



A nationally consistent approach for NMHCCF consumer and carer selection and representation

1. Introduction

The National Mental Health Consumer and Carer Forum (NMHCCF) was established by the Australian Health Ministers Advisory Council Mental Health Standing Committee (AHMAC MHSC) in 2002 in recognition of the continued need for mental health consumer and carer involvement at the highest level of policy development. It provides a mechanism for mental health consumers and carers to come together to foster partnerships and to ensure the input of consumers and carers to activities of the mental health sector including reform of mental health policy and service delivery in Australia.

Because the NMHCCF is a key national independent consumer and carer voice for Australia it is essential that its members have the appropriate skills to represent their constituency at a national level and an understanding of the obligations and responsibilities of undertaking representation.

Section 2 of this paper outlines simple steps for organisations and government bodies selecting consumers and carers to ensure effective representation on the NMHCCF. *Section 3* provides examples of typical selection processes and *Section 4* provides some key principles for effective support of consumer and carer representatives.

The principles outlined will also be useful for organisations or government bodies intending to select and/ or work with consumer and carer representatives at the national level.

2. Summary for organisations selecting consumer and carer representatives

Firstly, it is important that the role of a consumer or carer representative is defined, so that the nominating organisation and the representative are clear on what is expected. An expectation that differs between the parties in this area can and does lead to confusion about what consumer and carer representatives can or should do.

Consumer and carer representation at the national level requires specific skills beyond an individual's own personal experiences so defining selection criteria for this position is the next step. Using the right selection criteria will assist to match the consumer or carer representative best qualified to undertake the position.

Finally, as system advocates, consumer and carer representatives must:

- be capable of reflecting the viewpoints and concerns of consumers or carers;

- be persons in whom consumers and carers and their organisations have confidence;¹ and
- have strong communication links with their constituents so that they are able to provide the sort of representation that a diverse consumer and carer community requires.

Therefore, the selecting organisation must give careful consideration about the best way to access such consumer and carer representatives. The examples in *Section 3* of this paper show how this can be done both in jurisdictions where there is and is not an established state/territory mental health consumer and/or carer organisation.

There is no maximum length of tenure for NMHCCF representatives. NMHCCF members are initially appointed for a four year term. Each member's appointment is reviewed by their nomination state/territory/ organisation after their first four years, and then every two years after that.

Reviews are conducted to determine if the needs of the position and the needs of the incumbents are being met. For state and territory representatives these reviews should be carried out by state or territory Liaison Officers in conjunction with the consumer or carer representative.

Nominating organisations or government bodies can maintain a representative on the NMHCCF if their review(s) show that the incumbent is functioning effectively and that this situation does not hinder the development and participation of other suitable candidates.

Maintaining effective representation also requires nominating organisations and government bodies to provide appropriate ongoing support to ensure that the representatives can continue being effective.

These approaches to selection and engagement of representatives are consistent with the *Consumer and Carer Participation Policy: a framework for the mental health sector*² developed by the NMHCCF in 2004 and the Commonwealth Consumer Affairs Advisory Council *Principles for the Appointment of Consumer Representatives: A Process for Governments and Industry*³. These documents provide guidance on the best practice around the selection of consumer and carer representatives.⁴

Using these documents, the following detailed key principles have been devised for any organisations and government bodies involved in selecting consumer and carer representatives.

¹ Commonwealth Consumer Affairs Advisory Council (2005), *Principles for the Appointment of Consumer Representatives: A Process for Governments and Industry*. Commonwealth of Australia, Canberra.
<http://www.treasury.gov.au/contentitem.asp?pagelD=&ContentID=994>

² NMHCCF (2004), *Consumer and Carer Participation Policy : a framework for the mental health sector*,
http://www.mhca.org.au/Publications/documents/Consumer_and_carerandCarerParticipationPolicy.pdf

³ Commonwealth Consumer Affairs Advisory Council (2005), *op cit*

⁴ NMHCCF would also like to acknowledge the work of the Consumers Health Forum and its Consumer Representatives' Program Policy, <http://www.chf.org.au/consumer-representatives-program-policy.php>

3. Key principles for the selection of consumer and carer representatives

- Appropriately supported and networked consumer and carer representatives should be selected. Consumer and carer representatives need to be from recognised and relevant consumer and carer groups that are able to provide support and a network for consultation.
- Appropriately skilled consumer and carer representatives should be selected. Consumer and carer representatives need to have the skills or the ability to develop the skills and expertise required to undertake the representation. This requires that the selecting organisations and government bodies consider the role required by the consumer or carer representative and to assist in making sure they use appropriate selection criteria for the role. The selection criteria for NMHCCF representatives are at Appendix 2. These are based on information contained in the NMHCCF Operating Guidelines and have been endorsed by NMHCCF members. However, states and territories may also add to these selection criteria to capture locally relevant requirements.
- Transparent selection processes should be used. Consumers and carers and other participating organisations and government bodies need to be able to trust that the process is fair and merit based to ensure that every appropriately qualified consumer or carer is considered equitably for the position.
- Advertisements for consumer and carer representative vacancies should be disseminated widely, particularly in those states that do not have strong peak mental health consumer and/or carer networks.
- Expressions of interest or an application addressing selection criteria should be reviewed by consumers and carers to ensure that consumers and carers have confidence in their own representatives.
- Use of information collected on applicants should be covered by clear policies outlining
 - what information is to be listed
 - who can be given what information
 - the process by which the consumer or carer can be contacted by a third party seeking representatives.

3.1 Where there is no state peak mental health consumer or carer organisation.

Where there is no state peak mental health consumer or carer organisation or government body, the following options for appropriate consumer and carer representative selection should be considered:

- a) The state or territory government agency resources a consortium of mental health consumer and carer organisations or government bodies in that state or territory to meet and develop a selection process for consumer and carer representation. This consortium will advise on appropriate methods for local advertising of consumer and carer representative vacancies and should seek expressions of interest based on relevant selection criteria agreed by the consortium.

- b) The state or territory government agency establishes a selection panel comprising
- state or territory government representative
 - representatives from mental health consumer and/or carer organisations operating in that state or territory
 - NMHCCF representative or Executive Officer.

The selection panel will agree appropriate methods for local advertising of consumer and carer representative vacancies and should seek expressions of interest based on relevant selection criteria agreed by the selection panel.

- c) NMHCCF is resourced to facilitate the process of selecting a consumer and carer representative through the links and contacts that NMHCCF has established in past and current work with community organisations or government bodies and member organisations in the state or territory.

3.2 Where there is a state or territory peak mental health consumer or carer organisation.

Where there is a state or territory peak mental health consumer or carer organisations or government bodies the following options for selection of an appropriate consumer and carer representative should be considered:

- a) The state or territory peak mental health consumer or carer organisation or government body is asked by the state or territory mental health service to select a consumer and carer representative from the state or territory using their usual nomination process;
- b) The state or territory government works with the state or territory peak mental health consumer or carer organisations or government body to select a consumer and carer representative from the state or territory using an agreed nomination and selection process;
- c) The state or territory peak mental health consumer and/or carer organisation is resourced to establish, or the state government agency resources a consortium of mental health consumer and carer organisations in the state or territory, to develop a selection process for consumer and carer representation. This consortium will advise on appropriate methods for local advertising of consumer and carer representative vacancies and should seek expressions of interest based on the NMHCCF selection criteria with any additions determined by the consortium.

4. Key principles for nominating organisations and government bodies supporting consumer and carer representatives

- The role of consumer and carer representatives should be clearly defined. A position description for consumer or carer representatives on the NMHCCF is at

Appendix 1. This is based on information taken from the NMHCCF Operating Guidelines and has been endorsed by NMHCCF members.

- Consumer and carer representatives should be remunerated for their representative duties.⁵ The NMHCCF remunerates its representatives for NMHCCF related activities at the rate set by the Australian Government Remuneration Tribunal.⁶
- Consumer and carer representatives have rights and responsibilities and these should be clearly articulated. The NMHCCF defines rights and responsibilities as they relate to the effective functioning of the NMHCCF, as outlined in the NMHCCF Operating Guidelines. Nominating organisations and government bodies should also consider developing further guidance for their representatives on rights and responsibilities if they have specific needs that are not covered in this document.
- Nominating organisations and government bodies should ensure that there are adequate information flow and feedback mechanisms to support the nominated NMHCCF members to carry out their duties effectively. For example each state and territory has a nominated Liaison Officer for the NMHCCF to which the representative reports in the first instance. The Liaison Officer provides a link between the NMHCCF and consumer and carer activities undertaken under each state and territory government.
- Consumer and carer representatives should receive relevant and necessary ongoing support such as mentoring, training and resourcing. For example, the NMHCCF provides some training for its members including induction training. However, organisations or government bodies that are nominating representatives will need to ensure that representatives have adequate ongoing access to the information and resources that they need to provide an effective conduit between their nominating organisation or government body and the NMHCCF.
- Organisations or government bodies nominating consumer and carer representatives need to be prepared for ill health affecting consumers and carers. Appropriate processes should be put in place to deal with this occurrence. NMHCCF recommends the use of proxies in consultation with the consumer and carer concerned.
- Proxies should be nominated and trained well in advance of their needing to take up a position to ensure continuity in the position and to ensure that more consumers and carers are able to take up the opportunity to participate.
- The NMHCCF has a conflict resolution process for its membership which covers NMHCCF matters, but organisations or government bodies nominating consumer and carer representatives will need to have conflict resolution processes in place for situations that may arise outside the NMHCCF operations. Information about these should be included in the training provided to consumer and carer representatives.

⁵ Commonwealth Consumer Affairs Advisory Council (2005), *op cit*

⁶ <http://www.remtribunal.gov.au/partTimeOffices/default.asp?menu=Sec4&switch=on>

5. Summary

The options outlined above are used widely in the health care consumer and carer movements where they are successful and considered best practice.

In using these processes organisations and government bodies actively demonstrate their willingness to work in partnership with consumers and carers in mental health service improvement. More importantly the processes also support effective leadership in the area of consumer and carer participation, ensuring that the most appropriately skilled consumers and carers are available and able to contribute to mental health service improvement at the national level.

APPENDIX 1

Position description for consumer and carer representatives on the NMHCCF

Key tasks:

- represent [insert name of organisation or government body] consumers or carers at the NMHCCF
- articulate consumer or carer perspectives using system advocacy skills in a national policy development context
- maintain connection with and be actively involved in the key networks of consumer or carer representatives in that state or territory.
- provide a conduit for information between the NMHCCF and the state or territory contact liaison officer as well as relevant consumer or carer state or territory based networks including but not limited to using NMHCCF identified reporting processes.
- maintain regular liaison with the state or territory contact officer
- fulfil duties of NMHCCF members as outlined in the Terms of Reference for the NMHCCF and the NMHCCF Operating Guidelines (or other representative forum).

APPENDIX 2

Selection criteria for consumer and carer representatives on the NMHCCF:

- Demonstrated ability to provide or understanding of consumer or carer perspectives at a system advocacy level. For example, skills could include
 - An understanding of the principles of consumer or carer participation;
 - Being widely informed of and able to represent consumer or carer experiences beyond one's own personal experience;
 - Familiarity or the ability to gain familiarity with state or territory and national policy issues in mental health;
 - Being able to provide advice and strategic direction to the NMHCCF on behalf of [insert state or territory name] consumers or carers;
 - Being able to problem solve, use initiative and contribute to the goals of the NMHCCF.

- Demonstrated ability to maintain networks with state or territory-based consumer or carer mental health organisations or government bodies and their constituents;

- Well developed interpersonal skills including the ability to work as part of a team and also maintain good working relationships with NMHCCF members and other stakeholders in the mental health policy development process e.g. government, service providers.

- Well developed communication skills including listening, providing feedback, negotiation and the demonstrated ability to use these to achieve results.

- Willingness to participate in training relevant to the work of the NMHCCF (this training would not be onerous and would be provided through the NMHCCF)

- An understanding of the diversity of the cultural and linguistic backgrounds of our community, and the impact this has on consumers and their families' experiences of mental illness.

A letter of support should be provided by a relevant consumer or carer organisations outlining what makes them suitable for this position.