



National Mental Health Consumer and Carer Forum

Operating Guidelines

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Glossary

AHMC Australian Health Ministers Conference

AHMAC Australian Health Ministers Advisory Council

MHSC Mental Health Standing Committee

MHCA Mental Health Council of Australia

NMHCCF National Mental Health Consumer and Carer Forum

Orientation to the National Mental Health Consumer and Carer Forum

1. Introduction

The purpose of these Operating Guidelines (the Guidelines) is to inform all National Mental Health Consumer and Carer Forum (NMHCCF) members (NMHCCF Members) and the organisations or the states or territories they represent, about the objectives and purpose of the NMHCCF and to clarify the roles and responsibilities of members.

The Guidelines are presented to all newly appointed members upon their commencement with the NMHCCF and are available to the organisations or states or territories responsible for appointing members.

2. Background and purpose

The NMHCCF was established by the Australian Health Ministers Advisory Council (AHMAC¹) in 2002 in recognition of the continued need for mental health consumer and carer involvement at the highest level of policy development. It provides a mechanism for mental health consumers and carers to come together to foster partnerships and to ensure the input of consumers and carers into the activities of the mental health sector including the reform of mental health policy and service delivery in Australia.

The NMHCCF is funded through state, territory and Australian Government contributions to be an independent voice for consumers and carers. The small operational budget covers all activities.

The NMHCCF is auspiced by the Mental Health Council of Australia. Secretariat support is provided by the Executive Officer for the NMHCCF, located at the Mental Health Council of Australia (MHCA).

More detailed information on the governmental processes around the development and implementation of national mental health policy can be found at Appendix 1.

3. Membership

The NMHCCF is made up of mental health consumers and carers representing the states, territories and significant mental health consumer and/or carer organisations as nominated by AHMAC MHSC.

The membership comprises

- one consumer and one carer representative nominated by each state or territory government; and
- representatives from each one of several organisations representing consumers and carers at the national level. These organisations are:

¹ AHMAC operates as a national forum for planning and information sharing and advises the Australian Health Ministers' Conference (AHMC) on strategic issues relating to the coordination of health services across the nation and, as applicable, with New Zealand. (see: <http://www.ahmac.gov.au/site/home.aspx>).

- Mental Health Carers Arafmi Australia
- Australian Mental Health Consumer Network
- blueVoices, the consumer and carer reference group for beyondblue: the national depression initiative
- Carers Australia
- Consumers' Health Forum of Australia
- GROW – Self Help / Mutual Help Groups
- Private Mental Health Consumers Carers Network (Australia)
- In addition appropriate expertise may be recruited for time limited periods to assist with appropriate activities such as those undertaken by working groups.
- (Proposed membership also originally included representatives from the Indigenous, youth and transcultural sectors. It is proposed that this issue be taken up in future.)

4. Terms of reference

NMHCCF activities are guided by the Terms of Reference, provided by AHMAC, which are to:

- 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 national, state and local levels
- increase meaningful opportunities for and capacity of mental health consumers and carers to advocate for and participate in legislation, and policy development, implementation and evaluation 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 benefits of consumer and carer participation at all levels
- develop and agree to national principles and priorities of action and strategies aligned with the National Mental Health Plan 2003-2008.

5. Role and responsibilities

Members of the NMHCCF are expected to abide by the policies and procedures outlined in these guidelines.

NMHCCF Members are expected to participate in the NMHCCF by: attendance at meetings; active participation in discussion; contribution of ideas and expertise to the development of NMHCCF activities, policy and planning; and follow up of identified actions. Where NMHCCF participation or attendance at meetings is not possible,

members are required to notify the NMHCCF Executive Officer as soon as is practicable and to follow the procedure for proxy representative as outlined in these Guidelines (see *Policies and Procedures, 4.Processes for proxy representation*).

As outlined in detail in these Guidelines (see *Governance, 2.Reporting Mechanisms*), it is also each member's responsibility to

- report back to their nominating organisation or in the case of state or territory nominated members, their state or territory liaison contact, to keep them informed of NMHCCF activities; and
- provide feedback from their nominating organisation or in the case of state or territory nominated members, their state or territory Liaison contact, to the NMHCCF on issues of relevance

This information exchange will assist members to promote the work of the NMHCCF and will also inform the work of the NMHCCF on relevant issues.

6. Executive

An NMHCCF Executive is selected by the NMHCCF on a two yearly basis to meet regularly to monitor the progress of the NMHCCF business, projects, and to plan for NMHCCF meetings. Executive meetings are face-to-face where feasible, and by teleconference at other times.

The Executive also oversees the NMHCCF Budget with advice from the Executive Officer.

The Executive of the NMHCCF is committed to encouraging open and honest input to and from members and to sharing relevant information with one another and the NMHCCF.

7. Executive Officer

The Executive Officer manages the business of the NMHCCF under the direction of the NMHCCF Executive. This includes carrying out all instructions of the NMHCCF Executive, all agreed procedures covered in the Operating Guidelines, financial management, initiating and monitoring progress of NMHCCF activities, representation of the NMHCCF at external events where requested by Executive.

The Executive Officer also supports members as much as possible in their conduct of NMHCCF business.

8. Code of conduct

Members must uphold the integrity of the NMHCCF at all times, including the following actions:

Behaviour

- Behave honestly, with integrity and respectfully
- Act with due care and diligence
- Comply with all applicable Australian laws

Conflict of Interest

- Declare the potential for conflict of interest and to stand aside when conflict of interest exists or may be perceived
- Pass on relevant information relating to conflict of interest of others

Anti Discrimination

- Show respect for all persons equally without distinction whatsoever of race, gender, religion, colour, national or ethnic origin, language, marital status, sexual orientation, age, socio-economic status, health status, disability, political conviction, or any other distinguishing feature

Confidentiality

Maintain confidentiality of information, including but not limited to:

- Treating as confidential appropriate information
- Using discretion with regard to confidentiality

Representation

- Not provide false or misleading information in response to a request for information
- Not make improper use any of a NMHCCF Member's position or information

Use of Resources

- Use the NMHCCF and other organisation's resources in a proper manner

Publications

- Acknowledge the contribution of co-workers in publication of original material
- Apply standards relating to copyright and intellectual property

9. Sitting fees and travel expenses

Members are eligible to be remunerated for their time in attendance at NMHCCF meetings through the payment of Sitting Fees (see *Policy and Procedures, 6. Payment of Sitting Fees*) detailed in these Guidelines.

Members are also eligible to claim for reasonable expenses associated with travel and the details for making such a claim are outlined below (see *Policy and Procedures, 7. Policy on Travel Expenses* outlined in these Guidelines.

Consideration will also be made for NMHCCF Members to be eligible for reimbursement of reasonable extraordinary out of pocket expenses relating to childcare or respite care which may be needed in order for members to be able to attend NMHCCF face to face meetings, teleconferences and other nominated activities of the NMHCCF.

Reimbursement of reasonable extraordinary out of pocket expenses will be made by the Executive on a case by case basis. Members should outline their case in advance of the meetings to the Executive Officer who will then forward the request either by telephone or email to the NMHCCF Executive for their decision on the matter. The Executive decision will be final.

Governance

1. The decision making process

Decisions of the NMHCCF will be made as follows:

- Proposed items for action are placed before the full NMHCCF membership for consideration and discussion
- The membership then votes on the proposal
- The Executive Officer records the decision in the minutes of the meeting

The NMHCCF Executive is mandated to enact the NMHCCF decisions or actions, using the Executive Officer as its vehicle.

If the occasion arises whereby the Executive as a consequence of unexpected or changed circumstances feels the need to make major changes to the original form of a decision or action, then this action must be reported to the full membership as soon as practicable and subject to discussion at the next available meeting.

2. Reporting mechanisms

The Executive Officer will ensure that information and support is provided to members in an efficient and timely manner as per the policies and procedures outlined in these Operating Guidelines.

To ensure effective reporting mechanisms each member will maintain a working relationship with their nominating organisation or in the case of state or territory nominated members, their state or territory liaison contact officer, so that they can provide a conduit for information exchange with the NMHCCF as outlined in *5. Roles and responsibilities*, above.

It is essential that each member's nominating organisation and state or territory liaison officer receives reports on the activities of the NMHCCF and for the NMHCCF to receive reports on member constituency activities. Therefore members must:

- provide a report to the NMHCCF before each meeting or teleconference through the Executive Officer. Members should use the proforma at Appendix 3 which sets out the basic format of the report. It is expected that this would entail the preparation of four reports per year.
- provide a report to the entity that they represent after each NMHCCF meeting, teleconference or other major activity. To assist members in reporting to their constituency, the Executive Officer will provide a summary of the NMHCCF activities within three 3 weeks of the conclusion of each meeting. Members may choose to use this summary as the basis of their report to their constituency if they wish.

The NMHCCF will report to each meeting of the Australian Health Ministers Advisory Council's Mental Health Standing Committee through the MHCA

3. Setting the Agenda and Procedure for Meetings

For face to face meetings, the following process will operate:

- 8 weeks prior to the meeting the call for agenda items and the agenda proforma will be circulated amongst the NMHCCF membership
- 6 weeks prior members agenda items received by Executive Officer
- 4 weeks prior to the meeting Executive finalise agenda
- 3 weeks prior to the meeting RSVP's close
- 2 weeks prior to the meeting the Executive Officer will circulate via email and post hard copy all documentation relevant to the meeting.

The Executive Officer is delegated to carry out the decisions and activities of the NMHCCF.

4. Setting the Agenda and Procedure for Teleconferences

For teleconferences the following process will operate:

- 5 weeks prior to the meeting the call for agenda items and the agenda proforma will be circulated amongst the NMHCCF membership
- 4 weeks prior members agenda items received by Executive Officer
- 3 weeks prior to the meeting Executive finalise agenda
- 2 weeks prior to the meeting RSVP's close
- 2 weeks prior to the meeting the Executive Officer will circulate via email all documentation relevant to the meeting.
- When requested, hard copies of meeting papers will be circulated at least on week prior to the teleconference.
- During the meeting:
 - There will be an introductions of Chairperson and welcome of participants
 - "mute" button should be used on speaker phone unless speaking
 - Name will be stated by each member prior to comment
 - Comments to be addressed through the Co-Chairs
 - Comments to be succinct and relevant and speakers respectful and inclusive of other participants, including time to speak.
 - Allocated time limit of meeting should be adhered to.
 - Members should promptly disconnect from teleconference at meeting close.

5. Meeting outcomes

The Executive Officer is delegated to carry out the decisions and activities of the NMHCCF.

6. Budget

All NMHCCF expenses are sourced from the NMHCCF Budget provided by the states and territories, except for the salary of its Executive Officer for which the Australian Government provides support through the MHCA budget.

In principle approval of expenses and monitoring of the NMHCCF Budget lies with the NMHCCF Executive. The Executive Officer provides advice and support to the NMHCCF Executive to assist them in this role. The Executive Officer also manages the financial business of the NMHCCF under the direction of the NMHCCF Executive.

As the auspicing body for the NMHCCF, the MHCA also provides financial management support to the NMHCCF. Because of this relationship, the final authorisation of budget and expenditure that is approved in principle by the NMHCCF Executive lies with the MHCA Chief Executive Officer or their delegate, for payments to be made.

Policies and procedures

The NMHCCF Members are required to abide by the terms and conditions outlined in these policies and procedures.

1. Selection of consumer and carer representatives

The selection of consumer and / or carer representatives from states and territories is the responsibility of the relevant State / Territory Liaison Officer. For those members who are not representing a state or territory, the selection of a consumer or carer representative for the NMHCCF is the responsibility of the organisation that Member is representing.

It should be noted that a consumer or a carer position on the NMHCCF belongs to the member organisation or state / territory and not the individual who fills it. Proxies are therefore selected by the nominating organisation or state or territory.

2. Selection of consumer and carer representatives to participate in external consultative committees

The NMHCCF is regularly asked to provide consumer and carer representatives on external consultative committees. The NMHCCF does not support tokenism and provides consumer and carer representatives only to bodies which remunerate for their services.

In the absence of a readily available consumer or carer representative from the NMHCCF or if sitting fees for their representation is not provided and if the consultation is considered important enough, the Executive may consider requesting the Executive Officer to attend meetings on behalf of the NMHCCF. In this situation the Executive Officer would

- Undertake the role of ‘participant’ rather than ‘representative’ on behalf of the NMHCCF and that this would be made clear;
- ensure that information gained at the consultation is reported back to the NMHCCF.

The NMHCCF has developed the following process for the selection of members to provide representation.

NMHCCF Members who would like to be considered eligible to represent the NMHCCF identify themselves and provide information about their areas of expertise and interest to support their application. This information should be provided using the NMHCCF Representational Interest Form at Appendix 3. This information can be submitted at any time and is stored to be accessed by the Executive and Executive Officer for consideration when appropriate.

At the same time the Executive Officer will seek information from the requesting body using the NMHCCF Representation Request Form at Appendix 3.

A working party comprising the Executive Officer and two Executive members will match request with appropriate NMHCCF applicants who will be informed of the outcome.

3. Election of the Executive

The Executive Members of the NMHCCF are selected on a two yearly basis. The Executive comprises one consumer and one carer Co-Chairperson, and two Deputy Co-

Chairpersons, also a consumer and a carer. The term for Executive members is for two years, with elections staggered so that half the executive is retained at each election to ensure continuity. Terms are limited to four consecutive years.

The tenure of the NMHCCF Executive will expire 6 weeks prior to the first face to face meeting of each second year.

The voting process for the election of the incoming NMHCCF Executive is done via post, email and telephone through the Executive Officer. Both postal and email notification are be used with the option of responses to the returning officer by post, email or telephone.

- 9 weeks prior to the first meeting, the Executive Officer will call for nominations for Chairs or Co-Chairs via email, depending on the election year. This is to ensure that incoming Co-Chairs or Deputies would be announced in time for the pre-meeting executive teleconference.
 - Nominations will be required to include a brief 1-2 paragraph biography of the nominee, describing the nominee's experience, achievements and reasons for wanting the position.
 - Nominations must be seconded by a fellow NMHCCF Member and the explicit support of a second nominator must accompany the nomination.
- 7 weeks prior to the meeting, the Executive Officer will advise that the call for nominations is closed.

Should more than one nomination be received for any position, an election will be required and an independent returning officer will be nominated (eg the MHCA CEO or their delegate).

Nominations and voting papers will be circulated to members via post and email at this time. The Executive Officer will follow up all email communication with a telephone call to ensure that members are aware of their responsibility to vote and are able to do so.

- 5 weeks prior to the meeting members will return completed voting papers either by post, email or through telephone communication to the Returning Officer. Votes will be counted and members informed of the result by email.
- 4 weeks before the face to face meeting, the new Executive and the outgoing Executive will meet via teleconference to facilitate smooth transition and with the Executive Officer, finalise an agenda (see *Governance, 3. Setting the Agenda and Procedure for Meetings*).

Nominations for election, the provision of support as a seconder, voting for and the occupation of the *carer* Chair or Deputy Co-Chair positions can only be undertaken by other NMHCCF *carer* members.

Nominations for election, the provision of support as a seconder, voting for and the occupation of the *consumer* Chair or Deputy Co-Chair positions can only be undertaken by other NMHCCF *consumer* members.

4. Attendance at meetings

It is the responsibility of NMHCCF Members to inform the Executive Officer of their availability for face to face meetings and teleconferences.

In the event that an NMHCCF Member is unavailable for a meeting, that Member should notify the Executive Officer at the earliest possible time. The NMHCCF Member should advise on the replacement to serve as a proxy for that meeting if possible. Any proposed proxy member must be selected by that member's nominating state, territory or organisation as outlined below and not by the individual member.

5. Processes for proxy representation

Where a proxy is required, NMHCCF Members who are representing a national consumer or carer organisation are to:

- Inform that organisation that they are unavailable to attend the meeting and that a proxy will need to be organised;
- At the earliest possible time:
 - i. inform the NMHCCF Executive Officer that they are unavailable to attend the meeting and whether a proxy is being organised;
 - ii. ensure that the Executive Officer receives the name and contact details of the proxy; and
- If a proxy is selected, organise their attendance and provide a briefing on the meeting.

Where a proxy is required, NMHCCF Members who are representing a state or territory are to:

- inform their state or territory liaison contact officer that they are unavailable to attend the meeting;
- At the earliest possible time, inform the NMHCCF Executive Officer:
 - iii. that they are unavailable to attend the meeting
 - iv. if a proxy is being organised by the state/territory liaison contact officer; and
 - v. who will contact the Executive Officer with the details of the proxy nomination.

6. Resignation

It is the responsibility of an NMHCCF Member to inform the Executive Officer of their decision to resign from the NMHCCF.

It is also the responsibility of an NMHCCF Member to inform their nominating organisation or state or territory of their decision to resign from the NMHCCF and to take reasonable steps to ensure that the Executive Officer is kept informed of the process for replacement.

7. Sitting fees policy

Consistent with the *NMHCCF Consumer and Participation Policy - a framework for the mental health sector*, the NMHCCF demonstrates its commitment to consumer and carer participation by meeting the expenses incurred by consumer and carer representatives and by remunerating them for their time.

While this policy aims to ensure full and broad participation, the NMHCCF has a limited funding base and is not in a position to provide sitting fees for members' participation in every activity. The following conditions will apply to this policy.

When sitting fees will be paid:

Sitting fees will be provided for formal NMHCCF activities including teleconferences, face to face meetings, and identified out of session activities.

When sitting fees will not be paid:

It is expected that individuals eligible to claim sitting fees under this policy will not claim for random informal discussions held between the individual and other NMHCCF Members or other persons who may contact the individual in relation to NMHCCF matters.

Members who are involved in consultations or business external to the NMHCCF are not eligible to claim sitting fees under this policy. It is expected that functions/forums external to the NMHCCF requiring consumer and carer participation will provide appropriate sitting fees to consumer and carer representatives.

In these instances the Executive Officer will ascertain the availability of sitting fees and advise participants of their eligibility prior to their acceptance of an invitation to participate.

Rates of payment:

Sitting fees for members will be remunerated according the Australian Government Remuneration Tribunal *Remuneration and Allowances for Holders of Part Time Public Office, Part 2.3, Table 2A Daily Fees*, at the category 2 rate.

Details can be found at:

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

Periods of travel will be included in the overall hours calculated in determining the member's sitting fee. The maximum time for working and/or travelling time that may be remunerated in 1 day is 8 hours.

Pro rata payments are available for remuneration of periods of less than eight hours.

The sitting fee for a formal meeting includes a component to cover normal preparation time, but where the Chief Executive Officer of the MHCA (*as financial delegate – see Governance, 5. Budget*) considers the period of preparation time involved is so unusual as to warrant recognition, that period may be included as eligible for remuneration.

The sitting fee for consumers and carers who are acting in the role of Co-Chairs of the NMHCCF will be consistent with the amount set in the above document at the rate for Chairpersons.

Claimant responsibilities

It is the responsibility of the individual eligible for sitting fees to submit a claim for sitting fees except in the instance of the NMHCCF teleconferences (2 per year) see below.

Procedure

Application forms for sitting fees will be available at all formal NMHCCF activities, and will be forwarded to individuals eligible for sitting fees at their request.

Claims for sitting fees must be signed and dated by the claimant and should be forwarded to the Executive Officer who will process the relevant approval.

Payment for attendance at NMHCCF teleconferences (2 per year) will be paid pro-rata for the period of the teleconference. Payments will be automatically sent to members who attend the teleconference within a timeframe of one calendar month from the date of the teleconference. No claims forms are required.

Administration

Payment of sitting fees to consumer and carer participants is sourced from the budget of the NMHCCF.

Any disputes over payment of sitting fees will be presented to the NMHCCF Executive for their determination.

Disclaimer

The NMHCCF has voluntarily adopted the rates of remuneration set by the Australian Government Remuneration Tribunal. The ability of the NMHCCF to meet these rates is dependent on available funding, and therefore the NMHCCF reserves the right to review rates of remuneration it makes available to consumers and carers at any time.

8. Travel expenses policy

Policy Statement

The NMHCCF will endeavour to meet all reasonable travel costs associated with the member attendance at NMHCCF meetings, teleconferences and any other major activity agreed by the Executive of the NMHCCF.

The Executive Officer will aim to provide NMHCCF Members with optimal travel where applicable within the constraints of the NMHCCF financial budget.

Out of Pocket Travel Costs

All NMHCCF Members will be reimbursed for all reasonable 'out of pocket travel costs' associated with their attendance at formal NMHCCF meetings such as any motor vehicle, taxi or other mode of transport expenses and parking costs.

Where an NMHCCF Member uses his / her own vehicle for, an allowance commensurate with the rate and conditions set by the Australian Government Remuneration Tribunal *Travel Allowance Rates for Part time Office Holders Part 4 Official travel by motor vehicle* will be paid for each kilometre travelled. Details on this allowance are available at:

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

Appropriate supporting documentation needs to be provided to the Executive Officer before any reimbursements will be made. Examples include receipts, tickets, car logbook.

Other expenses deemed reasonable for reimbursement include telephone and fax costs when associated with official NMHCCF business and other authorised expenses where approval has been given prior to the expense being incurred. Supporting documentation must be provided before reimbursement is made.

Airfares

Flights for NMHCCF meetings will be booked by the Executive Officer and airfare costs met through the NMHCCF budget. Because the budget is limited it is the responsibility of the Executive Officer to purchase the most efficient and economical tickets for NMHCCF Members - this includes specifying the airline company.

It is the responsibility of NMHCCF Members to notify the Executive Officer immediately if they make changes to their flight details. Should an NMHCCF Member wish to change any of their flight details, any extra costs must be met by the NMHCCF Member or by their nominating organisation or state or territory.

Unless prior arrangements have been made with the Executive Officer, in the event an NMHCCF Member cancels their flight after informing the Executive Officer of their availability to attend the meeting, any expenses incurred in the cancellation must be met by the NMHCCF Member or their nominating organisation or state or territory.

Travel Allowance

Travel allowance is available to all NMHCCF Members.

A travel allowance will be paid according to the travel allowance rates listed in the Australian Government Remuneration Tribunal determination on *Official Travel by Office Holders* for holders of Part time public office:

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

The allowance will only include meals not already provided at the meeting / function or as part of associated travel.

Exceptions to the above rates may be made in the case where the traveller is required to dine at a specific venue with others to continue business discussions. Reimbursement of these costs (excluding alcohol) will only be made with the prior agreement of the Executive and on receipt of supporting invoices.

Procedure

Travel reimbursement claim forms will be available at all NMHCCF meetings and will be forwarded to NMHCCF Members at their request. It remains the responsibility of the NMHCCF Member to submit claim forms.

9. Complaints policy

Any complaint made by an NMHCCF Member will be dealt with promptly and objectively by the NMHCCF.

Any Member making a complaint has the right to have an advocate of his or her choice to assist him or her during the process of making a complaint.

In the first instance the Member making the complaint should try to resolve the issue with the Members that they have the complaint with. This should occur within 7 days of the incident.

The discussion should take place in private and in a quiet area. If necessary, both people can have a support person with them. The feelings of each person involved in the discussion should be respected

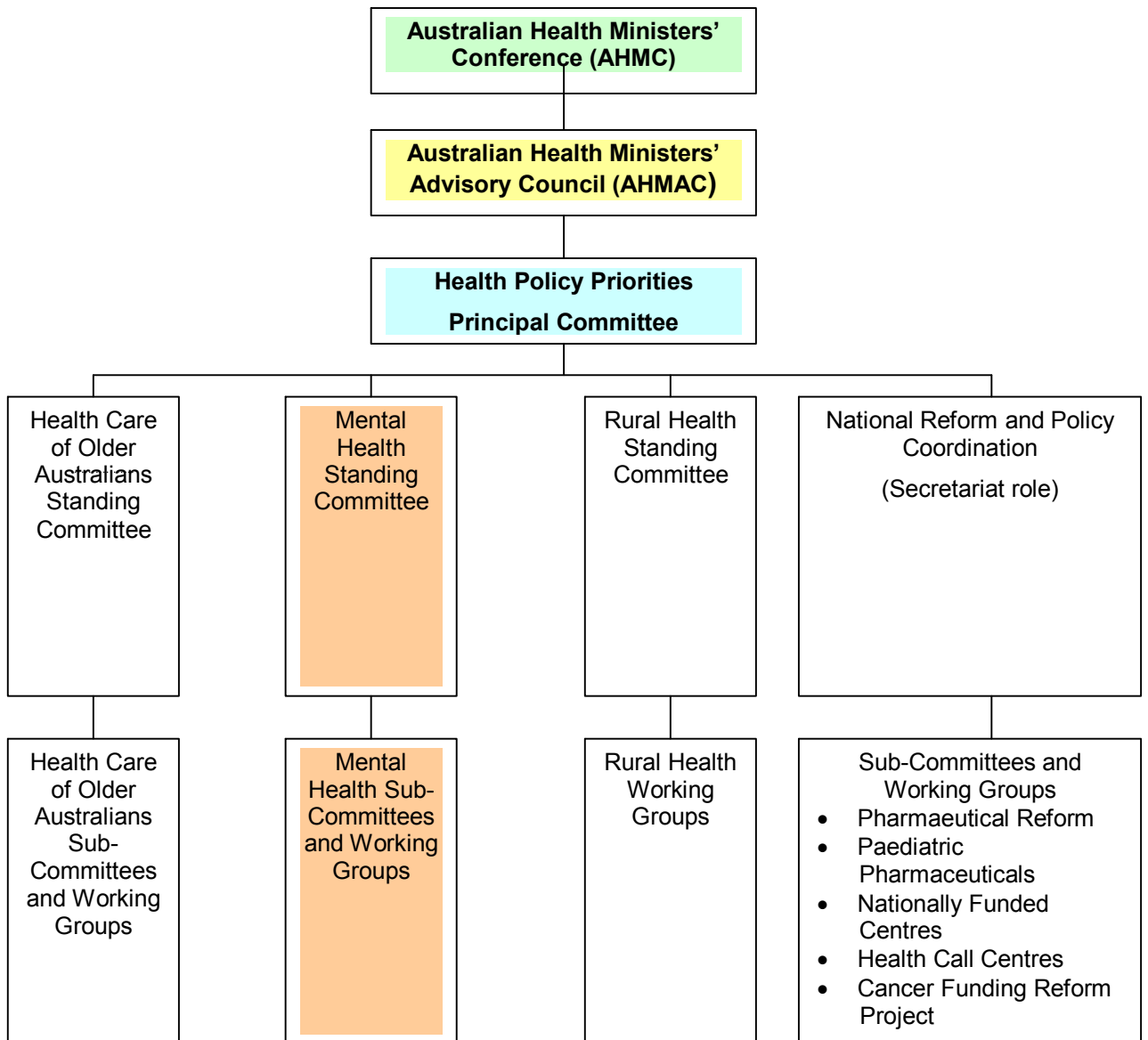
If the above fails to resolve the issue or the Member making the complaint decides not to take the steps above, then:

- The complaint can be put in writing and/or communicated verbally to the NMHCCF Executive or depending on the nature of the complaint (eg the Executive is the object of the complaint) and/or the preference of the Member making the complaint, the matter can be dealt with by the Executive Officer, who will under such circumstances seek the appointment of a mediator agreed by both parties.
- The Member making the complaint will receive a written acknowledgement regarding receipt of the complaint within 10 days after lodging the complaint.
- Each Member who is involved in the complaint should be provided with an opportunity to speak to the Executive or the agreed mediator. The Member making the complaint may bring an advocate (support person) to this meeting.
- Once the complaint has been investigated, the NMHCCF Executive or agreed mediator should communicate the results to both parties along with any recommendation(s) for resolving the issue(s).
- Once both parties have received the above report, they should then formally accept the recommendations or decide what alternative actions if necessary need to be taken.
- Feedback should be sought from both parties as to whether or not they are satisfied with the result and recommendations of the Executive and/or the agreed mediator.

Appendix 1

National Mental Health Policy - the governmental context

The following diagram and accompanying text illustrates the government bodies involved in developing and implementing state, territory and national health policy. The bodies are constituted under the Council of Australian Governments (COAG)²



² COAG is the peak intergovernmental forum in Australia, comprising the Prime Minister, State Premiers, Territory Chief Ministers and the President of the Australian Local Government Association.

Australian Health Ministers Conference

The Australian Health Ministers' Conference (AHMC) comprises all Australian Government, state, territory and New Zealand Ministers with direct responsibility for health matters, including the Australian Government Minister for Veterans' Affairs. Members of AHMC oversee the development and implementation of health policy and services in Australia.

The role and objectives of the AHMC are to:

- Provide a forum for the Australian Government, state and territory governments and the Government of New Zealand to discuss matters of mutual interest concerning health policy, health services and programs;
- Promote a consistent and coordinated national approach to health policy development and implementation; and
- Consider matters reported to the Conference by the Australian Health Ministers' Advisory Council.

Australian Health Ministers' Advisory Council

Membership

The membership of the Australian Health Ministers' Advisory Council (AHMAC) comprises the Head (plus one other senior officer) of each of the Australian Government, state and territory and New Zealand health authorities, and the Australian Government Department of Veterans' Affairs. It oversees the operation of health policy development and implementation in Australia.

Terms of Reference

The AHMAC charter is to provide effective and efficient support to the Australian Health Ministers' Conference (AHMC) by:

- Advising on strategic issues relating to the coordination of health services across the nation and, as applicable, with New Zealand; and
- Operating as a national forum for planning, information sharing and innovation.

In providing this support to AHMC, AHMAC:

1. Considers matters referred to the Council by the Australian Health Ministers' Conference;
2. Considers health matters referred by any Health Minister, or the Minister for Veterans' Affairs;
3. Considers health matters referred by any Member of the Council with the approval of that Member's Minister prepare an annual business plan; and
4. Reports on the above matters to AHMC.

The Mental Health Standing Committee

The Mental Health Standing Committee (MHSC) provides advice to AHMAC on issues pertaining to the mental health sector and develops and implements policy and services under the strategic direction of AHMAC. Membership includes senior representatives from all state and territory health departments as above.

Role of NMHCCF

While the NMHCCF does not appear on the diagram as it is not a governmental body, the diagram provides a context for the operation of the NMHCCF.

The NMHCCF is funded by each of the state and territory mental health departments under the direction of AHMAC. Each state / territory contributes an equal share of funding for NMHCCF and the position of the Executive Officer is funded by the Australian Government through the Mental Health Council of Australia.

As well as the state/territory nominated representatives of NMHCCF reporting regularly to their State/Territory Liaison Contact in the state/territory mental health department, NMHCCF also reports directly to MHSC through the Mental Health Council of Australia.

It is in the context of all of these relationships that NMHCCF provides a conduit for a national consumer and carer voice to input to the national policy development process.

Appendix 2

Recommended reading for NMHCCF members

The following reading list is not mandatory for members, but a suggested list of information that may be useful. Websites are included where available and hard copies or downloads of documents can be supplied by the Executive Officer on request. All readings are recommended and those items marked with an * provide a priority guide for members with limited reading time.

Consumer and Carer participation and systems advocacy

**Consumer and Carer Participation Policy: A Framework for the Mental Health Sector*, (2004) National Consumer and Carer Forum, <http://www.mhca.org.au/Publications/>

Curriculum Development Education Packages, (1998), Mental Health Council of Australia, <http://www.mhca.org.au/Resources/CommunityDevelopment/index.html#CDEP>

**Developing effective consumer participation in mental health services; the report of the Lemon Tree Learning Project*, (1997), Victorian Mental Illness Awareness Council.

Evidence supporting consumer participation in health, 2001, Consumer Focus Collaboration. <http://www.participateinhealth.org.au/>

Consumer participation in accreditation: Resource guide, (2001), A Consumer Focus Collaboration Publication. <http://www.participateinhealth.org.au/>

**Guidelines for Consumer Representatives - Suggestions for Consumer or Community Representatives working on committees*, (2004) Consumers' Health Forum of Australia, www.chf.org.au

**Partnership or Pretence*, (2002), Meagher J, (copies available from Janet Meagher).

**The Kit: a guide to the advocacy we choose to do*, (2nd edition 1999), Commonwealth of Australia, ISBN 0 642 47108 8, also available from the Mental Health Council of Australia website www.mhca.com.au

National Mental Health Sector Issues

**Not For Service. Experiences of injustice and despair in mental health care in Australia*. (2006). Mental Health Council of Australia

**Out of Hospital, Out of Mind!*, (2003), Groom G, Hickie I, & Davenport T, Mental Health Council of Australia

**Postcards from the Edge Stories of hope within a mental health system in crisis*, (2005) Australian Doctor in Association with the Mental Health Council of Australia

Report of the National Inquiry into the Human Rights of People with Mental Illness: Human Rights & Mental Illness (2 volumes), (1993), Human Rights and Equal Opportunity Commission

**Time For Service. Solving Australia's Mental Health Crisis*. (2006). Mental Health Council of Australia

Australian Government Publications

*COAG National Action Plan for Mental Health 2006-2011, (2006) Council of Australian Governments, http://www.coag.gov.au/meetings/140706/docs/nap_mental_health.pdf

Copies of the following key national documents produced by the Australian Government Department of Health and Ageing (publisher: Commonwealth of Australia) can be obtained by contacting the Mental Health and Workforce Division, Australian Government Department of Health and Ageing, GPO Box 9848, Canberra ACT 2601, ph: 1800 066 247 or can be downloaded from <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/publicat-mentalhealth.htm>

Better outcomes in Mental Health Care Reports including *Evaluating the Access to Allied Psychological Services Component of the Better Outcomes in Mental Health Care Program: Eighth Interim Evaluation Report, consumer outcomes*, (2006)

Evaluation of the Second National Mental Health Plan, (2003)

**Mental Health Information Development: National Mental Health Information Priorities 2nd Edition*, (2005)

Mental Health Statement of Rights and Responsibilities, (1991)

National Action Plan for Promotion, Prevention and Early Intervention in Health 2000

National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Well Being 2004-2009

**National Mental Health Plan 2003-2008*, (2003)

National Practice Standards for the Mental Health Workforce (2002)

**National Safety Priorities in Mental Health: A National Plan for Reducing Harm*, (2005)

National Standards for Mental Health Services, (1996)

Useful websites

Auseinet: <http://auseinet.flinders.edu.au/>

The Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet) is a non-government organisation funded by the Australian Government Department of Health and Ageing to work nationally to support change in Australia's mental health policy and practice by developing, collecting and disseminating information and by establishing and supporting networks.

Consumers' Health Forum of Australia Inc: <http://www.chf.org.au/>

The Consumers' Health Forum of Australia Inc (CHF) is a non-government organization for health consumers funded by the Australian Government Department of Health and Ageing to represent and involve consumers in national health policy and program development.

Carers Australia: <http://www.carersaustralia.com.au/>

Carers Australia is a non-government organisation funded by the Australian Government Department of Health and Ageing to represent and involve carers in national health policy and program development.

Australian Government Department of Health and Ageing: <http://www.health.gov.au>

Responsible for the development and implementation of national policies to deliver Australia's national health system, access to medical, pharmaceutical and hospital services, health promotion and disease prevention activities.

Australian Government Department of Families, Community Services and

Indigenous Affairs: <http://www.facsia.gov.au>

Responsible for social policies and support affecting Australian society nationally and the living standards of Australian families.

Mental Health Council of Australia: <http://www.mhca.org.au/>

The Mental Health Council of Australia (MHCA) is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector. Funded by the Australian Government Department of Health and Ageing and other project funding.

National Resource Centre for Consumer Participation in Health:

<http://www.participateinhealth.org.au/>

The NRCCPH is a website maintained by the Health Issues Centre with Funding from the Victorian Department of Human Services to provide a clearinghouse for information on best practice consumer feedback and participation methodologies gathered between 1999-2004. Includes up to date links.

Australian Mental Health Consumer Network: <http://www.amhcn.com.au/>

beyondblue: the national depression initiative: <http://www.beyondblue.org.au/>

bluevoices: http://www.beyondblue.org.au/index.aspx?link_id=3.26

GROW: <http://www.grow.net.au/>

Mental Illness Fellowship: <http://www.schizophrenia.org.au/>

Multicultural Mental Health Australia: <http://www.mmha.org.au/>

National network of private psychiatric sector consumers and carers:

http://www.spgpps.com.au/nn/nn_home.html

SANE Australia: <http://www.sane.org/>

Mental Health Carers Arafmi Australia: <http://www.arafmiaustralia.asn.au/>

Children of Parents with a Mental Illness: <http://www.copmi.net.au/>

Appendix 3

Pro-formas

1. Reporting Form (for use by NMHCCF Members to report to NMHCCF)
2. Example of completed Reporting Form
3. Representational Interest Form (for use by NMHCCF Members)
4. Representation Request Form (for use by external organisations)
5. Expenses Claim Forms (to be used together):
 - Details of NMHCCF Members expenses for MHCA Tax Invoice / Claim Form
 - Mental Health Council of Australia Tax Invoice / Claim Form



Consumers and Carers State and Territory Report

Please detail below the major mental health issues for your state/territory

This could include issues being dealt with by MH Services such as review of MH Act, the media, current MH issues which have encouraged comment, community organisations, new services of note etc).

To be completed two weeks prior to the NMHCCF meetings for the information of members.
Either print and fax to (02) 6285 2166 or complete and return email to liz.ruck@MHCA.org.au.

Name
State/Territory/Organisation
Reporting period

Item 1

Item:
Main groups involved:
Details
Outcome if any:
Learning points/relevance to other states and territories

Item 2

Item:
Main groups involved:
Details
Outcome if any:
Learning points/relevance to other states and territories

Item 3

Item:
Main groups involved:
Details
Outcome if any:
Learning points/relevance to other states and territories

Item 4

Item:
Main groups involved:
Details
Outcome if any:
Learning points/relevance to other states and territories



Example Consumers and Carers State and Territory Report

Please detail below the major mental health issues for your state/territory

This could include issues being dealt with by MH Services such as review of MH Act, the media, current MH issues which have encouraged comment, community organisations, new services of note etc).

To be completed two weeks prior to the NMHCCF meetings for the information of members. Either print and fax to (02) 6285 2166 or complete and return email to liz.ruck@MHCA.org.au

Name: Liz Ruck

State/Territory/Organisation: New South Territory

Reporting period: Dec 06-April 07

Item 1

Item: State Government seeks input from consumers and carers
Main groups involved: State based consumer and carer networks; NGOs; Department of Health
<p>Details</p> <ul style="list-style-type: none"> • Dept of Health ran a series of public forums over the last two months on how best to measure satisfaction with mental health services. • The public forums were well attended and feedback in rural and remote areas was that, due to the drought, counselling services were in high demand and more resources were needed.
Outcome if any: As a result the Dept is reprioritising resources to ensure more counselling in rural and remote areas.
Learning points/relevance to other states and territories: may be useful information for rural and remote areas nationally.

Item 2

Item: State Govt piloting the elimination of seclusion and restraint in selected hospital psychiatric units.
Main groups involved: Selected hospital psychiatric units, consumers, carers, mental health services
<p>Details</p> <ul style="list-style-type: none"> • The pilot began with a two day workshop presentation for all participating staff and representative consumers and carers. • The workshop comprised training from the US National Association of State Mental Health Program Directors, <i>Training Curriculum for the Reduction of Seclusion and Restraint</i>. • Highlights included <ul style="list-style-type: none"> ○ promotion of trauma informed care and need for training on same ○ importance of implementing trauma care plans • The US experience showed significant success in reduction of death and injury to both consumers and staff and the additional significant benefit of a major positive culture change in the hospital psychiatric units involved. • In the light of this experience, the US presenters also anticipated significant cultural change following the implementation of the “apologizing for adverse incidents” initiative - similar to “open disclosure” initiative being piloted in some Australian hospitals.
Outcome if any: The pilot will continue and mixed results are anticipated in the State initially (as evidenced by the US experience). Preliminary evaluation report is scheduled for the end of next year.
Learning points/relevance to other states and territories: Is this happening in other states? Also need to pursue the progress of the “open disclosure” initiative and what the results have been in hospital psychiatric units.



NMHCCF - Representational Interest Form

Name Tel

Email Mob

Local Mental Health Network (list membership of organisations)

.....

Contact with consumer and carers and organisations nationally.

.....

Expression of Interest to Represent Consumers/Carers on

..... Committee/Working Group

Application:

Please outline the skills and experience to support your application to represent the NMHCCF.



Representation Request Form

National Mental Health Consumer and Carer Forum

This request for information is provided to organisations seeking representation from mental health consumers and carers through the Mental Health Council of Australia and the National Mental Health Consumer and Carer Forum.

On receipt of this information, selection process will commence to determine the representative most suitable to the requirements listed. You will be notified with the contact details of the representative/s.

Representatives are selected on the criteria of their existing experience, knowledge and connections with the local mental health community. Consumers and carers are given training in systems advocacy and are supported throughout their period of advocacy. Once selected, the nominated NMHCCF representative feeds back information to the NMHCCF and their networked colleagues who are consumers and carers working in the field of advocacy.

Please complete the form and return to:

Liz Ruck
MHCA
PO Box 154
Deakin West
ACT 2600

1 Organisational Information

Name of organisation

Name of committee/body.....

Contact person.....

Contact address.....

Email..... telephone.....

2 Meeting Information

Meeting type e.g. committee/seminar/forum etc.....

Location

Frequency..... Duration.....



Representation Request Form

National Mental Health Consumer and Carer Forum

Start date Expected end date

Meeting objective/s

.....

.....

.....

Specific focus area of group

.....

.....

Secretariat details if different from above

.....

3 Representative, please indicate number required

Mental Health Consumer

Mental Health Carer

4 Remuneration

The NMHCCF does not support tokenism and provides consumer and carer representatives only to bodies which remunerate for their services. (See the *Principles for the appointment of consumer representatives: A process for Governments and Industry, Commonwealth Treasury Consumer Affairs Advisory Council June 2005*) http://www.treasury.gov.au/documents/994/PDF/consumer_reps.pdf

Sitting fees at remuneration tribunal rates are found at:

<http://www.remtribunal.gov.au/determinationsReports/byYear/2006dets/2006-12Determination.pdf>

Please indicate at what rate the representative will be remunerated \$ per hour/per day



Representation Request Form

National Mental Health Consumer and Carer Forum

5 Expenses

If travel and accommodation expenses apply to meetings the organisation requesting representation will book and pay for both in consultation with the consumer and/or carer representative

Please indicate if the following are required:

- | | |
|--|--------------------------|
| Travel | <input type="checkbox"/> |
| Accommodation | <input type="checkbox"/> |
| Miscellaneous (e.g. parking, printing, telephone calls, childcare) | <input type="checkbox"/> |

6 Please indicate how payment will be made to the representative/s

On receipt of a proforma outlining representative payment details supplied by MHCA / your organisation

- | | |
|-----------------------|--------------------------|
| At the meeting | <input type="checkbox"/> |
| By postal cheque | <input type="checkbox"/> |
| Directly into account | <input type="checkbox"/> |



Details of NMHCCF Member expenses

Attachment to MHCA tax invoice / claim form

This form must be used in conjunction with the Mental Health Council of Australia Tax Invoice / Claim Form

Name:

Date	Purpose	Position held for this meeting ¹	Time started travel ²	Time started meeting	Time finished meeting	Time finished travel	Total No. of hours/minutes ₃	Expenses ⁴	Mileage and Engine size ⁵

This form must be submitted to the NMHCCF Executive Officer, accompanied by a *MHCA tax invoice / claim form*, within 14 days following attendance at an NMHCCF meeting or teleconference.

Total Payment calculated: \$.....

¹ Eg Co-Chair or ordinary member. The Australian Government Remuneration Tribunal recommended rates differ for chairpersons and ordinary members.

² Time of start and finish of travel is calculated as time of departure and arrival at place of abode.

³ The maximum time for working and /or travelling time that may be remunerated in one day is 8 hours.

⁴ Eg cost of parking – please attach receipts.

⁵ Ie number of kms and engine size: 1600cc or less; 1601cc - 2600cc; or above 2600cc

Mental Health Council of Australia ABN - 67 592 218 493 PO Box 174 Deakin West ACT 2600 Telephone: (02) 6285 3100, Fax: (02) 6285 2166 Email: admin@MHCA.org.au	Tax Invoice/Claim Form
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Claim for reimbursement	Consumer and carer members of MHCA or other designated consumer and carers attending MHCA endorsed meetings		
Claim made by Mr/Ms/Mrs/Prof/Dr			
Address			
ABN (if you have one)			
Attending meeting of			
Held in (city)		on (date)	

Expenses		Rate (\$)	*GST (\$)	Total (\$)
(1)	Sitting Fee* []day(s) @ \$350.00 per day (Remuneration Tribunal Rate) or per hour up to a maximum of 5 hours then the daily rate applies.			
(2)	Teleconference* Standard \$50 per teleconference			
(3)	Other – i.e. Taxi, parking fees, etc. (attach tax invoice/receipts) (Note: for use of private motor vehicles please submit fuel receipts)			
*Note: Claim GST @ 10% if registered for GST. If you are not registered for GST do not claim GST				
TOTAL				

Please select one of the following options below:

I have an ABN and provide the MHCA with this Tax Invoice to cover reimbursement for meeting attendance.

I have an ABN but am not registered for GST.
I will receive payment based on this claim without GST.

I do not have an ABN (Note: MHCA is required by law to withhold 48.5% income tax, unless you lodge an Australian Taxation Office *Statement by Supplier* reason for not quoting an ABN with MHCA.)

I confirm that I am not entitled to any other payment for the time spent during these activities.

I submit that the details contained in this claim for reimbursements are correct and relate solely to expenses incurred in respect of activities undertaken to contribute to the work of the Mental Health Council of Australia.

Signature..... Date..... / /

OFFICE USE ONLY

AUTHORISATION OF PAYMENT	APPROVED:	DATE:/...../.....
	Cost code:	\$
	\$
	\$

