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ACTMHCN comments on the National Mental Health Consumer & Carer Forum (NMHCCF)'s Draft Position Statement on Supporting and Developing the Consumer and Carer Identified Workforce

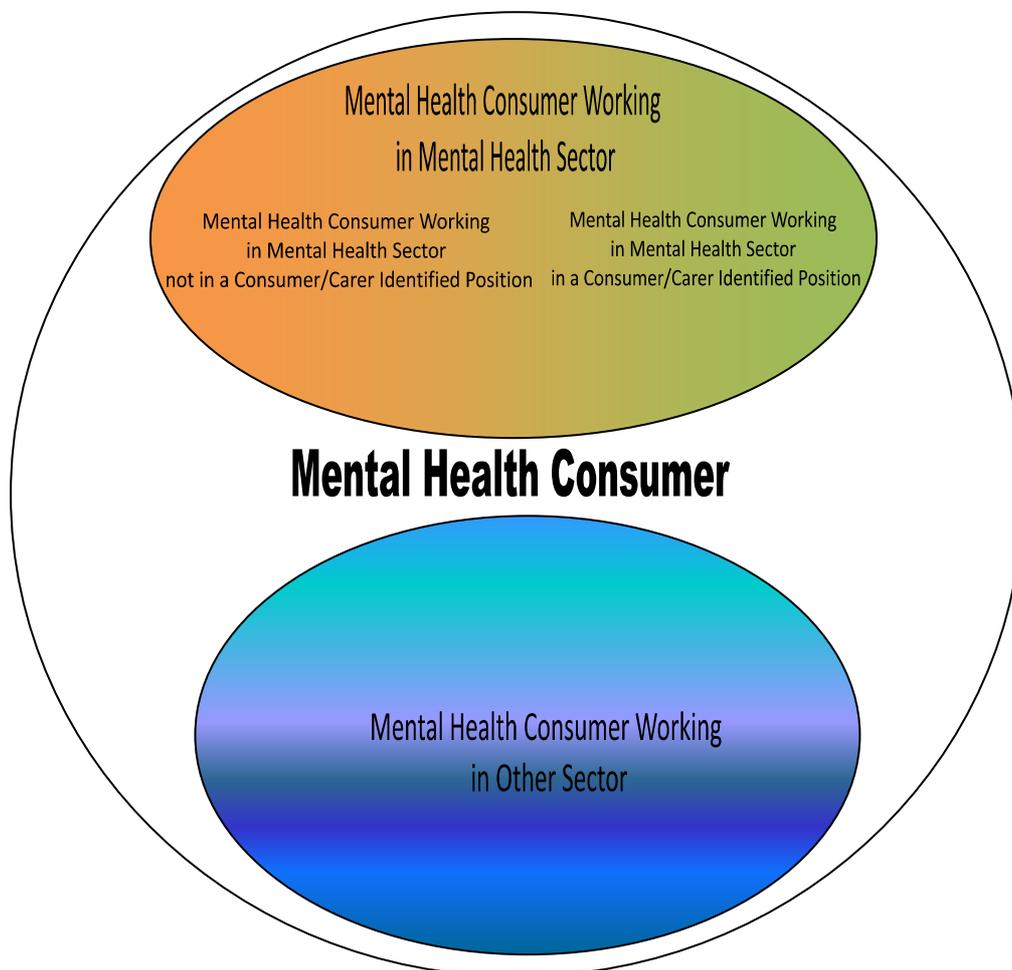
These comments have been prepared by the ACT Mental Health Consumer Network in response to an invitation to comment on the National Mental Health Consumer & Carer Forum (NMHCCF)'s draft *Position Statement on Supporting and Developing the Consumer and Carer Identified Workforce* (the Draft Position Statement). The ACT Mental Health Consumer Network (the Network) is the peak advocacy body for mental health consumers in Canberra and surrounding areas. Run by consumers for consumers, our aim is to bring about a higher standard of care in the mental health sector through representation, lobbying and active involvement in new developments in the mental health sector.

The Network supports NMHCCF's view that mental health consumers and carers should play a critical role in recovery oriented practice for mental health consumers. As the Draft Position Statement points out; 'the evidence supporting the involvement of consumers and carers in their care is becoming stronger' (Draft Position Statement, p.5).

The Network is concerned that by over-focusing on what appears to be a narrowly defined category of *identified positions*, the Draft Position Statement does not take a holistic view of mental health consumer involvement in the provision of mental health services. This has the potential to deny access to specialised support for consumers who work in the mental health sector but not in the capacity of an identified position. This proposal may lead to an elite group of mental health consumers, thereby leading to an exclusive situation which does not promote social inclusion or equity in the workplace with regard to access to resources. Such an outcome would be unfair for other consumers and would unnecessarily reduce opportunities for the mental health sector to learn from as wide a range of consumers as possible.

Furthermore the narrowly defined category of *identified positions* for certain positions may inadvertently impose a restraining effect on the consumer's ability to play a greater role in a non-identified position which might include higher level decision-making positions.

The Draft Position Statement does not define what constitutes a consumer or carer identified worker. The absence of such a definition is problematic, particularly given that the Draft Position Statement's focus appears to be on a narrow sub-category of 'professional consumers' (and carers) who work within the mental health sector. As the diagram below demonstrates, this category excludes a wide range of mental health consumers, including consumers who work within the mental health sector in a range of positions that are not part of this sub-category.



The apparent focus of the Draft Position Statement on professional consumers may privilege the experiences of some mental health consumers above others. Mental health consumers who work in the sector but whose mental illness is not specifically identified as adding value to their work, for example people in finance, IT,

administration or reception positions, are in fact often the most vulnerable and most in need of the support envisaged in the Draft Position Statement.

If provided the kinds of support described in the Draft Position Statement, mental health consumers who work in non-identified positions within the mental health workforce would be in a position to contribute substantially to the improvement of mental health services. Being in a position to make these kinds of contributions would support their own recovery as well as strengthen the system for other consumers.

In addition to the kinds of support described in the Draft Position Statement, it is suggested that a professional body for Consumer Workers is created to provide standard of practice and performance guidelines for good recovery practice. Albeit the lived experience as a mental health consumer is a vital factor for developing a sound basis in recovery principles and peer support practice, it in itself does not necessarily guarantee that an individual mental health consumer will be able to develop the necessary qualities within themselves to provide good peer support practice. Therefore a professional body should be in place for Consumer Workers to look for support in order to maintain their professionalism in performing their role.

In relation to providing training and clinical supervision (recommendation 4.8), peer support supervision should be incorporated in the recommendation in addition to clinical supervision. Two reviews commissioned by the Mental Health Commission NZ and the Scottish Government¹ identified the following features of best practice in relation to peer support supervision:

- A monthly one-to-one formal line management supervision with a team leader;
- A monthly one-to-one supervision with an external supervisor monthly;
- A fortnightly structured group supervision;
- A fortnightly less structured group supervision;
- Referral and support in accessing professional counselling and other services, and or;
- All of the above

¹ Women's Centre for Health Matters explained in their draft documents *Defining Gender Sensitive Peer Support* that appropriate training and supervision for peer support workers is required to have successful peer support program. Two main reviews are:

- a. D. Orwin, "Thematic Review of Peer Supports: Literature review and leadership interviews" (Mental Health Commission: NZ, 2008)
- b. J. McLean, H. Biggs, I. Whitehead, R. Pratt and M. Maxwell, "Evaluation of the delivering for mental health peer support worker pilot scheme" (Scottish Government Social Research: Edinburgh, 2009)

In order to avoid the mental health sector missing out on potentially valuable consumer contributions, it is recommended that the NMHCCF revise the Draft Position Statement to:

- a. emphasise the potential of all mental health consumers within the mental health workforce to contribute to improved delivery of mental health services;
- b. extend the recommendation 1, 2, 4, 5 to include all mental health consumers who are working in the mental health sector;
- c. include peer support supervision as part of recommendation 4.8;
- d. adopt recommendations which urge the provision of support services to mental health consumers who work in the mental health sector on the basis of need and capacity to contribute, rather than on the basis of their job description; and
- e. initiate the Australian College of Consumer and Carer Workers as a professional body for the Consumer and Carer Workers which addresses professional qualifications requirements, and facilitates professional discussion on best recovery practices in mental health sector.

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