

Standard 3.

Consumer and carer participation

Consumers and carers are actively involved in the development, planning, delivery and evaluation of services.

GUIDELINES

The intent of this Standard is to ensure that mental health services (MHS) engage in ongoing consultation with consumers, carers and others in its community regarding the planning, delivery, development, monitoring and evaluation of services. The MHS should ensure that support and training is given where appropriate.

Participation (Criteria 3.1, 3.2)

The MHS needs to use methods appropriate to their individual service to engage and support consumers and carers in all areas of service planning, delivery, evaluation and quality assurance activities.

Consumer and carer participation needs to reflect the cultural and social diversity of the community within which the MHS operates.

Examples of appropriate methods include:

- consumer and carer representation on service planning, delivery, evaluation and quality assurance committees
- use of consumer and carer feedback
- terms of reference for consumer and carer groups, and service planning, delivery, evaluation and quality assurance committees that reflect the need for formal links and integration.

Support and training (Criterion 3.3)

Consumers and carers who are involved with mental health services must have access to training and support.

Consumer and carer participation and representation in training must reflect the ethnic and racial diversity of the population served. Initiatives to ensure this occurs could include practical assistance for Aboriginal and Torres Strait Islander and culturally and linguistically diverse (CALD) consumers and carers. This could include such things as transport to meetings, payment for attendance or training sessions in rural or remote communities.

Advocacy (Criteria 3.4, 3.5)

Services should provide information on how to access advocacy services. This can be included in the rights and responsibilities document, and may include a list of organisations such as:

- The Mental Health Carers ARAFMI Australia
➤ <http://www.arafmiaustralia.asn.au>
- Children of Parents with a Mental Illness (COPMI)
➤ <http://www.copmi.net.au>
- Commonwealth Carer Resource Centre 1800 242 636 (free call).

It is essential that advocates provide culturally appropriate information and support. To ensure Aboriginal and Torres Strait Islander people and CALD perspectives are heard, MHS could hold regular forums in different locations in the community to obtain viewpoints of those from the non-dominant culture.

Where an MHS employs consumers and carers as advocates, issues of accountability to management and other consumers should be made clear.

MHS must explore alternative ways of ensuring culturally appropriate advocacy is achieved. For example, it may be preferable to conduct periodic workshop sessions with a group of consumers from different ethnic groups or with carers from a particular remote community in order to ensure a more representative and accurate 'voice' is heard.

Employment of consumers and carers (Criterion 3.6)

Consumers and carers can be employed in an MHS to fill roles such as consumer or carer consultants on projects, consumer or carer liaison in agencies and to conduct research.

Consumer or carer staff members should be well informed about the processes in place to protect, advise and support them. Where consumers and carers are employed the MHS should provide mentoring and supervision and ensure access to training and support as required.

Supervision and mentoring should ideally be provided in a culturally safe environment.

Documentation of participation (Criterion 3.7)

Documentation of consumer and carer participation in the MHS should contain policies and procedures on:

- the process of choosing consumers, carers and other representatives
- payment (direct or 'in kind') and reimbursement for expenses, in accordance with the consumer's preference
- ongoing skills development, such as training in peer support, advocacy, consulting, staff selection, computer skills and financial management to maximise participation on committees
- training to recognise the value of the consumer or carer's contribution
- equipment, space and budget requirements
- identifying whether consumers want collective or separate representation
- consultation with representatives of the community as required.

SUGGESTED EVIDENCE

Evidence that may be provided for this standard includes:

- evidence of service participation activities, such as plans, meeting minutes, reimbursements
- evidence on demographics of consumers and carer participation including age, gender, and ethnicity
- policies and procedures such as:
 - consumer and carer participation, including training and support
 - advocacy, including training and support, mentoring and supervision
 - representation on committees
 - terms of reference of consumer carer committees or a position description for consumer and carer consultants.