



## **NATIONAL MENTAL HEALTH CONSUMER & CARER FORUM**

*A united national voice for mental health consumers & carers*

### **STRATEGIC DIRECTIONS 2012-2015**

*Listen – Learn – Advocate – Influence*

*Research – Document – Disseminate – Network – Partner*

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#### ***The National Mental Health Consumer & Carer Forum (NMHCCF)***

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

Our membership comprises a mental health consumer and carer representative from each state and territory, plus representatives from key national health and mental health consumer and carer organisations<sup>1</sup>, as well as major population groups<sup>2</sup>.

The Forum was established in 2002 by the Australian Health Ministers' Advisory Council. It is funded through contributions from each state and territory government and the Australian Government Department of Health and Ageing.

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<sup>1</sup> blueVoices; Carers Australia; Consumers Health Forum of Australia; Grow Australia; Mental Health Carers Arafmi Australia; Private Mental Health Consumer Carer Network Australia; former Australian Mental Health Consumer Network.

<sup>2</sup> Including Aboriginal and culturally and linguistically diverse representation.

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## Our Aims

The Forum aims to improve the wellbeing and quality of life of mental health consumers and carers throughout Australia through promoting their rights; creating a responsive, recovery focused service system; and through supporting innovation in service delivery appropriate to different life stages.

To do this the Forum:

- provides a strong, united voice for mental health consumers and carers focused on influencing national, state and territory policy and service development discussions
- utilises our members lived experience and expertise in mental health to identify what does and does not work in mental health, as well as key human service policies and practices
- promotes approaches that support individual recovery and contributes to an improved mental health and human services system at all levels.

## Our Goals

- Mental health **consumers and carers will be systematically involved** in the development, implementation and evaluation of policies and services that impact on their lives. They will have meaningful opportunities to set reform agendas, to participate in legislation and policy development, and be involved in implementing mental health reforms and evaluating their outcomes at all stages of the process.
- **Policies, practices and services** that impact on mental health consumers and carers will incorporate human rights principles, including respect for privacy and confidentiality. They will also reflect principles of social justice, equity of access, and social inclusion for all.
- The **discrimination, stigmatisation and social exclusion** experienced by mental health consumers and carers will be acknowledged and eliminated. This will require ongoing attention and effort by governments at all levels, by employers and by members of the community.
- The **mental health workforce and other staff in human services** will be educated in recovery principles and practices. They will be able to implement them in their workplaces, sustained by effective consumer and carer participation policies and practices.
- **Accessible, quality information** on current and proposed mental health policies, services, treatment, care and support options will be available to mental health consumers and carers at all levels. Consumers and carers will be well informed and able to fully participate in decision making processes.
- **The culture** of the Australian service system, and the community more broadly, will be **inclusive** of mental health consumers and carers and support measures that promote recovery practices and enhances individual social and emotional well being and respect.

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## What We Do

### ▪ **LISTEN & LEARN**

We seek input from our membership and learn about what is happening in mental health at national, state, territory and community levels. This input is used to develop a strong and united voice for reform that reflects the considered views of consumer and carer representatives across Australia.

### ▪ **ADVOCATE & INFLUENCE**

We provide advocacy on mental health consumer and carer issues, through representation on key government committees and professional bodies, and through the media. We work to influence the directions of reforms and bring about change that will benefit consumers and carers across Australia.

### ▪ **RESEARCH, DOCUMENT & DISSEMINATE**

We research and prepare documentation such as submissions, advocacy briefs and position papers and statements. We produce and disseminate information and resources to our members and to other stakeholders at national, state, territory and community levels.

### ▪ **NETWORK & PARTNER**

We facilitate networking opportunities for consumers and carers. We participate in collaborations and partnerships with other groups who link with the Forum goals and interests.

### ▪ **SHARE & SUPPORT**

We are involved in sector development activities such as consumer and carer training, capacity building, and information exchanges. We are also involved in peer support and related activities that allow members to share their lived experience and skills with others.

## Our Priorities

### 1. **INFLUENCE NATIONAL MENTAL HEALTH REFORMS**

Actively participate in and influence the national mental health reform agenda such as:

- Fourth National Mental Health Plan
- 10 Year Road Map, including its outcome measures and monitoring
- National Mental Health Commission recommendations
- COAG mental health priorities and funding processes.

### 2. **ADVOCATE FOR PSYCHOSOCIAL DISABILITY**

Work with national, state and territory disability sector to progress consumer and carer issues related to mental illness and psychosocial disability. This will include working to influence the finalisation and implementation of:

- National Disability Insurance Scheme

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- 2010-2020 National Disability Strategy
  - Person centred approaches and individualised funding options.

### **3. ADVANCE WORKFORCE DEVELOPMENT & EMPLOYER EDUCATION**

Influence the education and training of health professionals and human services staff to include a focus on recovery based approaches and ways to integrate consumer and carer participation. In addition, advocate for increased use of peer-support options in the workforce, and cultural change in employment practices more broadly.

### **4. BUILD FORUM PARTNERSHIPS & ALLIANCES**

Establish effective links and working partnerships between the Forum and key population group organisations and related peak bodies<sup>3</sup> to ensure the specific needs of different groups of mental health consumers and carers are; addressed and promoted in the reform process.

### **5. PROMOTE THE FORUM & CONSOLIDATE ITS ACTIVITIES**

Continue to promote the Forum's agenda and ensure an efficient and effective organisational structure and operation at Executive, membership and secretariat levels.

This will include:

- Developing a detailed Forum Workplan.
- Working with the National Register and continuing to build on areas of collaboration
- Continuing with ongoing advocacy and representation at the national, state and community level.

### **6. CONSUMER AND CARER RESEARCH**

Establish effective working partnerships with key mental health stakeholders in order to promote leadership, collaboration and participation in consumer and carer led mental health research activities.

## ***Further information***

The NMHCCF is auspiced by the Mental Health Council of Australia and the Forum Secretariat is based in Canberra.

For further information:

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<sup>3</sup> This will include strengthening the Forum's relationships with other mental health bodies and consumer and carer groups, as well as key disability groups and service providers (*see Priority 2*), *Aboriginal and CALD community, aged care sector, refugee and human rights groups, children and adolescent groups, plus education providers (see Priority 3) and those involved in dual diagnosis issues.*