PROJECT EVIDENCE

PROJECT EVIDENCE for Mental Health Promotion. The project coordinator is Dr Allan Mawdsley. The version can be amended by consent. If you wish to contribute to the project, please email admin@mhyfvic.org

[9] Mental Health Promotion

a) Community awareness programs
   i Involvement of Consumers and Carers
   ii Public information campaigns
b) Mental Health consultation to agencies

[9 a i] Involving young people and carers

There have been a number of theoretical documents on young people/carer involvement in not just the child and adolescent mental health service but the mental health service as a whole. For example: "*Consumer and carer participation policy"* (NCCF, 2004) "*Consumer participation: an action plan for consumer involvement in Victoria's public mental health services*", (DHS, 2007) *"National Youth participation Strategy in Mental Health"* (AICAFMHA, 2008) "*Consumer Participation Program Report Building Bridges*" (Absler, 2007) "*Doing it with us not for us*" (MHB, 2007)*"Consumer participation on committees"* (NRCCPH, 2008) and most recently "*Because Mental Health Matters"* (DHS, 2009).

MHYFVic acknowledges the evidence for a central role for consumers and carers in the running of mental health services. The first part of this paper focuses on this role of involving young people and carers in the running of mental health services, and the second part focuses on the role of young people and carers in the work of MHYFVic itself.

CONSUMERS & CARERS IN MENTAL HEALTH SERVICES

The role of consumers and carers is nicely summed up in the Foreword to a Position Statement on the NMHCCF website titled: "Supporting and developing the mental health consumer and carer identified workforce – a strategic approach to recovery".

"The National Mental Health Consumer & Carer Forum (NMHCCF) has a vision of mental health services that assist mental health consumers and carers to identify their own needs and work with them in an equal partnership towards recovery. Mental health services will take a holistic view of the lives of consumers and carers to achieve agreed recovery aims. These services will work with the range of other available supports such as services for physical health, housing, employment and day to day living. They will listen to individual stories and be respectful of individual needs and if they do not know how to respond, they will seek assistance from mental health consumer and carer identified workers who are experts in this area.

They will be able to do this because mental health consumer and carer identified workers will be working as part of crisis assessment and treatment teams, inpatient units, mobile support and treatment teams and in home based outreach.

Consumer and carer identified workers will be established team members who are able to contribute a personal understanding of the mental health consumer and carer experience, provide informed advice and suggestions for ways forward by being conduits between the lived experience and the service solution.

These consumer and carer identified workers will have appropriate job titles such as Consumer or Carer Advocacy Consultant, Consumer or Carer Adviser; Consumer or Carer Policy Officer; Consumer or Carer Research Officer Consumer or Carer Liaison Officer or Peer Support Worker, and will be valued and respected members of mental health service, policy and research teams. They will be employed in a range of mental health services, but also in

departments of housing offices, Centrelink offices and in the criminal justice and court systems. They will have undertaken accredited training to be eligible to hold their position, be engaged in effective ongoing professional development and have professional peer support arrangements. They will be part of a national network to develop mental health consumer and carer support solutions and will take these solutions back to workplaces or feed into policy and research processes.

Mental health consumers and carers will have recovery plans that are supported and informed by the expertise of consumer and carer identified workers. Solutions to challenges will become more innovative as the skills of the mental health consumer and carer identified workforce evolve.

Pathways of recovery will move further away from being a potentially insufferable struggle to a process that is marked by strength and hope as more and more successful recovery stories unfold and are modelled by future consumer and carer identified workers. They will be active participants in assisting the Australian community to provide appropriate services to mental health consumers and carers. The NMHCCF would like to acknowledge progress already made in these areas. There are some areas where services are driven by consumer and carer identified needs and recovery approaches are working well. One of the recommendations of this statement is that the learnings from these areas are documented to assist all Australian mental health services and the community sector.

Australian health ministers have formally indicated the goal of establishing a recovery oriented culture within mental health services, the establishment of an effective peer support network and the expansion of opportunities for meaningful involvement of consumers and carers in this process. However; these goals will not be realised by just putting them in a policy document. They need leadership, a strategic approach and the commitment of funding and other resources to ensure that they happen.

Similar to reform in mental health generally, the endorsement of these goals by health ministers needs to be backed up by appropriate activities and the development of key performance indicators to reflect progress. Health ministers also need to ensure that mental health services in all jurisdictions are making equal progress.

The NMHCCF calls on all governments to assist consumers and carers to realise the aims of the 4th National Mental Health Plan by endorsing a framework for establishing and developing the mental health consumer and carer identified workforce."

Whilst this vision is put forward in relation to adult mental health services, the same principles apply to child and adolescent mental health services, albeit that only some of the components can be exercised by the young people themselves and others are exercised by adults in loco parentis.

The following notes from the Victorian Department of Human Services outline the ways in which services should be delivered.

Purpose and scope

To guide departmental staff in actively engaging and partnering with people with lived experience of our mental health services so we can improve those services for the people who use them.

This framework will:

- support the department's principles of engagement
- provide a consistent understanding of expectations of staff when engaging with consumers and carers
- provide an overview of agreed engagement and public participation policies, approaches, resources and supports
- build lived experience engagement, co-design and co-production capability across the department
- promote best practice by placing consumers and carers at the centre of policy and practice change by engaging them through co-design and co-production.

This framework should be read in conjunction with the department's *Public participation framework* (2018) and *Stakeholder engagement toolkit* (2018), which outline the department's overarching stakeholder engagement and public participation vision and processes.

Victorian Government policies

The *Code of conduct for Victorian public sector employees* sets out the values and behaviours expected from all public servants in Victoria, including requiring public officials to demonstrate respect for members of the community by using their views to improve outcomes.

The *Charter of Human Rights and Responsibilities Act 2006* sets out the basic rights, freedoms and responsibilities of all people in Victoria. There are 20 individual rights protected under the Charter, including the right of every person in Victoria to have the opportunity to participate in the conduct of public affairs. These include:

- being part of community consultation with government
- participating in public debate and dialogue with representatives, either as an individual or as part of an organisation.

The *Mental Health Act 2014* has delivered major reforms to Victoria's mental health system and placed people with mental illness and carers at the centre of treatment, care and recovery. *Victoria's 10-year mental health plan* sets the scene for improvements driven by public needs and experience. Consumer and carer advocacy have been key to envisioning these improvements.

The department's engagement practices are guided by best practice and standards outlined by the International Association for Public Participation (IAP2) *Quality assurance standard for community and stakeholder engagement* (2015) and the Victorian Auditor-General's *Public participation in government decision-making: better practice guide* (2015). The department's *Public participation framework* (2018) and *Stakeholder engagement toolkit* (2018) are the first steps to articulating a departmental commitment to strengthening public participation.

In addition, the Mental Health Branch, in conjunction with the Lived Experience Leadership Expert Reference Group, collaborated with branches across the department to produce this framework, which offers a mental-health-specific lens to guide and inform best practice engaging consumers and carers.

Having a common approach and process to mental health consumer and carer participation based on recognised best practice will help the department improve, evaluate and demonstrate its performance in this area. Documenting approaches using an engagement strategy informed by this framework increases the likelihood of the process being followed, makes staff more accountable for decisions made during that process, and increases buy-in from consumers and carers.

Second Part:

CONSUMERS & CARERS IN MHYFVic

Since its inception, a major focus of MHYFVic has been support for collaborative partnerships with young people and carers and to play a role of advocacy for users of child and adolescent mental health services. Young people and carers have been both members of MHYFVic and on the MHYFVic committee. This has been endorsed in both the *MHYFVic Constitution* and *MHYFVic Principles and Policies document* (2004).

MHYFVic has also participated in a number of conferences during which young people and carers who are members of MHYFVic have presented papers. For example: AICAFMHA 2009 and IACAPAP 2006 and 2008. At the IACAPAP 2006 Congress, MHYFVic played an organizational role for the congress and committee members were major instigators of young people/carer attendance at the congress.

MHYFVic also remains a somewhat unique organisation and this is one of the organisation's major strengths. There are no other organizations involved in mental health that invite all participants (professionals, young people and

carers) to become members and to be part of the management committee. Typically, many organizations are run by those who do not have mental health problems but invite young people and carers to contribute in some way. MHYFVic is also the only organisation to specifically address issues in child and adolescent mental health. All other mental health organisations focus on the adult mental health system or a specific mental health disorder.

Goals for Change

Goal 1: To provide a framework for consumer/carer participation in Mhyfvic

Despite a large amount of theoretical documentation, collaboration between young people, carers and professionals has not progressed as much as was hoped. Membership of young people and carers in MHYFVic and on the committee has always remained in low numbers and at times young people and carers have struggled to be heard in the organization. There is also the perception by other consumer and carer mental health groups that MHYFVic is an organisation primarily for professionals

There have been a number of critiques of the collaborative process and the difficulties that are encountered. (Roos, 2008; Brown and Hemsley, 2008; Olsen and Epstein, 2007; AICAFMHA, 2008). These discussions reveal difficulties with the collaborative process are not unique to MHYFVic but are common not only within the mental health system but in the health system as a whole.

Although MHYFVic has shown support for consumer/carer participation there is no formal documentation of how this will occur. Often there have been different opinions expressed among committee members regarding participation of young people and carers. There are also discrepancies between the public view of MHYFVic that is on the website and brochure and policy and practice carried out by the organisation. For example, the website implies that MHYFVic is an open organisation to anyone who is interested in child and adolescent mental health whereas in practice the organisation is extremely selective of members especially young people and carers. Another discrepancy occurs regarding young people and carers discussing their personal experiences of mental health service. The website implies that these experiences and opinions are wanted yet the committee in practice does not welcome personal experiences and wants all discussion of services to be from an academic and theoretical perspective.

A formal document outlining guidelines of participation would demonstrate a clear commitment from MHYFVic to meaningful participation of young people and carers in the organisation. The document would also provide guidance to committee members on how young people/carers are to be involved. It should be noted that there are a number of guidelines on consumer participation that can be used as a starting point e.g. The Health Issues Centre http://www.healthissuescentre.org.au/ and National Mental Health Consumer and Carer Forum http://www.nmhccf.org.au/

Goal 2: To increase consumer/carer input into MHYFVic projects

As an advocate organization, MHYFVic requires input of young people and carers to remain credible as an organization. Strategies for increasing young people/carer input need to be implemented and put into place. In the past MHYFVic has had some input from young people and carers during mental health forums and events. However, the most contact has been during conferences.

- One of the major difficulties for MHYFVic is that it is not part of the consumer/carer network or has ongoing and regular contact with consumer/carer groups. The project group could begin this process.

Forming consumer/carer consultation groups which would involve inviting young people and carers to offer viewpoints on particular issues. E.g. beyondblue (http://www.beyondblue.org.au/) has blueVoices where interested consumers and carers register to provide input. The Health Issues Centre http://www.healthissuescentre.org.au/ has a register for organisations who want consumer consultation. This needs to become a high priority for the organisation.

- Reaching out to young people/carers in a more public way – using Facebook, local newspapers community listings (which are free) etc

Goal 3: To increase the number of consumer/carer members in the organisation.

Finally, with an increase participation of young people and carers, it will be more likely to recruit members to the committee and /or organisation. However, ongoing recruitment of young people/carers requires a high priority by the organisation.

Project Group Needed

3-4 members – ideally the group would be made up of young people/carers but if this is not possible then we would require some consumer input. Some meetings will be required but communication via email will also be possible.

References:

National Mental Health Consumer and Carer Forum, (2004): "*Consumer and carer participation policy"* download from

http://nmhccf.org.au/documents/ConsumerandCarerParticipationPolicy.pdf

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[To go to Best Practice Model BP9a I close this file and go via the Best Practice Index]

[To go to Policy POL9a I close this file and go via the Policies Index]

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