

The above situation shows how relevant it is for people with a disability to have knowledge of and use the Victorian Charter—Section 8 is about the right to recognition and equality before the law, Section 10 is about the right to protection from cruel, inhuman and degrading treatment and Section 13 covers the right to privacy and protection of reputation. Together these require the person to be treated equally and with dignity and respect, and not like a minor who cannot understand or decide for himself/herself.

In conclusion, a lot has been done in the last 40 years, and a lot still needs to be done to achieve a tomorrow where everyone is treated equally and with respect when they need health services. Practitioners will need to become more open minded, and responsive towards the diverse needs and abilities of patients. The Victorian Charter of Human Rights and Responsibilities can better inform medical and health services. People with disabilities must also continue to speak and stand up for their human rights in their relationships with health practitioners and services. The Victorian Charter can guide further change in what is considered acceptable—and what is not—in respecting the dignity of human beings, including in the relationships between health practitioners and all people seeking and using their services.

Christian Astourian works full time as a coordinator for Diversity and Disability, which is a self advocacy program run from the Migrant Resource Centre North West in St Albans. This program is about supporting ethnic people with a disability to be independent as much as they can, build up self confidence, develop lifestyle skills and know their rights.

He also sits on the Disability Advisory Committee for the Melbourne City Council, the State government Disability Service Board which also includes the Disability Service Commissioner and Scope Victoria as a board member.

References

Frohman, Carolyn 2003, Systemic advocacy on the unlawful sterilisation of minors with disabilities, Women With Disabilities Australia (WWDA). Retrieved 21 August 2009 from www.wwda.org.au/steriladv07.htm.

Frohman, Carolyn 2006, Policy & position paper: the development of legislation to authorise procedures for the sterilisation of children with intellectual disabilities, Women With Disabilities Australia (WWDA). Retrieved 21 August 2009 from www.wwda.org.au/polpapster07.htm.

Sherry, Mark 2000, Brain injury survivors in struggle: moving away from disability as a personal tragedy, University of Queensland. Retrieved 21 August 2009 from apsa2000.anu.edu.au/confpapers/sherry.rtf.09

Advance Directives for Mental Health: a Consumer's Perspective

SARA CLARKE

The problem with being mad is that mental health services usually discharge you as soon as you *look* well enough so they rarely get to see your life when you are at the top of your game. They have to guess at who you may be and therefore they need to guess at just how out of your usual space you are and what may help get you back there. I can't speak for anyone else, but by the time I, or anyone else, notify mental health services that I am in need of help I am beyond being able to make the right decisions about my care, nor do I want the added stress of needing to remember everything that matters in the world outside of my head.

I haven't been hospitalised in over a decade but I know to never say never and the simple fact is, my file from the mid 90s contains all the information that services can find on me. Yes, there is a good chance my file says I find listening to Jewell and Rick Astley calming; either of which now would multiply any distress exponentially for my jazz-loving self. Add in that I have since developed bad reactions to many medications that were useful then and those who were once my next of kin are now bitter exes who would love to see my mind zapped by ECT just for revenge. Now you can possibly see the dilemma.

How do I avoid being put into pop music or medication or life circumstance hell if I need help? An advance directive of course!

Ok, so the *of course* is a bit of wishful thinking but they are a damned good idea. You sit down when you are well, think about what works best for you when unwell and write it down. It may be as simple as "X drug gives me hives but Y works without the itch", or name someone you trust to share decisions in your care or who will feed the cat, pay the rent, water the garden, or call in to work for you if you are not able to do so. Advance directives can relieve some of the extra stress that having a crisis can bring about and let you provide instructions for your care when you may not be able to do so yourself, and/or when you are not seriously listened to. You can either give your advance directive to a service you have contact with or leave it with a friend or family member who will know if a crisis hits to bring it to you should the need arise.

Sara Clarke is a consumer, web geek and part-time project worker at the Mental Health Legal Centre.

Call our free advice line:

Monday, Wednesday and Friday 3:00–5:00 pm or
Tuesday and Thursday 6:30–8:30 pm
on (03) 9629 4422 or 1800 555 887 (Victorian country callers)

