



Business Plan

National Mental Health Consumer & Carer Forum

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7 April 2015

BUSINESS SUMMARY

About the NMHCCF

The National Mental Health Consumer & Carer Forum (NMHCCF) is a united, independent and national voice of consumers and carers committed to reforming mental health in Australia.

NMHCCF members represent mental health consumers and carers on a large number of national bodies such as government committees and advisory groups, professional bodies and other consultative forums and events. Members use their lived experiences, understanding of the mental health system and communication skills to advocate and promote the issues and concerns of consumers and carers.

The NMHCCF was established in 2002 by the Australian Health Ministers Advisory Council Mental Health Standing Committee (AHMAC MHSC). It is funded through contributions from each state and territory government and the Australian Government Department of Health. It is currently auspiced by Mental Health Australia.

Our Aims

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

What We Do

- Listen to the issues and concerns of our state/territory and stakeholder group representatives.
- Develop an understanding of what is happening in mental health for consumers and carers in each state/territory and internationally.
- Share experience, knowledge and resources with our members and stakeholders.
- Identify priority areas of focus and/or action.
- Ensure that issues and concerns of consumers and carers are acknowledged and addressed as part of the national policy development process in Australia.
- Work with our networks to progress the agenda of mental health consumers and carers.
- Distribute information on this work to our members and their networks nationally.

How We Operate

The NMHCCF meets quarterly, either face to face or by teleconference.

Much of the work of the NMHCCF is progressed by working groups to ensure actions identified in the NMHCCF work plan, including coordinating and drafting advocacy briefs, are delivered.

Our Membership

Membership of the NMHCCF is comprised of:

- One representative mental health consumer and carer from each Australian state and territory and representatives from the following national health consumer and carer organisations and population groups ¹
- blueVoices, the consumer and carer reference group for beyondblue: the national depression initiative
- Carers Australia
- Consumers Health Forum of Australia
- GROW Australia
- Mental Health Carers Arafmi Australia
- Private Mental Health Consumer Carer Network (Aust)
- Mental Health in Multicultural Australia.
- Aboriginal and Torres Strait Islander peoples

Our Purpose

Terms Of Reference

- Enhance, promote and progress genuine national partnerships and the recognition of mental health consumers and carers at all levels of government and community.
- Provide ways to improve access to and sharing of relevant information between national networks and organisations.
- Strengthen and develop the mental health consumer and carer focus of entities at the local, state and national level.
- Increase meaningful opportunities for and capacity of mental health consumers and carers to advocate for and participate in legislation and policy development, and the implementation and evaluation of services, policies and programs at all levels.
- Provide an informed strong and unified voice on consumer and carer issues to government, the mental health sector and other stakeholders.
- Identify best practice, protect human rights, highlight deficiencies and influence positive systemic change for the recognition and benefit of consumer and carer participation at all levels.
- Develop and promote national principles and priorities of action and strategies aligned with National Mental Health Plans.

¹ Original membership included the Australian Mental Health Consumer Network (AMHCN), which ceased operations in 2008. The Australian Government is currently funding a scoping study to establish a new peak national mental health consumer body. In the interim, the MHSC has provided in principle agreement that the former AMHCN representative should remain on the NMHCCF as a consumer representative until the new national consumer organisation is established.

Our Stakeholders

	We represent Consumers & Carers	We collaborate with Organisations, Governments & Communities
We provide	<ul style="list-style-type: none"> • A shared VOICE so that their issues and concerns can be heard by mental health organisations, policy makers and governments 	<ul style="list-style-type: none"> • A shared VOICE of consumers & carers on issues and concerns to inform policy, system strategies and changes
	<ul style="list-style-type: none"> • An advocacy position on mental health issues based on the discussed shared voice of 'lived experience' from NMHCCF members and who they represent 	<ul style="list-style-type: none"> • An advocacy position on mental health issues based on the discussed shared voice of 'lived experience' from NMHCCF members and who they represent
	<ul style="list-style-type: none"> • Advice and guidance on how they can be more active in advocacy and participation • Two way communication on access and information on the current issues, events, important information in mental health, research and activities • Guidance on when and what they can share 	<ul style="list-style-type: none"> • Advice and guidance on how to engage and access consumer and carer networks to increase participation • Advise and inform about current issues, events and how these impact consumers and carers

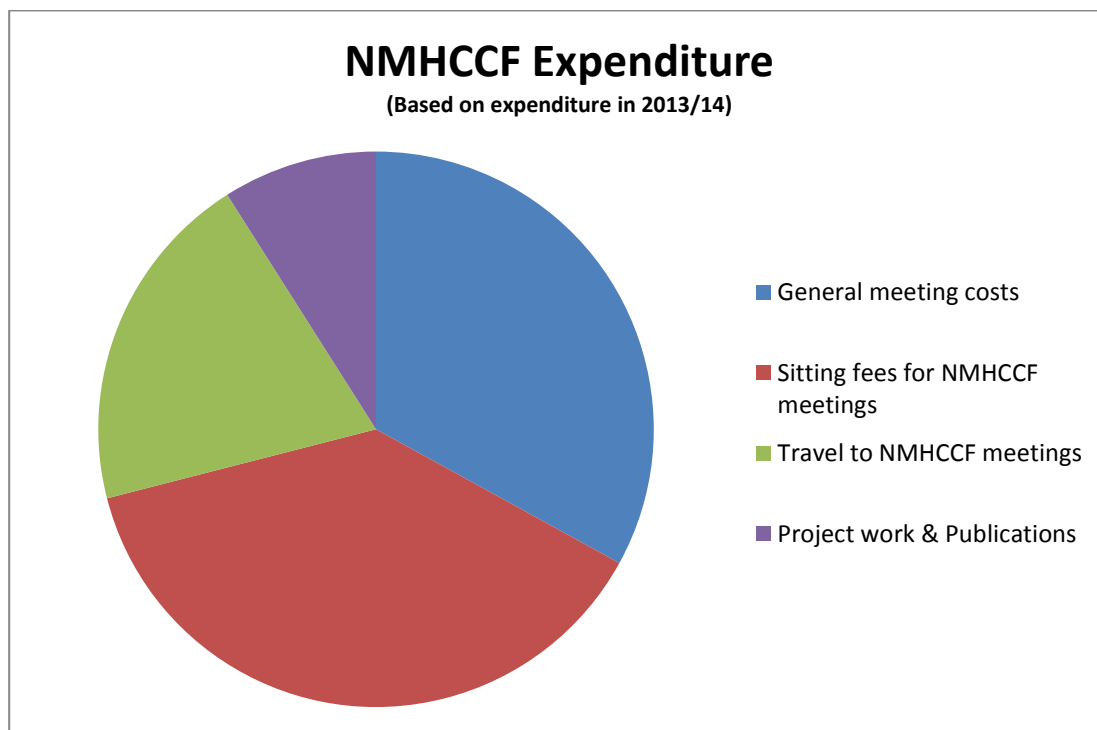
Funding

NMHCCF current funding sources

The NMHCCF receives funding from states and territories and the Australian Government.

- State and territory funds are used for NMHCCF operations only.
- The Commonwealth Department of Health provides funding, through Mental Health Australia, for the NMHCCF Secretariat.

The majority of funding received from states and territories per year covers meeting costs (for face to face meetings and teleconferences). As can be seen in the chart below, sitting fees and travel costs for meetings, are a major expenditure item. The remaining, limited, funds are utilised in project work and producing publications and resources.



NMHCCF future funding sources

Current funding and secretariat support arrangements are secured until June 2015.

The NMHCCF needs to secure funding and secretariat support beyond this date, with negotiations commenced in late 2014.

In 2014, the Fourth National Mental Health Plan: *An agenda for collaborative government action in mental health 2009-2014* came to an end. In this period of reflection and review of the mental health system in Australia, there are many challenges for governments; funding sources, increased society awareness and ongoing advancement of mental health provision.

The NMHCCF and the consumers and carers of Australia it represents, need to play an active role in promoting their relevance and the importance of a combined voice of the lived experience. The productivity of the NMHCCF, to date, is proof that it is the most effective and efficient way to achieve this. Ongoing funding is vital to secure the future sustainability of the NMHCCF.



National Mental Health Consumer and Carer Forum Strategy 2014 – 2017

Strategy	2015 – 2017 Core Activities	2017 Outcomes
<p>1 COLLABORATION Enhance, promote and progress genuine national partnerships and inclusion of mental health consumers and carers at all levels of government and community.</p>	<ul style="list-style-type: none"> • Consult and complete correspondence with identified key stakeholders • Align consultation outcomes with existing NMHCCF work plan activities • Communicate and finalise contract negotiation with funding bodies • Renew existing MOU's and establish MOUs with new identified organisations 	<ul style="list-style-type: none"> • NMHCCF profile and influence increased • Work plan activities aligned and implemented • Operational funding secured • Identified MOUs alliances established
<p>2 PROMOTION Improve access to, and sharing of, NMHCCF information between national, state and territory networks and organisations.</p>	<ul style="list-style-type: none"> • Implement Communication strategy against scheduled timeframe • Design a distribute a suite of consistent brand and standardised NMHCCF materials • Identify and source funding for NMHCCF projects, publications and Advocacy Briefs • Design a NMHCCF digital presence plan that includes website utilisation and search engine optimisation 	<ul style="list-style-type: none"> • Communication impact and reach increased • Promotional materials actively in use and NMHCCF brand recognition increasing • Additional funds secured increased project and publication outputs • Website analytics identify an upwards trend in use and time spent on the website
<p>3 CAPACITY Increase capacity of mental health consumers and carers to advocate for and participate in legislation and policy development, implementation, delivery and evaluation at all levels.</p>	<ul style="list-style-type: none"> • Research and share information about capacity improvement and professional development opportunities available to consumers and carers • Design and develop capacity building activities to be integrated into NMHCCF and National Register skill and development workshops and other mental health conferences • Use website and emails to share stories of lived experience and provide practical advice on ways consumers and carers can participate 	<ul style="list-style-type: none"> • Increased consumer and carer capability for advocacy, leadership, committee membership and national representation • Increased penetration and awareness of advocacy skills, evidenced by consumer and carer desire to participate in advocacy, leadership, national representation and the shared benefits of participation widely understood
<p>4 ADVOCACY Provide an informed strong and unified voice on consumer and carer issues to government, the mental health sector and other identified stakeholders.</p>	<ul style="list-style-type: none"> • Revise new NMHCCF member induction process to include advocacy process • Revise members roles and responsibilities section of the NMHCCF Operating Guidelines to contain information on the advocacy process, including how advocacy briefs, position papers and submissions are produced • Increase NMHCCF member awareness of the agreed views of the Forum by each familiarising themselves with the key messages of all advocacy briefs and publications, and seeking an understanding of membership views via the secretariat when information is not able to be sourced via advocacy briefs or publications • Maintain a high quality standard of production of advocacy briefs and publications • Develop a distribution strategy to increase circulation and dissemination of advocacy briefs and publications • Ensure website language is balanced between professional engagement and consumer and carer appropriate terminology 	<ul style="list-style-type: none"> • NMHCCF members have read and can reference collective key points in all existing NMHCCF advocacy briefs and publications • NMHCCF members utilise and consistently speak from the recommendations and views pertained in the advocacy briefs when representing the NMHCCF • 10 advocacy briefs aligned to consumer and carer issues developed • Consumers and carers utilise the NMHCCF website as an information and reference portal

<p>5 PRACTICES Identify and promote good and ethical mental health initiatives, ensure the adherence of human rights principles and legislation. Insist on meaningful inclusion and recognition of consumers and carers in all aspects of a contributing life framework.</p>	<ul style="list-style-type: none"> • Conduct annual literature review, including evidence of good and ethical mental health initiatives • Develop a reference guide of human rights principles and legislation for the use and education of consumers and carers, including the UN Convention on the Rights of Persons with Disabilities and Australia's Civil Society Reports. • Seek evidence from mental health services demonstrating inclusion and recognition of utilising lived experience expertise in their services • Identify mental health service practices that do not adhere to human rights principles and legislation 	<ul style="list-style-type: none"> • Good and ethical information available as a resource on the website • Human rights reference guide disseminated to key stakeholders • Evidence based inclusion initiatives referenced on website and in material production • Letters sent to all federal and shadow ministers and relevant departments
<p>6 KNOWLEDGE Build a knowledge base of mental health services and programs, national and jurisdictional plans, Acts and strategies to underpin and inform the work of the NMHCCF.</p>	<ul style="list-style-type: none"> • Develop knowledge of current status of mental health plans, Acts and strategies and understand planning processes • Identify and develop a database of the key groups and individuals responsible for national and state/territory mental health activities • Advocate to identified decision makers of mental health plans and strategies to influence planning activity outcomes • Ensure identified information is accessible 	<ul style="list-style-type: none"> • All work plans and strategies reference existing mental health plans where appropriate • A database of key contacts is available • Relationships with key groups and individuals are strong • Increased consumer and carer knowledge of mental health plans, Acts and strategies.

NMHCCF members identified the following six priority areas; these priorities create a pathway and determine what needs evaluation within the goals of our 2015 – 2017 work plan activities.

- **PERSON CENTRED APPROACH**
- **PROMOTE CONSUMER AND CARER PARTICIPATION**
- **SOCIAL INCLUSION AND RECOVERY**
- **PSYCHOSOCIAL DISABILITY**
- **PEER WORKFORCE**
- **RIGHTS DISABILITY AND MENTAL HEALTH**