



**NATIONAL MENTAL HEALTH
CONSUMER & CARER FORUM**

Operating Guidelines

July 2011

Alia House, 1st Floor, 9-11 Napier Close, DEAKIN WEST ACT 2600
PO Box 174, DEAKIN WEST ACT 2600
Phone: (02) 6285 3100 Fax: (02) 6285 2166
Email: nmhccf@mhca.org.au
Web: www.nmhccf.org.au

Contents

Glossary	3
1	The National Mental Health Consumer and Carer Forum.....	4
1.1	Introduction	4
1.2	Background and purpose	4
1.3	Terms of reference.....	4
2	Membership.....	5
2.1	Selection of NMHCCF members.....	6
2.2	Orientation of new NMHCCF members.....	6
2.3	Roles and responsibilities of NMHCCF members.....	6
2.4	Performance management	7
2.5	Resignation	7
3	Code of Conduct	7
4	NMHCCF Executive Committee.....	8
4.1	Differences between Co-Chairs, Deputy Co-Chairs and Ordinary Executive Members.....	9
4.2	Training and succession planning	10
4.3	Election of the Executive.....	10
5	NMHCCF Secretariat	14
5.1	Executive Officer	15
5.2	Administration/Project Officer	15
6	Reporting mechanisms.....	15
6.1	State/territory / organisation reporting	15
6.2	Mental Health Standing Committee	16
6.3	NMHCCF member volunteer hours	16
7	Budget	16
8	NMHCCF Meetings	16
8.1	Attendance at meetings.....	17
8.2	Processes for proxy representation.....	17
8.3	Setting the agenda and procedure for meetings.....	17
8.4	The decision making process	18
8.5	Meeting outcomes.....	19
9	Business between NMHCCF meetings	19
9.1	Quick decision making	19

9.2	NMHCCF Secretariat discretion	19
9.3	Correspondence.....	20
9.4	Submissions.....	20
9.5	Advocacy Briefs	20
9.6	Working Groups	20
9.7	Project steering committees.....	21
9.8	Selection of consumers and carers to participate in external participation opportunities and committees	21
10	Remuneration and reimbursement	22
10.1	Sitting fees policy	22
10.2	Travel expenses policy	24
10.3	Timeliness	25
11	Communications.....	26
11.1	Members contact details	26
11.2	Emails to NMHCCF members	26
11.3	NMHCCF website	26
11.4	NMHCCF style guideline.....	27
11.5	NMHCCF media releases.....	27
12	Complaints and conflict resolution.....	27
12.1	Complaints within the NMHCCF	27
12.2	Complaints from outside the NMHCCF.....	28
	Appendix A National mental health policy environment.....	29
	Appendix B A nationally consistent approach for NMHCCF consumer and carer selection and representation	32
	Appendix C Proformas.....	40
	Appendix D NMHCCF Electronic communication	49
	Appendix E Recommended reading	51

Glossary

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

1 The National Mental Health Consumer and Carer Forum

1.1 Introduction

These Operating Guidelines (the Guidelines) have been developed to inform all National Mental Health Consumer and Carer Forum (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. New members also attend an orientation session with the NMHCCF Executive Officer, and when practicable at least one Executive Committee member, to discuss the Guidelines in more detail.

The Guidelines are available to the organisations or states or territories responsible for appointing members. They are also available on the NMHCCF website: <http://www.nmhccf.org.au>.

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

1.2 Background and purpose

The NMHCCF was established by the Australian Health Ministers Advisory Council Mental Health Standing Committee (AHMAC MHSC¹) 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 (MHCA). Secretariat support is provided by the NMHCCF Executive Officer and Administration/Project Officer, located at the MHCA. The MHCA Deputy CEO is involved in oversight of the NMHCCF Secretariat. The NMHCCF also receives significant administration, finance and communications support from the MHCA.

1.3 Terms of reference

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

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. 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 (see also: <http://www.ahmac.gov.au> and <http://www.health.gov.au/mhsc>).

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

- 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*².

2 Membership

The NMHCCF is made up of mental health consumers and carers representing each state and territory, as well as significant mental health consumer and/or carer organisations as nominated by the MHSC.

The membership comprises:

- one consumer and one carer representative nominated by each state or territory government; and
- representatives from the following national consumer and carer organisations:^{3 4}
 - 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
 - Mental Health Carers Arafmi Australia
 - Private Mental Health Consumer Carer Network (Australia)

² Terms of Reference will need to be updated to recognise the release of the Fourth National Mental Health Plan.

³ Original membership included the Australian Mental Health Consumer Network (AMHCN), which ceased operations in 2008. The Australian Government is currently funding a scoping study to establish a new peak national mental health consumer body. In the interim, the MHSC has provided in principle agreement that the former AMHCN representative should remain on the NMHCCF as a consumer representative until the new national consumer organisation is established.

⁴ Proposed membership also originally included representatives from the Indigenous, youth and transcultural sectors.

- CALD consumer and carer representative

In addition, appropriate expertise may be recruited for time limited periods to assist with activities such as those undertaken by working groups.

2.1 Selection of NMHCCF members

The selection of consumer and carer representatives to the NMHCCF 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.

There is no maximum length of tenure for NMHCCF consumer and carer representatives. NMHCCF members are initially appointed for a four year term and then their appointment is reviewed by their nominating state/territory/organisation. If reappointed their membership is then reviewed every two years.

[Appendix B](#) details the nationally consistent process for NMHCCF consumer and carer selection and representation, including position descriptions and selection criteria.

2.1.1 Permanent Proxies

It is the responsibility of NMHCCF members to ensure a permanent proxy has been arranged by their nominating organisation or state or territory, and that the NMHCCF Executive Officer has been advised of their contact details.

Please note: A consumer or a carer position on the NMHCCF belongs to the member organisation or state/territory and not the individual who fills it. Permanent proxies are therefore selected by the nominating organisation or state or territory, not the individual.

2.2 Orientation of new NMHCCF members

The Executive Officer ensures that each new member receives these Guidelines and an orientation pack prior to their first NMHCCF meeting. Where possible, the Executive Officer will also organise an orientation training session for new members prior to their first meeting.

2.3 Roles and responsibilities of NMHCCF members

NMHCCF members are expected to participate in the NMHCCF by:

- Attendance at meetings.
- Active participation in discussion.
- Contributing ideas and expertise to the development of NMHCCF activities, policy and planning.
- Following up identified actions.

Where participation or attendance at NMHCCF meetings is not possible, members are required to notify the NMHCCF Executive Officer, their nominating agency and their permanent proxy as soon as is practicable (please refer to [8.2 Processes for proxy representation](#)).

Members who are unable to attend at least one NMHCCF meeting during any 12 month period will be asked to reconsider their position as a NMHCCF member.

Each member has a responsibility to report back to their organisation or state/territory Liaison Officer about NMHCCF activities, and vice versa. This information exchange assists members to promote the work of the NMHCCF and informs the NMHCCF about relevant issues (please refer to [6 Reporting mechanisms](#)).

2.4 Performance management

All NMHCCF members are expected to fulfil their roles and responsibilities as outlined in these Operating Guidelines. If a NMHCCF member neglects their roles and responsibilities or breaches the code of conduct (see [3 Code of Conduct](#)) their behaviour will be noted and dealt with by the NMHCCF Executive Committee, in consultation with the relevant member and their state/territory/organisation Liaison Officer.

2.5 Resignation

It is the responsibility of each NMHCCF member to inform the Executive Officer of their decision to resign from the NMHCCF.

It is also the responsibility of the 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.

3 Code of Conduct

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

Behaviour

- Behave honestly and with integrity.
- Respect:
 - Each person's privacy in relation to their diagnosis and personal story.
 - Each person's right to have an opinion, which may differ from my own.
- Act with due care and diligence.
- Comply with all applicable Australian laws.
- Provide brief comments at meetings so that everyone has an opportunity to make comment.
- Support the Executive and Secretariat or anyone else to ensure respect for this Code of Conduct in any activities undertaken by the NMHCCF.

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.

4 NMHCCF Executive Committee

The NMHCCF Executive Committee comprises:

- A consumer Co-Chair and carer Co-Chair
- A consumer Deputy Co-Chair and a carer Deputy Co-Chair
- A consumer Ordinary Executive Member and a carer Ordinary Executive Member.

The Executive Committee is elected by the NMHCCF on a two yearly basis and meets regularly to monitor the progress of the NMHCCF business and projects, and to plan for NMHCCF meetings. Executive meetings are face-to-face where feasible, and by teleconference at other times. **Significant** work is undertaken by the Executive via email.

In addition to the roles and responsibilities expected of all NMHCCF members, Executive Committee members are expected to:

- Attend one regular teleconference prior to each NMHCCF face to face meeting (two per year) and teleconference (two per year).
- Negotiate chairing arrangements and chair NMHCCF meetings and teleconferences.
- Participate in NMHCCF working groups – one Executive member per working group.
- Be available by email or teleconference to deal with ongoing policy decisions and information queries (these occur regularly and will involve at least 1.5 hours work per week).
- Pro-actively ensure that all members are aware of and contributing on key identified issues across the NMHCCF agenda.
- Participate in consumer and carer representative selection for external committees/consultations – Co-Chairs where possible (these occur regularly and may involve 0.5 to 1.5 hours work per week).
- Investigate and deal with complaints against NMHCCF members (refer to [12 Complaints and conflict resolution](#)).
- Delegate Executive representative responsibilities to NMHCCF members and the Executive Officer where appropriate and as required (see also [9.1 Quick decision making](#) and [9.2 NMHCCF Secretariat discretion](#)).
- Oversee the NMHCCF budget with advice from the Executive Officer.
- Attend MHCA Members Policy Forum meetings (two meetings per year, 1-1.5 days each) and participate in meetings with the Chair, Deputy Chair and CEO of MHCA as outlined in the Memorandum of Understanding between the NMHCCF and MHCA.
- Advise the NMHCCF Secretariat if they are unable to perform their Executive duties for an extended period of time (e.g. whilst on leave).

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.

If a NMHCCF member feels that an Executive Committee member is not meeting their roles and responsibilities or has breached the code of conduct, the Executive Committee member's behaviour can be raised and dealt with in accordance with the NMHCCF complaints procedure.

4.1 Differences between Co-Chairs, Deputy Co-Chairs and Ordinary Executive Members

Executive Committee roles and responsibilities are regularly shared amongst Executive Committee members. All Executive Committee members are involved in decision making where possible and each has voting rights.

Some differences between Executive Committee positions are outlined below.

Co-Chairs

- Open and close NMHCCF meetings.

- Participate in consumer and carer representative selection for external participation opportunities and committees.
- Sign all external correspondence, following Executive Committee endorsement (as per quick decision making process).
- Represent the NMHCCF at external events.
- Delegate NMHCCF representative opportunities to other Executive Committee members or NMHCCF members, as required and where appropriate.

Deputy Co-Chairs

- Take on the responsibilities of Co-Chair when their respective Co-Chair is unavailable.

Ordinary Executive Member

- Can be co-opted into Deputy Co-Chair positions if a Co-Chair or Deputy Co-Chair is not available for a short period of time.

4.2 Training and succession planning

To further develop Executive Committee members' capabilities, once elected each Executive member may have an opportunity to have a skills/learning needs assessment and be given training and development opportunities if they wish.

This will build capacity within the NMHCCF and ensure that if a Co-Chair or Deputy Co-Chair steps down other Executive Committee members are ready to take on their role.

4.3 Election of the Executive

The Executive members of the NMHCCF are elected for two year terms. All six Executive Committee positions are elected at the same time and become vacant at the end of the two year cycle (i.e. all positions are spilled at this time).

There is no maximum number of terms an Executive Committee member can serve but as all Executive Committee positions become vacant every two years, those who seek to serve another term must renominate at each election.

Members are expected to vote in Executive elections.

Carer members can only nominate, second and vote for **carer** Executive positions. **Consumer** members can only nominate, second and vote for **consumer** Executive positions.

Proxy representatives are ineligible to nominate or second for Executive positions but can vote in the Executive election.

The Executive election process is conducted via email, post and telephone. The nomination and selection process is as follows:

Nominations

- 6 weeks prior to the first face to face meeting in an Executive election year, the Executive Officer will email information to members about Executive positions and the election, and call for nominations for Co-Chairs, Deputy Co-Chairs and Ordinary Executive Members.
- Nominees can nominate themselves or be nominated by another member. Members can nominate/be nominated for any number of Executive positions.
- All nominations must be made by completing a nomination form (in [Appendix C](#)).

Nominations must include a brief 1-2 paragraph biography of the nominee, describing the nominee's experience, achievements and reasons for wanting the position(s). This will be sent to all NMHCCF members after nominations have closed to assist them in voting.

- Nominations must be seconded by a fellow NMHCCF member, who must be named on the nomination form. Members who nominate another member for a position are automatically considered their seconder. Seconders must email (or send by post) a notification to the Executive Officer confirming that they second the nominee. Seconders can second more than one Executive Committee nominee.
- 5 weeks prior to the meeting, the Executive Officer will email a nomination reminder to NMHCCF members.
- 4 weeks prior to the meeting, the Executive Officer will advise via email 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 (e.g. the MHCA CEO or their delegate).

Please note: Nominees can withdraw their nomination at any stage of the Executive election process.

Election

- The Executive Officer will circulate information about all nominees and the voting process to NMHCCF members by email once nominations have closed.
- Voting will commence 4 weeks before the face to face meeting. If a vote is required for more than one position a series of votes will be conducted (staggered voting). The election process may take up to 3 weeks (7 days per vote). Please see the table below for election timings.

Executive Committee Election Process

Weeks prior to face to face meeting

	6	5	4	3	2	1
Nominations	Call for nominations		Nominations close			
Election			Voting papers circulated for Co-Chair election (if required) 12pm Monday	Co-Chair voting closes 9am Monday Voting papers circulated for Deputy Co-Chair election (if required) 12pm Monday	Deputy Co-Chair voting closes 9am Monday Voting papers circulated for Ordinary Executive Member election (if required) 12pm Monday	Ordinary Executive Member voting closes 9am Monday
Announcements			Any Executive Committee positions filled without need for an election Information about all nominees and voting process sent to members	Co-Chair result 12pm Monday (or earlier if all votes have been cast)	Deputy Co-Chair result 12pm Monday (or earlier if all votes have been cast)	Ordinary Executive 12pm Monday (or earlier if all votes have been cast)

If an election is not required for a particular position voting can be brought forward. For example, if a Co-Chair vote is not required the Deputy Co-Chair vote (or the Ordinary Executive Member if no Deputy Chair vote is required) can be brought forward to commence 4 weeks before the face to face meeting (as opposed to 3 or 2 weeks before).

- The Executive Officer will circulate voting papers to members via email. Members are to return completed voting papers to the Returning Officer within 7 days either by email, fax or post. Phone votes to the Returning Officer will be accepted in extenuating circumstances only. 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.
- All votes will be counted by the Returning Officer; the Executive Officer will inform members of the result by email.
- After each vote successful nominees' names will be removed from the next round(s) of voting papers (if they have nominated for more than one position on the Executive Committee).

For example, the following nominations are received for the consumer Executive Committee positions:

Co-Chair	Deputy Co-Chair	Ordinary Executive Member
A	A	A
B	B	D
C	D	E
D	E	F

If A wins the Co-Chair vote they will be removed from the Deputy Co-Chair vote and the Ordinary Executive member vote.

The Deputy Co-Chair vote will be between B, D and E. If E wins they will be removed from the Ordinary Executive member vote.

The Ordinary Executive member vote will then be between D and F.

Tied vote

In the event of a tied vote for any position votes will be recounted by the Returning Officer and independent scrutineer.

If the vote remains tied preferential voting will be used for the second round of voting.

If the vote remains tied after the second vote the Returning Officer will break the deadlock by tossing a coin, observed by the independent scrutineer.

4.3.1 Unsuccessful election outcome

If an Executive position(s) is not filled through the election (other than in the instance of a tied vote), there will be an additional nomination and selection round, using the following process:

- The entire nomination and selection process will be completed by email, with follow up telephone calls.

- Within two weeks of the face to face meeting, the Executive Officer will call for nominations for the vacant Executive position(s), following the call for nominations process described above.
- Nominations will close after 2 weeks, at which time information about nominees and voting papers will be circulated by the Executive Officer.
- Members will have 1 week to return completed voting papers to the Returning Officer.
- The Returning Officer will count the votes. The Executive Officer will inform members of the result by email.

4.3.2 Invalid election

An election will be considered invalid if the voting process has been compromised, for example if:

- A consumer casts a vote in a carer election (or vice versa).
- More votes are received than there are members.
- Voting papers are lost (e.g. if the Returning Officer leaves their position and voting information is not handed over to their replacement).

Once an election or vote (if only one voting round is affected) has been declared invalid another vote(s) will be called.

4.3.3 Unexpected Executive vacancies

Unexpected vacancies will be filled through an out of session election, using a similar process to the unsuccessful election outcome process.

- The entire nomination and selection process will be completed by email, with follow up telephone calls.
- The Executive Officer will call for nominations for the vacant Executive position(s).
- Nominations will close after 2 weeks, at which time information about nominees and voting papers will be circulated by the Executive Officer.
- Members will have 1 week to return completed voting papers to the Returning Officer.
- The Returning Officer will count the votes. The Executive Officer will inform members of the result by email.

These positions will only be filled for the remainder of the two year Executive Committee term.

5 NMHCCF Secretariat

The Australian Government Department of Health and Ageing funds an Executive Officer position and an Administration/Project Officer position to

support the work of both the NMHCCF and the National Register of Mental Health Consumer and Carer Representatives⁵.

5.1 Executive Officer

The Executive Officer manages the business of the NMHCCF under the direction of the NMHCCF Executive and the MHCA Deputy CEO. This includes carrying out all instructions of the NMHCCF Executive Committee, all agreed procedures covered in these Guidelines, financial management, initiating and monitoring progress of NMHCCF activities, and 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.

5.2 Administration/Project Officer

The Administration/Project Officer works directly with, and provides administrative and project support to, the NMHCCF Executive Officer and NMHCCF members.

They also assist the Executive Officer to provide secretariat support to the NMHCCF, including liaising with NMHCCF members, preparing meeting materials, managing the organisation of meetings, coordinating travel and venue requirements, and maintaining the NMHCCF website.

6 Reporting mechanisms

The Executive Officer ensures 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.

6.1 State/territory / organisation reporting

To ensure effective reporting mechanisms each member is required to maintain a working relationship with their nominating organisation or in the case of state or territory nominated members, their state or territory Liaison Officer, so that they can provide a conduit for information exchange with the NMHCCF as outlined in [2.3 Roles and responsibilities](#).

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. NMHCCF members are required to:

- Provide a report about current activities and issues in their state/territory or organisation to the NMHCCF before each face to face meeting. This report is sent to the Executive Officer at least two weeks before the meeting. The Reporting Form pro forma is in [Appendix C](#).

⁵ The MHCA National Register was developed in 2007 to provide a pool of trained consumer and carer representatives to national mental health policy initiatives. There are currently places for 60 consumers and carers to be members of the National Register.

- 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 provides a summary of NMHCCF activities within three weeks of the conclusion of each face to face meeting. Members may choose to use this summary as the basis of their report to their constituency if they wish.

6.2 Mental Health Standing Committee

The NMHCCF reports to each meeting of the Mental Health Standing Committee. A written update is prepared by the Executive Officer and presented to the MHSC by the MHSC consumer and carer representatives. The MHSC consumer and carer representatives are selected from the NMHCCF membership and represent consumers and carers as their constituents; this includes the interests of the NMHCCF as well as members' own individual consumer and carer networks.

6.3 NMHCCF member volunteer hours

To assist business planning processes members are required to record the hours they provide to the NMHCCF on NMHCCF business where they do not receive sitting fees, for example reading time or feedback provided by email.

Members report these volunteer hours worked for the NMHCCF over a six month period, using the 'Volunteer Hours' spreadsheet (in [Appendix C](#) and the Members Only Area of the NMHCCF website). Completed spreadsheets should be emailed to the Executive Officer two weeks before each face to face meeting.

7 Budget

All NMHCCF operational expenses are sourced from the NMHCCF budget provided by the states and territories. The salaries of the Executive Officer and Administration/Project Officer are provided by the Australian Government Department of Health and Ageing through the MHCA budget, as outlined in [5 NMHCCF Secretariat](#).

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 manages the financial business of the NMHCCF, with support from the MHCA Deputy CEO and MHCA Finance Manager, under the direction of the NMHCCF Executive.

As the auspicing body for the NMHCCF, the final authorisation of budget and expenditure lies with the MHCA CEO or their delegate.

8 NMHCCF Meetings

The NMHCCF meets four times a year; two face to face meetings and two teleconferences.

8.1 Attendance at meetings

It is the responsibility of NMHCCF members to inform the NMHCCF Secretariat 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 NMHCCF Secretariat at the earliest possible time. If possible the permanent proxy, selected by that member's nominating state/territory/organisation, should attend for that meeting.

8.2 Processes for proxy representation

Where a proxy is required, NMHCCF members are to:

- Inform their organisation / state/territory Liaison Officer that they are unavailable to attend the meeting and that their permanent proxy will need to attend.
- At the earliest possible time inform the NMHCCF Secretariat that they:
 - are unavailable to attend the meeting,
 - have notified their organisation / state/territory contact; and
 - have confirmed whether their permanent proxy will attend.
- Provide the proxy with a briefing on the meeting.

8.3 Setting the agenda and procedure for meetings

8.3.1 Face to face meetings

For face to face meetings the following process is used:

- 6 weeks prior to the meeting the call for agenda items and the agenda pro forma (in [Appendix C](#)) are emailed to NMHCCF members.
- 4 weeks prior to the meeting members' agenda items are received by the Executive Officer.
- 3 weeks prior to the meeting the Executive finalises agenda by email.
- 3 weeks prior to the meeting RSVP's close.
- 2 weeks prior to the meeting the Executive Officer emails and posts hard copy meeting documents to members.

8.3.2 Teleconferences

For teleconferences the following process operates:

- 4 weeks prior to the meeting the call for agenda items and the agenda pro forma are circulated amongst the NMHCCF membership.
- 3 weeks prior to the meeting members' agenda items are received by Executive Officer.
- 2 weeks prior to the meeting Executive finalise agenda by email.
- 1 week prior to the meeting RSVP's close.
- 1 week prior to the meeting the Executive Officer circulates all documentation relevant to the meeting electronically.

- When requested, hard copies of meeting papers can be circulated prior to the teleconference.
- During the teleconference meeting:
 - There will be an introduction of the Chairperson/people and welcome of participants.
 - “mute” button should be used on speaker phone unless speaking.
 - Name is stated by each member prior to comment.
 - Comments to be addressed through the Chair.
 - 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.

Figure 1: NMHCCF meeting preparation timeline

	Weeks prior to meeting					
	6	5	4	3	2	1
NMHCCF face to face meeting	Call for agenda items		Agenda items due	Agenda finalised RSVPs close	Meeting documents distributed	
NMHCCF teleconference meeting			Call for agenda items	Agenda items due	Agenda finalised	Meeting documents distributed RSVPs close

8.4 The decision making process

At NMHCCF meetings decisions are made as follows:

- Proposed decision/action items are identified in meeting agenda papers for NMHCCF members’ consideration and discussion. Decision/action items may also arise through discussion at the meeting.
- For each decision/action item a motion must be made and then seconded. The membership then votes on the motion.
- The NMHCCF Secretariat records all agreed decisions and actions in the minutes of the meeting.

The Executive Officer enacts NMHCCF decisions and actions on behalf of the NMHCCF Executive Committee.

8.5 Meeting outcomes

Draft minutes are compiled by the NMHCCF Secretariat and circulated within two weeks of the conclusion of each meeting. As noted above, the Executive Officer is delegated to carry out the decisions and activities of the NMHCCF.

After each face to face meeting the Executive Officer develops a summary report to inform consumers and carers and other NMHCCF stakeholders about NMHCCF meeting activities. This meeting summary is distributed within three weeks of the face to face meeting.

9 Business between NMHCCF meetings

9.1 Quick decision making

If a change needs to be made to the original form of a decision or action due to unexpected or changed circumstances, or if a quick decision needs to be made on a new issue, the following process will be used:

- All Executive Committee members will be contacted by the Executive Officer, by phone, to seek their approval for a quick response.
- If not all Executive members are available, a quorum of at least one carer and one consumer executive representative will provide feedback.
- If no Executive members can be reached in the required time, the Executive Officer will be empowered to respond to the unexpected or changed circumstances informed by the following NMHCCF resources:
 - Advocacy Briefs;
 - Past decisions and discussions of members and the Executive; and
 - NMHCCF Forward and Business Plans, Operating Guidelines and the Objectives of the NMHCCF.

All actions will be reported to the full membership as soon as practicable and subject to discussion at the next available meeting if necessary.

9.2 NMHCCF Secretariat discretion

The NMHCCF Secretariat is empowered to make decisions on behalf of the NMHCCF at the discretion of senior staff. This includes, but is not limited to, decisions about correspondence, invitations to comment on external requests for input, attendance at meetings, representative selection if appropriate, funding expenditure, including sitting fees or other allowances, project proposals and reports, and other issues as they arise.

Where appropriate, the Executive will be informed of decisions made by the Secretariat on behalf of the NMHCCF.

On those occasions where it is not possible or practicable that the Executive or members be involved, urgent decisions may be made by senior MHCA staff on behalf of the NMHCCF. These decisions are not made lightly or undertaken with any intent to undermine the NMHCCF, its members, or its activities.

9.3 Correspondence

Letters from the NMHCCF are drafted by the NMHCCF Secretariat. Where possible correspondence is approved by the Executive Committee, and signed by the Co-Chairs. When correspondence goes out under the Co-Chairs signatures it only needs to be approved by two Executive Committee members, of whom at least one must be a consumer and one a carer.

9.4 Submissions

The NMHCCF regularly provides feedback on matters of relevance, including consultations on new national mental health initiatives and policies. When consultation timeframes permit members can discuss these opportunities and potential NMHCCF feedback at NMHCCF meetings, or via email between meetings. The NMHCCF Secretariat uses feedback from these discussions to develop NMHCCF responses.

When there is a limited timeframe for response the NMHCCF Secretariat will draft feedback and seek comments from members by email.

Where possible the Executive Committee approves NMHCCF responses prior to submission. The NMHCCF Secretariat is also empowered to respond on behalf of the NMHCCF, see [9.2 Secretariat discretion](#).

9.5 Advocacy Briefs

The NMHCCF develops Advocacy Briefs to enable consumers and carers to better understand and comment on key issues in mental health. Advocacy Briefs are available to NMHCCF members and the general public through the NMHCCF website.

Advocacy Briefs are written by NMHCCF members and reviewed annually. The NMHCCF Secretariat and Editorial Working Group will facilitate this process and original authors, if possible, will make any necessary revisions.

Advocacy Briefs are living documents; formal review does not preclude nominated brief coordinators from updating the documents on an ongoing basis.

Members will be advised when briefs are updated and if changes are substantial a formal review by all NMHCCF members may be required.

9.6 Working Groups

NMHCCF working groups operate as advisory groups responsible for drafting policies and papers (e.g. planning documents, advocacy briefs) that are then provided to all members for their feedback and endorsement.

Membership of working groups is voluntary, but each must include at least one NMHCCF Executive member in an ex officio capacity. Support for working group activities is available through the NMHCCF Secretariat.

Working group activities are reported to NMHCCF members at each face to face meeting.

9.7 Project steering committees

Project steering committees operate under established terms of reference to deliver specific projects (e.g. Forward Plan 2009-2011 projects).

Terms of reference are agreed by all NMHCCF members and include consideration of the lifespan of the committee and the budgetary implications of the project (including delegations, such as how to spend funds and spending limits). Terms of reference relate to the project brief.

Each steering committee must include at least one NMHCCF Executive member and has the option of co-opting external expertise to assist on projects as required.

The work of each steering committee is to be reviewed annually.

9.8 Selection of consumers and carers to participate in external participation opportunities and committees

The NMHCCF is regularly asked to provide consumer and carer representatives on external participation opportunities and committees. The NMHCCF does not support tokenism and provides consumer and carer representatives only to bodies which remunerate for their services⁶.

The NMHCCF uses the following process for the selection of members to provide representation:

- If a request for representation comes directly to the NMHCCF⁷ the Administration/Project Officer will seek information from the requesting body using the *Application for Mental Health Consumer or Carer Representative Position* – organisations form in [Appendix C](#).
- Once further information about the representation opportunity has been received, the Administration/Project Officer will seek nominations from NMHCCF members using the *Application for Mental Health Consumer or Carer Representative Position* – National Register / NMHCCF form at [Appendix C](#).
- Applications will be considered by a selection panel made up of the consumer and carer representatives on the MHCA Board and the NMHCCF consumer and carer Co-Chairs (Deputy Co-Chairs or Ordinary Executive Members to step in if needed).
 - The selection panel will meet by email or teleconference and will select representatives based on agreed selection criteria as represented on the application, including the skills, experience and commitment outlined in the application.
 - If the selection panel cannot reach a decision due to a tied vote the deciding vote will be made by the MHCA CEO.

⁶ Except in exceptional circumstances – please see below for details about remuneration for representative opportunities of national importance.

⁷ *Please note:* Requests for consumer and carer representatives that come through the MHCA and do not explicitly request NMHCCF representation will be offered to all members of the NMHCCF and National Register of Mental Health Consumer and Carer Representatives, and selected using the MHCA representative selection process.

If no applications are received from NMHCCF members, nominations will be sought from the National Register of Mental Health Consumer and Carer Representatives.

If sitting fees for representation are not provided and NMHCCF members consider that the representation opportunity is of national importance, the Executive, in consultation with the Secretariat, may choose to meet the sitting fees to allow NMHCCF member participation. If it is not possible for the NMHCCF to meet sitting fees (due to budgetary constraints etc), NMHCCF members will be given the opportunity to voluntarily apply for these positions.

If NMHCCF members are unavailable to attend representation opportunities that specifically require NMHCCF representation the Executive may consider requesting the Executive Officer to attend 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 this would be made clear.
- Ensure that information gained at the consultation is reported back to the NMHCCF.

10 Remuneration and reimbursement

10.1 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.

10.1.1 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.

10.1.2 When sitting fees will not be paid

Although members do a large amount of NMHCCF work by email, they cannot claim sitting fees for these email discussions and decisions.

Nor can they claim for random informal discussions held between NMHCCF members or with other persons who may contact them in relation to NMHCCF matters.

Members who are involved in consultations or business external to the NMHCCF are not eligible to claim sitting fees from the NMHCCF 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.

10.1.3 Rates of payment

Sitting fees for members are 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/>

Periods of travel are included in the overall hours. The maximum time for working and/or travelling time that may be remunerated in one day is eight 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 CEO of the MHCA (as financial delegate – see [7 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 NMHCCF Co-Chairs will be consistent with the amount set in the above document at the rate for Chairpersons. This is applicable only when they are acting as meeting Chairpersons and not “ordinary” members (e.g. Chairperson rates would not be paid for their participation in working group meetings, or for a NMHCCF face to face meeting day where they have no chairing role).

10.1.4 Claimant responsibilities

It is the responsibility of the individual eligible for sitting fees to submit a claim for sitting fees.

10.1.5 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. Forms are available from the NMHCCF Secretariat, in the Members Area of the NMHCCF website, and at [Appendix C](#).

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

10.1.6 Administration

Sitting fees are drawn from the NMHCCF budget.

Any disputes over payment of sitting fees are to be discussed with the Executive Officer in the first instance, and then if not resolved 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 remuneration rates at any time.

10.2 Travel expenses policy

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

The Administration/Project Officer will provide NMHCCF members with optimal travel arrangements within the constraints of the NMHCCF financial budget.

10.2.1 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.

When agreed with the NMHCCF Secretariat prior to travelling, an NMHCCF member may receive an allowance for using their own vehicle. This allowance is commensurate with the rate and conditions set by the Australian Government Remuneration Tribunal *Official Travel by Office Holders, Part 4 Official travel by motor vehicle*, and will be paid for each kilometre travelled. Details on this allowance are available at:

<http://www.remtribunal.gov.au/partTimeOffices/currentDetermination/>

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

Other expenses deemed reasonable for reimbursement include telephone and fax costs 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.

10.2.2 Airfares

Flights for NMHCCF meetings will be booked by the Administration/Project Officer and airfare costs met through the NMHCCF budget. Because the budget is limited it is the responsibility of the Administration/Project Officer to purchase the most efficient and economical tickets for NMHCCF members.

It is the responsibility of NMHCCF members to notify the Administration/Project 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/territory.

Unless prior arrangements have been made with the Administration/Project Officer, in the event an NMHCCF member cancels their flight after informing the Administration/Project 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.

10.2.3 Travel allowance

Travel allowance is available to all NMHCCF members, with up front agreement from the NMHCCF Secretariat.

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.

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.

10.2.4 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.

10.2.5 Extraordinary out of pocket expenses

Consideration will be made for NMHCCF members to be reimbursed for 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.

10.3 Timeliness

The NMHCCF Secretariat will process and pay all valid remuneration and reimbursement claims within one calendar month. NMHCCF members must submit claims within a reasonable timeframe. Claims for activities that occurred in previous financial years (excluding activities that occurred within the month before the end of the most recent financial year) will not be accepted by the NMHCCF Secretariat.

11 Communications

11.1 Members contact details

All members are given a NMHCCF members contact list containing email addresses and phone numbers. This list will be updated and redistributed as required. Members are expected to use member's contact information appropriately, for NMHCCF business. This contact list is not for further distribution and members should be considerate of other members' privacy and their time zone.

11.2 Emails to NMHCCF members

Most NMHCCF communication is conducted via email. To assist members identify the nature and importance of emails each should contain one of the following statements in the *Subject:* field;

- Urgent Decision
- Decision
- For Feedback / Advice / Action
- For Information

Emails referring to specific documents should contain web links where possible. Large documents for NMHCCF members' consideration will be placed in the Members Only Area of the NMHCCF website.

Members should be considerate of internet download restrictions other members may have. If an email has been sent to all NMHCCF members members are encouraged to send private replies to relevant individual(s). "Reply to All" should only be used when it is appropriate to reply to the whole membership.

The Secretariat will remind members of this agreed policy whenever necessary.

[Appendix D](#) provides detailed guidelines for NMHCCF email communication.

11.3 NMHCCF website

The NMHCCF website – <http://www.nmhccf.org.au> – provides information about NMHCCF activities and a range of publications (including these Operating Guidelines, the Forward Plan 2009-2011, submissions, advocacy briefs and position statements). The names of NMHCCF members and contact details for the Secretariat are also available on the website.

The NMHCCF Secretariat will maintain the website, with technical support provided by MHCA IT (information technology) support.

11.3.1 Members Only Area

The Members Only Area of the website contains NMHCCF meeting minutes, working group documents, templates and other items for consultation or information.

Each NMHCCF member is given login details for the Member's Only Area. The NMHCCF Secretariat can advise or reset member's login details on request.

11.4 NMHCCF style guideline

The website and all NMHCCF publications will use the approved NMHCCF logo and Arial font.

11.5 NMHCCF media releases

Where NMHCCF activities require media attention, for example launches or comment on national policy, media releases will be drafted by the NMHCCF Secretariat, in consultation with the MHCA Communications Director, and considered and approved by Executive members only.

12 Complaints and conflict resolution

12.1 Complaints within the NMHCCF

Complaints made by NMHCCF members about other members are dealt with confidentially, promptly and objectively by the NMHCCF Executive.

Any member making a complaint has the right to have an advocate of their choice assist them during the process of making a complaint.

In the first instance, the member making the complaint should try to informally resolve the issue with the member(s) they have the complaint with. This should occur within seven days of the incident. If possible, the discussion should take place in person (in preference to teleconference or email) in a quiet, private 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 if the member making the complaint does not wish to take the above steps, then the following steps should be taken:

1. The complaint is to be put in writing to the NMHCCF Executive Officer. The member making the complaint will receive a written acknowledgement regarding receipt of the complaint within 10 days of lodgement.
2. The Executive Officer will forward the complaint to the NMHCCF Executive Committee. If the complaint is about an Executive Committee member the Executive Officer will seek the appointment of an agreed third party, which could include Executive members not associated with the complaint.
3. Each member involved in the complaint will have an opportunity to speak to the Executive or the agreed mediator. The member making the complaint must provide relevant evidence (where available) to substantiate their complaint. They may also bring an advocate (support person) to this meeting.

4. Once the complaint has been investigated, the NMHCCF Executive or agreed third party should communicate the results to both parties along with any recommendation(s) for resolving the issue(s).
5. Once both parties have received the above report, they then formally accept the recommendations or decide what alternative actions, if necessary, need to be taken.
6. The Executive Committee will determine appropriate sanctions, including the option of approaching the nominating body/state for the member's removal from the NMHCCF.
7. 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 third party.

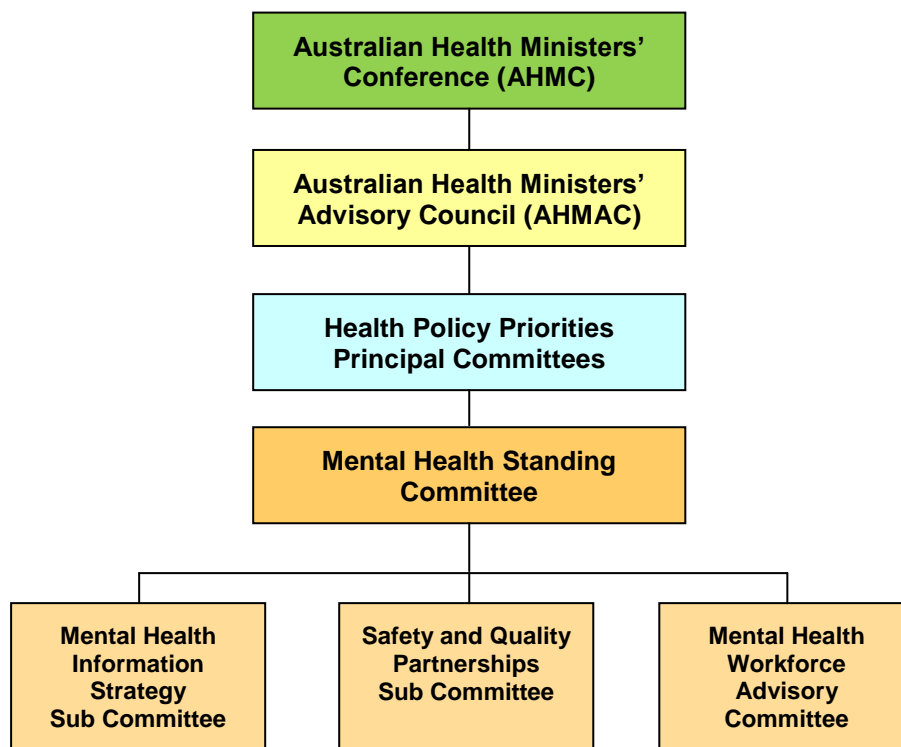
12.2 Complaints from outside the NMHCCF

Any external complaint about the NMHCCF or a member in their role as a NMHCCF member received by the NMHCCF Secretariat or NMHCCF members must be forwarded to the Executive Officer, for investigation and resolution by the NMHCCF Executive Committee.

Appendix A

National mental health policy environment

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)⁸



⁸ 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:

- Considers matters referred to the Council by the Australian Health Ministers' Conference;
- Considers health matters referred by any Health Minister, or the Minister for Veterans' Affairs;
- Considers health matters referred by any member of the Council with the approval of that member's Minister prepare an annual business plan; and
- 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

The NMHCCF does not appear in the diagram as it is not a governmental body.

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 the NMHCCF operational costs. The Executive Officer and Administration/Project Officer positions are funded by the Australian Government Department of Health and Ageing, through the Mental Health Council of Australia.

As well as the state/territory nominated representatives of NMHCCF reporting regularly to their state/territory Liaison Officer in the state/territory mental health department, NMHCCF also reports directly to MHSC. Consumer and carer representatives on the MHSC are selected from the NMHCCF membership. MHSC consumer and carer members represent consumers and carers as their constituents; this includes the interests of the NMHCCF as well as members' own individual consumer and carer networks.

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 B

A nationally consistent approach for NMHCCF consumer and carer selection and representation

1. Introduction

The National Mental Health Consumer and Carer Forum (NMHCCF) was established by the Australian Health Ministers Advisory Council Mental Health Standing Committee (AHMAC MHSC) 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 to activities of the mental health sector including reform of mental health policy and service delivery in Australia.

Because the NMHCCF is a key national independent consumer and carer voice for Australia it is essential that its members have the appropriate skills to represent their constituency at a national level and an understanding of the obligations and responsibilities of undertaking representation.

Section 2 of this paper outlines simple steps for organisations and government bodies selecting consumers and carers to ensure effective representation on the NMHCCF. *Section 3* provides examples of typical selection processes and *Section 4* provides some key principles for effective support of consumer and carer representatives.

The principles outlined will also be useful for organisations or government bodies intending to select and/ or work with consumer and carer representatives at the national level.

2. Summary for organisations selecting consumer and carer representatives

Firstly, it is important that the role of a consumer or carer representative is defined, so that the nominating organisation and the representative are clear on what is expected. An expectation that differs between the parties in this area can and does lead to confusion about what consumer and carer representatives can or should do.

Consumer and carer representation at the national level requires specific skills beyond an individual's own personal experiences so defining selection criteria for this position is the next step. Using the right selection criteria will assist to match the consumer or carer representative best qualified to undertake the position.

Finally, as system advocates, consumer and carer representatives must:

- be capable of reflecting the viewpoints and concerns of consumers or carers;

- be persons in whom consumers and carers and their organisations have confidence,⁹ and
- have strong communication links with their constituents so that they are able to provide the sort of representation that a diverse consumer and carer community requires.

Therefore, the selecting organisation must give careful consideration about the best way to access such consumer and carer representatives. The examples in *Section 3* of this paper show how this can be done both in jurisdictions where there is and is not an established state/territory mental health consumer and/or carer organisation.

There is no maximum length of tenure for NMHCCF representatives. NMHCCF members are initially appointed for a four year term. Each member's appointment is reviewed by their nomination state/territory/organisation after their first four years, and then every two years after that.

Reviews are conducted to determine if the needs of the position and the needs of the incumbents are being met. For state and territory representatives these reviews should be carried out by state or territory Liaison Officers in conjunction with the consumer or carer representative.

Nominating organisations or government bodies can maintain a representative on the NMHCCF if their review(s) show that the incumbent is functioning effectively and that this situation does not hinder the development and participation of other suitable candidates.

Maintaining effective representation also requires nominating organisations and government bodies to provide appropriate ongoing support to ensure that the representatives can continue being effective.

These approaches to selection and engagement of representatives are consistent with the *Consumer and Carer Participation Policy: a framework for the mental health sector*¹⁰ developed by the NMHCCF in 2004 and the Commonwealth Consumer Affairs Advisory Council *Principles for the Appointment of Consumer Representatives: A Process for Governments and Industry*¹¹. These documents provide guidance on the best practice around the selection of consumer and carer representatives.¹²

Using these documents, the following detailed key principles have been devised for any organisations and government bodies involved in selecting consumer and carer representatives.

⁹ Commonwealth Consumer Affairs Advisory Council (2005), *Principles for the Appointment of Consumer Representatives: A Process for Governments and Industry*. Commonwealth of Australia, Canberra. <http://www.treasury.gov.au/contentitem.asp?pageld=&ContentID=994>

¹⁰ NMHCCF (2004), *Consumer and Carer Participation Policy : a framework for the mental health sector*, http://www.mhca.org.au/Publications/documents/Consumer_and_carerandCarerParticipationPolicy.pdf

¹¹ Commonwealth Consumer Affairs Advisory Council (2005), *op cit*

¹² NMHCCF would also like to acknowledge the work of the Consumers Health Forum and its Consumer Representatives' Program Policy, <http://www.chf.org.au/consumer-representatives-program-policy.php>

3. Key principles for the selection of consumer and carer representatives

- Appropriately supported and networked consumer and carer representatives should be selected. Consumer and carer representatives need to be from recognised and relevant consumer and carer groups that are able to provide support and a network for consultation.
- Appropriately skilled consumer and carer representatives should be selected. Consumer and carer representatives need to have the skills or the ability to develop the skills and expertise required to undertake the representation. This requires that the selecting organisations and government bodies consider the role required by the consumer or carer representative and to assist in making sure they use appropriate selection criteria for the role. The selection criteria for NMHCCF representatives are at Appendix 2. These are based on information contained in the NMHCCF Operating Guidelines and have been endorsed by NMHCCF members. However, states and territories may also add to these selection criteria to capture locally relevant requirements.
- Transparent selection processes should be used. Consumers and carers and other participating organisations and government bodies need to be able to trust that the process is fair and merit based to ensure that every appropriately qualified consumer or carer is considered equitably for the position.
- Advertisements for consumer and carer representative vacancies should be disseminated widely, particularly in those states that do not have strong peak mental health consumer and/or carer networks.
- Expressions of interest or an application addressing selection criteria should be reviewed by consumers and carers to ensure that consumers and carers have confidence in their own representatives.
- Use of information collected on applicants should be covered by clear policies outlining
 - what information is to be listed
 - who can be given what information
 - the process by which the consumer or carer can be contacted by a third party seeking representatives.

3.1 Where there is no state peak mental health consumer or carer organisation.

Where there is no state peak mental health consumer or carer organisation or government body, the following options for appropriate consumer and carer representative selection should be considered:

- a) The state or territory government agency resources a consortium of mental health consumer and carer organisations or government bodies in that state or territory to meet and develop a selection process for consumer and carer representation. This consortium will advise on appropriate methods for local advertising of consumer and carer

representative vacancies and should seek expressions of interest based on relevant selection criteria agreed by the consortium.

- b) The state or territory government agency establishes a selection panel comprising
- state or territory government representative
 - representatives from mental health consumer and/or carer organisations operating in that state or territory
 - NMHCCF representative or Executive Officer.

The selection panel will agree appropriate methods for local advertising of consumer and carer representative vacancies and should seek expressions of interest based on relevant selection criteria agreed by the selection panel.

- c) NMHCCF is resourced to facilitate the process of selecting a consumer and carer representative through the links and contacts that NMHCCF has established in past and current work with community organisations or government bodies and member organisations in the state or territory.

3.2 Where there is a state or territory peak mental health consumer or carer organisation.

Where there is a state or territory peak mental health consumer or carer organisations or government bodies the following options for selection of an appropriate consumer and carer representative should be considered:

- a) The state or territory peak mental health consumer or carer organisation or government body is asked by the state or territory mental health service to select a consumer and carer representative from the state or territory using their usual nomination process;
- b) The state or territory government works with the state or territory peak mental health consumer or carer organisations or government body to select a consumer and carer representative from the state or territory using an agreed nomination and selection process;
- c) The state or territory peak mental health consumer and/or carer organisation is resourced to establish, or the state government agency resources a consortium of mental health consumer and carer organisations in the state or territory, to develop a selection process for consumer and carer representation. This consortium will advise on appropriate methods for local advertising of consumer and carer representative vacancies and should seek expressions of interest based on the NMHCCF selection criteria with any additions determined by the consortium.

4. Key principles for nominating organisations and government bodies supporting consumer and carer representatives

- The role of consumer and carer representatives should be clearly defined. A position description for consumer or carer representatives on the

NMHCCF is at Appendix 1. This is based on information taken from the NMHCCF Operating Guidelines and has been endorsed by NMHCCF members.

- Consumer and carer representatives should be remunerated for their representative duties.¹³ The NMHCCF remunerates its representatives for NMHCCF related activities at the rate set by the Australian Government Remuneration Tribunal.¹⁴
- Consumer and carer representatives have rights and responsibilities and these should be clearly articulated. The NMHCCF defines rights and responsibilities as they relate to the effective functioning of the NMHCCF, as outlined in the NMHCCF Operating Guidelines. Nominating organisations and government bodies should also consider developing further guidance for their representatives on rights and responsibilities if they have specific needs that are not covered in this document.
- Nominating organisations and government bodies should ensure that there are adequate information flow and feedback mechanisms to support the nominated NMHCCF members to carry out their duties effectively. For example each state and territory has a nominated Liaison Officer for the NMHCCF to which the representative reports in the first instance. The Liaison Officer provides a link between the NMHCCF and consumer and carer activities undertaken under each state and territory government.
- Consumer and carer representatives should receive relevant and necessary ongoing support such as mentoring, training and resourcing. For example, the NMHCCF provides some training for its members including induction training. However, organisations or government bodies that are nominating representatives will need to ensure that representatives have adequate ongoing access to the information and resources that they need to provide an effective conduit between their nominating organisation or government body and the NMHCCF.
- Organisations or government bodies nominating consumer and carer representatives need to be prepared for ill health affecting consumers and carers. Appropriate processes should be put in place to deal with this occurrence. NMHCCF recommends the use of proxies in consultation with the consumer and carer concerned.
- Proxies should be nominated and trained well in advance of their needing to take up a position to ensure continuity in the position and to ensure that more consumers and carers are able to take up the opportunity to participate.
- The NMHCCF has a conflict resolution process for its membership which covers NMHCCF matters, but organisations or government bodies nominating consumer and carer representatives will need to have conflict resolution processes in place for situations that may arise outside the

¹³ Commonwealth Consumer Affairs Advisory Council (2005), *op cit*

¹⁴ <http://www.remtribunal.gov.au/partTimeOffices/default.asp?menu=Sec4&switch=on>

NMHCCF operations. Information about these should be included in the training provided to consumer and carer representatives.

5. Summary

The options outlined above are used widely in the health care consumer and carer movements where they are successful and considered best practice.

In using these processes organisations and government bodies actively demonstrate their willingness to work in partnership with consumers and carers in mental health service improvement. More importantly the processes also support effective leadership in the area of consumer and carer participation, ensuring that the most appropriately skilled consumers and carers are available and able to contribute to mental health service improvement at the national level.

APPENDIX 1

Position description for consumer and carer representatives on the NMHCCF

Key tasks:

- represent [insert name of organisation or government body] consumers or carers at the NMHCCF
- articulate consumer or carer perspectives using system advocacy skills in a national policy development context
- maintain connection with and be actively involved in the key networks of consumer or carer representatives in that state or territory.
- provide a conduit for information between the NMHCCF and the state or territory contact liaison officer as well as relevant consumer or carer state or territory based networks including but not limited to using NMHCCF identified reporting processes.
- maintain regular liaison with the state or territory contact officer
- fulfil duties of NMHCCF members as outlined in the Terms of Reference for the NMHCCF and the NMHCCF Operating Guidelines (or other representative forum).

APPENDIX 2

Selection criteria for consumer and carer representatives on the NMHCCF:

- Demonstrated ability to provide or understanding of consumer or carer perspectives at a system advocacy level. For example, skills could include
 - An understanding of the principles of consumer or carer participation;
 - Being widely informed of and able to represent consumer or carer experiences beyond one's own personal experience;
 - Familiarity or the ability to gain familiarity with state or territory and national policy issues in mental health;
 - Being able to provide advice and strategic direction to the NMHCCF on behalf of [insert state or territory name] consumers or carers;
 - Being able to problem solve, use initiative and contribute to the goals of the NMHCCF.

- Demonstrated ability to maintain networks with state or territory-based consumer or carer mental health organisations or government bodies and their constituents;

- Well developed interpersonal skills including the ability to work as part of a team and also maintain good working relationships with NMHCCF members and other stakeholders in the mental health policy development process e.g. government, service providers.

- Well developed communication skills including listening, providing feedback, negotiation and the demonstrated ability to use these to achieve results.

- Willingness to participate in training relevant to the work of the NMHCCF (this training would not be onerous and would be provided through the NMHCCF)

- An understanding of the diversity of the cultural and linguistic backgrounds of our community, and the impact this has on consumers and their families' experiences of mental illness.

A letter of support should be provided by a relevant consumer or carer organisations outlining what makes them suitable for this position.



NATIONAL MENTAL HEALTH CONSUMER & CARER FORUM

EXECUTIVE COMMITTEE NOMINATION FORM

Nominee:

Seconder:

Your seconder must also email (or post confirmation to) the Executive Officer confirming they support your nomination

Position(s) you would like to nominate for: (please place an X against appropriate position(s))

- Consumer Co-Chair Consumer Deputy Co-Chair
- Consumer Ordinary Executive Member
- Carer Co-Chair Carer Deputy Co-Chair
- Carer Ordinary Executive Member

Nomination Statement

Please write a brief 1-2 paragraph biography of yourself, describing your experience, achievements and reasons for wanting the position

Blank area for writing the nomination statement.



Consumers and Carers State/Territory/Organisation Report

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

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

This report is 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 by email to nmhccf@mhca.org.au.

Reporter's name:

State, Territory or National Organisation:

Reporting Period:

Issue being reported:

Relevant groups involved:

Details:

Outcome if any:

Learning points/ relevance to other states, territories or national organisations:

Issue being reported:

Relevant groups involved:

Details:

Outcome if any:

Learning points/ relevance to other states, territories or national organisations:

Issue being reported:

Relevant groups involved:

Details:

Outcome if any:

Learning points/ relevance to other states, territories or national organisations:



APPLICATION FOR MENTAL HEALTH CONSUMER OR CARER REPRESENTATIVE POSITION

This form is for organisations who are seeking suitable mental health consumer or carer representative from the National Register of Mental Health Consumer and Carer Representatives and members of the National Mental Health Consumer and Carer Forum to apply for a representative position.

CONTACT DETAILS

Organisation:

Representative positions:

Date/s of meetings or teleconferences, duration of appointment (one off or ongoing), hours (including preparation time):

Meeting Location:

Contact Person:

Telephone:

Address:

Email:

POSITION DESCRIPTION

- 1. What is expected of the mental health consumer or carer representative? Does the representative need expertise in a particular area (e.g. CALD, youth, rural/remote etc.)? What support will be available?

- 2. Consumer or carer representatives must be remunerated at the same level as other 'professional' panel members and for any planning or preparation time.
Will the representative be remunerated?

- 3. Please outline what other costs will be covered. For example, travel, accommodation, meals, resources etc;

- 4. Date that you need representative details by:

- 5. Any other relevant information:

Please send completed applications to: **Kim Harris**
Administration/Project Officer
Mental Health Council of Australia
Kim.Harris@mhca.org.au
Fax: (02) 6285 2166



APPLICATION FOR MENTAL HEALTH CONSUMER OR CARER REPRESENTATIVE POSITION

This form is to be used by members of the National Register of Mental Health Consumer and Carer Representatives and members of the National Mental Health Consumer and Carer Forum who wish to apply for a representative position when a vacancy becomes available.

CONTACT DETAILS

Name: **Consumer:** **Carer:**

Telephone: **Mobile:**

Address:

Email:

Position you are applying for:

SELECTION CRITERIA

1. Why would you like to be involved in the area of work that this position is related to?

2. Please give an example of work you have done in the past 12 months to demonstrate sufficient knowledge and understanding to represent consumers or carers.

3. What training have you undertaken in the previous 18 months that is relevant to being a consumer or carer representative?

4. Please list any other committees you are on.

5. Please provide contact details for one referee that would be able to support your application so that the selection panel may contact them if they need further input or clarification.

Referee contact details:

Please send completed applications to:

**Kim Harris
Project/Administration Officer
Mental Health Council of Australia
Kim.Harris@mhca.org.au
Fax: (02) 6285 2166**

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
---	-------------------------------

Claim for reimbursement			
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) @ \$377 per day (Remuneration Tribunal Rate) or per hour up to a maximum of 5 hours then the daily rate applies.			
(2) Teleconference* Standard \$70 per teleconference			
(3) Other – i.e. Taxi, parking fees, etc. (attach tax invoice/receipts) (Note: for use of private motor vehicles, you are not entitled to claim mileage using the cent per km rates – 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:	\$
	\$
	\$

Appendix D

NMHCCF Electronic communication

NMHCCF considers email as an important means of communication and recognises the importance of appropriate content and prompt replies in sharing information in a timely manner with members across the country. NMHCCF members should adhere to the following guidelines:-

Writing emails.

Write in a well-structured manner and use short, descriptive subjects paying particular attention to the following:-

- If you forward emails, state clearly what action you expect the recipient to take. As per existing NMHCCF operating guidelines (Section 11.2) please use the following statements in the *Subject:* field;
 - Urgent Decision
 - Decision
 - For Feedback / Advice / Action
 - For Information
- Do not send unnecessary attachments.
- Do not overuse Reply to All.
Only use Reply to All if you really need your message to be seen by each person who received the original message.
- Do not write emails in capitals.
IF YOU WRITE IN CAPITALS IT SEEMS AS IF YOU ARE SHOUTING.
- Be careful with formatting.
Remember that when you use formatting in your emails, the sender might not be able to view formatting, or might see different fonts than you had intended. When using colours, use a colour that is easy to read on the background.
- Do not forward chain letters or 'amusing' emails to the whole NMHCCF list.
- Use cc: field sparingly.
Try not to use the cc: field unless the recipient in the cc: field knows why they are receiving a copy of the message. Using the cc: field can be confusing since the recipients might not know who is supposed to act on the message.
- Do not routinely cc: all Secretariat staff on your replies to the Secretariat unless they expressly need to see your response.
- Only send emails of which the content could be displayed on a public notice board. If they cannot be displayed publicly in their current state, consider rephrasing the email, using other means of communication, or protecting information by using a password. You do not know if other members will forward your email to their own constituents.

- Only mark emails as high priority if they really are important.
- Avoid long sentences.
Try to keep your sentences to a maximum of 15-20 words. Email is meant to be a quick medium and requires a different kind of writing than letters. Also take care not to send emails that are too long. If a person receives an email that looks like a dissertation, chances are that they will not even attempt to read it.
- Do not use email to discuss confidential information.
If you don't want your email to be displayed on a bulletin board, don't send it. Moreover, never make any libellous, sexist or racially discriminating comments in emails, even if they are meant to be a joke.
- Consider if you should phone a NMHCCF member or the Secretariat instead of sending an email. People generally send emails because they want a quick response, however this does not mean it is a high priority for the person receiving your email.

Appendix E

Recommended reading

The following has been compiled as a suggested reading list to provide members with useful information on consumer and carer participation and mental health issues. Websites are included where available and hard copies or downloads of documents can be supplied by the Executive Officer on request. Items marked with an * will provide a good background 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://nmhccf.org.au/documents/ConsumerandCarerParticipationPolicy.pdf>

**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.healthissuescentre.org.au/documents/items/2008/08/226174-upload-00001.pdf>

Consumer participation in accreditation: Resource guide (2001), A Consumer Focus Collaboration Publication.

<http://www.healthissuescentre.org.au/documents/items/2008/08/226138-upload-00001.pdf>

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

<http://www.chf.org.au/resources-guidelines.php>

**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,

<http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-k-kit>

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

http://www.mhca.org.au/documents/publications/Not%20For%20Service_Summary.pdf

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

<http://www.mhca.org.au/documents/publications/Out%20of%20Hospital%20Out%20of%20Mind.pdf>

**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,

http://www.hreoc.gov.au/Human_Rights/mental_illness/national_inquiry.html

**Time For Service. Solving Australia's Mental Health Crisis* (2006). Mental Health Council of Australia, <http://www.mhca.org.au/documents/publications/Time%20For%20Service.pdf>

**COAG National Action Plan for Mental Health 2006-2011* (2006) Council of Australian Governments, http://www.coag.gov.au/coag_meeting_outcomes/2006-07-14/docs/nap_mental_health.rtf

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), <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-boimhc-repts>

*National Mental Health Strategy overview
<http://www.mentalhealth.gov.au/internet/mentalhealth/publishing.nsf/Content/doha-pol-national-mental-hlth-strat-1#4th>

Australian Government mental health policy and reports

Copies of the following key documents produced by the Australian Government Department of Health and Ageing can be obtained by contacting the:

Mental Health and Workforce Division
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/main/publishing.nsf/Content/mental-pubs>

**Fourth National Mental Health Plan* (2009)

National Mental Health Policy 2008 (2009)

National Mental Health Report 2007 (2008)

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

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

Evaluation of the Second National Mental Health Plan (2003)

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

National Practice Standards for the Mental Health Workforce (2002)

Promotion, Prevention and Early Intervention for Mental Health (2000)

National Standards for Mental Health Services (1997)

Mental Health: Statement of Rights and Responsibilities (1991)

Useful websites

National Mental Health Consumer & Carer Forum: <http://www.nmhccf.org.au>

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. MHCA is funded by the Australian Government Department of Health and Ageing, with project funding provided by a range of sources.

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.

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

bluevoices: http://www.beyondblue.org.au/index.aspx?link_id=3

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

Carers Australia is the national peak non-government organisation representing and involving carers in national health policy and program development. Carers Australia is funded by the Australian Government Department of Health and Ageing and the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs.

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

The Consumers' Health Forum of Australia Inc (CHF) is a non-government organisation 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.

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

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

Private Mental Health Consumer Carer Network Australia: <http://www.pmha.com.au/tn/home>

Australian Government Department of Families, Housing, Community Services and Indigenous Affairs: <http://www.fahcsia.gov.au>

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

Health Issues Centre – Victorians Participate in Health:
<http://www.healthissuescentre.org.au/participate/vicpart.shtml>

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

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

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

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