receives between about \$300 and \$370 per week. Estimates, based on Australian Bureau of Statistics information, suggest that people on this income level typically spend between 10% and 20% of their income on non essentials like alcohol, tobacco and various leisure activities. This equates to between \$30 and \$70 per week which is more than enough to pay for at least some ongoing mental health support. Many people of course won't be willing to give up or reduce their consumption of alcohol or cigarettes to pay for mental health services but at least they have the capacity to do so.

It may also be possible to set up some sort of emergency fund supported by a community service organisation like Lions or Rotary for the occasional person who genuinely doesn't have the means to pay.

Yet another issue that seems likely to have a significant negative affect on the take up of our proposed services would be the "**just a pop a pill**" mentality that has become deeply entrenched in western culture. Most people suffering mental health problems will crave emotional pain relief but many will still balk at any idea of any sort of sustained personal effort or accepting personal responsibility for their recovery. This however is a deep seated cultural issue that is likely to take many years to change or eradicate. The best we can probably do here is to demonstrate that the wellness approach works and that the use of medication alone is not necessarily the best or only solution.

Another interesting statistic is that more than 40% of Australians who access mental health services each year pay to see psychologists. Most claim medicare rebates. Out of pocket costs can vary from \$0 for bulk billed services to up to about \$170 for a 45 -60 minute session. The average out of pocket cost appears to be about \$135 per session. Bulk billed psychologists and psychiatrists often have long waiting lists of 6 months or more. Visits to a psychologist that attracts medicare benefits are currently limited by the medicare rebates to 10 visits per year,

One final point is that not everyone, particularly those of the older generation will be comfortable with online delivery of services. Younger people seem more likely to find an online approach acceptable which is OK because responsive targeting of younger people having their first extreme experience has been shown to have significant long term benefits.

We may not be able to solve the whole mental health problem in Australia but we can probably help to improve a small part of it.

Clinician Rates and Profits

A somewhat informal investigation of psychologists and their practices suggests that the rates they charge have relatively little bearing on how profitable their practices are overall. It seems that some

who charge high rates don't do all that well and vice versa. The quality of service provided together with moderate rates seems to be a much better indicator of financial success and of course is more likely to result in word of mouth referrals.

We are aware of therapists who are not eligible for medicare rebates but appear to financially more successful than some who have high level formal qualifications and are eligible for the maximum medicare rebates. It was this discovery that led to the idea that a service that is completely independent of government and medicare was both possible and commercially feasible.

Advertising

Spending large sums of money on commercial advertising, online or otherwise, doesn't seem like a viable option for this project. DIY social media promotion appears offer a more affordable solution for promoting this service

The first step is to develop informative and engaging content on platforms like Instagram, Facebook etc as well as our own website and share tips on mental health, success stories, and service offerings etc .

Then use SEO techniques to rank higher in search engines.

Write and publish blogs and articles both on our own website as well as on widely read online publications like Mad In America

Some people with mental health issues can demonstrate very high levels of creativity. Hopefully we can attract a few people like this to this project. Using social media creatively to reach people with mental health challenges can be powerful, especially when focusing on support, education, and community building.

Here are a few ideas to start with

1. Find or write stories about individuals who have experienced mental health challenges and embraced the wellness model. Likewise a day to day or perhaps weekly diary of wellness related experiences.
2. Record a live podcast of Q&A sessions between a mental health professional and one or more people with mental health challenges. There are numerous high status mental health professionals we know that support the Open Dialogue/wellness model who could be approached and asked to participate.
3. Use Instagram or Twitter polls to ask questions about mental health service needs etc
4. Create a unique hashtag for people to share their wellness based mental health journeys,
5. Post wellness exercises (there are hundreds of them) like mindfulness exercises or gratitude journaling and encouraging people to post their comments and experiences using the hashtag.
6. Set up a Discord server for the wellness model with different channels for various topics. Discord has strong appeal to younger people
7. Find and link good You Tube videos about wellness to our website.

8. Create our own animated You Tube videos about mental health and wellness

Beyond Bio-Medicine and Talk Therapy



Some people who have extreme mental health experiences also have above average aptitude or capabilities in areas such as the arts, literature, science, philosophy and more. Throughout history many people with mental health problems have made significant contributions to these fields but unfortunately their problems have also often resulted in an unhappy and unrewarding personal life.

One of the aims of the wellness approach is to help people develop the capacity to utilise any skills, that they may have, latent or otherwise while at the same time maintaining good, balanced, mental health.

Over time the development of mental wellness can promote things like heightened creativity and insight, divergent thinking, more functional intuition, empathy, understanding and sensitivity to others and the environment.

In 1984 psychiatrist Stanislav Grof and wife Christina, introduced the concept of "spiritual emergencies" in their book *"Spiritual Emergency: When Personal Transformation Becomes a Crisis."* The Grofs described spiritual emergency as a crisis during a period of intense spiritual growth or transformation, where an individual's experiences can be so overwhelming that they are mistaken for mental illness.

The Grofs' work on spiritual emergency drew on their extensive research in transpersonal psychology, which explores the spiritual aspects of the human experience, often integrating practices from various spiritual traditions with modern psychology.

It is now widely recognised that at least some psychotic experiences are best explained and dealt with as spiritual emergencies and that some people do have what are commonly known as numinous experiences.

The term "numinous" refers to a profound, often spiritual or mystical, encounter that evokes a deep sense of awe, wonder, or reverence. Numinous experiences can have a significant impact on individuals, often leading to lasting changes in their worldview, beliefs, and sense of self.

The mainstream biomedical mental health fraternity inevitably consider these experiences as delusions, hallucinations or just plain fantasy that have no practical value or significance.

The wellness approach acknowledges the potential for both enhanced capacities as well as spiritual emergencies and numerous experiences. It provides a framework for understanding and supporting individuals through these often challenging yet potentially transformative natural human experiences.

Some Personal Reflections



In my early 20's I started hearing "god" voices. In 1971, this led to me being certified insane and involuntarily committed to Larundel psychiatric hospital in Melbourne. Seven months later I was discharged and offered the usual deal of subsistence level government accommodation, a disability pension and an ongoing supply of medication.

I looked around at others who had accepted this arrangement and decided that it was not the way I wanted to spend the rest of my life.

Community Treatment Orders (CTO's) and the kangaroo court style tribunals that plague Australia's mental health system today didn't exist then so anyone who wanted to could just walk away from the mental health system if they wished to do so.

I endeavoured to put the hospital experience behind me and try and get on with my life as best I could but for the next fourteen years I was in and out of psych hospitals more times than I care to remember. Despite the setbacks I still believe that stepping away was the right decision, at least for me. It has been estimated that 2/3rds of people in Australia who experience some form of psychosis do the same thing to avoid getting tangled up with the mental health system. I was obviously not alone in thinking this way.

If the wellness system as I understand it had been around then I think it would have made a huge difference to my life.

When I first left hospital I was jobless and unemployable. I managed to pick up some low paid contract assembly work which I did in a tin shed at the back of my parent's shop. Through this work I met an elderly businessman and entrepreneur who for some reason took a liking to me. He took me under his wing and over time taught me the art and science of being a business interpreter.

Throughout my working life I managed to earn a respectable living starting and running a number of businesses from scratch. I never did get around to getting a "normal" paid job.

For those of us who experience madness, there is a big advantage in running your own business, particularly if you employ people. Society then regards your behaviour as eccentric rather than mad and you avoid a great deal of the prejudice, vitriol and abuse that those with mental health problems often experience in the work place.

What I am proposing here is an opportunity for at least some LEW's to become eccentrics and take over the running of the ship.

A Metaphor for Emotional Wellness



Learning and practising emotional wellness life skills is like tending a garden.

In this garden, each skill is a seed we plant. At first, it takes patience and care to cultivate. We water the seeds with knowledge, nourish them with practice and protect them from the weeds of old habits and negative influences.

Some seeds grow quickly, sprouting new leaves of positive habits and mental clarity, while others take time to root deeply in our lives.

As we tend to this garden daily, the plants grow stronger, and the garden flourishes, offering a harvest of resilience, balance, and well-being.

Just as a gardener learns over time which plants need more sunlight or shade, we individually learn which wellness practices best nurture our

mind, body, and spirit. With consistent care, our gardens becomes a sanctuary where we can find peace and strength, no matter what the weather is outside.

***Sow a thought and reap an action;
Sow an act and reap a habit;
Sow a habit and you reap a character;
Sow a character and reap a destiny.***

—Ralph Waldo Emerson



The Pink Panther Movement

***"Standing Up for
Mental Health Reform"***

<https://PinkPantherActivists.au>