

# Consumer participation in Victorian public mental health services

November 2012 progress report against the 2009  
action plan *Strengthening consumer participation  
in Victoria's public mental health services*



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*Strengthening consumer participation in Victoria's public  
mental health services***

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## Contents

Part 1: Introduction	7
Purpose of this report	7
A note about the term ‘consumer’	7
Mental Health, Drugs and Regions Division	7
Public mental health services	7
Part 2: Consumer participation	9
Part 3: Policy context	10
Framework for recovery-oriented practice	10
Review of the Victorian <i>Mental Health Act 1986</i>	10
Fourth National Mental Health Plan	10
National Mental Health Standards	10
Mental Health Council of Australia – National Mental Health Consumer and Carer Forum	11
Part 4: The consumer workforce	12
Consumer consultants	12
Consumer peer workers	13
Consumer advisory groups	13
Part 5: Measuring consumer participation in Victorian public mental health services	14
Overview	14
Survey tool	14
Conducting the survey	14
Survey respondents	14
Part 6: Survey findings – general	16
Performance of services against the consumer participation standards	16
Consumer participation and consumer consultants	16
Where standards were not met by services	17
Part 7: Survey findings – consumer participation at the service and system level	19
The service has developed a formal policy on consumer participation	19
Consumer consultant staff are employed to undertake systemic advocacy	19
There is consumer participation on key governance and clinical governance structures	20
Management, human research and ethics and quality improvement committees will have consumer representation	21
There are consumer representative advisory committees	21
Interview panels are inclusive of consumers	21
Consumer participation plans describe the nature and extent of consumer involvement in the delivery and evaluation of the plans	22
Quality plans reflect and articulate a consumer engagement and participation framework	22
Quarterly progress reporting against the consumer participation plan is accounted for by the governance structures and annually through the Department of Health	23
The service has an evaluation framework with a methodology to include and engage consumers in evaluation and re-designing care (service co-design)	23
The service has a formal internal complaints mechanism where complaints are regularly reviewed by a committee that includes consumers	23
The service periodically conducts consumer experience interviews and focus groups to seek consumer feedback on services	23
Projects are undertaken in response to feedback provided and complaints made by consumers on opportunities for service improvement	24
Services display information to support consumers to have a clear understanding of service delivery expectations in community and inpatient settings	24

In-service training orientation programs demonstrate evidence of consumer involvement and actual training delivered	24
Part 8: Survey findings: consumer participation at the individual level	26
Individual service plans (recovery plan), discharge plans reflect consumer engagement	26
Advanced care plans or advanced statements are incorporated in individual service plans	26
Information and education (written and verbal) about medication, side-effects and management options are available to consumers	26
Information about complaints processes and management timelines are clearly displayed and provided to consumers	27
Services are able to demonstrate consumer-delivered services, initiatives and projects	28
Part 9: Conclusion	29
The way forward	29
Actions	29
Consumer and Carer Participation Policy	29
Review the consumer consultant program	30
A new Consumer Partnership Forum	30
Appendix 1: <i>Strengthening consumer participation in Victoria's public mental health services</i> action plan, Victorian Government 2009, minimum consumer participation indicators	31
Appendix 2: Survey questions and results	36
Appendix 3: Levels of consumer representation, on equivalent committees – full list of responses submitted	40

## Part 1: Introduction

### Purpose of this report

The purpose of this paper is to report on the progress of public mental health services in implementing the *Strengthening consumer participation in Victoria's public mental health service: action plan 2009* (the action plan). This report will also provide an opportunity for mental health services to compare levels of participation, examples of best practice and consumer participation initiatives.

Between March and June 2011, an online survey was completed by consumer consultants, participation coordinators, quality managers and general managers in Victorian public mental health services. The survey sought information on levels of consumer participation across a range of areas, including:

- providing advice to consumers
- involving consumers in treatment and care planning
- engaging consumers in service redesign, evaluation and planning.

This report uses the survey's findings to acknowledge evidence of good progress and identify where improvement is needed to increase consumer participation in clinical mental health services.

The survey findings will also be used to help inform future directions for consumer participation programs and consumer involvement strategies.

The Victorian Government released the action plan to strengthen the active involvement of consumers in:

- their individual treatment and care
- planning, development and evaluation of mental health services
- broader statewide policy development.

### A note about the term 'consumer'

There are a number of terms employed throughout international mental health policy, legislation and literature to refer to people accessing mental health services, such as consumers, clients, service users and patients. In this report, wherever possible, the terms 'person', 'individual', 'people with lived experience' and 'people accessing mental health services' are used to model humanistic language (*Framework for recovery-oriented practice*, Department of Health, 2011).

### Mental Health, Drugs and Regions Division

The Mental Health, Drugs and Regions Division (the division) provides the Victorian Government with public sector policy, program, service and workforce development on mental health and alcohol and other drug matters.

The division has consistently reinforced the importance of consumer participation in mental health services since 1996, with the introduction of guidelines and funding for consumer consultant positions. The division has a critical role in continuing to articulate government and departmental policy and practice expectations for consumer participation.

### Public mental health services

Public mental health services in Victoria are targeted to people who are severely affected by mental illness, and service a geographically defined population.

There are separate services for adults, aged persons, and children and young people. Each area mental health service provides a range of community-based mental health services and inpatient facilities.

Public mental health services are responsible for delivering services in accordance with relevant government policy and legislation and for meeting reporting and accountability requirements. In recent years, government policy has strongly emphasised concepts such as consumer-centred care, partnerships with families and carers, linkages with other services and community organisations, and an orientation towards recovery from mental illness.



## Part 2: Consumer participation

The Victorian Government is committed to consumer participation and consumer-inclusive practice in Victoria's public mental health services.

Consumer participation in mental health services refers to the engagement and involvement of consumers in service delivery through paid positions for people with lived experience of mental illness.

In Australia, a variety of roles have emerged to undertake this work including peer-support workers, consumer advocates and consumer independent advocates, personal helpers and mentors and consumer consultants.

Consumer participation occurs at the individual and systemic levels in mental health service delivery, both in clinical and non-clinical mental health services. At the individual level, consumers participate in their own treatment and care planning, empowered to make decisions that will impact on their personal recovery journey. At the systemic level, consumer participation is designed to ensure that people with a lived experience of mental illness can inform the quality of service delivery, including through their personal understanding of the challenges and issues involved. All mental health services are expected to recognise the value of consumer participation in improving consumers' health outcomes and as an essential element of mental health service development.

Active consumer participation is an important component of continuous quality improvement. It emphasises both processes and outcomes that lead to more accessible and effective mental health services.

Consumers are involved at the systemic level in the planning, development, delivery and evaluation of mental health services. This occurs through consumer participation in policy development and reform through, for example, participation in consultations and representation on advisory groups.

Consumers also participate on governance committees of mental health services, which includes sharing responsibility for planning and organisational decision making.

In addition, consumers participate in Consumer Advisory Groups (CAGs), which comprise consumers at a mental health service who consider issues that influence the quality of service delivery.

Given their lived experience, consumer workers offer advice, support and advocacy services to people with a mental illness to help improve their outcomes as they engage with the mental health system.

## Part 3: Policy context

### Framework for recovery-oriented practice

In 2010, the Victorian Government released *The framework for recovery-oriented practice*, which acknowledges the importance of consumer participation in improving individual outcomes and strengthening recovery pathways. As part of recovery-oriented practice, the framework requires mental health professionals to have knowledge of relevant legislation and policies on consumer rights and consumer and carer participation across a range of processes.

### Review of the Victorian *Mental Health Act 1986*

New mental health legislation is a central element of the Victorian Government's agenda for mental health reform.

The government has undertaken extensive public consultations to understand the strengths and weaknesses of the *Mental Health Act 1986* for people with a mental illness, families, carers, clinicians, as well as the expectations of service providers. These consultations were extremely useful, with the community and government working in partnership to shape what a new Mental Health Act in Victoria could look like.

The Minister for Mental Health, the Hon. Mary Wooldridge MP, released the document *A new Mental Health Act for Victoria: summary of proposed reforms* on 8 October 2012, which outlines the government's key reform objectives and policy intentions.

The legislative reforms will promote recovery-oriented practice, minimise the duration of compulsory treatment, safeguard the rights and dignity of people with mental illness and enhance oversight while encouraging innovation and service improvement. These reforms will result in significant improvements to Victoria's mental health system.

The new legislation will embed supported decision making through the establishment of various mechanisms that facilitate strong partnerships between patients, carers and practitioners. At the same time there will be greater focus on supporting public-sector clinicians and public mental health service providers to deliver high-quality mental health care.

### Fourth National Mental Health Plan

In 2009, the Australian Government released the *Fourth national mental health plan: an agenda for collaborative government action in mental health, 2009–2014*. This document offers a framework to develop a system of care that can intervene early and provide integrated services across health and social domains, and helps governments consider future funding priorities for mental health.

### National Mental Health Standards

In 2010, the Australian Government released the *National Standards for Mental Health Services 2010*. These standards outline a revised set of mental health service standards that can be applied to all mental health services, including government, non-government and private sectors across Australia. Standard 3 specifies that, 'Consumers and carers are actively involved in the development, planning, delivery and evaluation of services.'

Standard 6 states: 'Consumers have the right to comprehensive and integrated mental health care that meets their individual needs and achieves the best possible outcome in terms of their recovery.'

## **Mental Health Council of Australia – National Mental Health Consumer and Carer Forum**

Through its membership, the National Mental Health Consumer and Carer Forum gives mental health consumers and carers the opportunity to meet, form partnerships and be involved in the development and implementation of mental health reform.

## Part 4: The consumer workforce

In 1992, the first consumer workers commenced their roles in Victoria. The Victorian consumer workforce is today one of the largest and most active in Australia.

The term 'consumer workers' describes people who have direct experience of mental illness and have used or are currently using mental health services and who are employed in a range of clinical and non-clinical mental health settings to assist people experiencing mental illness by providing peer support, representation, advice or to enhance service responsiveness to consumer treatment and care needs.

### Consumer consultants

Since 1996, the Victorian Government has provided recurrent funding to all adult mental health services to employ consumer consultants. The program objectives are to:

- enable consumer perspectives to be included in all aspects of the mental health services' planning, delivery and evaluation
- assist in the improvement of the mental health services' responsiveness to consumer needs
- communicate the broad views of consumers to mental health services and other relevant services.

Consumer consultants contribute to the improvement of the mental health services' responsiveness to consumers' needs by providing a direct consumer perspective on mental health service planning, delivery and evaluation.

Consumer consultants are integral to consumer participation in mental health services and are often leaders of consumer participation in Victoria.

<p>The role of consumer consultant</p> <ul style="list-style-type: none"><li>• To uphold the dignity and rights of consumers at all times while respecting privacy and confidentiality</li><li>• Ensuring the consumer perspective is represented</li><li>• To assist consumers to access appropriate services</li><li>• Consumer advocacy and support</li><li>• Education, training and orientation of staff, graduates and students on the consumer experience</li><li>• Development of specific programs to improve consumer wellbeing</li><li>• To work collaboratively with other local support groups</li><li>• Public speaking to promote understanding and awareness of mental health issues</li><li>• Involvement in service planning and policy development</li><li>• Complaints management</li><li>• Distributing surveys to improve service response to consumer needs</li></ul> <p><a href="http://www.peninsulahealth.org.au/services/mental-health-service/consumer-consultants/">www.peninsulahealth.org.au/services/mental-health-service/consumer-consultants/</a></p>
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The term 'consumer consultant' may also be used to describe consumer employees who are employed outside the specialist mental health service, who work in 'non-clinical' settings and specifically represent, support or advocate for consumers. While psychiatric disability rehabilitation and support services are not specifically funded by the department to employ consumer consultants, a number of these services have actively employed consumers in a range of roles to enhance consumer participation in their service.

## **Consumer peer workers**

Consumer peer support workers operate one-on-one with consumers by using their own lived experience to empathise and normalise the impacts of mental illness. Peer workers are an emerging workforce across various health domains and there is a growing evidence base that suggests peer workers can have a measurable impact on outcomes for consumers.

## **Consumer advisory groups**

Consumer Advisory Groups (CAGs) provide a forum for people who access mental health services to work in partnership with mental health service providers to plan, develop, implement, educate and evaluate services.

## Part 5: Measuring consumer participation in Victorian public mental health services

### Overview

In 2011, the Victorian Government through the Department of Health developed a mixed-method online survey tool. The survey sought to determine the extent to which the 2009 action plan has been implemented, at both individual care and service levels in Victorian mental health services.

The survey tool was designed with reference to the consumer participation standards and indicators contained within the action plan. The standards and indicators are set out in full in Appendix 1. They cover participation and involvement in the mental health service system in the following domains:

- individual assessment, care and discharge planning, treatment and support for individuals with a mental illness
- local service planning, quality improvement and development activities
- planning, development, implementation and evaluation of statewide, national and international policy directions.

The survey was developed in consultation with the peak consumer representative body, the Victorian Mental Illness Awareness Council (VMIAAC), as well as with a number of Consumer Advisory Groups and individual consumer consultants.

The survey affords significant focus to the role and function of consumer consultants within public mental health services, on the basis that consumer consultants are key enablers of consumer participation.

### Survey tool

The survey consisted of 28 multiple choice items and two open-ended response questions. The survey questions were designed to capture quantitative, or numerical, data (for example, the number of consumer consultants employed in a service); and qualitative, or descriptive, data (for example, responses that explained the experience of consumer consultants in the service).

### Conducting the survey

In March 2011, the Victorian Government invited all Victorian public mental health services to complete the survey online. Child, youth and adolescent, adult and aged mental health program areas within a service were asked to complete separate surveys. The consumer consultant, quality manager and general manager of mental health or equivalent staff where appropriate were asked to complete the survey as a group. The Psychiatric Disability Rehabilitation Support Service sector was not part of this survey.

### Survey respondents

Survey respondents included:

- 13 of the 13 public child, youth and adolescent mental health services in Victoria along with Orygen Youth Health
- 20 of the 21 public adult mental health services in Victoria
- 13 of the 17 public aged mental health services in Victoria.

A total of 28 completed online surveys were received. The 28 surveys involved 79 mental health service employees to represent the perspectives of their service. This consisted of 18 consumer consultants, 15 quality managers, 16 service or consumer consultant portfolio managers and 30 executive staff, directors or senior managers. The results are based on the total combined sample comprising all three

age ranges. There were four surveys completed by single practitioners and one additional survey was received, but was excluded due to nil responses.

Although the respondents included a cross-sample of mental health services and staff mix, it is worth noting the majority of respondents represent adult services. This may be attributable to the differences in duration of consumer participation in each age range. While adult programs have recognised the role of consumer consultants for a number of years, child, youth and adolescent and aged mental health services commenced dedicated funding in July 2009 and some of those services were still in the establishment phase of introducing consumer consultants or yet to recruit to consumer consultant positions.

The range of staff members who completed the survey included:

- consumer consultants
- quality managers
- nurse unit managers
- directors of mental health programs/services
- directors of nursing
- program managers
- clinical directors.

## Part 6: Survey findings – general

The survey results confirm that extensive consumer participation and engagement is occurring in Victorian public mental health services in a range of ways – from individual care, planning and support for people accessing mental health services, to planning and quality improvement initiatives within services.

### Performance of services against the consumer participation standards

Almost 100 per cent of services reported that:

- processes are in place to ensure that action is taken to respond to consumer complaints
- processes are in place to ensure that action is taken to respond to consumer feedback, including in relation to service improvement proposals
- information about complaints processes and complaint management timelines is clearly displayed and provided directly to consumers
- information and education about medication is routinely provided to consumers.

Over 80 per cent of participating services reported that the following consumer participation processes or mechanisms are occurring within their service:

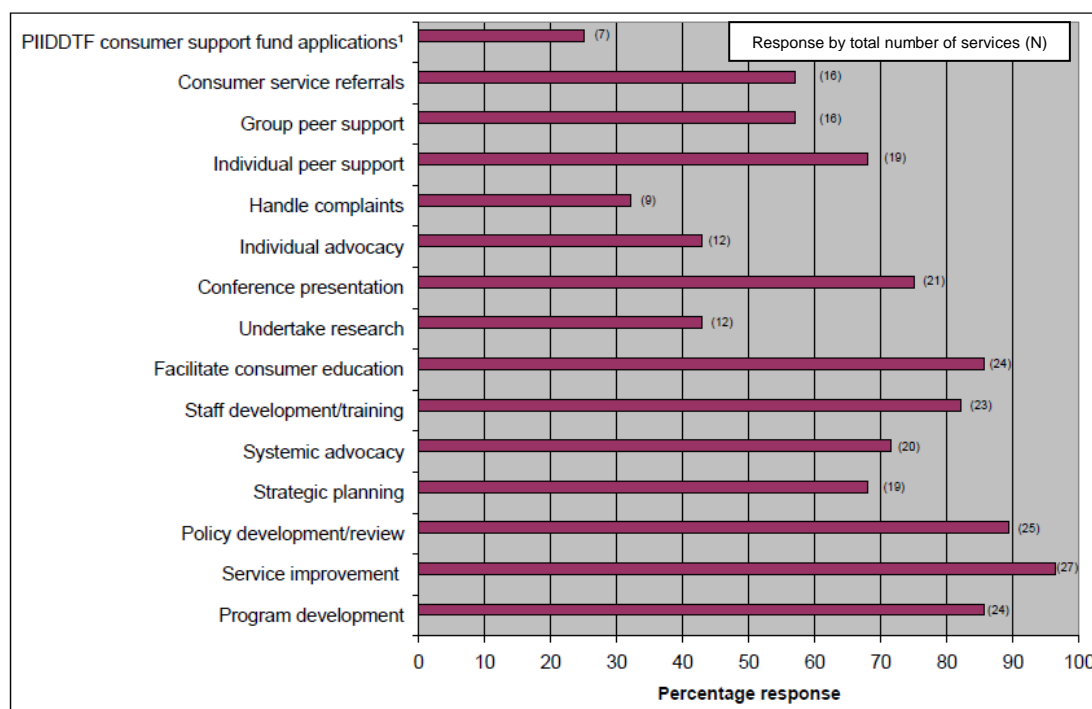
- consumer advisory groups
- consumer representation on governance committees
- participation plans that describe the nature and extent of consumer involvement in the delivery and evaluation of the plans
- consumers engaging in, evaluating and re-designing aspects of care
- individual service plans, recovery plans and discharge plans reflect consumer engagement
- quality plans reflect and articulate consumer engagement and participation frameworks.

### Consumer participation and consumer consultants

Figure 1 overleaf outlines the breadth of activities currently undertaken by consumer consultants within clinical mental health services across Victoria. Respondents were asked to select from a list of 15 tasks that best describe the work done by consumer consultant staff at their mental health service. The 'Response per cent' column details the total percentage of the services that responded to the online survey question. For example, under program development, 85.7 per cent of the 24 services that responded to this option list program development as being one of the tasks that best describes consumer consultant work.



**Figure 1: Activities undertaken by consumer consultant staff within clinical mental health services**



The survey results indicate that, relative to other consumer participation processes or mechanisms, there is a low level of consumer consultant engagement in relation to individual advocacy (42.9 per cent) as indicated by 12 service respondents, and the handling of complaints (32.1 per cent) as indicated by nine service respondents.

Although not clear, one of the explanations for the lower activity in relation to individual advocacy may be attributable to the role undertaken by the peak consumer organisation in Victoria – the Victorian Mental Illness Awareness Council (VMIAC).<sup>2</sup> One of VMIAC’s core roles is individual advocacy and acting on complaints made by consumers. Another reason for the lower level of individual advocacy may be that consumer consultant positions are designed to focus on effecting change at the organisational level.

### Where standards were not met by services

Services had the opportunity to explain challenges associated with failure to meet the consumer participation indicators. It is important to note that a small number of services are facing this challenge. Further, the department will engage directly with the services to establish the factors and context of the responses provided. The department will support and assist these services to ensure the identified challenges have been addressed and that the organisation’s current consumer participation plans reflect the improvements and changes necessary in order to meet minimum consumer participation standards. The reasons provided can be placed in the following categories:

<sup>1</sup> The Psychiatric Illness and Intellectual Disability Trust Fund (PIIDDTF), is a philanthropic trust fund that is made up of donations and bequests dating from 1934. PIIDDTF was established by an Order of the Supreme Court in 1994. State Trustees Limited is the custodian trustee of the fund. The trust broadly provides for payments to be made for the treatment or welfare of people with a mental illness or intellectual impairment. The psychiatric component of the fund is administered by the Mental Health Drugs and Regions Division while the intellectual disability component of the fund is administered by Disability Services. Consumers who are cased managed by a Victorian clinical mental health service are eligible for funding. Further information on PIIDDTF can be found at: <<http://www.health.vic.gov.au/mentalhealth/pmc/piiddtf.htm>>.

<sup>2</sup> The VMIAC is a not-for-profit government-funded organisation that provides support, advocacy and referral to people with mental illness and performs an important systemic advocacy role. The VMIAC also provides information and education about mental health services to consumers of mental health services and the wider community. For more information visit: <[www.vmiac.com.au/](http://www.vmiac.com.au/)>.

- Consumer participation in the service has been hindered by resource constraints.
- Levers of consumer participation in the service have been subject to recent change, such as the development of a new participation policy or undertaking a recruitment process for a consumer consultant.
- The service has adopted an approach to consumer participation that does not align with the consumer participation indicators set out in the action plan. For example, the roles and functions of consumer consultants are performed by other staff as there is no consumer consultant employed.

The remaining sections of this report set out the survey findings as they relate to the action plan's consumer participation indicators; note that not all consumer participation indicators were tested by the survey tool (Appendix1).

## Part 7: Survey findings – consumer participation at the service and system level

This section focuses on the survey respondents' levels of consumer participation at the service level, for example, local service planning and quality improvement activities. It is also concerned with participating services' rates of consumer participation at the system level, such as the planning, implementation and evaluation of statewide mental health service policy directions and strategies.

Consumer participation models in mental health services are expected to recognise the value of consumers' active contribution to setting the reform agenda and that active consumer participation is an important component of continuous quality improvement. In doing so, mental health services are required to ensure that the roles and responsibilities of services and their staff to facilitate and support consumer participation are defined and demonstrated.

### **The service has developed a formal policy on consumer participation**

All services that participated in the survey, with one exception, reported having a formal consumer participation policy in place. This indicates that services have embedded consumer participation within a service policy platform and are well positioned to enhance their consumer participation frameworks. The one service that had yet to develop their formal policy on consumer participation noted that it is in the process of evaluating the consumer consultant program.

### **Consumer consultant staff are employed to undertake systemic advocacy<sup>3</sup>**

Systemic advocacy is advocacy for change across the mental health service system or across a mental health service. In the mental health sector, this may be an individual service, an area-wide service or statewide or national mental health service setting.

Five services reported that consumer consultants are not employed to undertake systemic advocacy, one of which included both child and adolescent mental health services and adult program areas in their response. This service also indicated that it was not clear about the definition of systemic advocacy.

Just over 80 per cent of the responding services confirmed that consumer consultant staff and consumer workers are employed specifically to undertake systemic advocacy, including:

- 'through the use of Consumer Advisory Groups, through being on (the) Executive and Quality Committee, through building capacity of [the] organisation to include consumers in other things such as service development and interview panels so [the] consumer voice is heard. Through providing staff with consumer perspective training that ensures staff hear what consumers think is important'
- 'attendance and participation in committees and conducting consumer evaluations and working with staff on quality improvement projects, for example, Recovery Review'
- 'attendance at clinical meetings, triage meetings, service development meetings, quality meetings and advocating on behalf of consumers and carers at these meetings'
- 'referral [of an issue] to the Victorian Mental Illness Awareness Council and the Mental Health Legal Centre'.

Respondents also noted that an important part of the process of systemic advocacy is gathering consumer perspectives and opinions in order to inform the advocacy.

This occurred through the consumer consultant gathering and sharing data from:

- individual advocacy
- consumer groups specific to the hospital sector
- consumer advisory committee

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<sup>3</sup> One survey respondent did not answer this question.

- sub-regional consumer consultations
- targeted focus groups where applicable
- statewide and regional consumer experience surveys.

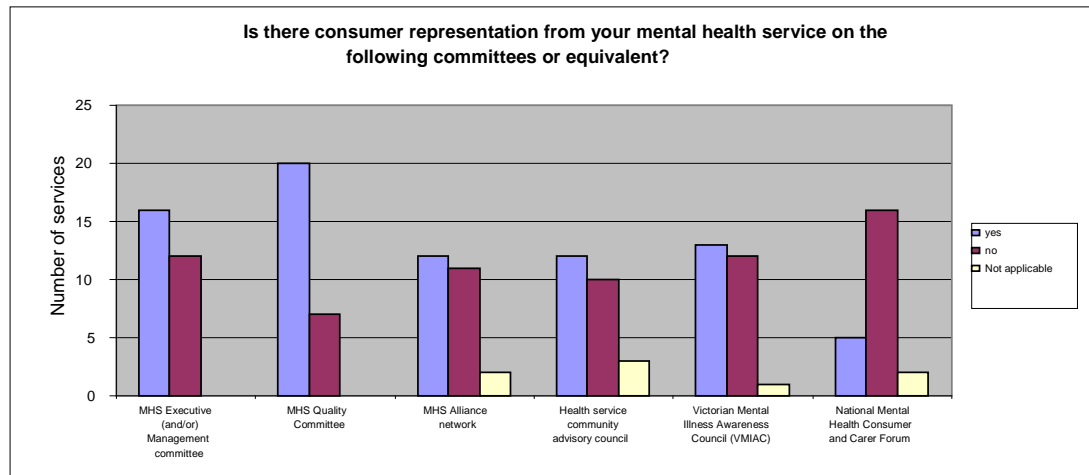
In their responses, some services also specified the areas of focus for this work such as:

- outreach – consumer rights at Mental Health Review Board Hearing
- after-hours clinic
- women’s area on inpatient unit
- other environmental improvements to inpatient unit
- input into Prevention and Recovery Care Unit (PARC) policy and procedure manual
- consumers on interview panels for staff, clinicians and senior management
- peer support and advocacy on inpatient unit.

## There is consumer participation on key governance and clinical governance structures<sup>4</sup>

Over 80 per cent of services surveyed reported consumer representation on their service governance committee, with five services reporting an absence of consumer representation.

**Figure 2: Consumer representation on their service governance committee**



The survey revealed that 74 per cent of participating services include consumer representation on one or more mental health service committees. A high level of participation was recorded for consumer consultants on the Mental Health Services Alliance Network (48 per cent), and the Health Service Community Advisory Council (49 per cent). Half of the participating services reported that consultants are represented on the VMIAC Committee of Management (represents 9 of the 18 consumer consultant survey respondents) and other working groups, while 21.7 per cent of consumer consultants were found to participate on the National Mental Health Consumer and Carer Forum (NMHCCF). Please note; the difference between the Mental Health Council of Australia, National Register of Mental Health Consumers and Carers (60 members) and the NMHCCF (27 members) was not made clear in this survey question, hence responses may be referring to both the National Register and the Consumer and Carer Forum.

The responses demonstrate wide representation of consumer workers across local, state and national jurisdictions.

A full list of the committees that consumer consultants participate in is provided at Appendix 3.

<sup>4</sup> One survey respondent did not answer this question.

## **Management, human research and ethics and quality improvement committees will have consumer representation<sup>3</sup>**

Just over half of services surveyed included consumer representation on human research ethics committees. Services that reported they **do not** include direct representation, cited other ways in which consumers are involved in organisational processes and procedures relating to research, for example consumer involvement on the service's workforce and practice committee.

## **There are consumer representative advisory committees**

85.7 per cent of mental health services reported having a Consumer Advisory Group (CAG) or equivalent. Four services reported not having a CAG or equivalent, however two of those services commented they are in the process of establishing one. One service reported that 15 consumers are members of their CAG, representing adult and aged program areas, and that child and adolescent mental health service representation is not possible due to funding constraints.

Services described the importance of the functions of CAGs and ways in which consumers participate in an advisory capacity:

- 'CAGs are a good opportunity for us as consumers to meet and group together, and work through discussion (in a meeting style) towards common goals. In particular we will look at issues regarding the feedback, evaluation and improvement of services.'
- 'The groups provide advice to management on the development, implementation and evaluation of all programs and services from a consumer perspective.'
- 'Two-way reporting from CAG up and from management down [including] organisation opportunities [are] brought to the CAG for their input. Examples of things that have come out of the CAG in its first six months: two consumers now co-facilitating groups on inpatient unit, consumers now trained to be on interview panels, input into aggression training and inpatient unit planning and, requests filled for committee participation.'
- 'The [CAGs] advise[s] on areas that require education in the staff group. In our service, consumer/carer consultants undertook a survey of staff knowledge of s. 120A of the *Mental Health Act 1986*. Identified areas of deficit in knowledge and [in] conjunction with the program manager developed a training program across the service.'

## **Interview panels are inclusive of consumers**

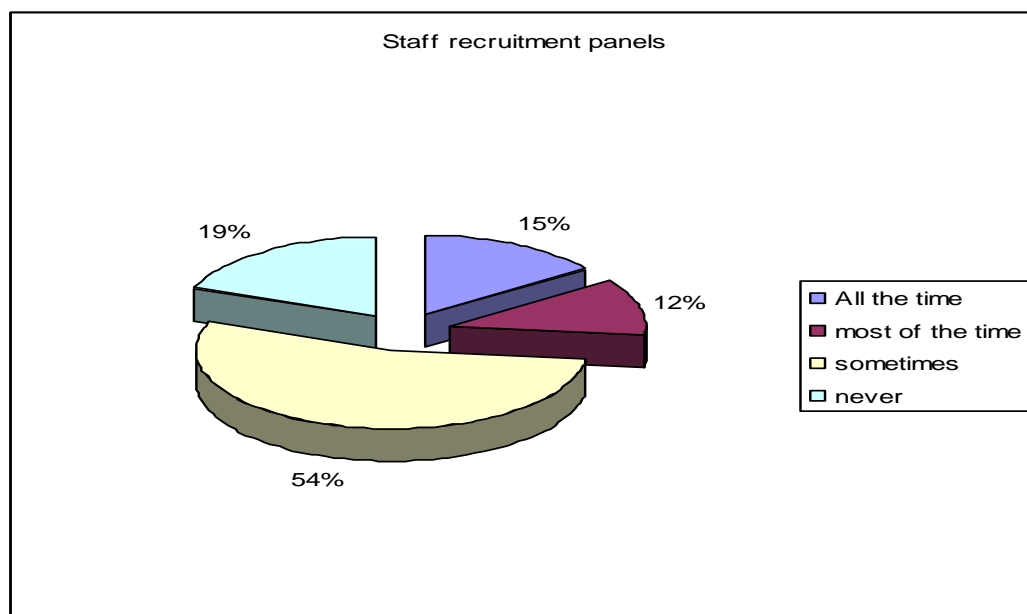
As shown in Figure 3 below, four services (or 19 per cent of all respondents) reported that they have implemented a process for including consumers on interview panels at all times. Positive steps taken by services include consumer consultants involved in the development of consumer-focused questions and the requirement that executive-level and senior management appointments have consumer members on the selection panel.

Comments from services who only occasionally ask (64.3 per cent) or do not ask consumers to sit on staff interviews panels (21.4 per cent) point to positive measures being undertaken to address this consumer participation indicator.

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<sup>3</sup> One survey respondent did not answer this question.

**Figure 3: Consumer participation on staff recruitment panels**



Six services reported there is no contribution at all by consumers on executive and senior management selection panels. The most common reason reported as to why this is not occurring is a lack of resourcing and availability of consumers to participate on interview panels. Some services noted that there was an intention for consumers to be included where possible, but the 'part-time status of the position does not allow this at times'.

### **Consumer participation plans describe the nature and extent of consumer involvement in the delivery and evaluation of the plans**

92.6 per cent of services reported having consumer participation plans in place that describe the nature and extent of consumer involvement in the delivery and evaluation of the plans. Both services that responded 'no' (9.7 per cent of services) commented they were in the process of reevaluating their consumer participation programs.

Examples of consumer participation provided by services included:

- 'The community participation steering group is responsible for the implementation, monitoring and evaluation of the plan and the CAG monitors progress and evaluation of the plan. Both committees include consumers and carers.'
- 'Each process of redevelopment and redesign is managed with a separate plan which includes a consumer participation component.'

### **Quality plans reflect and articulate a consumer engagement and participation framework**

The survey results show that 89.3 per cent of participating services have quality plans that reflect and articulate consumer engagement and participation. Comments from services included:

- '[The] drop-in centre [is] written into the CAMHS quality business plan 2010–11, consumer engagement and participation has a framework and [service-]wide policy is included in the strategic plan which informs the cluster quality plan or Operation Quality and Risk Plan (OQR).'
- 'All documents can potentially be brought to the service consumer advisory committee if a decision is made by the consumer consultant in consultation with the management group.'

## **Quarterly progress reporting against the consumer participation plan is accounted for by the governance structures and annually through the Department of Health**

Only half of survey respondents reported that progress reports against the consumer participation plan are provided to internal governance committees, and annual reports are provided to the Department of Health.

Of the 50 per cent of services that are not reporting quarterly, some services noted that reporting does occur on an annual basis to governance committees within their service.

## **The service has an evaluation framework with a methodology to include and engage consumers in evaluation and re-designing care (service co-design)**

State and national policy articulates an expectation of services to support consumer engagement in the evaluation and redesign of service delivery. Almost 90 per cent of respondents reported that they provide opportunities for consumers to engage in the evaluation and redesign of aspects of care and service delivery within their evaluation and service improvement frameworks. This demonstrates that services are committed to embedding consumer participation into service development and quality improvement initiatives.

## **The service has a formal internal complaints mechanism where complaints are regularly reviewed by a committee that includes consumers**

While all services reported that they have formal complaints mechanisms in place, the results indicate there is scope for greater inclusion of a consumer perspective in the formal complaints review processes, with only 43 per cent of services reporting that a formal complaints process is regularly reviewed by a committee that includes consumers.

## **The service periodically conducts consumer experience interviews and focus groups to seek consumer feedback on services**

Consumer experience interviews and focus groups are a valuable tool in facilitating feedback. The majority of services surveyed reported that they conduct a range of activities designed to capture consumer feedback, including: discharge surveys, direct feedback and focus groups. Almost all feedback systems were paper-based however one service has adopted an online real-time survey tool. Services that currently do not conduct consumer experience interviews are encouraged to explore ways in which to introduce these tools into their consumer feedback. Comments included:

- 'We have an annual consumer-designed Consumer Experience of Care survey which has been implemented twice. It is followed up by a workshop to discuss the results and formulate an action plan. Findings are discussed at the (service) executive meeting and with the platform group.'
- 'The Aged Persons Mental Health service undertakes two focus groups per year and feedback is then incorporated as necessary into the Quality Improvement plan.'
- 'Through the CAG and VMIAC, consumer consultant(s) lead groups in the acute inpatient unit and individual interviews with consumers.'
- 'Recent examples include... consumer focus group as part of Prevention and Recovery Care Units evaluation, review of rehabilitation services, program reviews and consumer evaluations of the wards (Ward Feedback Cards), Mobile Support Teams, Homeless Outreach Psychiatric Services, etc.'

## **Projects are undertaken in response to feedback provided and complaints made by consumers on opportunities for service improvement<sup>4</sup>**

Almost all of the services surveyed reported that they routinely undertake action in response to feedback and complaints provided by consumers to improve their service delivery. A key component of a quality improvement process for services is to be responsive to feedback and complaints made by consumers. There is an expectation of services that actions are clearly communicated to all staff and people accessing mental health services in order to encourage continued feedback that can be used to inform the quality of service provision. Several services indicated that feedback is routinely tabled at executive groups with consumer representation. Comments from services included:

- ‘Consumer feedback is part of the mechanism that has driven the development and ongoing review of the current consumer participation structure. Complaints are reviewed regularly by the management group in consultation with consumer and carer/family consultant.’
- ‘Feedback and complaints are tabled at the CAG (Consumer Advisory Group) and Governance Committee which includes the consumer and carer consultant. There is a service wide system that processes these complaints. Service issues are also discussed at the MH (Mental Health) CAG with all members of the committee able to table and discuss suitable actions or to inform the group of opportunities that they perceive will improve our service.’

## **Services display information to support consumers to have a clear understanding of service delivery expectations in community and inpatient settings**

Only two of the 28 survey respondents (or 7 per cent of services) reported that they do not clearly display service information on what consumers can expect from the mental health service.

Services reported providing information in a variety of ways and some services noted the use of interpreters to convey information to culturally and linguistically diverse people accessing the service. One service commented that:

- ‘All new admissions to the service are given a pack of information which includes rights information. There is information dissemination sticker in each medical record which the staff member completes to evidence this information has been given and that it was understood. In some cases the information is given to the carer where it is not appropriate to give it to the client.’

The full list of approaches adopted by services can be found at Appendix 4.

## **In-service training orientation programs demonstrate evidence of consumer involvement and actual training delivered**

There is an expectation of services that effective consumer participation is well planned as part of a workforce strategy that includes ongoing support, resources, relevant training and education. 89 per cent of participating services were able to demonstrate consumer involvement in staff training. Three services reported that they were yet to address consumer involvement in training and in-service training delivery.

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<sup>4</sup> One survey respondent did not answer this question.



**Figure 4. Consumer involvement in training, orientation, professional development and community education sessions**

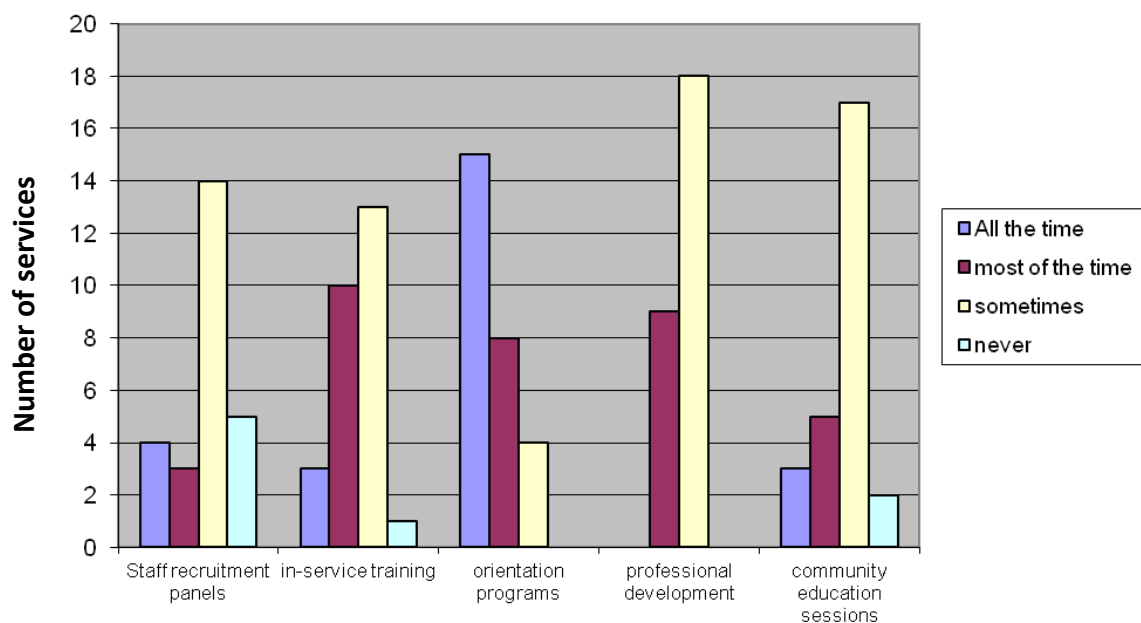


Figure 4 above shows that all of the services that participated in the survey reported that they incorporate the consumer perspective, to varying degrees, across a range of training and development areas. However, over half of the services reported that consumers are only 'sometimes' used across the range of initiatives.

A number of responses provided by services indicated that the consumer perspective had been strongly integrated into orientation programs. Services clearly articulated requirements for staff at all levels to have multiple opportunities to engage with the consumer perspective on a regular basis through consumer delivered programs. One service commented:

- 'Consumer perspective is integral to position descriptions for the service, and are commonly referenced during the interview process. (Service's) orientation program incorporates consumer perspective as part of our core organisational mission and values.'

Examples provided by services included:

- Consumer perspective is integral to position descriptions for the service and are commonly referenced during the interview process.
- Orientation program incorporates consumer perspective as part of core organisational mission and values.
- Mental Health First Aid is delivered by consumer educator.
- Consumer perspective is an integral part of regular outcome measurement training.
- Youth consumer group representatives present at schools, conferences and Department of Health.

## Part 8: Survey findings: consumer participation at the individual level

This section is concerned with consumer participation at the individual level, whereby consumers are engaged in individual assessment, care and discharge planning, treatment and support for individuals with a mental illness. Consumers should be respected and empowered in their relationships with mental health services through a positive partnership that recognises the diversity of consumer needs and backgrounds.

### **Individual service plans (recovery plan), discharge plans reflect consumer engagement**

A key foundation of consumer participation is to ensure consumers are actively engaged and are supported to meaningfully participate in their own recovery experience. This provides a genuine partnership approach by creating individual service plans, recovery plans and discharge plans that more accurately reflect a consumer's unique needs and goals. The *Mental Health Act 1986* also requires that services engage in the development of consumer engagement in treatment plans.

Twenty-three services reported that individual plans reflect consumer engagement. Three services reported that individual planning does not reflect consumer engagement, indicating that there is room for improvement.

### **Advanced care plans or advanced statements are incorporated in individual service plans<sup>5</sup>**

Nineteen respondents reported that they do not incorporate advanced care plans or advanced statements into individual service plans across their mental health service. The eight services which responded in the affirmative also reported meeting all other consumer participation indicators. These services evidence a more sophisticated and embedded approach to consumer participation across all areas of their service delivery and operations. These eight services are more likely to:

- incorporate advanced statements across CAMHS adult and aged services
- include people with lived experience of mental illness on staff interview panels
- have consumers sign and co-develop their recovery plans and participate in family meetings.

### **Information and education (written and verbal) about medication, side-effects and management options are available to consumers<sup>6</sup>**

All of the services that were surveyed reported that they provide information and education in both written and verbal formats regarding medication and its side effects to people accessing the service. Further, most services reported that this information is made routinely available. Access to information about medication and side effects is known to be an important topic for consumers and can impact on their participation in treatment and care.

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<sup>5</sup> One survey respondent did not answer this question.

<sup>6</sup> One survey respondent did not answer this question.

**Figure 5: Consumers are engaged in their treatment and care**

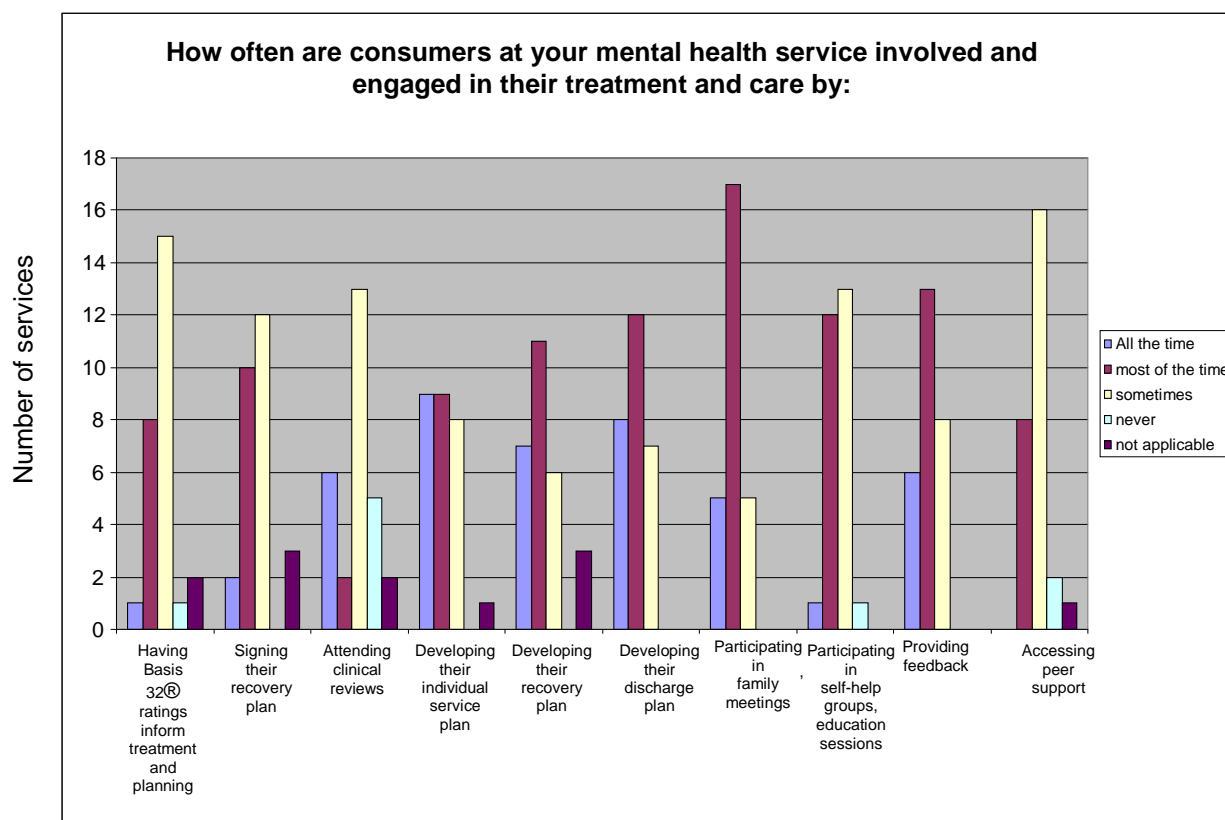


Figure 5 above shows survey respondents' performance of consumer participation in individual treatment and care is mixed.

High rates of consumer involvement and engagement are reported in:

- developing their individual service plan (66.6 per cent)
- developing their discharge plan (74 per cent)
- participating in family meetings (81.5 per cent)
- participating in self help groups, education sessions (48.1 per cent)
- providing feedback (70.3 per cent).

The majority of services reported that consumers are 'only sometimes' engaged in their treatment and care in the following ways:

- having BASIS 32® ratings inform treatment and planning (55.6 per cent)
- signing their recovery plan (44.4 per cent)
- attending clinical reviews (48.1 per cent)
- participating in self help groups, education sessions (48.1 per cent)
- accessing peer support (59.3 per cent).

**Information about complaints processes and management timelines are clearly displayed and provided to consumers<sup>7</sup>**

Almost all of the services that participated in the survey reported that they clearly provide information to consumers on complaint processes and management timelines. There were a small number of services that have yet to provide this information to consumers. There is an expectation that services provide

<sup>7</sup> One survey respondent did not answer this question.

information on complaints processes to consumers. Complaints processes can be an integral part of a quality improvement framework.

### **Services are able to demonstrate consumer-delivered services, initiatives and projects<sup>8</sup>**

The majority of participating services were able to demonstrate consumer delivered services and initiatives and projects, including:

- 'improving the environment' such as the development of a family room on the inpatient unit allowing consumers to visit in privacy with family and friends; and creative projects, for example mural painting
- consumer-led 'recovery groups'
- newsletters and information packs including fact sheets, large print, DVDs, websites, carer information kits
- auditing of rights including stencils of rights and responsibilities in seclusion rooms
- development of consumer surveys including exit surveys
- peer support including drop in centres and pre-ECT support
- policy development forums and conference presentations
- amendment of policy and procedures such as discharge to include safe and secure transport home, long term planning
- community liaison and fundraising
- graduate nurse orientation.

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<sup>8</sup> One survey respondent did not answer this question.

## Part 9: Conclusion

The current policy environment at both a state and national level emphasises that consumer participation is fundamental to achieving better outcomes for people accessing mental health services. The Victorian Government is committed to consumer participation and consumer inclusive practice in Victoria's public mental health services.

This survey of mental health services in relation to the consumer participation standards set out by the Department of Health in the 2009 action plan provide a snapshot of consumer participation in the clinical mental health system. The results are encouraging. It is clear that high standards have been achieved by some services. The high achieving services demonstrate high-consumer participation rates, along with a willingness to be innovative, particularly in implementing quality improvements and initiatives.

There were eight services that evidenced a more sophisticated and embedded approach to consumer participation across all areas of service delivery and operations. These eight services were more likely to demonstrate consumer participation in:

- complaints processes
- advanced statements
- staff interview panels
- treatment and recovery plans.

The results show the majority of services have demonstrated strong overall compliance with the minimum standards; however, not all services are achieving the minimum standards.

For those services that were unable to report positively against particular consumer participation indicators, reasons provided included the lack of availability of appropriately trained consumers and resource constraints, rather than the services not willing to provide a consumer perspective. However, all services receive funding for consumer participation.

### The way forward

The survey findings point to a need to consolidate and strengthen the approach to consumer participation across the specialist mental health service system. The results indicate that while standards in some services need to be raised to meet minimum expectations, other services need to be supported to further develop their consumer participation plans and programs to an even higher standard and level. There is a clear opportunity to explore a range of ways in which services who are performing well can share their expertise, knowledge, ideas and models with other services who have identified areas for improvement in relation to specific minimum consumer participation indicators and standards.

Interest and commitment in consumer participation and meaningful consumer involvement continues to grow at the policy level. As a result of this, it will be important to consider the capacity of the consumer workforce and the level of involvement required by consumers to participate in the policy and practice of mental health services in order to deliver identified key objectives and emerging priorities.

The survey results identify a number of opportunities for the Victorian Government to further articulate the role of consumer participation, particularly within a recovery oriented framework.

### Actions

#### Consumer and Carer Participation Policy

The current policy on consumer and carer participation, *Doing it with us not for us*, sunset in 2013. Following an evaluation of the impacts of *Doing it with us not for us*, the Victorian Government will develop a new policy encompassing consumer, carer and community participation in the healthcare system in consultation with a broad constituency.

### **Review the consumer consultant program**

The Victorian Government is conducting an integrated review of state-funded mental health consumer peer support, carer support (peer, brokerage and respite), and consumer, carer and family participation programs. The review will commence in 2013. It will provide advice on how current investment in a range of specific programs and activities might more effectively support consumers, their carers and families, and strengthen consumer, carer and family participation.

### **A new Consumer Partnership Forum**

The Victorian Government has initiated a new Consumer Partnership Forum. This signals a new model of engagement with consumers by initiating an ongoing partnership dialogue with Victorian consumer consultants and consumer representatives.

The forums bring together the Department of Health, the Victorian Mental Illness Awareness Council and Victoria's consumer workforce. This includes consumer consultants, peer workers, support and resource workers from across clinical and community managed Psychiatric Disability Support Services.










The forums will facilitate open and robust dialogue between the Victorian Government and mental health consumers to help inform Victorian mental health policy, planning and program implementation.








## Appendix 1: Strengthening consumer participation in Victoria's public mental health services action plan, Victorian Government 2009, minimum consumer participation indicators

### 5. Minimum consumer participation indicators







Participation and involvement in the mental health service system includes engagement in the following areas:








- individual assessment, care and discharge planning, treatment and support for individuals with a mental illness
- local service planning, quality improvement and development activities
- planning, development, implementation and evaluation of statewide, national and international mental health service policy directions and strategies.









Established standard	Indicator	Dimensions for participation		
		Individual assessment, care and discharge planning, treatment and support	Local service planning, quality improvement and service development <sup>1</sup>	Statewide and national policy directions and strategies
<b>1. Governance Committees</b>				
1.1 The governing service is committed to consumer participation.	1.1.1 The service has developed a formal policy on consumer participation.			
	1.1.2 Consumer consultant staff are employed to undertake systemic advocacy. <sup>2</sup>			
1.2 There is consumer participation on key governance and clinical governance structures.	1.2.1 Management, human research and ethics and quality improvement committees will have consumer representation. <sup>2</sup>			
	1.2.2 There are consumer representative advisory committees. <sup>2</sup>			
1.3 The mental health service include consumers on recruitment interviews. <sup>1</sup>	1.3.1 Interview panels are inclusive of consumers.			

Established standard		Dimensions for participation		
		Individual assessment, care and discharge planning, treatment and support	Local service planning, quality improvement and service development <sup>1</sup>	Statewide and national policy directions and strategies
1.4 Consumers are included in the strategic and operational planning of the mental health service. <sup>1</sup>	1.4.1 Consumer participation plans describe the nature and extent of consumer involvement in the delivery and evaluation of the plans.			
	1.4.2 Quality plans reflect and articulate a consumer engagement and participation framework.			
<b>2. Consumer involvement in local service planning, delivery and evaluation<sup>1</sup></b>				
2.1 There is consumer involvement in local service planning, delivery and evaluation, and the provision of support to sustain this participation.	2.1.1 Quarterly progress reports against the consumer participation plan is accounted for by the governance structures and annually through the Department of Human Services.			
	2.1.2 Policies exist to define the scope of participation, reimbursements and remuneration.			
	2.1.3 The service has an evaluation and service improvement framework with a methodology to include and engage consumers in evaluation and re-designing care (service co-design).			



Established standard	Indicator	Dimensions for participation		
		Individual assessment, care and discharge planning, treatment and support	Local service planning, quality improvement and service development <sup>1</sup>	Statewide and national policy directions and strategies
<b>3. Accountability</b>				
3.1 The service is committed to developing programs and services that are responsive, appropriate and accountable to consumers as primary stakeholders of the mental health services provided.	3.1.1 The service has a formal internal complaints mechanism where complaints are regularly reviewed by a committee that includes consumers.			
	3.1.2 The service periodically conducts consumer experience interviews and focus groups to seek consumer feedback on services.			
	3.1.3 Projects are undertaken in response to feedback provided and complaints made by consumers on opportunities for service improvement.			
	3.1.4 Services display information to support consumers to have a clear understanding of service delivery expectations in community and inpatient settings.			
<b>4. Education and training of the mental health workforce<sup>1</sup></b>				
4.1 Consumers are effectively engaged in the education and training of the mental health workforce.	4.1.1 In-service training orientation programs demonstrate evidence of consumer involvement and actual training delivery.			



Established standard	Indicator	Dimensions for participation		
		Individual assessment, care and discharge planning, treatment and support	Local service planning, quality improvement and service development <sup>1</sup>	Statewide and national policy directions and strategies
<b>5. Individual treatment, recovery and relapse prevention plans that also considers the cultural diversity of its consumers<sup>1</sup></b>				
5.1 Consumers are effectively engaged in all aspects of their care and support.	5.1.1 Individual service plans (recovery plan), discharge plans reflect consumer engagement.			
	5.1.2 Consumer outcome measures are routinely completed and discussed in collaboration with the consumer.			
	5.1.3 Advanced directives are incorporated in individual service plans.			
5.2 The service makes available information and education on topics important to consumers.	5.2.1 Information and education (written and verbal) about medication, side-effects and management options are available to consumers.			
	5.2.2 Information about complaints processes and management timelines are clearly displayed and provided to consumers.			
5.3 There are programs for increasing community awareness of mental illness and mental health promotion and illness prevention that is led by consumers and carers. <sup>1</sup>	5.3.1 Services are able to demonstrate consumer delivered services initiatives and projects.			



Established standard	Indicator	Dimensions for participation		
		Individual assessment, care and discharge planning, treatment and support	Local service planning, quality improvement and service development <sup>1</sup>	Statewide and national policy directions and strategies
<b>6. Statewide policy and service development and evaluation<sup>1</sup></b>				
6.1 There is involvement of consumers in systemic planning, policy development and evaluation.	6.1.1 Monitoring of the statewide consumer participation action plan.			
	6.1.2 The Ministerial Advisory Committee on Mental Health will continue to include consumers across all its subcommittees.			
	6.1.3 The Mental Health & Drugs Division has guidelines on remuneration/ reimbursement of consumers for participation in systemic planning, policy development and evaluation.			
<b>7. Research – design, conduct, reporting and dissemination<sup>1</sup></b>				
7.1 Consumers are included in the mental health research teams undertaking research on consumer issues.	7.1.1 The human research and ethics committee of the mental health service promote and affirm the inclusion of consumers in research on consumer issues.			



<sup>1</sup> The headings have been derived from the *Consumer and carer participation policy - a framework for the mental health sector, National Consumer and Carer Forum of Australia 2004*



<sup>2</sup> *The National Mental Health Survey 2007 Australian Government Department of Health and Ageing*

## Appendix 2: Survey questions and results



Do the governance committees of the mental health service have consumer representation?			
		Response Percent	Response Count
Yes		82.1%	23
No		17.9%	5

Does the MHS have a consumer advisory committee, a consumer advisory group (CAG) or equivalent?			
		Response Percent	Response Count
Yes		85.7%	24
No		14.3%	4



Do consumer participation plans describe the nature and extent of consumer involvement in the delivery and evaluation of the plans?			
		Response Percent	Response Count
Yes		92.6%	25
No		7.4%	2

Do quality plans reflect and articulate a consumer engagement and participation framework?			
		Response Percent	Response Count
Yes		89.3%	25
No		10.7%	3


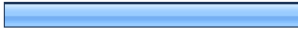
**Does your organisation have a governance structure that accounts for quarterly reporting against the consumer participation plan?**

		Response Percent	Response Count
Yes		50.0%	14
No		50.0%	14



**Does the 'evaluation and service improvement framework' include ways in which consumers can engage in evaluating and re-designing aspects of care and service delivery?**

		Response Percent	Response Count
Yes		89.3%	25
No		10.7%	3



**Does the service has a formal complaints mechanism where complaints are regularly reviewed by a committee that includes consumers?**

		Response Percent	Response Count
Yes		42.9%	12
No		57.1%	16



**Is action undertaken in response to feedback provided and complaints made by consumers on opportunities for service improvement?**

		Response Percent	Response Count
Yes		96.3%	26
No		3.7%	1

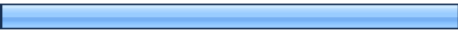

**Does the service periodically conduct consumer experience interviews and focus groups to seek consumer feedback on services?**

		Response Percent	Response Count
Yes		89.3%	25
No		10.7%	3



**Does the service display information on what consumers can expect from the mental health service?**

		Response Percent	Response Count
Yes		92.9%	26
No		7.1%	2



**Thinking about your in-service training orientation programs, do they demonstrate evidence of consumer involvement and actual training delivered?**

		Response Percent	Response Count
Yes		89.3%	25
No		10.7%	3


**Do individual service plans, recovery plans, discharge plans reflect consumer engagement?**

		Response Percent	Response Count
Yes		89.3%	25
No		10.7%	3



**Are advanced care plans or advanced statements incorporated across your service?**

		Response Percent	Response Count
Yes		29.6%	8
No		70.4%	19



Is information and education (written and verbal) about medication, side-effects routinely made available to consumers?

		Response Percent	Response Count
Yes		100.0%	27
No		0.0%	0



Is information about complaints processes and complaint management timelines clearly displayed and provided to consumers?

		Response Percent	Response Count
Yes		96.3%	26
No		3.7%	1



Do you have examples of consumer directed/ delivered services, initiatives or projects?

		Response Percent	Response Count
Yes		81.5%	22
No		18.5%	5


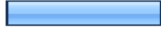
Do information display boards and brochures give carers a clear understanding of what relatives and friends can expect in community and inpatient MHS settings?

		Response Percent	Response Count
Yes		92.6%	25
No		7.4%	2

Does the Human Research and Ethics Committee of the organisation have consumer representation?

		Response Percent	Response Count
Yes		61.5%	16
No		38.5%	10

**Does the Human Research and Ethics Committee of the mental health service promote and affirm the inclusion of consumers in research on consumer issues?**

		Response Percent	Response Count
Yes		70.4%	19
No		29.6%	8

**Appendix 3: Levels of consumer representation, on equivalent committees – full list of responses submitted**

- Clinical risk management, serious incident review committee
- Region wide planning committees
- Model of Care Oversight Committee
- Experienced based co-design committee
- Chair of the Mental Health Services Consumer Reference Group
- Victorian Mental Health Reform Council, Consumer and Carer Interests working group
- Risk management committee
- Victorian Mental Illness Awareness Council, Cultural and Linguistically Diverse (CALD) reference group
- Victorian Mental Illness Awareness Council Committee of Management
- Victorian Mental Health Reform Council
- Cultural Diversity Committee
- Patient-centred care committee
- Workforce and Practice Development Committee
- Patient Safety Committee
- Mental Health Program Finance Committee
- Youth Participation Steering committee

Further responses cited involvement and membership on a number of Department of Health working groups and committees including:

- Emergency Services Liaison Committee
- Clinical Risk Committee
- Creating Safety working group
- Productive Mental Health Ward working group