

others experiencing similar life experiences by being immersed into a multi-skilled and multi-tooled recovery based community.

By involving other sectors in regards to maintaining the wellbeing of the peoples and multi-various communities of this land and therefore linking together such sectors in great respect for the roles each individually plays in maintaining systems of governance (Murthys et al., 2001).

a lived mental health experience and/or lived mental illness at one point in time in our lives.

And so as such communicating to a wider audience that mental illness is not simply isolated to the very few but a greater population. With mental health issues on the rise and if such issues are not addressed from a communal community perspective gathered around wellbeing as a code to live and breathe by then such illnesses and issues will manifest in young children ever-more increasingly impacting negatively upon such young minds.

In these ever changing times there is a great need in addressing such issues by educating and treating an individual as a complete and whole person and in doing so we are also educating and treating the Families, the Community and the Greater population and Nation as a whole learning together as Partners in Recovery as one gathered under a common banner of Hope.

Therefore we as role models may be as representatives of Partners in Recovery holistically and gently guiding such individuals towards a healthier, recovered futures without re-offending reducing the duration and chance of institutionalization within a Mental Health Facility or Prison Facility and lessening the strain on an already over-strained Criminal Justice System.

Secondary Objectives

The secondary objective of the Australian Peer Support Mandate is to re-instate advocacy rights which is value based and not guided by political agendas.

Furthermore by creating suitable outcomes in partnering between doctors and mental health patients inclusive of all levels of the Mental Health Community, Carers, Peer Support Community, PHamns Community, NGO services, Homeless Services and Family bearing a light on the need for each individual patient and their rights to be ensured. Thereby providing the best possible treatment and/or outcomes to be achieved and also by reducing stigmatism and the negative impact of such a diagnosis.

To give individual patient choice and advocacy by partnering between treating teams and all levels of treatments inclusive of Family will provide a more resplendent system of governance for those experiencing mental health issues and/or mental illness and their Families (Murthys et al., 2001).

Also in that by being and remaining as advocates as Partners in Recovery, In reaching and In reach services into Mental Health Facilities, Gaol Facilities and wards as Non-Governmental Organizational Support Workers or NGOs is essential and therefore to be encouraged and funded in order to support those particular peer support participants as inpatients and/or inmate prisoners, will then greatly provide better outcomes for such individuals seeking admission voluntarily or otherwise being imprisoned or placed into a Mental Health Facility involuntarily.

In that there is a great need for such individuals to remain supported whilst an inpatient or inmate and to keep in mind that by being role-models we are role-modelling by example within such facilities that recovery is possible.

So as to encourage voluntary activation of other inpatients or inmates into a recovery based community such as Peer Support to then seek activation into Peer Support gathered around wellness, rehabilitation, recovery, Hope and remaining well for the long-term as being the primary goal and main concern for the Peer Support Community as a whole.

That by being placed into a Mental Health Facility or Gaol Facility does not further negatively impact nor stigmatize such individuals any further and allows the healing processes to begin gathered around Hope, Empowerment, Education, Connectivity and Recovery.

In that Policy, Legislation and funding should be implemented in regards to such NGOs then being placed and/or allowed access to all Mental Health Facilities and Gaols thereby supporting such a disadvantaged community holistically to remain well for the long-term therefore increasing life's duration and experiences of those particular individuals.

By remaining mindful at all times of the great need to support such a community in knowing they may have very little insight into their treatment options, ongoing rehabilitation, outcomes, plans and wellness due to the challenges facing them to be admitted into a Mental Health Facility or Gaol.

To ensure their rights and treatment options, outcomes and plans of wellness, rehabilitation and recovery are suitable to each their own needs in that they are making informed consented decisions relating to their each own individual needs and requirements whilst an inpatient or prison inmate.

That their rights are being maintained and upheld in regards to transparency of all parties inclusive of Peer Support Representatives, PHamns, NGOs, Wellness Officers' and other Mental Health Professionals or Prison Personnel guiding individuals gently towards recovery and rehabilitation without further stigmatism nor further impacting negatively upon their already fragile minds, bodies and spirits.

In that Peer Support NGOs, Wellness Officers' nor any Mental Health Professional or Prison Personnel Representatives may neither undermine such individuals by maintaining ethics and integrity

where they may go to or what they may do in order to live more productively whilst suffering from a mental health issue and/or illness.

Thereby guiding, directing and steering peer participants holistically on the road to recovery to then be able to act for themselves in the community with efficiency and lessening the negative impact of further admission and/or suffering in silence due to the challenges facing them every day in regards to their inability to guide themselves through the sometimes overwhelming parts of the multi-faceted system, remaining Partners in Recovery altruistically.

To also create legislation and suitable policies in regards to the needs of the most disenfranchised, disadvantaged and impoverished members of the community, such as the homelessness community, by legislating against bullying and/or stand-over tactics of the wider communities inclusive of the Law Enforcement Agencies throughout the land.

To provide funding and endorse a new-age multi-tooled position

alcoholics and recovered addicts, the homeless community and all communities and peoples alike.

Empowering them with Hope that full recovery is possible and self-sustaining, self-management of each their own lived experience can be constantly checked, kept in order and maintained for the long term by the sustaining of each their own individual community treatment orders.

Thereby raising a standard for such individuals to partner with Family, friends, Mental Health Professionals and the community alike giving Hope to others as role-models and holding Hope whilst engaged in each their own individual wellness tools and the many roles and many hats they utilize daily.

Therefore raising themselves into the community engagement processes and raising the standard of awareness in the community as role-models that recovery is possible whilst maintaining their high energy lifestyles.

Giving Hope to all peoples and shoring up the broken hearted by reflecting their life's experiences of what was useful in times of distress, how their individual lives were maintained and supported in such hours of great need, where they could go to for support and help in such times and the reflection of the eyes and lives of recovery story-telling in obtaining new eyes and new lives to live and see with.

Therefore we as a people, a nation, a community and fraternity of many cultures, multi-various denominations and origins and the many Families this great nation represents may remain focused around well-being, centred around mindfulness and the giving and receiving of Hope in order to restore Hope and shift away from a culture of hopelessness and the deterioration of society into gloom.

Furthermore as such endorsing and encouraging self-advocacy rights of those experiencing a lived mental health issue and/or illness to ensure better outcomes in regards and respect to medication, treatment, orders and/or hospitalization.

Thereby partnering with treating teams, Mental Health Professionals and Clinical Case Management as consumers to ensure their rights, treatment options, outcomes and overall well-being are ensured and maintained for the long term as being crucial in recovery.

Also there is a great need to rally around those individuals whom experience high amounts of trauma daily and have been mal-diagnosed with Schizophrenia to thereby encourage and endorse a value unto 'Family Advocacy' and such 'Family Advocates' to step forward to therefore ascertain the truth to such a mal-diagnosis.

To liberate those individuals experiencing more than normal volumes of trauma due to the projection of sufferings from Family members binding such individuals and their hands into captivity into Mental Health Facilities and/or Gaol Facilities and thereby encouraging the ongoing trauma, hospitalization, institutionalization and stigmatizing of such and said individuals to continue which of course must cease.

Placing them in bondage unto themselves in that the truth such traumatized individuals maintain throughout treatment and care may be revealed as truth and therefore freeing and liberating such individuals by encouraging 'Family Advocates' to step forward during 'Round Table' talks thereby effectuating change for such individuals to recover well from being ill-treated and ill-cared for whilst in the care of treating teams and/or Doctors.

In that such Family generational patterns and traits are to blame and as such no longer to be allowed thereby giving those such individuals whom have been mal-diagnosed with Schizophrenia a

voice and silencing them no more in that they suffer daily with Post Traumatic Stress Disorder and to treat such as Schizophrenics must not continue and must stop.

To open the hearts and minds of the land to treat and care for such individuals as a complete and whole person in keeping such individuals needs and requirements in highest and utia, ho99 Tm(not con[

onwards towards the path of recovery whilst remaining ever-mindful of each individuals particular needs and/or requirements whilst also being mindful that not all things are possible to do and thereby endorse such use of 'Family Advocacy' and 'Round Table' talks initiative.

Therefore allowing all levels of the Mental Health Community, Doctors, Psychiatrists, Psychologists, Clinical Case Management, Peer Support Management, Wellness Representatives', NGO Representatives', Homeless Service Providers, PHamns Representatives', General Practitioners, Consumers, Carers, and Family to grow as one so as to educate both sides and break down barriers between the different factions of the Mental Health Community and Consumers, Carers and Family networks thereby providing a better service delivery and improving the care of patients whether it be as inpatients in a Mental Health Facility or in the community on various levels of treatment and/or treatment orders voluntarily and/or otherwise.

Tertiary Objectives

The tertiary objective of the Australian Peer Support Mandate is to activate change by providing a level playing field of action by legislating against discrimination in the workplace, on the sporting field, at play, within educational institutions and the wider community by educating all sectors of the community and outlawing such behaviour.

Therefore initiating change at all levels of the community where as we may collectively develop awareness of the needs of these particularly challenged individuals as being valuable community members within all levels of the community thereby breaking down the barriers of isolation and stigmatism widely experienced by those who have a mental illness.

Furthermore providing a level playing field of legislation outlawing and discouraging the locking and sealing of locked and sealed wards in the public sector of Mental Health Facilities to then reflect the Private sector and no longer endorse such behaviour and so forth unlock and unseal such facilities.

To then give full sway to the comings and goings of such particular inpatients in lock-down facilities to come and go at will enabling such rights for these particularly institutionalized individuals to then fulfil work obligations, to themselves where possible and also engage in the wider community without duress nor false arrest.

To encourage connectivity to work obligations, community involvement, commitments to themselves and the pursuit of friends

In that they may be empowered by a connection to the embodiment of love and Hope surrounding such individuals to overcome such heartache and loneliness due to suffering in silence and not having any-one to engage with. Giving and handing them Hope in times when Hope seems to be absent and gently guiding such individuals towards remaining well and recovering well fully.

Providing each supported participant with new possibilities and/or opportunities to explore new horizons of perception and understandings previously not experienced by them and therefore activating themselves into the community engagement processes and involvement as being of value and contributing to the greater community enabling each supported participant to gain new insights

Tertiary Aims

The tertiary aim is to reflect on our own connections to fellow peers, friends, family, professionals and other community members as being essential to recovery from mental illness. This connectivity reflection is essential to empower Hope in each peer supported participants need to feel connected and thereby contributing to the greater good and greater whole.

Remaining connected and in touch with the value of recovery in mind satisfies our primary aim by role-modelling recovery being strength based and holistic support relative to each participant and each their own individual journeys and the stories they have to tell.

Satisfying our secondary aim to meet each participant holistically where they are currently at in their lives to gauge a direction of each participants steering and needs at the moment regardless of what current circumstances surround such individuals breaking down barriers and providing opportunities and possibilities for further improvement and progress.

We satisfy our tertiary aim by reducing the negative impact of isolation thereby raising the awareness of each individual and their community involvement whilst remaining connected to family, friends, fellow peers and professionals.

THE OUTCOMES OF THE AUSTRALIAN PEER SUPPORT COMMUNITY

Primary Outcomes

And so forth as such the primary outcome of the Australian Peer Support Mandate is to raise the standard of living and life experience of those we support. To then recognize alcohol, tobacco and other substance abuse as being a health issue mainly whilst respecting its' social and criminal implications by holistically reflecting the need for a healthy mind, healthy body attitude in order to not just increase the experience of life but also the duration of life of the community we support.

In great respect for the need to lower mortality rates of those experiencing a lived mental health issue and/or illness and raise the standard of awareness within the greater community and the issue of the need to rally around mental health as being related to a culture of alcohol, tobacco and other substance abuse.

In that the nature of such a culture is an impact on relapse due to its' uncontrollable nature and effects thereof thereby raising such a disenfranchised people on the road to recovery as being health motivated and that recovery unitedly as a community is possible.

That Peer Support and relative Mental Health Communities altruistically recognize the cultural diversity of this land and so forth the original indigenous land owners as having a voice and perspective as being essential in regards to the need to lower mortality rates within their own communities in relation to alcohol, tobacco and other substance abuse. So as to grow and partner unitedly with the Peer Support Community as Partners in Recovery. And so forth raising life experience and duration of such communities unitedly that we may holistically reflect on our own recovery and the recovery of the Indigenous Community as a whole guiding gently such First Nationals onwards towards the road to recovery.

To engage with all Indigenous Aboriginal First National Australians experiencing and/or suffering from a lived mental health issue and/or illness to actively participate in Peer Support in that these particular minority groups may then be supported through each their own individual journeys of recovery and the stories they have to tell.

Thereby engaging the diverse nature of this land to actively

reflect on such roles of a culture of addiction as being no longer a social issue and then addressing such a culture of addiction as becoming a health issue which affects all peoples in the community covering all demographics across a broad spectrum whereby we recognize the need to support such a community.

Whether they are substance, alcohol or tobacco users themselves or are negatively impacted by others and their relative use of such addictive substances. And thereby educate the public sector in regards to a healthy habitual culture with healthy lifestyles raising the standard of life and duration of life in regards to those experiencing a lived mental health issue and also the wider community alike.

Breaking down the level of challenges and barriers surrounding each particular participant reducing impact due to the isolation of

to recovery and thereby negatively impacting upon their tenants by placing them in dangerous, unsafe environs to make a large profit from such a community.

In that the well-being and safety of all tenants is kept in highest esteem and therefore remaining ever-mindful of their tenants needs and facilitating change to recover fully from a lived mental health issue and/or illness.

And so as such would like to encourage all housing companies to take into full account the 'Wellness Code' and to then implement thus through-out their individual organizations as a code of conduct ethically, to at all times treat those individuals with a lived mental health issue and/or illness with the dignity they deserve.

Thereby we as a nation may gather together to address such a homelessness issue and the mental health of such a disproportionate community in that we all may contribute to the overall well-being of the nation as one.

Providing better services not based solely upon profit nor undermining the well-being of the most disenfranchised people and the community they represent.

To also provide a one-stop information service and drop in centres for the homelessness issues affecting our nation particularly in regards to the Mental Health System and also on a wider broader spectrum to effect change in the most positive of manner, addressing homelessness as a social and health issue to then support such a community holistically on the road to recovery from a lived mental health issue and/or illness or otherwise drug addiction, alcoholism,

As 'The World Health Report 2001' outlines that it "is the crucial importance of relationships with parents or other caregivers during childhood" (Murthys et al., 2001) and as such there is a great need for parents to take an active role in the primary care of their children inclusive of giving the emotional support of these such fragile lives is of much importance to the Peer Support Community.

Thereby reducing the factors relating to self-harm and/or the feelings of inadequacies or self-image problems by gently guiding such young lives around the acceptance of their bodies and minds as a part of whom they are individually and embracing such an individualistic viewpoint as being a complete and whole person regardless of each their own individual idols and those whom they look up to as having everything.

In knowing that such peoples live up to such extreme

may be maintained and supported with the empowerment of Hope and such Peer Supportive Models of recovery and support as they may also experience mental health issues and/or are in the care of a child that does.

Knowing the link between child care and the onset of mental health issues due to the ill-treatment of such children and as such encourage policy to reflect the appropriate means of caring for children within such challenged and impoverished or separated sole parent Families and/or the Families of the youth (Murthys et al., 2001).

Thereby not isolating any one member of the community and providing services and funding to such services to address such isolation issues in our society and endorse such initiatives to take hold of this wonderful land and bring about an empowerment of the nation as a whole.

Therefore we will act unitedly to educate the public sector of the Peer Support Communities, the Mental Health Communities and the wider community alike surrounding the need to embrace a holistic view of recovery gathered around intimate sexual and physical relationships as being essential and crucial in recovery.

In that the nature of mental illness and the issues arising from such a diagnosis is relative to isolation and loneliness whilst being treated for a lived mental illness in that the stigmatism and shame surrounding mental illness is part and parcel of such an isolation barrier. In partnering with all levels of Mental Health Communities and Peer Support Communities alike we unitedly reflect on each our own needs as social creatures to then reflect holistically on each our own roles of intimate sexual and physical relationships of a healthy nature and understanding thereof.

In that the process of breaking the silence of isolation is not just connectivity but also the empowering and encouraging of such intimate relationships with Hope, to then share stories of a mutual nature in a safe environment and safe space reflecting on our own intimate relationships and roles with consumers and consumers reflectively sharing their experiences with their spouses, partners, lovers, wives or husbands.

Managing the discourse, forums and meetings in regards to the direction of guiding the life experience and duration of such mutualob-

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To encourage and stimulate a greater sharing of Hope, in house within all educational institutions, thereby opening safe and honest dialogue within the communal lives of such individuals reducing shame, fear, anxiety and stigmatism experienced by those with a mental illness.

To design and build such environments by encouraging and engaging in a connection to each other and the various communities each individual and family represents.

Building and valuing positive connections to teachers, fellow peers, friendships fostered and the community at a young age and to also encourage a sharing of their eyes of a lived experience with mental illness and creating suitable environments conducive to engaging, sharing, opening up and/or connecting.

In that such places should be placed well within the grounds of the schools and/or institutions with knowledge of past and present gathering areas peers are attracted to and beautifying such areas to bear a light of Hope, beauty and comfort to such young minds.

Creating such special spaces for peers to fully utilize and connect with, sharing their young lives of many experiences and reducing stigmatism within schools thereby allowing such emerging youthful

planning of wellness tools in the exhibited roles and many hats that we utilize every day.

education gently embracing life's challenges in order to gain resilience and bounce back in times of great stress and need will greatly improve the standard of life for such individuals and increase longevity of the nation entirely.

Ensuring the young minds of the land emerge as well rounded, well balanced adults with each their own wellness tools in hand and being able to embrace life's challenges with ease, guiding themselves through the myriad of life's pitfalls with little to no negative impact.

Thereby in regards to the working adult population, legislation, policy and guidelines may be implemented to address adult suicide in the working population, bullying in the workplace, mocking behaviour, abuse, trauma and family breakdown by encouraging working environments to embrace a commonality of sharing positive mental health connections by providing suitable environments conducive to the positive health of such employees within workforce companies and industry.

To endorse an in-house sharing of lived experiences within common grounds and natural beautified environmental settings conducive to opening up and sharing lived mental health experiences and positive mental health connections of value to the individual resilient nature of employees and thereby improving the wellbeing of the employees and the productivity of the company exponentially.

Increasing the value of awareness within such working environments to then reduce stigmatism and discrimination often

become a world leader in wellbeing in knowing that together as one we are travelling the path of recovery.

Furthermore as we are partnering in educating such young individuals gathered around wellness and wellbeing, we are also in a way partnering and educating families and also by encouraging such young minds to engage in reflective story-telling with fellow siblings and Parents therefore guiding the many families that gather here in this wonderful land through the eyes and lives of the children and the youth.

Giving them an active voice for change and healing the family dynamic in that such young eyes may reflect the eyes and lives of recovery as having and holding hope for the long term guiding families onwards ever onwards towards the path of maintaining recovered futures for the long term.

In that through the eyes and lives of the children wisdom may speak and shine through gathered under a core theme of wellness and wellbeing and brought forth unto the healing of negative family generational patterns in that even as such, children may be educated by Peer Support Models of Education.

That such and said family members may seek higher ground and be of value and service to the increasing of wellbeing of the land by actively engaging in Peer support themselves to then heal their own

seeking positive connections and valuable relationships gathered around maintaining health and Hope for the long term.

To reflect the eyes and lives of hopeful engagements and sharing from a communal perspective of having and holding Hope in times of great need and stress, to bounce back with ease and obtain resilient natures.

Guiding all peoples onwards ever onwards towards recovered futures by being and remaining role models, protectors of the homeless, gentle guides of the mentally ill, liberators of the criminally minded and out-spoken voices active for change by reflecting with all community members with Hope.

Thereby giving all community members valuable tools to then choose for themselves to abstain from such systemic issues such as drug and alcohol addiction, seeking higher ground in regards to homelessness by engaging in our lives independently receiving pay by working in each our own individual wellness tools and crafting and/or otherwise paid work to continue in maintaining each our own independent lifestyles without the need to beg and discussing mental health without stigmatism or shame.

Therefore opening up the heart of Hope and giving all peoples true and valuable connections and associations in order for all community members to choose positive mental health connections by valuing health and mental health as being paramount and raising much needed awareness in the community by sharing with all peoples such real connections via reflective story-telling and the handing over and receiving of Hope.

To also create a standing 'Wellness Army' within the compliancy and constraints of the 'Armed Services' to thereby go about and restore nations which have been ravished by war, civil unrest and turmoil such as natural disaster, famine, drought and epidemics in their own lands by creating such a 'Working Restorative Force' to then repopulate such countries and nations that have been destroyed and/or dismantled, ravished by natural disaster and/or other disastrous events.

To be as role models for the Global Community and as such role modelling as a 'Wellness Nation' gathered under the banner of 'Hope' and sustained by our 'Economic and Educational Climate' as being a very wealthy nation and to do so would place Australia on the platform of being a nation gathered around the wellbeing of ourselves and of other nations.

To always remain mindful of the needs of other nations in regards to the Global turmoils that continues to ravish lands and affect civil and economic unrest in such environments and as such problematic Global unrest needs to be addressed as Australia is a very prosperous nation and would do so very well to improve relations with other countries and restore hope of which there is ever more poverty, civil unrest, turmoil, war and natural disaster's affecting many lands creating hopelessness throughout the world.

As "war, conflict, disasters, unplanned urbanization and poverty are not only significant determinants but are also significant barriers to reducing the treatment gap" and so as stated by the 'Mental Health Report 2001', that, "Mental Health policy can address the effects of determinants by meeting the special needs of vulnerable groups and ensuring that strategies are in place to prevent exclusion" (Murthys et al., 2001).

Whereby the Australian Peer Support Community

and such wealth is seized by the state and placed into hands that are not the rightful owners of such an estate.

Forcing such individuals to beg and continue in spiralling out of control due to not having the desire to engage in recovery and thereby are placed on such orders and continue to deteriorate eventually dying young and impaired, without money to survive and without hope to continue.

Whereas such individuals should not be forced to beg and continue to spiral out of control and thereby should be educated in regards to recovery and the maintaining of having and holding onto Hope by always reflecting on each their own recovered futures with Hope to do so and receive their pay to be able to be housed appropriately, able to eat and not have to beg.

Giving and handing such individuals the keys of Hope to then seek higher ground by education and personal empowerment thereby maintaining each their own individual lives for the long term, increasing resilience, lowering mortality rates in Public Trustee and improving the wellbeing of such individuals to the seek higher ground and maintain each their own wellbeing without being forced out of a job such as pay and/or the pension simply because they cannot live and support themselves appropriately.

Releasing such individuals from bondage to such Mental Health Professionals and their families thereby such families and/or Mental Health Professionals not inheriting their estate and giving such power back to such and said individuals by not placing such individuals estates into the hands of in-transparent Mental Health Professionals, family members nor the # Hope nR

as one there is no need to create a mentally ill, unstable and diseased population regardless of global pressure to do otherwise.

Finally in continuation of the tertiary resolutions of the Australian Peer Support Mandate there is such a great and dire need to hold Community Housing Companies and Networks accountable for the deaths or violent alcohol and/or drug fuelled assaults and attacks upon other tenants within the holdings of such Community Housing Companies.

Thereby providing governmental inquests and tribunals to seek the truth of such a company thereby maintaining accountability and transparency of all such companies at all times.

Therefore prosecuting such companies and no longer tolerating the dismissing of complaints made by such individuals in regards to such violent and abusive attacks upon the wellbeing of those tenants in tenancy within such holdings.

To bring a light of Hope to such darkened corridors and no longer allowing such companies to turn a blind eye simply because of the Gross Domestic Product or GDP of said companies thereby holding them accountable at all times and not ever dismissing such violent alcohol and/or drug fuelled assaults or death by murder or manslaughter to go ignored.

Bearing the light of truth to such companies and outlawing such behaviour by legislating against such undue treatment of those individuals within all Community Housing Company tenancy as most individuals within such and said holdings suffer from Mental illness daily and therefore are negatively impacted by such treatment from such Community Housing Companies.

Therefore no longer placing such tenants in danger from such violence and not allowing such to continue unabated and undisclosed in remaining gathered around the safety and wellbeing of all tenants in utmost highest regards and concern to then embrace a common goal of recovered futures not the value of money for lives and souls at risk of assault, murder and/or death

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