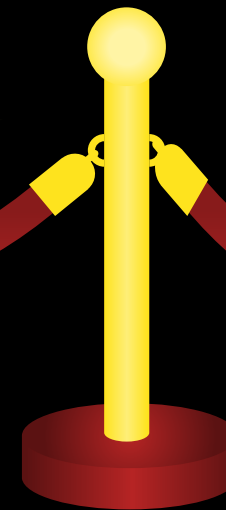
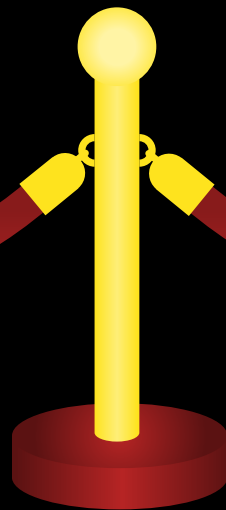
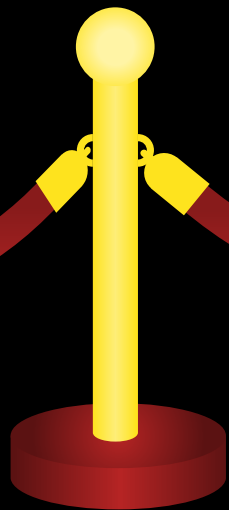




**“The ‘Seduction of Inclusion’  
for mental health advocates”**

**WAAMH Conference March 2016**



Margaret Doherty  
Mental Health Matters 2  
E: [margaret4mhm2@gmail.com](mailto:margaret4mhm2@gmail.com)  
M: 0413 861 049

## Mental Health Matters 2

- A grassroots, unfunded, volunteer systemic advocacy group
- ~1,000 members/supporters  
People with lived experience + families & supporters + individuals who work in mental health and allied services
- 'Pointy end' focus (Mental health + Alcohol & other drug use + possible criminal justice involvement)
- 2 year advocacy campaign for START court
- 4 year campaign for review of the CLMIA Act
- Families 4 Families WA with Cyrenian House



[www.mentalhealthmatters2.com.au](http://www.mentalhealthmatters2.com.au)

<https://www.facebook.com/mentalhealthmatters2WA/>

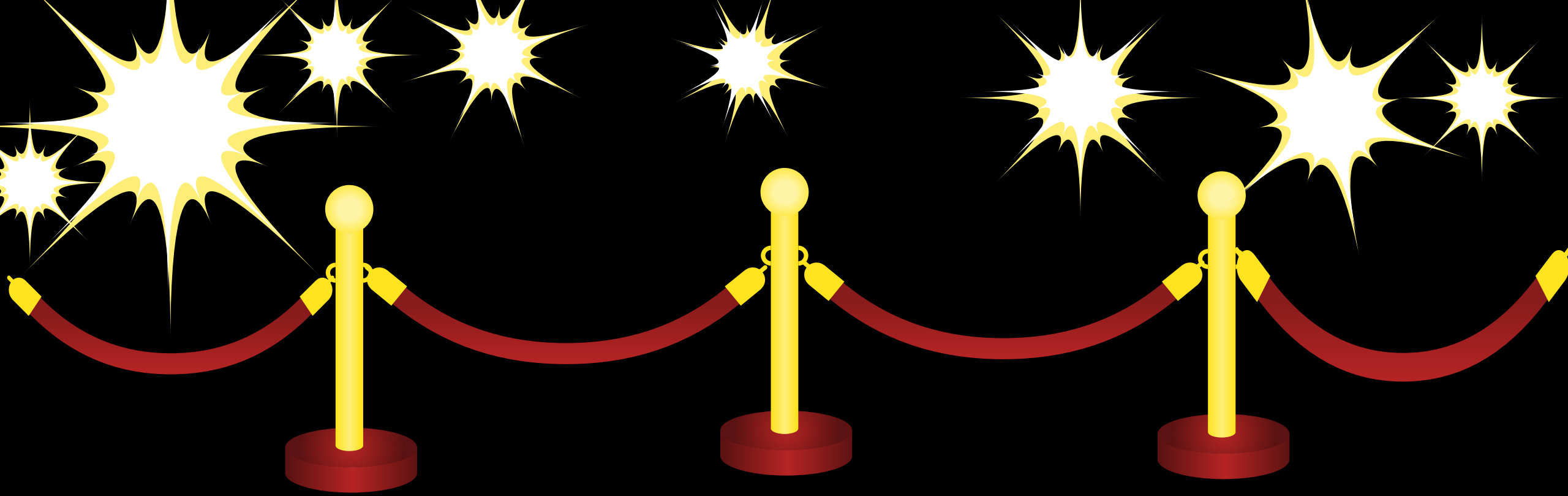
- **Our advocacy work is guided by a Values Framework:**

**We aim to work in ways that are:**

- **Gracious**
- **Hopeful**
- **Informed**
- **Just**
- **Resolute**

- **Commitment to Reflective Practice; peer pre-briefing and de-briefing after meetings (or when necessary)**





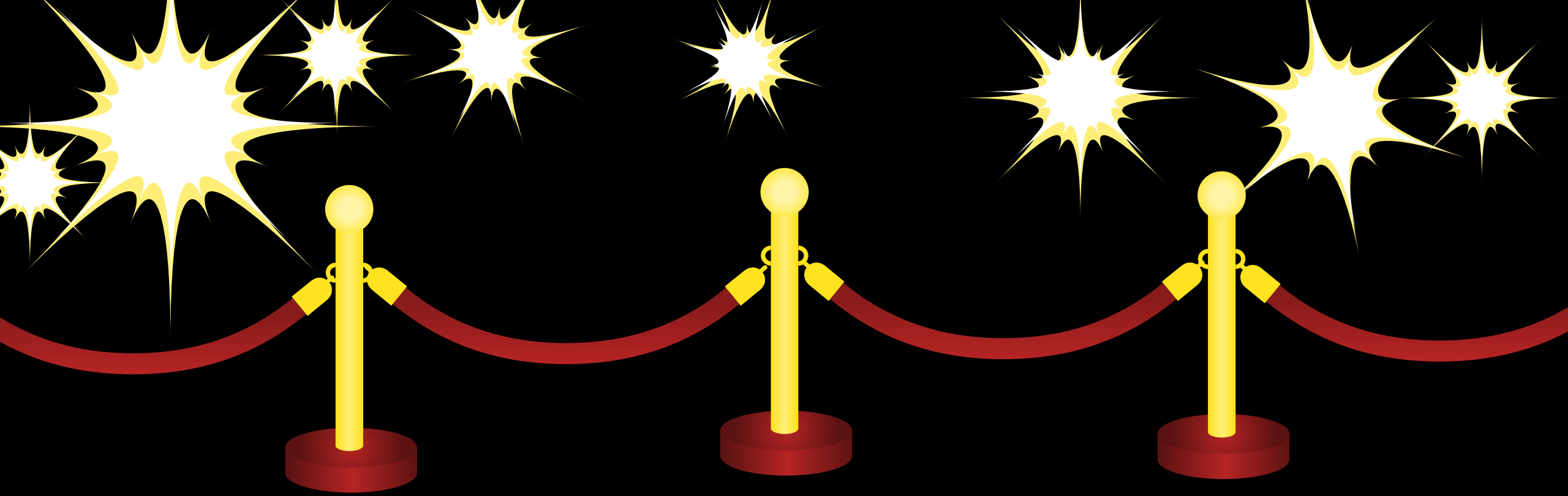
## To seduce:

- The original meaning: To persuade (someone) to abandon their duty
- From the Latin *'seducere'*: *'se'* – away, apart + *'ducere'* – to lead.

(Merriam-Webster Dictionary)

## The Tension:

- Seduction happens in relationship.
- “Strong relationships are critical for successful advocacy” (Social Ventures Australia)
- In WA, we’re often relating to the same people in different arenas / roles which can be helpful...and challenging..



## Inclusion:

- The act of including; The state of being included.
- From the Latin '*includere*': 'shut in'

(Merriam-Webster Dictionary)

Inclusion feels much better than exclusion, particularly where there is a history or presence of power imbalance and an established dominant culture where marginalised people are not listened to or seen for their strengths.

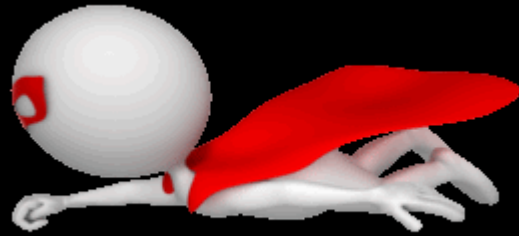
‘Do you want to be in the tent or outside of the tent?’



FEELINGS	THOUGHTS	IN/ACTIONS
Gratitude	<p>“Wow, I’m in...how lucky am I”</p> <p>“Isn’t it great that consumers and families are now being included”...</p>	Giving overly positive feedback for fairly minor initiatives. Boosting, rather than pursuing real change.
Fear	<p>“I’d better not push this issue in case they don’t like me / don’t ask me to continue and bring in someone else”</p>	Mention a concern but don’t press for action on it.
Validation	I have talents, skills and expertise and I can offer them here.	Taking actions which highlight my skill and knowledge. Reluctance to share the role, mentor a new rep or critically reflect on performance.

## ***Seduction BY Inclusion: Accepting what’s being offered***

*“Woo Hoo, I’m in.....Isn’t it great that there’s going to be consumer and family/carer involvement ... even if there’s only 1 representative...that’s a start and we’ve got to start with baby steps...”*



FEELINGS	THOUGHTS	IN/ACTIONS
Pride	I've been chosen because I'm really good at what I do / know / how I advocate.	Advocate really well. Perhaps feel frustrated at lack of action / listening to my input.
Need to prove myself	"I need to be on top of all the reports, statistics, research...." I don't want to say that I don't know / understand something	Take on too much of the workload. Offer my time too freely. Put in long hours. Sacrifice balance. Knock back offers of help.
Superiority / Arrogance (which may mask real fear of failure, imposter syndrome)	"They've selected me...now I have to prove myself"	Exclude other advocates. Avoid sharing information. Be seen with the 'important people'.

## The Superhero Syndrome

*"Not only have they brought in a consumer / family advocate....but they've chosen ME. My skills / knowledge / expertise has been recognised as being THE BEST".*



FEELINGS	THOUGHTS	IN/ACTIONS
Overly-sympathetic (as distinct from empathic)	“It’s hard for them too. It’s a difficult job and they work long hours...”	Reluctance to challenge current practices or policies which are provider/service-centric, rather than person-centred or recovery-focussed.
Need to please (or at least not be a bother)	“They’re important people with busy jobs to do. I don’t want to take up their valuable time with my concerns”	Focus on the easily achievable wins. Avoid the hard conversations – no challenging or persisting with resolving more complex issues.
Need to be liked (rather than respected)	“I hope they get that I’m a nice person. I don’t want to be seen as demanding or difficult“	Offer to do lots for free. Be the one who consistently compromises. Reluctance to negotiate around equity (eg. pay rates, travel, reading time..)

## *The Paralysis of Niceness (Sm/othering)*

*“The staff are really good, decent, hard-working people. I don’t want to upset them. They’re doing the best they can do in the circumstances. It’s not easy for them either.”*








## Panel questions & discussion

**In the context of the 'seduction of inclusion',**

- 1. What guides me in the preparation for a potentially difficult conversation / meeting?**
- 2: How do I maintain my effectiveness in advocacy whilst working with people who may not welcome feedback but who hold positions of influence/power (and who may be leaders in the services my family member or I use)?**



I know how easy it is for some minds to glide along with the current of popular opinion, where influence, respectability, and all those motives which tend to seduce the human heart are brought to bear.

Benjamin F. Wade  
American Politician

QUOTEHD.COM

## What works?

- Peer support, supervision and debriefing
  - Self-care
  - A commitment to reflective practice
  - Seeking out feedback & mentoring
  - Keeping the main thing, the main thing  
“Who am I here for and what am I here to do?”
  - Clarity re personal drivers and goals
  - Remembering that it’s an equal relationship where both parties bring different forms expertise which is of equal value.
- 