



## **Comment**

# **on the "Come to the Table" discussion document by Mental Health ACT**

**August 2006**

### **I**NTRODUCTION

ACTCOSS acknowledges that Canberra is built on the traditional lands of the Ngunnawal people. We pay our respects to their elders and recognise the displacement and disadvantage they have suffered since European settlement. ACTCOSS celebrates the Ngunnawal's living culture and valuable contribution to the ACT community.

The ACT Council of Social Service Inc. (ACTCOSS) is the peak representative body for not-for-profit community organisations, people living with disadvantage, and low-income citizens of the Territory. ACTCOSS is a member of the nationwide COSS network, made up of each of the state Councils and the national body, the Australian Council of Social Service (ACOSS).

ACTCOSS' objectives are representation of people living with disadvantage, the promotion of equitable social policy, and the development of a dynamic, collaborative and sustainable community sector.

The membership of the Council includes the majority of community based service providers in the social welfare area, a range of community associations and networks, self-help and consumer groups and interested individuals.

ACTCOSS receives funding from the Community Services Program (CSP) which is funded by the ACT Government.

ACTCOSS advises that this document may be publicly distributed, including by placing a copy on our website.

## Introduction

ACTCOSS has a long history of stakeholder engagement and consumer participation and is pleased that this very worthwhile initiative is being taken by Mental Health ACT to develop a model for the effective and genuine involvement of consumers and carers in decisions affecting them. ACTCOSS finds consumer participation a very powerful tool in ensuring that policy is responsive and appropriate.

We agree with the positive benefits of consumer and carer participation, as outlined in your literature review, but would offer the following from our experience in both engaging with consumers and participating in Government consultations.

## A consumer focus

The consultation document recognises barriers to participation at page 11. These are listed as:

- *A history of unsuccessful participation activities and/or repeated negative experiences*
- *Inadequate resources for participation*
- *Knowledge and attitudes of (Mental Health ACT and other professional) staff*
- *A lack of skills among staff to facilitate participation*
- *Stress.*
- *Opposing perspectives of consumers and staff on the issue of mental ill health.*
- *Tokenism*
- *Resistance to consumer run organisations.*

It is heartening to see that the dialogue on consumer involvement has moved past the idea that an invitation to consumer representatives to participate is all that is needed to engage with the sector. This is particularly important in areas such as mental health where the dominant paradigm has been the medical model, which sees consumers as the passive recipient of expert medical treatment. ACTCOSS is very heartened to see this awareness embraced in this consultation.

It is also commendable that Mental Health ACT has developed a partnership model to ensure that the expertise and knowledge of the ACT's mental health organisations are used to inform this process. ACTCOSS believes that this process will provide long-term,

sustainable forums and consultation methods. We offer the following comments to reinforce some of the core issues from the sector's experience in engaging consumers and carers in consultation processes.

### **1. Avoiding rigidity in consultation timeframes and methods**

Consumers and carers have different time frames for tasks and these must be taken into account. While the Consultation Protocol is a guide, there is a need for every consultation and forum to have a way of assessing the needs of consumers and carers to provide input. They may also not be comfortable with the idea that they participate in open sessions, but need a non-confrontational type of consultation that is facilitated and delivered to their home/place of study rather than in a meeting on a particular date at a particular time. This is part captured by the aim of "Achieving widespread representation" in Key Issues (page 13) where a range of consultation strategies will be utilised.

### **2. Decisions about joint and/or separate consultations**

Consumers and carers don't always have the same interests and don't always agree. The result is that individuals may not feel able to express their views in the presence of the other group. Therefore some consultations should be held separately. ACTCOSS asks that Mental Health ACT not pre-judge which issues may cause tension, but take the time to discuss with participants in the consultation when this is the correct course of action..

### **3. Consumer remuneration**

Carers and consumers need remuneration. ACTCOSS has lobbied for the remuneration of consumers on consultations and believes this is an opportunity for the ACT Government to express its appreciation and to value the contribution consumers and carers make. It is inequitable that consumers and carers are asked to participate in their own time alongside Departmental officers who are waged. Reimbursement of out of pocket expenses is also necessary, but does not replace the courtesy of an honorarium. Guidelines will need to be developed for such payments so as not to jeopardise income support payments and public housing rental costs.

### **4. Avoiding tokenism**

Consumers and carers should have a real voice within consultations and their presence not just be tokenistic. It is very pleasing that Mental Health ACT has recognised this risk in its Key Issues and is

endeavouring to address it. No consumer should be the lone voice on a committee largely made up of Departmental officials. There is also a need to construct consultations and the resulting feedback to stakeholders and participants in a way that shows the value of their contribution.

## **5. Consultation fatigue**

The amount of consultation should be managed to ensure that consultation fatigue does not affect organisations. ACTCOSS has participated in numerous consultations over the past 5 years, and fatigue is a real risk. This is particularly the case when Departments are scheduling multiple consultations that require consumer and carer attendance. This has flow-on effects for their organisations, which have a governance responsibility to their members to ensure they are not over-worked and can be adequately supported. It is also important that a wide range of consumers are trained and supported to ensure no one group is over-used.

## **6. Accommodating difference in outcomes**

Where consumer and carer views differ, this needs to be reflected in decisions and outcomes, and addressed through discussion. As outlined in the consultation document, sometimes uncertainty needs to be accepted. (Page 9) Where there may be a difference in views of carers and consumers this needs to be explained in publicly available documents, and any decisions that look to resolve such issues fully explained publicly.

## **7. Consumer support and skills development**

There is a need for training and support to ensure that consumers and carers are secure and confident in their roles. The idea of providing training is covered in the consultation document; however it has been ACTCOSS' experience that some consumers are not confident in the initial stages with written minutes, agendas and reports. This indicates there is a role for community services that provide support for consumers and carers to also assist with mentoring and one-on-one skills development for consumer and carer representatives. This should be recognised and negotiated with relevant mental health support services and carer advocates.

## **8. Supporting community organisations**

Sponsoring organisations that nominate consumers to assist with Departmental consultations need additional financial support to carry out the tasks associated with supporting the consumers and

carers. This is additional workload and must be taken into consideration when the Government is allocating resources for core work within the mental health community.

### **9. Democratic consumer representation**

ACTCOSS is concerned that the issue of selection of consumers and carers representatives (Page 9) could reflect a desire that the representatives be acceptable to the Department. The idea of consultation is to tease out issues and address points of difference. It would be of some concern if consultation participants were selected according to their ability to "fit in" and facilitate the process, rather than their ability to represent the consumer or carer viewpoint.

## **Conclusion**

ACTCOSS is very pleased that Mental Health ACT has embraced the task of engaging consumers and carers in policy processes. It is also heartening to read the honest assessment of the need for cultural change within the mental health profession. ACTCOSS auspiced the Mental Health Consumer Coalition and has among its members several of the mental health community's representative organisations. Their rightful place is at the table helping to develop policy and assisting in the change from the culture of the medical model. We are very pleased with this initiative and thank you for this opportunity to provide comment.