NATIONAL MENTAL HEALTH
CONSUMER & CARER FORUM

Supporting and developing the mental health consumer and carer identified workforce – a strategic approach to recovery

A POSITION STATEMENT BY THE
NATIONAL MENTAL HEALTH CONSUMER & CARER FORUM
(NMHCCF)

Acknowledgements

This statement has been prepared by the National Mental Health Consumer & Carer Forum (NMHCCF) Workforce Project Steering Committee for the NMHCCF. The NMHCCF identified using consumer and carer identified positions in the mental health workforce as a key priority focus for its Forward Plan 2009-2011.

The NMHCCF thanks all those individuals and organisations who provided input to the consultation draft of this statement.

In outlining the NMHCCF position on the employment of identified mental health consumer and carer positions, we acknowledge the:

- consumers and carers currently employed in consumer or carer identified positions
- many human resource managers and clinicians who work tirelessly to ensure that consumers and carers are provided services in a holistic, humanistic and respectful manner and thus contribute to implementation of true mental health recovery.

We value and encourage collaboration between mental health policy makers, services and consumer and carer groups to implement effective approaches to mental health recovery and the employment of consumers and carers in both identified and non identified positions, in the mental health sector and in the broader community.

Copies of this statement can be downloaded at www.nmhccf.org.au

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Glossary

Benchmarking

A process of monitoring and comparing one's business processes and their resulting effectiveness to a set of identified practices and outcomes that are the highest quality currently being obtained or anticipated to be obtainable (best practice). These best practices have often already been identified in the same or another industry.

Change management

A structured approach to changing the way that organisations operate. Change management often focuses on organisation-wide systems for maximum and sustainable effect and tends to challenge established practices or hierarchies that are inefficient or outmoded and have negative consequences. For example, in a mental health service, this could be following an organisational plan to end seclusion and restraint.

Continuous quality improvement

A way of improving and maintaining quality that utilises workers undertaking continuous assessments of their work environment and practices, identifying poor and good quality outcomes and their potential causes. This should then be followed by negotiated and agreed improvements to work processes to eliminate potential for poor outcomes. For example, in a mental health service, one way of doing this would be to hold structured staff meetings to discuss consumer and carer feedback and then identify ways of improving service delivery or eliminating practices resulting in poor outcomes.

Performance indicators

Nominated outcomes for measuring a degree of success. These outcomes can be quantitative or qualitative. For example, in an acute mental health service, useful performance indicators could be obtained from consumer or carer feedback rather than more often reported bed occupancy rates.

Performance management

Performance management monitors work outcomes to ensure that they are being met to a satisfactory standard, or exceeded. It includes mechanisms to support or assist those standards being met. Performance management is generally undertaken by workers in conjunction with a nominated supervisor.

Performance management framework

A structured set of activities based around monitoring performance management. Usually includes job descriptions and agreed performance measures as well as self monitoring, individual or group feedback, supervision, coaching, training needs analysis, on the job learning and attending education and training courses.

Reasonable adjustment

Making changes to ensure equal opportunity for people with a disability.[1]

Recovery approaches

Any method of delivering recovery focussed services or aimed at improving the recovery focus of services. An ideal approach would be a multifaceted strategy targeting all areas of service provision. This could include staff training, risk assessments, scenario based group work, negotiation and conflict resolution skills development.

Risk assessment

One step in the risk management process where situations that are likely to result in negative outcomes are identified.

Risk management approach or strategy

A process in which potential likely risks are identified and actions put in place to eliminate the risk or minimise its potential negative outcomes.

Risk management plan

A structured plan outlining the identification, management mechanisms and monitoring outcomes for the control or mitigation of negative outcomes or situations.

Strategic human resource management

A pattern of planned deployments and activities intended to enable an organisation to achieve its goals.

Tactical human resource management practices include:

Recruitment, performance management, industrial relations, job analysis, job design, employee learning and development, pay structures, incentives, benefits.

Training needs analysis

Process for identifying the level of skills already present in a workforce or individual, comparing these with the skills required for that workforce to be effective and finally identifying the skills which need to be developed for each individual or workforce.

Workforce development

A multifaceted strategy maximising the effectiveness of particular workforces, for example, development of core competencies and training.

1 Australian Human Rights Commission, *Employment and the Disability Discrimination Act Frequently Asked Questions*, sourced from the Australian Human Rights Commission website on 26/11/09: http://www.hreoc.gov.au/disability_rights/faq/Employment/employment_faq_1.html#adjustment

Foreword

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.

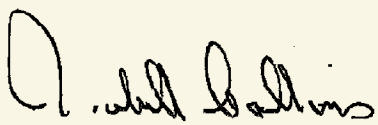
They will be active participants in assisting the Australian community to provide appropriate services to mental health consumers and carers.

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.



Isabell Collins
NMHCCF Consumer Co-Chair

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Executive Summary

This Position Statement has been developed by the National Mental Health Consumer & Carer Forum in recognition of the opportunities that arise from developing and supporting the mental health consumer and carer identified workforce. It is important this development and support takes place within a workplace framework that strives to maximise the productivity of all its employees. However, the mental health consumer and carer identified workforce is the primary focus of this Position Statement.

For the purpose of this Position Statement the mental health consumer and carer identified workforce includes only those consumer and carer workers whose position description specifies that they have a lived experience. This Position Statement also proposes that consumer and carer expertise can only be provided by people with a lived experience and other relevant skills.

Mental health consumer and carer identified positions are integral to recovery

As more consumers and carers are being employed both in Australia and internationally, the evidence supporting the involvement of consumers and carers in their own care is becoming stronger.[2] [3] The benefits to improved service quality and the potential for cost savings due to improved recovery experiences and shorter hospital stays are also becoming clearer.[4]

When consumer and carer identified positions are well designed and are integrated into flexible and supportive workplace environments, consumer and carer identified workers can use their knowledge and skills to deliver:

- targeted peer support and mentoring to consumers and carers,
- extensive knowledge of what life is like for consumers and carers and the capacity to link traditional mental health care with the community,[5] providing an essential holistic and recovery focused element to traditional mental health service delivery;
- role models for recovery for consumers, carers and the mental health workforce,[6] as well as colleagues based outside mental health services (e.g. police, criminal justice) thereby challenging discriminatory consumer and carer stereotypes and helping to break down stigma;
- advocacy at both individual and systemic levels;
- valuable policy input for example:
  - lived experience and the unique understanding of what mental health consumers and carers are experiencing and what they need from services;
  - intimate knowledge of the service delivery environment, combined with the above to inform innovations or improvements which might be necessary and / or possible; and

2 Stringer B, Van Meijel B, De Vree W and Van Der Bijl J, 2008, *User involvement in mental health care: the role of nurses. A literature review*, Journal of Psychiatric and Mental Health Nursing, 15: 678-683.

3 Haigh C, 2008, *Exploring the evidence base of patient involvement in the management of health care services*, Journal of Nursing Management, 16: 452-462.

4 Solomon P, 2004, *Peer support/peer provided services underlying processes, benefits and critical ingredients*, Psychiatric Rehabilitation Journal, Spring vol 27 no 4.

5 Noble M, Douglas B, 2004, *What users and relatives want from mental health services*, Current Opinion in Psychiatry, 17:289-296.

6 Hansen C, 2005, *Strengthening Our Foundations: Service User Roles in the Mental Health Workforce*, Mental Health Commission, New Zealand.

- ability to actively contribute to mental health service teams as peers, thus placing them in a position to use their influence to contribute creatively to service improvement activities;

- enhanced visibility of the consumer and carer voice at both the individual treatment and service delivery level to inform cultural and structural change in service delivery, workplace culture and workforce development.[7]

These positions are a powerful resource for services seeking to identify and eliminate those barriers that stop consumers and carers being able to work in partnership with mental health service providers to focus on recovery. But they cannot do it all by themselves. These positions need to be supported as part of a strategic approach to improving the culture of mental health workplaces so that they can take up their most effective roles.

A mental health workforce for the 21st century – adopting a recovery orientation

The mental health consumer and carer identified workforce has a range of specific needs that are beginning to be addressed in the public and private mental health sector. However, while there are a number of state and territory based initiatives aimed at supporting and developing the mental health consumer and carer identified workforce, most notably in Victoria, Queensland and New South Wales,[8] many of these workers have been employed without regard to the tensions inherent in their role and with little support to address these. There is still much work to be done to ensure that support and development initiatives are implemented across the whole mental health service system, both public and private and in the community sector.

An opportunity to address the needs of the mental health consumer and carer identified workforce exists with the implementation of the new 4th National Mental Health Plan.[9] The Plan promotes the implementation of a recovery oriented culture within mental health services. To support this, the Plan proposes the establishment of a peer specialist workforce in the mental health sector and an expansion of opportunities for meaningful involvement of consumers and carers.[10]

The NMHCCF welcomes these aspects of the Plan that recognise the supports required to implement effective recovery orientation in mental health services. However, the NMHCCF is concerned about the poor working conditions already experienced by many consumer and carer identified workers. More needs to be done to ensure that these workers are supported to be effective participants of a thriving mental health workforce into the future.

The lack of progress around the adoption of a recovery orientation in mental health services to date also has major implications for the ongoing relevance of this workforce and its ability to function effectively. This Position Statement argues that the lack of progress around recovery is linked to the barriers to effective consumer and carer participation in mental health services. These barriers include a lack of understanding about recovery, mental health stigma, a workplace culture that can not respond to change and is not yet able to work in equal partnership with consumers and carers.

These barriers faced by the mental health consumer and carer identified workforce will not be overcome without the commitment of national and state level policy makers, mental health services and the private health sector. Further, a recovery orientation will continue to remain elusive to many health services until these barriers have been addressed.

7 Ibid.

8 Communications by letter from Queensland Mental Health Directorate dated 30 June 2010, Department of Health Victoria dated 2 July 2010 and NSW Department of Health received July 2010.

9 Australian Health Ministers, 2009, *4th National Mental Health Plan – an agenda for collaborative government action in mental health 2009-2014*, Australian Government, Canberra.

10 Ibid.

The NMHCCF calls on the state, territory and Australian governments, to show a real commitment to the 4th National Mental Health Plan by a developing a strategic approach to its implementation. This will involve identifying the barriers to change, ways to address them, developing appropriate performance indicators and public monitoring to drive change.

The NMHCCF also calls on state, territory and Australian governments to work through the through the Australian Health Ministers Advisory Council, the Mental Health Standing Committee, the Private Mental Health Alliance and the Australian Private Hospitals Association to urgently address the needs of consumer and carer identified workers by developing a National Mental Health Consumer and Carer Identified Workforce Development Strategy. The Strategy will be the foundation for supporting this valuable workforce through the establishment of a workplace culture that is essential for the effective implementation of recovery approaches appropriate for the 21st century.

Key strategies to maximise the effectiveness of consumer and carer identified positions

Mental health consumer and carer identified positions are not yet consistently being supported at an appropriate level or with regard to best practice, strategic and tactical human resource management in Australia. This results in:

- burnout for workers in consumer and carer identified positions;
- lack of trust and respect between consumers, carers and clinical staff;
- compromised health outcomes for mental health consumers and carers who utilise these services;
- burnout for other staff of mental health services.

Many current employment practices around consumer and carer identified positions reflect poor management approaches and reinforce stigma and a dysfunctional workplace culture.

As a first step to address the needs of consumer and carer identified workers, services currently employing consumer and carer identified positions urgently need to thoroughly review the function of these positions. This will involve, and should happen concurrently with a consideration of overall workplace functioning and its underlying culture. Effective change management practices should then be developed and integrated with improved continuous quality improvement processes to ensure that changes meet all needs and are sustainable.

This work will form the basis of a National Mental Health Consumer and Carer Identified Workforce Strategy and will build on this to form a key component of the 4th National Mental Health Plan's proposed National Mental Health Workforce Strategy. The National Mental Health Consumer and Carer Identified Workforce Strategy will need to include a consideration of:

- the supports required to be in place to ensure a supportive, flexible, safe and healthy working environment for all of the mental health workforce;
- workforce development goals for consumer and carer identified positions;
- workforce development goals for the non-consumer and carer workforce to support their consumer and carer identified colleagues.

Recommendations to support and develop the mental health consumer and carer identified workforce

This Position Statement explores the status of the current mental health consumer and carer identified workforce in Australia and its potential as a key resource in the implementation of recovery in mental health services. The NMHCCF makes the following recommendations to support and develop this important area of the workforce.

1 Provide leadership in mental health workforce development and implementing the 4th National Mental Health Plan.

2 Identify the existing mental health consumer and carer workforce.

3 Implement change to support recovery oriented mental health services.

4 Support and develop the mental health consumer and carer identified workforce:

- 4.1 Implement best practice human resource management and recovery;
- 4.2 Minimise stress;
- 4.3 Identify the job requirements and develop position statements;
- 4.4 Assess parity of remuneration;
- 4.5 Provide access to essential resources;
- 4.6 Provide flexibility, support and reasonable adjustment;
- 4.7 Implement effective performance management frameworks;
- 4.8 Provide training and professional supervision;
- 4.9 Address potential role conflict;
- 4.10 Implement processes to support independence;
- 4.11 Manage privacy and the disclosure of information;
- 4.12 Develop leadership to support a healthy organisational culture and values.

5 Develop the future mental health consumer and carer identified workforce:

- 5.1 Use the National Mental Health Consumer and Carer Identified Workforce Strategy to support excellence and innovation;
- 5.2 Develop supported networks and strengthen leadership of the mental health consumer and carer identified workforce.

1 Introduction

In the public and private mental health and community sectors, consumers and carers are increasingly being employed specifically to provide expertise based on their lived experience and associated skills. They are employed in positions with titles such as Consumer Advocate or Carer Advocate, Consumer Consultant or Carer Consultant, Peer Support Worker or Mentor. While some are provided with good support, many are regularly employed without regard to the tensions inherent in this role and without the appropriate support to manage these. This mental health consumer and carer identified workforce is the subject of this Position Statement. The Position Statement aims to provide a guide for managers and policy makers in the mental health sector to inform the development of their workforce policies.

The National Mental Health Consumer & Carer Forum (NMHCCF) is concerned about the current support arrangements for consumer and carer identified workers and how best to utilise their skills under current arrangements and into the future. The NMHCCF is also concerned about the way that recovery approaches are currently being implemented in Australian mental health services. These issues are linked and this provides some clues as to what the challenges will be for delivering effective mental health services into the future.

The Australian Human Rights Commission recently published *Workers with Mental Illness: a Practical Guide for Managers,*[11] which provides an excellent summary of the benefits and responsibilities, including legal obligations, of working effectively with employees who are mental health consumers. The document does not focus only on consumer identified positions but on all consumer employees. The current development of a new National Mental Health Workforce Strategy is a timely opportunity for the mental health sector to lead the way in providing resources and support to ensure that the mental health workforce can best support and utilise the skills of the mental health consumers and carers that it employs.

Context

In Australia and internationally, policy makers and funding bodies acknowledge the importance of consumer and carer identified positions in supporting collaborative partnerships between service providers and consumers and carers in delivering services and in improving service quality.[12] Since 1992, the National Mental Health Strategy, which includes the National Mental Health Plan 2003-2008,[13] the COAG National Action Plan on Mental Health 2006-2011,[14] and state and territory mental health plans and policies, have aimed to develop a mental health sector where consumer and carer participation are key elements of best practice policy development and delivery in mental health.

11 Australian Human Rights Commission, 2010, *Workers with a Mental Illness: a Practical Guide for Managers*, Australian Human Rights Commission.

12 Simpson E, Barkham M, Gilbody S, House A, 2008, *Cochrane Collaboration Protocol: involving service users as providers for adult statutory mental health services*, The Cochrane Collaboration October 2008.

13 Australian Health Ministers, 2003, *National Mental Health Plan 2003-2008*, Australian Government, Canberra, *p 12.*

14 Council of Australian Governments, 2006, *National Action Plan on Mental Health 2006-2011*.

Most recently, 'recovery' has been formally included as a key priority for mental health services. The 4th National Mental Health Plan identifies "*Social inclusion and recovery*"[15] as the first priority in its agenda for action for 2009-2014 and aims to:

> "Adopt a recovery oriented culture within mental health services, underpinned by appropriate values and service models."[16]

A NSW Consumer Advisory Group Recovery Forum recently proposed that the role of mental health services in recovery is to provide an environment that is conducive to recovery.[17] Consumer and carer identified workers will have a significant role in progressing the implementation of such an environment. But they cannot do it alone.

The 4th National Mental Health Plan has recognised this and the following national actions are scheduled under the Plan:

- the establishment of a certified peer specialist workforce;
- expansion of opportunities for meaningful involvement of consumers and carers.[18]

The Plan also recognises that consumers and carers will need to be supported in these roles. It has included the following national actions under its *Priority area 4: Quality improvement and innovation*:

> "Develop and commence implementation of a National Mental Health Workforce Strategy that defines standardised workforce competencies and roles in clinical, community and peer support areas…
>
> Increase consumer and carer employment in clinical and community support settings."[19]

The Plan then goes on to identify that models of employment of consumers and carers need to be developed systematically including roles, minimum performance standards, and provision for training and supervision.

However, without a focused commitment from the mental health sector, these issues will only be acted on in a piecemeal way across Australia, with little of no activity taking place in some areas. This is certainly the experience with previous mental health plans as consumers and carers await the implementation of partnership approaches to service delivery.

Further, it is not yet clear what funding is attached to the National Mental Health Workforce Strategy or its implementation. Recent communications with the Mental Health Standing Committee shows that the 4th National Mental Health Plan appears to be being implemented differently in each jurisdiction. Until there is better accountability to consumers and carers it is unlikely that their concerns or priorities will be addressed.

Strategic implementation of the 4th National Mental Health Plan

The goals of national mental health plans can only be realised with a real commitment at the national policy and service delivery levels, evidenced by provision of leadership and resources for change and measured to show progress. This will require the development of an implementation

15 Australian Health Ministers, 2009, *4th National Mental Health Plan – an agenda for collaborative government action in mental health 2009-2014*, Australian Government, Canberra p 23.

16 Ibid p 28.

17 NSW CAG, 2010, *Recovery - Moving Recovery Oriented Service Provision from Policy to Practice in NSW*, report of the workshop retrieved from the NSW CAG website www.nswcag.org.au on 20/04/2010.

18 Australian Health Ministers 2009, op cit, p 28.

19 Ibid p 50-51.

plan that will be drive and measure progress on these issues. It will need to include the development of appropriate key performance indicators that assist services identify what steps will need to be taken to implement the Plan. It will also need to include a concerted focus under the National Mental Health Workforce Strategy that Australia is building a workforce that is capable if implementing a recovery approach.

As also outlined in the 4th National Mental Health Plan, a culture of continuous quality improvement will enhance the ability of workplaces to learn and grow and meet the challenges of a complex and changing environment. Implementing this sort of culture will be an important step in supporting the developing an environment conducive to recovery. It will also create the sort of environment that will be able to effectively utilise consumer and carer identified positions and to develop and implement innovative recovery initiatives. Therefore, it should be made a high priority for implementation under the Plan and linked to the implementation of recovery and the effective use of the consumer and carer workforce.

The 4th National Mental Health Plan also indicates that recovery elements will be facilitated by the provision of incentives and supports to organisations seeking to adopt a culture of continuous quality improvement focusing on benchmarking and consumer and carer involvement.[20] It is not yet clear what these incentives will be but they will also play a key role in the development of the National Mental Health Workforce Strategy, which will be a driver for activities around the development of the mental health consumer and carer identified workforce.

To date, the increasing number of consumer and carer identified positions being employed has not been matched with increases in funding, resources and infrastructure support.[21] The development of the new National Mental Health Workforce Development Strategy[22] will be a driver for implementing initiatives linked to the consumer and carer workforce. It will need to include appropriate strategic development and funding for this workforce, supported by performance measurements. The issues addressed in this NMHCCF Position Statement will form a starting point for this development work.

The 4th National Mental Health Plan also forms a key part of the National Mental Health and Disability Employment Strategy (NMHDES),[23] by addressing whole of life support issues for people with mental illness. It will be useful for the Mental Health Workforce Advisory Committee[24] to consider funding pilot workforce development projects to progress innovative strategies under the NMHDES.

The NMHCCF now calls on governments and the private mental health sector to consolidate their commitment to the achievement of these aims by ensuring that appropriate actions are designed and implemented to support these areas of need.

20 Australian Health Ministers 2009, op cit, p 61.

21 Bennetts W, 2009, "*Real lives, real jobs" developing good practice guidelines for a sustainable consumer workforce in the mental health sector, through participatory research,* Psychosocial Research Centre, Victoria, p 4.

22 Australian Health Ministers, 2009, op cit, p 48.

23 Department of Education, Employment and Workplace Relations, 2009, *National Mental Health and Disability Employment Strategy*, Australian Government, Canberra.

24 The Mental Health Workforce Advisory Committee provides advice to the Australian Health Ministers Advisory Council's Health Workforce Principal Committee and Mental Health Standing Committee on mental health workforce related issues.

Recommendation 1: Provide leadership in mental health workforce development and implementing the 4th National Mental Health Plan

1.1 The mental health sector needs to show leadership by providing workplaces that value and support the needs of consumers and carers employed in the sector, in both identified consumer and carer positions and non-identified positions. Developing this type of workplace framework needs to be made a priority under the National Mental Health Workforce Strategy.

1.2 Governments need to demonstrate commitment to the priorities of the 4th National Mental Health Plan by developing an implementation plan that focuses on recovery oriented mental health services that will:

- drive and measure progress on implementation;
- include the development of appropriate key performance indicators that assist services to identify what steps need to be taken to implement the Plan.

This will need to include the following activities:

- making the mental health consumer and carer identified workforce a key priority under the National Mental Health Workforce Strategy through the development of a National Mental Health Consumer and Carer Identified Workforce Strategy;
- developing appropriate performance indicators focusing on the development of this workforce;
- actively supporting an integrated culture of continuous quality improvement by making it a priority for implementation;
- developing appropriate performance indicators to drive the implementation of recovery approaches using continuous quality improvement mechanisms and linking this with effective use of the mental health consumer and carer identified workforce.

2 Who are the mental health consumer and carer identified workforce?

One in five people is affected by mental illness at some stage in their lives.[25] It therefore follows that there are already many people living with mental illness who are employed in the mental health sector. However, there is a difference between possessing this lived experience and having the skills and the motivation to provide the services of a consumer or carer expert in a professional capacity. Workers in the sector are intimately aware of the sort of challenges that are faced by consumers and carers who openly declare their illness or their family situations in the workplace.

The consumer and carer identified workforce comprises those consumers and carers who are employed specifically for the expertise developed from their lived experience of mental illness as a mental health consumer or carer. This expertise is demonstrated through a range of skills. The specific skill requirements of different positions depend on the sort of role that the consumer or carer identified worker is undertaking.

Those consumers and carers who are not employed specifically for their lived experience are not identified as part of the consumer and carer workforce for the purpose of this Position Statement. That is not to say that these workers do not also possess a range of important skills derived from their lived experience. Indeed, there are many consumers and carers who currently make a significant and distinct contribution to workplaces based on their life experience. These workers also have specific support needs and the mental health sector needs to show leadership in this area by making their needs, which are a reflection of the needs of the whole of the workforce, a priority under the National Mental Health Workforce Strategy.

However, because of expanding growth in opportunities, and the urgent need to better integrate recovery approaches into mental health services, mental health consumer and carer *identified* workers are the subject of this Position Statement.

Consumers and carers are increasingly being employed specifically to provide expertise based on their lived experience and associated skills. They have positions with titles such as Consumer or Carer Representative, Consumer Advocate or Carer Advocate, Consumer Consultant or Carer Consultant, Peer Support Worker or Mentor. While some are provided with good support, many are regularly employed without regard to the tensions inherent in this role and without the appropriate support to manage these.

The National Mental Health Report advises that in 2004/5 there were 55 consumers and 13 carers (full time equivalents) employed as consumer and carer identified workers in Australian public mental health services.[26] This data reflects an aggregate of the working hours of a range of consultants being employed on a part time or one-off basis but the spread and types of positions are not described. For example, the report identifies 3.8 (full time equivalent) consumer consultants in Victoria in 2005, but other research for that year, undertaken in Victoria by Alan Pinches[27], describes the experience of 22 consumer consultant projects in Victorian Mental Health Services. Middleton et al[28] describe over 60 consumer consultants working in Victorian mental

25 Australian Bureau of Statistics, 1998, *Mental Health and Wellbeing: Profile of Adults, Australia 1997*, Australian Bureau of Statistics, Canberra.

26 Department of Health and Ageing, 2007, *National Mental Health Report 2007:Summary of twelve years of reform in Australia's Mental health Services under the National Mental health Strategy 1993-2005*, Australian Government, Canberra, p 9.

27 Pinches A, 2005, *Pathfinders: New research on Consumer Participation in Mental Health and other services: evidence based strategies for the ways ahead*, Health Issues, December 2005.

28 Middleton P, Stanton M, and Renouf N, 2004, *Consumer consultants in mental health services: addressing the challenges*, Journal of Mental Health, October 13(5), 507-518.

health services in 2004. According to the Private Mental Health Consumer Carer Network there are very few consumer and carer identified positions operating in the private sector. It is clear that there is no nationally identified number of mental health consumer and carer identified workers.

To date there has been no national audit of consumer and carer identified positions in Australia to investigate the range and type of these positions. In 2009, Anglicare reported that in general, consumer identified positions are employed by mental health services, community managed and consumer-run organisations and are aimed at fulfilling the following roles:

- consultants or advisors engaged in systemic advocacy work;
- peer support workers providing support, role modelling and hope for recovery for consumers, carers and the mental health workforce;
- trainers and educators for professionals and consumers and carers;
- researchers.[29]

The same report highlighted there are at least sixteen different job titles for these roles and that:

> "[these positions]… have evolved in an ad-hoc fashion with an absence of guidelines or clarity about aims and functions and often minimal support and resourcing."[30]

Accredited training specifically targeting the needs of consumer and carer identified workers is not available in Australia. The 2008 NSW Consumer Advisory Group – Mental Health Inc (CAG) survey also concluded that development of accredited training and a reorientation of other mental health workers' education will also be important to assist in addressing "the practice of stigma and discrimination and to affect the power shift required for meaningful consumer participation".[31] In 2007, the Department of Health and Ageing undertook a scoping exercise on formal training available for consumers in peer support, advocacy and consultants in accredited training for consumers.[32] The outcomes of this work are not yet public and it is unclear if it has been finalised. The NMHCCF considers that this training is urgently needed for both consumer and carer identified workers in Australia in the public and private sectors.

Consumer and carer identified positions are most often part time, with consumers and carers advising that they regularly work longer hours than those allocated. Further, a 2008 survey found that amongst consumers in NSW health services over one third of respondents indicated that they were not paid for their consumer-related work.[33] This situation highlights the potentially significant number of consumer and carer workers who are working in a voluntary capacity. Many issues affecting paid employees would also be relevant to these workers.

Typically, mental health consumer and carer identified positions are located within mental health services. Consumer and carer identified workers are also operating within community managed organisations, some of which are consumer or carer run. For example, there are a significant number of consumer peer workers employed as part of community managed organisations under the Australian Government's Personal Helpers and Mentors Program (PHAMS).

Mental health consumer and carer identified workers are also employed in policy development areas and research, training and education, mostly within the mental health sector. Examples include consumer and carer liaison consultants within state or territory mental health departments and consumer researcher or lecturer at research or teaching institutions. There do not appear to

29 Hinton T, 2009, *Experts by experience: strengthening the mental health consumer voice in Tasmania*, Anglicare.

30 Ibid, p 14.

31 Stewart S, Watson S, Montague R, Stevenson C, 2008, *Set up to fail? Consumer participation in the mental health service system*, Australasian Psychiatry, Vol 16, Issue 5, October 2008 pp348-353.

32 Hinton, 2009, op cit, p 16.

33 Stewart et al, 2008, op cit, p 351.

be any mental health consumer or carer identified workers employed in the housing, employment or criminal justice sectors. This is despite recommendations from mental health consumers and carers that this is needed.

At this stage it is unclear what the age and cultural profile of consumer and carer identified workers is and whether positions are targeted for specific populations. It is likely that for specific population groups, consumers and carers who have the lived experience of being in that population group will have unique expertise that is required by those consumers and carers.

Recommendation 2: Identify the existing mental health consumer and carer workforce

Under the National Mental Health Consumer and Carer Identified Workforce Strategy:

2.1 A national audit of occupied and vacant mental health consumer and carer identified positions needs to be undertaken to identify and inform the ongoing development and support needs of the mental health consumer and carer identified workforce in Australia, including:

- position titles, roles, hours worked, current supports in place, remuneration and, whether they target specific population groups such as young people, older people or people from diverse cultural backgrounds;
- a national support and training needs analysis of the existing workforce;
- development of a national competency framework and nationally accredited training for consumer and carer identified workers.

2.2 This work needs to include the government, private and community sectors and needs to be informed by the implementation of the Personal Helpers and Mentors Program.

2.3 The National Mental Health Report, the Health Services in Australia Report and any other appropriate national reporting needs to include information on the numbers and roles of mental health consumer and carer identified workers in Australia.

Volunteers

Volunteers are regularly recruited to provide expertise and assistance with training and education as well as services directly related to supporting recovery for consumers and carers.

The NMHCCF acknowledges the significant contribution made by volunteers and that many community managed organisations would not be able to survive without their work. However, mental health services who engage identified consumer and carer experts as volunteers should seriously consider the equity principles under which some workers are able to be paid and others are not. For example, it is extremely unlikely that mental health services would rely on a large pool of volunteer psychiatrists, nurses or allied health professionals to deliver adequate mental health services. Consumer and carer identified workers are no different and they should be able to rely on services to treat them appropriately. The development of competencies, qualifications and an award structure for identified consumer and carer workers will do much to assist employers to clarify these arrangements.

For the purpose of this statement these volunteer positions are not classified as consumer or carer identified workers although many of the issues raised are relevant to their work situation.

Can consumer and carer identified workers undertake the same role?

Consumers and carers have very different perspectives on their interaction with the mental health service system, experience of the recovery process and requirements for information and support. It is not appropriate to expect carer workers to be able to provide expert advice or assistance for consumers or for consumer workers to be able to provide expert advice or assistance for carers.

The NMHCCF Consumer and Carer Participation Policy states clearly:

"Consumers and carers have distinct and separate needs. All public, private and non-government mental health organisations will recognise the distinction between consumer and carer issues and needs, and acknowledge that it is generally inappropriate for consumers to represent the interests of carers, and for carers to represent the interests of consumers."[34]

34 National Mental Health Consumer & Carer Forum, 2004, *Consumer and Carer Participation Policy: a framework for the mental health sector*, NMHCCF, Canberra, p 11.

3 The current experience of consumer and carer identified workers in Australia

The NMHCCF has found that while opportunities for consumer and carer workers continue to expand in Australia, there are a number of problems in the way these positions are being established and supported. Many public mental health sector services urgently need to establish basic support structures and address more long ranging workforce development issues for consumer and carer identified workers. This model could then be taken up in the private sector as the benefits of the mental health consumer and carer identified workforce are realised.

For some time, the mental health consumer and carer identified workforce has reported:

- lack of clarity around job titles, roles and descriptions for these positions, often within services. This has a range of consequences including blending and overlap of consumer and carer advocacy and peer support roles and differing expectations about operations by consumer and carer identified workers, mental health service staff and mental health service management leading to confusion, stress and conflict;
- lack of supports to ensure that consumer and carer identified workers can carry out their job effectively, including but not limited to:
  - shared understanding between consumer or carer workers and management and other staff about the principles of recovery;
  - respect for or knowledge of the aims of the consumer or carer identified positions from other workers and a willingness to engage with them;
  - clarity around potential conflicting lines of accountability – e.g. consumer and carer identified positions, depending on their role, can be accountable to both their employer and service users;
- discrimination (one of the most overt manifestations of stigma in the workplace) against consumer and carer workers stemming from a result of lack of knowledge and/or acceptance amongst co-workers;
- the relationship between consumer and carer identified workers and consumer and carer clients of services being dominated by mistrust; workers walk a fine line arbitrating between the sometimes conflicting approaches of mental health service culture and consumers and carers seeking to find and assert their power in their own recovery;
- deterioration of the relationship between consumer and carer identified workers and their employers where, employed as system advocates, consumer and carer identified workers are trying to initiate change while at the same time balancing the need to please their employer or fulfil the role of model employee;
- lack of award structure and clarity around pay rates resulting in inequitable rates of pay, not always based on identified skill levels or service needs;
- lack of minimum training requirements or on the job training.

Barriers facing the mental health consumer and carer identified workforce

Many mental health services, including the private sector, advise that they are committed to mental health consumer and carer participation and use the language of recovery as part of their service policies. However, it is the experience of consumers and carers that many services are not consistently able to get this right. There are a range of barriers to the formation of effective and equal partnerships in care between health professionals and consumers and carers. These are the same barriers that work against effective consumer and carer participation and impede the effective functioning of the mental health consumer and carer identified workforce. Mental health services and policy makers need to work with consumers and carers to address these barriers and effectively support a mental health consumer and carer identified workforce to implement a recovery approach.

Stigma

Mental health consumers, carers and service providers consistently report a culture where stigma is the norm and discrimination or abuses are tolerated. In many instances, this sort of culture and the behaviours it generates become a normalised part of interacting with mental health services and this perpetuates the situation.

An international 2006 study found that negative attitudes amongst clinicians toward consumer consultants limited the effectiveness of the consumer consultant role.[35] The research recommended that a range of individual and service strategies would need to be adopted by services to overcome resistance to change.[36] Change management techniques include the development and implementation of appropriate policies and training and skills development. Consumer and carer identified workers have a key role to play in ensuring that these activities focus on recovery oriented practice.

Workplace culture and the need for structural change

Differences in beliefs between clinicians, consumers and carers about what is important in service provision can also be a barrier to effective partnerships.[37] Because of these differences, services are not always set up to identify and address consumer and carer identified needs. In a busy workplace environment, established service structures and operating procedures are not easily challenged or changed. As a result, mental health professionals may not have the skills or motivation to assist consumers and carers to identify and obtain the care that they need.

Consumer and carer identified workers can assist work teams to address these issues, but in an unfavourable environment their mere presence can present a challenge to the established order.

In a 2004 Victorian study of challenges facing consumer consultants in mental health services, it was found that two types of service model can predict the effectiveness of consumer participation.[38] The 'collaborative and enabling' type service model is favourable to consumer participation and the 'rigid and unresponsive' type service model is less favourable.[39] It could be concluded that these are descriptions of workplace culture. The researchers proposed that services considering how to effectively utilise consumer identified workers would need to rate

35 McCann T, Baird J, Clark E and Lu S, 2006, *Beliefs about using consumer consultants in inpatient psychiatric units,* International Journal of Mental Health Nursing, 15: 258-265, p 262.

36 Ibid.

37 Ibid.

38 Middleton et al, 2004, op cit.

39 Ibid.

themselves against such characteristics to establish whether they are ready for effective consumer participation. If they are not ready, such workplaces would need to carry out a range of strategies for workplace change.

Strategies should be developed with reference to both consumer and carer workers and should include skills and policy development to influence workplace structures and behaviours that are characteristic of the desired workplace culture. For example, lack of training and support for mental health professionals and mental health services in general are a recognised barrier to the implementation of recovery.[40] Refocusing training budgets towards recovery skills building could be a relatively cost neutral exercise and would support the development of a learning organisation. By implementing effective continuous quality improvement processes, organisations systematically examine structural barriers to effective workplace functioning and culture change and are better able deal with change and complexity. In this case these processes would need to include consideration of the needs of consumers and carers, formation of effective partnerships and maximising the role of the mental health consumer and carer identified workforce.

To be successful, this process should not sit outside the day to day function of workplaces or operate as a tick box exercise. Effective, recovery focused, continuous quality improvement processes need to be integrated into all aspects of service delivery and consider the roles, activities, interactions and expectations of all workers as well as the experiences and expectations of all consumers and carers using the service.

For example, William Anthony, US pioneer of delivering recovery oriented services, proposes that culture change involves a focus on the quality of workplace processes such as relationships, rather than changes in systems or interventions themselves.[41] Such a focus would certainly address needs in Australia where consumer and carer identified workers report that many mental health services staff need to adopt a more self reflective practice in communicating.[42]

The development of these process-based quality performance indicators will be a challenge for mental health services and for the implementation of the National Mental Health Performance and Benchmarking Framework. This framework is being developed under the 4th National Mental Health Plan to assist in driving quality in mental health services.[43] To be effective it will need to include the measurement of such targets as the quality of workplace relationships; benchmarks for collaborative and enabling type service provision; and other consumer and carer agreed indicators of recovery focused service delivery. These will be essential if the implementation of recovery approaches is to be achieved in mental health services.

Where services are already demonstrating excellence in this area, this work should be documented and used to inform the National Mental Health Performance and Benchmarking Framework. Where such performance indicators are not being used ongoing efforts to focus on workplace culture in mental health services must be integrated into continuous quality improvement processes. This will ensure that workplace culture facilitates the roles of consumer and carer identified workers in their day to day operations.

40 Rickwood D, 2004, *Recovery in Australia: slowly but surely*, Australian e-journal for the Advancement of Mental Health Vol 3 Issue 1.

41 Anthony W, 2003, *Studying evidence-based processes, not practices.* Psychiatric Services, 57:7 January 2003.

42 Pinches, 2005. op cit.

43 Australian Health Ministers, 2009, op cit. p 51.

Recommendation 3: Implement change to support recovery oriented mental health services

3.1 To implement recovery oriented mental health services, governments, policy makers and services need to enable the mental health consumer and carer identified workforce to carry out its roles effectively by:

- using effective change management practices to support the implementation recovery approaches;
- developing and supporting workplace cultures that are collaborative and enabling;
- integrating continuous quality improvement processes into day to day operations of services, including identification and removal of workplace procedural and structural barriers to the effective partnerships between consumers and carers and mental health service professionals.

3.2 The National Mental Health Performance and Benchmarking Framework and any associated reporting in the private sector needs to include the development of meaningful performance indicators that reflect a recovery orientation and a thriving consumer and carer workforce in mental health services. Performance indicators should be developed in consultation with consumers and carers and should capitalise on work already undertaken by services making gains in these areas.

Effects of workplace barriers on consumer and carer workers

Workplace barriers lead to stress and high and often inappropriate workloads for consumer and carer identified workers.[44]

Frustrations such as stigma and slow pace of growth are extremely de-motivating to consumer and carer identified workers.[45] Consumers and carers report to the NMHCCF that there is high staff turnover in the mental health consumer and carer identified workforce and that it is common knowledge that a significant number of consumer and carer identified positions in mental health services remain unfilled for this reason.

Burnout of consumer and carer workers in these positions also results in a gradual erosion of this workforce, resulting in an inability to fill and maintain these positions. This compounds the existing stigma around these positions as they are seen to not be viable or effective.

Given the key role these positions are proposed to play in recovery and quality improvement in mental health under the 4th National Mental Health Plan, the NMHCCF is concerned about how this workforce is being supported and utilised by mental health services. The barriers faced by the mental health consumer and carer identified workforce directly challenge its long term sustainability.[46] This should be a major concern to mental health policy makers and others involved in mental health services.

44 Middleton et al, 2004, op cit.; Pinches, 2005, op cit.; McCann et al 2006, op cit.; Stewart et al, 2008, ibid, p 354; Bennetts, 2009, op cit.;

45 Bennetts, 2009, ibid.

46 Ibid, p 4.

The personal cost of the burnout of consumer and carer workers is also a significant concern of the NMHCCF. The health of anyone with a mental illness is potentially more vulnerable under stress. Of course the potential for undue stress to cause ill health is actually a real concern for all employees.[47] Because of this, employee stress should be managed as part of an integrated approach to the health and safety of all employees. Indeed, an understanding of best practice, strategic and tactical human resource management approaches is really the key to understanding the effective employment of consumer and carer identified workers.

NSW CAG Consumer Workers Forum Project

The NSW CAG Consumer Workers Forum Project began in 2009 and is being undertaken by the NSW Consumer Advisory Group – Mental Health Inc (NSW CAG) in collaboration with the NSW Consumer Workers Forum Organising Committee and NSW Health to develop a framework for consumer workers in NSW. The project will

- define roles, functions, responsibilities and titles for consumer workers in NSW;
- clarify remuneration requirements;
- identify minimum standards for supervision, support and professional development;
- develop an evaluation framework for consumer worker roles;
- identify a minimum level of training and education for consumer workers.

Volunteer roles will also be considered.

The project will also examine a range of supports for consumer workers including a code of professional standards and a report on best practice delivery of training and supervision. These will be important steps in assisting workers to address some of the challenges they face in NSW and provide a platform for the development and utilisation of this workforce into the future.

The project demonstrates that the first step for the development of a national mental health consumer and carer identified workforce will be a national audit of consumer and carer identified workers.

The National Mental Health Report data shows 4.2 FTE consumers and 0.7 FTE carers being employed in NSW in 2004/5.[48] Research published in 2008 garnered responses from 35 consumer identified workers in NSW.[49] The NSW CAG project has identified more than 60 consumer workers employed in various capacities in the last year.[50] Similar audit projects are urgently needed for consumers and carers in each state and territory to identify the baseline from which to provide ongoing workforce development for this sector. A national audit seeking to identify specific detail will likely show a more accurate picture and a significantly higher commitment from services for consumer and carer identified employees spread across a diverse range of roles. Such an audit would assist in the identification of the varied roles undertaken by this workforce and assessment of its needs.

Other examples of consumer and carer workforce activities are outlined in Appendix 1.

47 La Montagne A, Ostry A, Shaw A, 2006, *Workplace Stress in Victoria: developing a systems approach,* Victorian Health Promotion Foundation.

48 Department of Health and Ageing, 2007, ibid.

49 Stewart et al, 2008, ibid, p 251.

50 Email communication from NSW CAG–Mental Health Inc, 19 August 2010.

Recovery benefits to mental health services

Since the release of the National Mental Health Plan 2003-2008, recovery has been a foundation of mental health policy in Australia.[51] All Australian states and territories have initiatives underway to embed recovery into service provision.[52]

Effective recovery approaches make good business sense because they can provide consumers and carers with the skills and support they need to direct and manage their own condition as much as possible.[53] [54] This does not mean that recovery approaches can be substituted for appropriate care and support, but that they build on this. Recovery approaches minimise reliance on acute services and improve quality of life by strengthening consumer and carer autonomy or personal control. This gain has significant benefits to consumers who identify that feeling more in control of their lives has important and positive health consequences.[55]

Evidence suggests that involving consumers and carers in the management and delivery of mental health services leads to improved consumer and carer satisfaction, greater treatment compliance and a safer environment for patients and care providers.[56] Clinical outcomes can be predicted by patients' perceptions that services have met their needs.[57] This is important because, as previously noted, consumers and carers are often interested in different outcomes to those that mental health services traditionally define as effective treatment models.

Adopting a recovery orientation to service delivery does not necessarily rely on new mental health service funding or services, but rather a change to more effective care, focusing on consumer and carer needs for recovery.[58] Cost benefits to services follow as they provide more effective recovery experiences and shorter and less frequent hospital stays.[59] Despite this, recovery approaches have not been well adopted in Australia.[60]

There are a range of reasons for the poor uptake of effective recovery approach to service delivery. One is that the implementation of a recovery approach changes the focus of mental health service from treatment to the needs of consumers and carers. For example, the Sainsbury Centre for Mental Health in the UK describes recovery:

> "A central tenet of recovery is that it does not necessarily mean cure (clinical recovery). Instead it emphasises the unique journey of an individual living with mental health problems to build a life for themselves beyond illness (social recovery). Thus a person can recover their life without necessarily 'recovering from' their illness."[61]

This refocus from a clinical cure to positive health outcomes as defined by consumers and carers can be a challenge for mental health services to understand and implement.

The NMHCCF is pleased to note that 4th National Mental Health Plan has given its imprimatur to the use of consumer and carer identified workers to support recovery oriented services.[62] This

51 Australian Health Ministers, 2009, op cit.

52 Rickwood, 2004, op cit, p 2.

53 Ibid.

54 Anthony W, Rogers E and Farkas M, 2003, *Research on evidence-based practices: future directions in an era of recovery*, Community Mental Health Journal, Vol 39 No 2, April.

55 Shepherd G, Boardman J, Slade M, 2008, *Making recovery a reality*, Sainsbury Centre for Mental Health, p 2.

56 Stringer B, Van Meijel B, DeVree W and Van Der Bijl J, 2008, *User involvement in mental health care: the role of nurses. A literature review*, Journal of Psychiatric and Mental Health Nursing, 15.

57 Noble M and Douglas B, 2004, op cit.

58 Ibid.

59 Solomon P, 2004, op cit.

60 Rickwood, 2004, op cit.

61 Shepherd et al, 2008, op cit.

62 See section 1 of this Position Statement.

is because consumers and carers possess the unique range of experience and skills that make them well placed to be able to provide perspectives, advice and support around the experience of mental illness. Other staff lack, or do not have the time to provide, this perspective, advice and support to mental health consumers and carers, although it is one of consumers' and carers' most important needs.[63] This perspective, therefore, provides indispensible input to the development and implementation of effective models of service provision.

Consumer and carer identified positions can play a key role in service teams seeking to improve care by bringing:

- lived experience and the unique understanding of what mental health consumers and carers are experiencing and what they need from services;
- intimate knowledge of the service delivery environment, combined with the above to inform innovations or improvements which might be necessary and/or possible;
- the ability to actively contribute to mental health service teams as peers, thus placing them in a position to use their influence to contribute creatively to service improvement activities;
- the ability to be role models of recovery for colleagues employed in non-consumer and carer identified positions (e.g. psychiatrists, nurses, police), thereby challenging discriminatory consumer and carer stereotypes and helping to break down stigma;
- extensive knowledge of what life is like for consumers and carers from outside the system and the capacity to work from outside this system to complement care provided by health services.

A well trained and supported mental health consumer and carer identified workforce can assist services to focus on the needs of consumers and carers in ways that they are not otherwise consistently able to. In so doing, the mental health consumer and carer identified workforce will be instrumental in effective implementation of recovery approaches that recognise and work with the strengths and individual needs of consumers and carers. This will have a direct flow on to the effectiveness of and reduced costs for service delivery.

3.3 Mental health services need to demonstrate a commitment to the key priority areas of the 4th National Mental Health Plan by utilising the skills of mental health consumer and carer identified workers as an integral part of their approach to the adoption of a recovery oriented service.

63 Noble M and Douglas B, 2004, op cit.

Benefits of employing consumer and carer workers

The employment of consumer and carer identified workers can provide the following specific benefits to employers, employees and to consumers and carers of mental health services.

For consumers of mental health services and mental health carers this workforce can enhance opportunities for recovery and improved service quality including:

- hope and role modelling for recovery;
- effective peer support including empathy, responsiveness, patience, flexibility and assistance with identifying challenges and coping strategies;[64]
- individual and system advocacy and the capacity for this to positively influence service quality;
- consequent increased consumer and carer satisfaction with services.

For employers, the mental health consumer and carer identified workforce can provide:

- an enhanced quality of experience for mental health consumers and carers and thus better health outcomes;
- a key knowledge resource on the experience of consumer and carer interactions with services as well as other knowledge related to consumer and carer issues;
- consumer and carer focused quality improvement solutions that are more easily identified and fed into continuous quality improvement processes;
- hope and role modelling for recovery assisting to break down stigma and discrimination in workplaces and enhancing skills of other team members;
- increased staff satisfaction and retention as quality improvement and skills development combine to generate effective solutions and enhanced health outcomes;
- workplace diversity and enhanced strength of multidisciplinary teams;
- increased avenues for consumer and carer voices that are able to be integrated into planning and service delivery and the enhanced capacity to utilise consumer and carer perspectives in policy development, implementation and evaluation.

For workers in identified consumer and carer positions, the benefits are:

- employment opportunities;
- skills development opportunities;
- enhancement of their own recovery process as employees valued for their skills and experience;
- as for other workers (below).

For other workers, the benefits are:

- opportunities for skills development including:
  - enhanced understanding of positive consumer and carer role models resulting in improved attitudes, communication and professional practice;
  - enhanced understanding of the nature of stigma, its link to discrimination and its insidious effect on professional, personal relationships and in the community;
  - deep listening and negotiation.
- increased enhanced job satisfaction through:
  - skills development and personal growth;
  - successful workplace outcomes;
  - a flexible and supportive work environment for all staff.

64 Carlson L, Rapp C, McDairmid D, 2001, *Hiring consumer providers; barriers and alternative solutions*, Community Mental Health Journal June 37, 3.

4 Supporting and developing the mental health consumer and carer identified workforce

Best practice human resource management and recovery

Best practice human resource management models suggest that, at a minimum, a comprehensive strategic and tactical approach to implementing human resource policies and processes will need to be in place in order for employers to be satisfied that workplaces can be:

- safe and healthy for employees. They do not, by their lack of structure and the consequent potential for conflict, contribute to the stress and ill health of employees;
- operational. Any structural workplace impediments such as discrimination caused by stigma and lack of staff training or unclear lines of accountability are managed positively so that workers are enabled to meet the aims of their job;
- flexible and supportive. Such arrangements support health, safety and productivity of employees and contribute to effective operational functioning.[65]

It is the lack of these very basic elements that highlights the current challenges facing the mental health consumer and carer identified workforce and their employers.

There is already much guidance for employers on such best practice human resource management approaches to support and maintain a quality workforce. This guidance forms the core of information relevant to employing mental health consumer and carer workers. As previously outlined, the Australian Human Rights Commission's *Workers with Mental Illness: a Practical Guide for Managers*[66] provides an excellent summary of the benefits and responsibilities, including legal obligations, of working effectively with employees who are mental health consumers, whether they have disclosed this or not. There are also a number of relevant information sources specifically addressing the needs of consumer and carer identified workers by providing specific practical examples and pro-forma policy documents.

These include:

- The NSW Mental Health Coordinating Council's *Mental Health Recovery Philosophy into Practice: A workforce development guide 2008*;[67]
- The Mental Illness Fellowship South Australia and Baptist Care South Australia's *Employer Tool-Kit: employing peer workers in your organisation*;[68]
- SANE's *Guide to Mental Illness for the Workplace*.[69]

Other reports provide an analysis of the support needs of consumer identified workers and recommendations for implementing these supports. With little other information available, these could also provide useful background information for supporting the carer identified workforce:

- The Psychosocial Research Centre report, *"Real lives, real jobs" developing good practice guidelines for a sustainable consumer workforce in the mental health sector*;[70]

65 Australian Human Rights Commission, 2010, op cit.

66 Ibid.

67 Mental Health Coordinating Council, 2008, *Mental Health Recovery Philosophy into Practice: A workforce development guide*, Mental Health Coordinating Council, Rozelle NSW.

68 Baptist Care South Australia and Mental Illness Fellowship South Australia (MIFSA) 2009, *Employer Tool-Kit: employing peer workers in your organisation*, Baptist Care (SA) Inc and MIFSA Peer work Project.

69 SANE Australia, 2005, *SANE Guide to mental illness for the Workplace*, SANE Australia, Victoria.

70 Bennetts, 2009, op cit.

- Alan Pinches: Pathfinders *Consumer participation in mental health and other services: evidence based strategies for the ways ahead.*[71]

Employers not already using such an approach to human resource management will need to urgently consider the needs of those consumer and carer identified staff for which they are currently responsible. This action will also benefit all other staff including non-identified consumer and carer workers. Key steps to doing this are addressed in the next section.

Recommendation 4: Support and develop the mental health consumer and carer identified workforce

Mental health policy makers, managers and service staff urgently need to address the basic strategic and tactical human resource requirements of the consumer and carer identified workers currently employed in mental health services.

4.1 Implement best practice human resource management and recovery

The management of the mental health consumer and carer identified workforce should be monitored and the results used to inform progress on the National Mental Health Consumer and Carer Identified Workforce Strategy. Progress on state, territory and private sector performance should be detailed in the National Mental Health Report.

The key learnings of workplaces that are currently implementing effective recovery approaches and utilising the services of their mental health consumer and carer identified workforce need to be documented and promoted to all mental health services.

Key steps to supporting the mental health consumer and carer identified workforce currently employed in Australia

Minimise stress

Inadequacies in the current arrangements for consumer and carer identified positions cause stress for the incumbent workers. Job stress is defined generally as "the harmful physical and emotional responses that occur when the requirements of the job do not match the capabilities, resources, or needs of the worker. Job stress can lead to poor health and even injury." [72]

Stress is also likely to be exacerbated by the isolation that many report in working as a consumer or carer identified worker, particularly in mental health services.

The 2006 report of the Victorian Mental Health Promotion Foundation identified that systems approaches are effective in mitigating workplace stress and the mental health problems it causes.[73] Employers must urgently use a systems approach to implement the range of appropriate supports necessary for consumer and carer workers to effectively carry out their jobs.

Using the anecdotal evidence and literature already published on the needs of the consumer and carer identified workforce, the NMHCCF proposes that a risk assessment of the current causes for stress amongst consumer and carer identified workers would reveal the issues outlined in the

71 Pinches, 2005, op cit.

72 US Department of Health and Human Services 1998, *STRESS...At Work*, National Institute of Occupational Safety and Health (NIOSH) Publication No. 99-101 accessed through the Centres for Disease Control NIOSH website on 24/11/09: http://www.cdc.gov/niosh/docs/99-101/.

73 La Montagne et al, 2006, op cit.

following pages. Risk management strategies for these are also described and, most often, these are best practice human resource management techniques.

4.2 Minimise stress

Employers urgently need to minimise the effects of stress on their consumer and carer workforce by carrying out a risk assessment and developing risk management plans addressing the strategies that ensure the health and safety of employees and the operational functioning of their role in workplaces.

Identify job requirements and develop position statements.

It is of utmost importance for employers and employees to have a shared understanding of the role of a mental health consumer or carer identified position, which in turn, must be reflected in the job being undertaken. Too often this is not the case for these positions.

The survey of consumer workers conducted in 2008 identified the need to clarify expectations around their work arrangements.[74] The basis for making these clear will be the development of effective job descriptions and position statements. These should then be used to inform workers about employer expectations and to conduct performance reviews and ongoing performance management.

For employers to be able to identify what they expect a position to achieve, they will need to consult with consumers and carers who are familiar with their service and its aims. This will enable them to cross check with a consumer or carer perspective and ensure that such expectations are realistic and aims are appropriate or meaningful. For example, it would be unrealistic for employers to expect employees to be able to 'change workplace culture' without other arrangements being in place, such as training and support for other staff, or to 'ensure that all consumers and carers are satisfied with their care' without appropriate supports being available to ensure that this can be achieved. Mental health consumer and carer identified workers who are currently employed are well placed to be able to advise on what services need and to work with services about the best way of implementing these.

Once job roles and position statements have been identified, employers again need to cross check with the consumer or carer perspective to identify appropriate selection criteria for recruiting to the position. Specific skill sets are likely to be required depending on the nature of the job. In particular, it is likely that positions will require incumbents to be able to demonstrate not only the lived experience of being a consumer or carer, but how they can apply this to the job at hand. Using the right selection criteria will help employers find the candidate best able to undertake the job.

Many workers employed in identified consumer and carer positions report not being able to fulfil the requirements of the position in the working hours allocated.[75] This important factor needs to be carefully considered as part of the identification of role requirements and desired outcomes for positions.

Other considerations for the effective employment of consumer and carer employees include finding the right skills match for the job by including a consumer or carer on the selection panel and implementing appropriate probation and review mechanisms to ensure that this best match is sustainable. Exit interviews are also a good way for employers to assess their organisation's performance in this area.

74 Stewart et al, 2008, op cit, p 252

75 Pinches, 2005, op cit.

4.3 Identify job requirements and develop position statements

Employers urgently need to consult with their established mental health consumer and carer identified workforce or consumer and carer advisory committee to identify appropriate job requirements and desired outcomes and develop clear and appropriate position descriptions for consumer and carer identified worker positions.

Employers also need to ensure that their recruitment processes for consumer and carer identified workers include the expertise of consumers and carers to develop duty statements and selection criteria and that they are involved in selection processes for consumer and carer identified workers.

Address remuneration

Practices about remunerating consumer and carer identified workers for their services vary widely around Australia. Some positions are remunerated at fixed rates while other arrangements are much more loose, utilising payments in kind and lacking clarity around insurance, superannuation and workers compensation arrangements.[76] [77]

Wanda Bennetts notes that because there is no formal network or professional representative body for consumer workers, fair pay and working conditions have been difficult for them to address.[78]

Consumers and carers work under such conditions often because they have first-hand experience of the urgent need for their input in mental health as well as housing, employment and the criminal justice system.

While these working arrangements may have evolved in local work situations without planning, on a national level they can be seen as exploitative. For example such arrangements are not used to employ psychiatrists, nurses or other health professionals. Employers are urgently called to stop the exploitation of this workforce and develop fair employment arrangements for this crucial work.

4.4 Assess parity of remuneration

Employers urgently need to assess the parity of their current pay scales and formalise remuneration, superannuation and insurance arrangements for consumer and carer identified workers.

Provide access to resources

Consumer and carer workers regularly report that they lack access to administrative support such as printing, computer, office space or funding for appropriate resources for dissemination.[79] Many also find there is a shortage of hours in their employment arrangements to achieve the aims of their positions. These workers tend to find they only have time for individual advocacy and no time for focusing on more developmental activities that are part of their duties.[80]

Apart from the negative effects on employees, these situations also impact on the effectiveness of the work that they undertake. Employers need to demonstrate their commitment to their mental health consumer and carer identified workforce by resourcing these workers appropriate to the level of achievement that is agreed. Any other approach is tokenistic and will undermine the efforts and morale of the mental health consumer and carer identified workforce and the workplace culture more generally.

76 Stewart et al, 2008, op cit, p 251.

77 Verbal communication from the NSW CAG Consumer Workers Forum Project, January 2010.

78 Bennetts, 2009, op cit, p 12.

79 Ibid, p 24.

80 Pinches, 2005, op cit, p 3.

4.5 Provide access to essential resources

Employers urgently need to address the lack of access to resources and provide support in prioritising workloads for the realistic achievement of agreed work targets.

Provide flexibility, support and reasonable adjustment

Flexible and supportive workplaces enhance productivity and workforce stability for every employee. They are used by employers seeking to maintain a workplace of choice for employees and have been key elements of the National Health Workforce Strategic Framework used by mental health services in Australia.[81]

Reasonable adjustment is about employers and employees negotiating agreed strategies or 'reasonable adjustments' to work practices to assist them to carry out their work effectively. It is a requirement under the Disability Discrimination Act that employers make reasonable adjustment in work practices to ensure that people with a disability are able to participate in work activities.[82]

Reasonable adjustment for consumer and carer workers might include:

- flexible work hours;
- job restructuring or modified workplace policies;
- part time or modified schedules;
- special leave arrangements including leave without pay;
- access to external support.[83]

For example, providing the opportunity for consumer and carer identified workers to work in pairs for all or part of their working hours would be one way of combating their isolation and enhancing their support in a complex work environment.

Reasons for which people may need to seek reasonable adjustment include not only mental illness or physical disability but:

- other chronic conditions such as asthma or diabetes;
- being a primary carer to children or other family;
- difficult personal circumstances such as death or disability in the family.

Making sure that reasonable adjustment is available to all employees, when needed, ensures that all employees have access to flexible and supportive work arrangements as and when they need them and are supported to remain in the workforce.

4.6 Provide flexibility, support and reasonable adjustment

Employers need to ensure there are flexible and supportive work arrangements for all staff, including making reasonable adjustment for consumer and carer identified workers to enable them to carry out their work. This should include providing them with the opportunity to work in pairs and to job share with other consumer or carer identified workers.

81 Australian Health Ministers' Conference, 2004, *National Health Workforce Strategic Framework*, National Health Workforce Secretariat, North Sydney.

82 Australian Human Rights Commission, op cit.

83 Mental Health Coordinating Council, 2008, op cit, p 50.

Implement performance management

Mental health consumer and carer identified workers should be subject to the same accountability and performance management arrangements as other employees. It is patronising to assume that they will not be able to perform to the same standard and will require special consideration above what has already been negotiated under arrangements for reasonable adjustment.[84]

Consumer workers in particular regularly report that colleagues suggest that their illness affects their work performance – usually in cases where a disagreement is occurring. Others report experiencing the supervision process as if they are being monitored for signs of ill health.[85] These approaches to working with consumer identified workers are discriminatory, undermine the professional integrity of these positions and the value of consumer and carer expertise, and perpetuate stigma.

An effective performance management regimen based on a clearly articulated job description and performance criteria, including access to supervision, feedback and review, is an appropriate method of managing performance and will help eliminate these challenges.

Employers also need to ensure that consumer and carer identified workers are assisted to reflect on their accountability, as are other workers, by being informed of their obligations and the appropriate course of action open to them if they are unable to meet these.

4.7 Implement effective performance management frameworks

Consumer and carer workers need to be provided with the same high quality performance management monitoring and support programs as other staff.

Provide training and professional supervision

Employers need to assist these workers to identify and obtain the skills that they will need to undertake their job. With no identified minimum training standards, this may be difficult. The NSW survey of consumer workers undertaken in 2008 found that many consumer workers receive no training for their roles.[86]

A strategic approach to training of mental health consumer and carer identified workers and their colleagues will be an important part of optimising their performance in an effective recovery oriented service. Training needs analyses should be undertaken for consumer and carer identified workers as well as their colleagues. These should focus on their identified roles and requisite skills for achieving job outcomes.

In New Zealand core competencies have been developed for the role of consumer adviser and targeted training has been developed for the Certificate IV Peer Support qualification currently being offered for consumer workers.[87] [88] In Australia the Community Services and Health Industry Skills Council has identified the need for the development of core competencies for mental health consumer and carer identified workers. It has initiated a project to define a national qualifications framework for the mental health peer workforce and is consulting with a wide range of consumers and carers as well as mental health services and policy makers on what the framework should look like. This could be an important resource for employers and trainers of mental health consumer and carer identified workers.

84 Ibid.

85 Middleton et al, 2004, op cit, p 514.

86 Stewart et al, 2008, op cit, p 253.

87 Mental Health Workforce Development Program, 2005, Competencies for Consumer Advisers in Mental Health Services, Mental Health Research Council of New Zealand, available from the National Centre of Mental Health Research Information and Workforce Development website, www.tepou.co.nz.

88 Mind and Body Consultants, 2008, *Thematic review of peer supports*, Mental Health Commission, Wellington.

Consumer and carer identified workers also need to be well supported by professional supervision as are other professionals operating in therapeutic environments. Professional supervision assists workers to reflect on and improve their practice and professional skills and identify professional development needs. In the case of consumer and carer identified workers it may be appropriate for them to obtain this supervision from suitably experienced peers from outside the organisation.

Appropriate training should be provided to all staff to ensure that they are aware of their legal and professional obligations to:

- their colleagues, including consumer or carer identified workers;
- fulfil their own job requirements to a certain standard.

The literature shows that consumer and carer identified workers have already highlighted a range of specific training needs related to their roles. These include communication and conflict resolution skills; administration, computer skills; training in policy and legislation; meeting skills and stress management.[89]

Employers of consumer and carer identified workers and the National Mental Health Workforce Advisory Committee will need to use this advice in their planning for workforce training at the local and national levels.

4.8 Provide training and professional supervision

Employers need to ensure that training needs analyses are undertaken and ongoing training and professional supervision needs of all staff are addressed as part of the performance management framework for recovery oriented service provision involving the mental health consumer and carer identified workforce.

Address perceived role conflict

In an ideal world there would be nothing inappropriate about consumers and carers who are service users becoming employed by that same service and clinicians feeling confident and safe accessing the sort of services that their colleagues deliver should they become unwell. In this ideal world:

- co-workers would apply the same standard of conduct and attitude to all colleagues, irrespective of their role as possible or previous consumers or carers of a service outside their normal working hours;
- workers would examine their practice and demonstrate the insight to effectively manage the risks of impaired professional judgement or exploitation that can be evident in relationships in therapeutic environments.

However, while some services do operate this way, other services identify risks in the potential of impaired professional judgement or the exploitation of consumers and carers. These 'dual relationships' and the role conflict that may arise are often managed by services maintaining a policy of not employing service users from that service or not providing services to employee colleagues. In rural and remote areas there is not always this choice.

Difficulties around such role conflicts may also arise from poor professional practice such as the inability to undertake reflective practice or make appropriate judgements without the influence of potential discrimination or exploitation. Factors that exacerbate this include a lack of knowledge, particularly about job roles, or the lack of support to raise concerns and resolve issues effectively. The use of effective continuous quality improvement processes combined with the cultivation of an enabling and facilitative working environment will assist workplaces to address these issues.

89 Stewart et al, 2008, op cit, p 252.

Many other workplaces do not appear to consider these issues at all and consumer or carer identified workers report fielding many concerns from their colleagues about their potential for role conflict. Employers, consumers, carers and staff are often concerned that consumer and carer identified employees face undue pressure or role conflict in their often multiple roles as peers, service users, colleagues and social networkers with other workers and patients. This often results in arbitrary exclusion of consumer and carer identified workers from teambuilding activities or social occasions. These actions are discriminatory and managers need to be mindful of the divisive effect this can have on workplace culture and team function.

Role conflicts faced by consumer and carer identified workers are no different from the conflicts that are potentially faced by all staff in therapeutic environments – any of whom could potentially fill any or all of these roles as professionals, employees, consumers and carers. The NMHCCF challenges mental health services to be able to provide a standard of quality that would be acceptable for their own needs or those of any close member of their family.

Potential conflicts of interest should managed by the identification of potential risks and the implementation of management strategies and policies designed to ensure that actual conflict or other negative outcomes cannot occur. Service policies should be developed to clarify issues of perceived role conflict and to define appropriate behaviours in commonly misunderstood situations. Service staff, managers and consumers and carers need to be able to participate in developing such policies to ensure their concerns are met.

As part of this process, consumer and carer identified workers and other professionals will need to give careful consideration to how well they are able to differentiate their own roles and the roles of people in their professional capacity or their non-professional consumer or carer role. They need to be supported in this by managers and colleagues and this work will not easily be achievable in a rigid and unresponsive workplace environment.

Consumer and carer identified workers report receiving comments about potential and perceived role conflicts from the consumers and carers they are working with. In this situation, consumer and carer identified workers will also need to have appropriate information to be very clear about what their role is and what they can offer and be able to clearly articulate this to consumer and carer service users.

4.9 Address potential role conflict

Employers need to address the potentially complex challenges of dual roles and role conflict for identified consumer and carer workers and ensure that these issues remain the focus of continuous quality improvement processes.

Implement processes to support independence

Some consumer and carer identified positions are titled ‘Independent Consumer Advocate’ or ‘Independent Carer Representative’ to ensure that consumers and carers understand that these workers aim to represent consumer and carer interests rather than those of the service in which they are being employed.

Being in a consumer or carer identified position funded by a service involves walking a fine line between understanding the perspectives of both consumer or carer clients and those of the other professionals working within services. That is not to say that these interests will necessarily be opposed, but that the unique position of consumer and carer identified workers is being able to see the differences between these points of view more clearly and assist in negotiating a way forward if there are divergent views. As with the issue of dual roles, the role conflict around perceived independence is not only limited to consumer and carer identified workers but applies

to all professionals working in the mental health sector. All need to be mindful of balancing the needs of their service and their clients.

Employers need to be more mindful that this tension exists for all mental health service workers. Employees need time and resources to identify and address these issues, as a team if necessary. Unless they are employed outside the service in which they operate, some mental health consumers and carers argue that the capacity of consumer and carer identified positions can be severely limited. It is certainly true that to carry out these positions effectively the incumbents need to have the freedom to carry out the tasks of that position 'at arms length' from both points of view while maintaining the trust and respect of both consumers/carers and service providers. Consumer and carer identified workers indicate that it is possible to carry out such a role where workplace culture and leadership effectively support their role. Research literature supports this analysis (see sections on *Barriers facing the mental health consumer and carer identified workforce* and *Leadership supporting a health workplace culture and values*). All of these challenges must be explored and addressed by any employer aiming for an effective mental health workforce.

Employers will also need to consider the notions of role conflict and independence for their employees when designing roles for consumer or carer identified positions and identifying the desired outcomes of these positions. The same risk management approach that is applicable to the management of all effective work practices will inform this approach.

4.10 Implement processes to support independence

Employers need to ensure that accountability and independence are considered when designing roles for consumer and carer positions. This must include the input of all staff and consultation with consumers and carers.

Manage privacy and the disclosure of information

Consumer employees report requests by supervisors to disclose information about their illness that they do not feel is relevant to their work arrangements.

There is no need for managers and staff to know the details of medical diagnoses or medications and treatments to be able work effectively with consumer and carer identified workers or any other staff. Reasonable adjustment can and should be made on the basis of identified requirements and not on diagnosis, disability type or other personal information such as treatment regimen or drug therapy being used. Direct knowledge of these issues is not necessarily the concern of employers and employees should not be required to disclose this information. Employers are entitled to know about any medication or illness effects which may affect work performance and managing these should be the focus of any discussion. The standard of evidence required to support such claims should be the same as that which is required of any employee seeking reasonable adjustments to their work arrangements, such as a doctor's certificate.

4.11 Manage privacy and the disclosure of information

Employers need to ensure the development and use of appropriate policies on disclosure of information and privacy. These must be informed by consultation with consumers and carers.

Leadership supporting a healthy organisational culture and values

Consumers and carers consistently report that attitudes of colleagues and the culture of the organisation for which they work are critical in determining how effective they can be.[90] [91]

In 2005, Alan Pinches described the "adversarial, hypercritical and blaming"[92] culture perceived by consumer identified workers in Victorian mental health services. Unfortunately, this sort of culture is widely reported in Australia by consumers, carers and clinicians seeking to improve service standards. Yet it is well understood that a culture of blame helps to perpetuate poor practice.[93]

A major shift in the philosophical approach to service provision can support changes to service structures.[94] These sorts of shifts need to be supported by leadership, ability of all staff to provide input to change the workplace environment, and the reallocation of resources to support this. Without this sort of organisational support, consumer and carer identified workers struggle to meet the requirements of their positions.

Effective continuous quality improvement processes should support staff to organise their workplace and the delivery of services in the most efficient and effective way to meet their defined objectives – in this case the implementation of recovery approaches. However, lack of training and support for mental health professionals and mental health services in general are a recognised barrier to the implementation of recovery.[95] Refocusing training budgets towards recovery skills building could be a relatively cost neutral exercise and would support the development of a learning organisation able to deal with change and complexity and would support effective continuous quality improvement.

A longer term strategic approach to training for mental health professionals will also be needed and this will need to reflect the major philosophical shift that supports a recovery approach. Training and continuing education need to reflect the paradigm where the expertise of clinicians is one key element in an overall recovery approach, rather than maintaining its traditional role as the basis of service provision. This will provide a foundation for implementing of recovery in services into the future.

Leadership will be the key element to establish of a healthy organisational culture. A 2008 review of the mental health carer support program and carer support and resource workers found strong evidence that carer consultants felt that the effectiveness of their role was dependent on leadership from senior mental health management.[96] Support from other staff played a key role in promoting the services of consumer workers.[97] A reluctance on the part of clinical staff to participate and their inability to make the cultural changes required to work with consumers as colleagues[98] were found to influence the ability of mental health identified consumer workers to operate effectively.

90 Pinches, 2005, op cit.; Mental Health Coordinating Council, 2008, op cit.; Bennetts, 2009, op cit, p 29.;

91 Department of Human Services, 2008, *Review of the Mental Health Carer Support Program and Carer Support and Resource Workers,* Mental Health and Drugs Division, State Government of Victoria, Melbourne.

92 Pinches, 2005, op cit, p 5.

93 Walton M, 2004, *Creating a no blame culture: have we got the balance right?* Quality and Safety in Health Care 13.

94 Ashcroft L and Anthony W, 2006, *Factoring in Structure*, Behavioural Healthcare, August 2006.

95 Rickwood, 2004, op cit.

96 Department of Human Services, 2008, op cit.

97 Pinches, 2005, op cit, p 3.

98 Kemp V, Bates A and Isaac M, 2008, *Mental health consumers as peer supporters in Western Australia,* Health Issues 96, Spring 2008.

Effective leadership demonstrates appropriate organisational values and behaviours and legitimises employees wishing to utilise these at all levels. It is essential for the success of recovery approaches that leaders demonstrate their commitment to change by modelling appropriate behaviours.

4.12 Develop leadership to support a healthy organisational culture and values

Demonstrated commitment to recovery approaches needs to become a skills requirement for employees being recruited to mental health services, particularly at senior and management levels. This includes, but must not be limited to, skills around using recovery approaches to work with consumer and carer identified workers.

Mental health managers and policy areas need to demonstrate their commitment to integrating recovery approaches by modelling appropriate behaviours towards the consumer and carer workforce and reallocating resources to support integration of this workforce. This should include training for mental health services staff on recovery and recovery oriented communication practices and recruitment for skills in recovery.

The new National Mental Health Workforce Strategy needs to be based on the implementation of a recovery framework in mental health that includes:

- integrating education and training initiatives that reflect a recovery orientation into the basic and ongoing training of mental health disciplines;
- developing education and training initiatives on 'working with consumer and carer identified workers'. Training should be scenario based and involve consumer and carer workers as educators.

5 Developing and sustaining the mental health consumer and carer identified workforce

Mental health consumer and carer identified workers, particularly those who are employed in mental health services are already advising that they urgently need support to manage their health and safety, carry out their job effectively and pursue opportunities for improved service delivery. If a targeted risk management approach to these issues is widely adopted by mental health services it will provide the framework for a workable and effective continuous quality improvement process that includes consumer and carer feedback and input to planning and development for a recovery orientated service. The mental health consumer and carer identified workforce would have a key role in all of these activities, from facilitating consumer and carer feedback to providing solutions that meet the needs of both consumers and carers and the workplace.

This Position Statement has outlined that such a risk management approach is likely to highlight the need to urgently:

- identify the job requirements and developing position statements;
- develop appropriate policies to address remuneration, working hours and access to resources;
- provide flexible and supportive work arrangements;
- develop appropriate performance management frameworks including access to training and professional supervision;
- develop appropriate policies to address perceived role conflict, independence; and appropriate disclosure of information;
- provide leadership and strategies to develop and support a healthy organisational culture and values.

These issues will need to form part of a broader strategy to develop the mental health consumer and carer identified workforce and ensure its sustainability.

Workforce identification and development strategy

There are a range of job roles already being utilised by services and also a range of services that consumer and carer identified workers have the skills to provide, but that may not be well utilised.

For example, while the 4th National Mental Health Plan makes provision for the "establishment of an effective peer support workforce and an expansion of opportunities for the meaningful involvement of consumers and carers"[99] it does not give any indication of the scope of different roles currently undertaken by consumer and carer identified workers.

Defining the types of roles that consumer and carer identified workers could be expected to undertake, and the skills they will need to develop, will assist in identifying opportunities to utilise the mental health consumer and carer identified workforce both within and outside the mental health sector. The NMHCCF already sees an important role for consumer and carer identified workers in crisis assessment teams, mobile support and treatment teams, continuing care teams, home based outreach, and the offices of the chief psychiatrists, as well as Centrelink, departments

99 Australian Health Ministers, 2009, op cit, p 28.

of housing offices and in the criminal justice sector. An expanded list of possible consumer and carer worker roles is outlined at Appendix 2.

Recommendation 5: Develop the future mental health consumer and carer identified workforce

As part of the National Mental Health Strategy, governments, mental health policy makers and mental health consumer and carer identified workers urgently need to focus on the future development of the mental health consumer and carer identified workforce to ensure its sustainability.

5.1 Use the National Mental Health Consumer and Carer Identified Workforce Strategy to support excellence and innovation

The information activities outlined in Recommendations 1-4 above should be used to inform the development of the National Mental Health Consumer and Carer Identified Workforce Strategy under the National Mental Health Workforce Strategy which will provide an ongoing platform for the development of excellence and innovation in the services that this workforce has to offer.

The Mental Health Standing Committee and the Private Mental Health Alliance need to explore opportunities for the development of pilot consumer and carer identified workforce development projects both within and outside the mental health sector, linking these as part of the 4th National Mental Health Plan, to opportunities under the National Mental Health Disability Employment Strategy.

Peer support

Peer support is one of the key roles of many consumer and carer identified workers. As with all consumer and carer identified worker roles in Australia, there is no nationally agreed definition of the activities of a peer support worker. In the United States much best practice peer support work is being based on the development of intentional, mutual relationships by peer support workers, often providing structured support to the consumers and carers they are working with.[100] Peer support specialist roles have also been developed and these work from a context of lived experience, recovery, use of language based on common experience rather than clinical terminology, person centred relationships and a focus on strengths.[101]

Peer support workers are also well placed to assist consumers and carers develop self advocacy skills.

Peer support work often fills gaps in support in the continuum of care provided by mental health services because of its holistic and non clinical focus.[102] A lack of role definition and lack of shared expectations about job aims mean that peer support workers often walk a fine line between undertaking necessary peer support tasks and becoming substitutes for appropriate care from mental health or other services. For this reason, it is urgent that core competencies for such roles are developed in consultation with consumers and carers across Australia so that services are aware of how best to utilise mental health consumer and carer identified workers.

The benefits of peer support work roles shows the huge potential of mental health service provision and the ability of the community to provide effective services for people with mental illness.

A 2008 South Australian study showed that in its first three months of operation of a peer support service working with local health, hospital and community services delivered:

- a saving in hospital services equating to a total of $93,150;
- significant reported personal benefits to both peers and consumers, including:
  - improved discharge experience;
  - improved continuum of care;
  - improved linkages with community supports for integration and recovery for consumers.
- significant potential benefits to health services in exploring and developing a recovery orientation to service delivery.[103]

These roles would be of significant benefit to consumers and carers receiving services outside the mental health sector. For example the NMHCCF has previously called for the development of specialised peer support roles in the criminal justice sector[104] and in Centrelink[105] to improve the provision of services for mental health consumers and carers.

100 Mead S, MacNeil C, 2005, *Peer Support: A Systemic Approach*, Family Therapy Magazine 4(5), 28-31, accessed from the Mental Health Peers website on 9 August 2010 http://www.mentalhealthpeers.com/booksarticles.html.

101 Daniels A, Grant E, Filson B, Powell I, Fricks L, Goodale L (Eds), 2010, *Pillars of Peer Support: Transforming Mental Health Systems of Care Through Peer Support Services*, outcomes of the *Pillars of Peer Support Services Summit November 2009*, http://www.pillarsofpeersupport.org.

102 Lawn S, Smith A, Hunter K, 2008, *Mental health peer support for hospital avoidance and early discharge: An Australian example of consumer driven and operated service*, Journal of Mental Health, October 2008, 17(5).

103 Ibid.

104 National Mental Health Consumer & Carer Forum, 2010: NMHCCF comment on the consultation draft *Diversion and support of offenders with a mental illness, guidelines for best practice 2010*, accessed on 09.08.10 from the NMHCCF website http://www.nmhccf.org.au/submissions.

105 National Mental Health Consumer & Carer Forum, 2009: *Submission to the Commonwealth Ombudsman's Own Motion*

Supported networks and leadership

Consumer and carer identified workers also report being frustrated by lack of knowledge about how other consumer and carer identified workers are operating and their inability to share challenges and solutions.

The development of the National Mental Health Consumer and Carer Identified Workforce Strategy will be a first step to combating the isolation that these workers feel. This strategy should include an effective national support network. Formal networks are important mechanisms for developing solutions to local issues and developing projects and innovations in practice and planning both locally and nationally. Such a network would also be able to assist in policy development areas for the sector such as training, the development of competency standards, rates of pay and award structures. It would also provide a much needed venue for the development of an active leadership within the sector. This could provide the impetus for the establishment of a mental health consumer and carer identified worker representative body, which has been identified as a need within the sector.

Mental health consumer and carer identified workers have also identified the need for the development of a professional organisation to oversee the development of competencies and the future development of mental health consumer and carer identified workforce roles both within and outside the mental health sector. Consideration of these issues should come under the Strategy where the timing and role for such a body in the development of excellence in practice ongoing career structure and higher qualifications should be developed.

5.2 Develop supported networks and strengthen leadership of the mental health consumer and carer identified workforce

Under the National Mental Health Consumer and Carer Identified Workforce Strategy, a formal national network of consumer and carer identified workers should be established to provide a support mechanism for local support networks and a forum for sector development.

Investigation: Engagement of customers with a mental illness with the social security system, accessed on 09.08.10 from the NMHCCF website http://www.nmhccf.org.au/submissions.

6 Conclusion

Despite the gains that have been made in the mental health sector in the last twenty years under the National Mental Health Strategy, mental health services are still emerging from a history of suppression of human rights and abuse of people with mental illness.

The participation of consumers and carers as active partners in recovery was a foundation for this emergence and the growing recognition of the role of consumer and carer workers in services is a significant step.

It is, however, also important to recognise that these valuable roles place potentially vulnerable people in a challenging position at the front line of change. Providing the support necessary for consumer and carer workers to succeed in their roles and maintain their recovery is an urgent next step in the positive evolution of mental health in Australia.

About the National Mental Health Consumer & Carer Forum

The National Mental Health Consumer & Carer Forum (NMHCCF) is the combined national voice for consumers and carers participating in the development of mental health policy and sector development in Australia.

Through its membership, the NMHCCF gives mental health consumers and carers the opportunity to meet, form partnerships and be involved in the development and implementation of mental health reform.

The NMHCCF aims to:

- utilise our lived experience and unique expertise in mental health to identify what does and does not work in the mental health sector
- identify important and innovative ways to bring about positive change within the mental health system
- be a powerful, respected, combined national voice for mental health consumers and carers.

Support and development of the mental health consumer and carer identified workforce was identified by the NMHCCF as one of its key priorities for consumers and carers in 2009-2011.

NATIONAL MENTAL HEALTH CONSUMER & CARER FORUM

Appendix 1

Examples of mental health consumer and carer workforce activities

Consumer Research and Evaluation Unit – Victorian Mental Illness Awareness Council

The Consumer Research and Evaluation Unit (CREU) at the Victorian Mental Illness Awareness Council was established in partnership with the Victorian Mental Health Carers Network (the peak body for mental health carers in Victoria) and the Victorian Department of Health in 2007. It was initially established to undertake research around consumer views of mental health services at eight pilot mental health (clinical and non-clinical) sites. However, the initiative quickly moved away from rating the satisfaction of consumers and carers to eliciting their experiences in the notion that satisfaction rating had minimal impact on service quality improvement, whereas consumer and carer experience of mental health services provides concrete evidence that can be readily translated into meaningful service quality improvement activities.

The core of this approach is engaging consumers, carers and service providers to actively work together to co-design the services with a strong commitment to change. This Initiative is well supported by all stakeholders, and has been drafted into the strategic plan of the Victorian mental health reform, which is gaining national and international attention. One of the main characteristics of the Initiative is that it represents an effective model of high level consumer and carer participation with the primary researchers being consumer and carer representatives.

Psychiatric Rehabilitation Australia

Psychiatric Rehabilitation Australia (PRA) is a large non-government organisation working as a specialist provider of mental health non-clinical psychosocial support services across a range of service styles in over 40 service locations. The PRA employs a number of consumer identified positions such as Manager of Peer Support, Peer Support Worker, Peer Worker and Advocate. Support arrangements include the provision of supervision from an identified senior staff member aligned to the consumer movement.

In addition to its consumer identified positions, PRA has an affirmative action policy for all its employment where it assertively seeks qualified applicants "with personal experience of a mental health problem or disorder". This has resulted in approximately 30% of the PRA workforce identifying as a consumer (at time of printing). This includes staff positions in management, senior management, team leaders, coordinators, supervisors, trainers, support workers, clerical and trainee roles.

PRA reports this process has resulted in a positive and affirming change to organisational culture. PRA has found that people with lived experience value their work, have great allegiance to the organisation and appreciate the opportunity to have a real job with expectations for real wages, where their experience is an asset not a liability. Staff are supported through training and professional development thereby contributing to work that supports others and promotes hope for recovery amongst the people who use PRA services.

The Consumer Operated Service Program model

Consumer-Operated Services Programs (COSPs) are one model of peer support that has had success by working with mental health and other service providers in the United States to provide cost effective and best practice recovery focused services for mental health consumers and carers.

COSPs are consumer run organisations that use consumer control, member-run activities, participatory leadership and voluntary participation to provide a structure for the provision of recovery focussed services that:

- are independent because they are controlled and operated by mental health consumers;
- are autonomous because decisions about the governance of the program are made by the COSP;
- are accountable because responsibility for decisions rest with the program;
- use employees (peer workers, staff and management) that are all individuals with a lived experience of mental illness.[106]

COSPs generally provide diverse services in a range of settings to meet consumer need. For example this may include COSPs as:

- stand alone services providing community or peer support for consumers;
- stand alone services providing alternatives to traditional treatment services;
- brokers for specialist consultancy services such as consumer identified workers being employed to provide specialist advice to a range of community agencies, either as full time employees or in a one-in a local housing authority.

The United States Center for Mental Health Services is currently piloting an Evidence Based Practice KIT to provide information to funders and services on the benefits of using the COSP model to provide more effective recovery focussed service provision.[107] The emphasis on implementing evidence-based practices stems from consensus that a gap exists between what is known about effective services and the services currently offered, and how best to implement best practice in a real life setting.

106 Substance Abuse and Mental Health Services Administration, 2007, Consumer-Operated Services Programs, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration (SAMHSA), Draft Evidence Based Practices KIT, available through the SAMHSA website www.samhsa.gov.

107 Ibid

Appendix 2

Proposed job roles for the mental health consumer and carer identified workforce

This is not an exhaustive list but covers some current areas in need of expertise and assistance from mental health consumer and carers. It is also designed to inspire consumers, carers, services and policy makers to think about what aspects of service delivery in the Australian community need to provide better services to mental health consumers and carers, and which ones could do this with the expertise of mental health consumer and carer identified workers in their areas.

Consumer and carer workers have the potential to be employed to undertake roles that include but are not limited to:

- peer support
- individual advocacy
- group advocacy
- systemic advocacy
- leadership in consumer and carer related issues
- education and training
- research
- policy development

Consumer and carer workers have the potential to be employed in areas including but not limited to:

Mental health sector:

- crisis assessment and treatment teams
- inpatient units
- emergency departments
- outpatient clinics
- mobile support and treatment teams
- continuing care teams
- home based outreach
- forensic mental health services
- mental health review tribunals
- hospital visiting services
- home visiting services
- drop in services
- offices of chief psychiatrists
- policy development areas (all levels)
- human resource areas

Community managed organisations and non government sector

- neighbourhood centres
- peer support organisations
- PHAMS services
- respite services

Housing sector

- departments of housing
- community housing organisations

Employment sector

- Centrelink offices
- disability employment services

Criminal justice Sector

- court support programs
- diversion programs
- policy development areas
- prison system

Local councils

- community development and services
- other local council service delivery areas
- social and urban planning

Other government sector

- government shopfront services
- Administrative Appeals Tribunal
- Ombudsman