



**NATIONAL MENTAL HEALTH
CONSUMER & CARER FORUM**



Response to the Discussion Paper *Scoping Study to Inform the Establishment of a New Peak National Mental Health Consumer Organisation. December 2009*

Thank you for the opportunity to comment on the Discussion Paper on the *Scoping Study to Inform the Establishment of a New Peak National Mental Health Consumer Organisation*. This paper is a joint response from the National Mental Health Consumer and Carer Forum (NMHCCF) and the Mental Health Council of Australia (MHCA).

The NMHCCF is the combined national voice for consumers and carers participating in the development of mental health policy and sector development in Australia. Its membership includes one consumer and one carer representative from each state and territory as well as one representative from each of a range of national consumer and carer peak, non-government and private sector organisations. Membership also included the Australian Mental Health Consumer Network (AMHCN) until 2008 when AMHCN ceased operations.

The MHCA is the peak, national non-government organisation representing and promoting the interests of the Australian mental health sector, committed to achieving better mental health for all Australians. The membership of the MHCA includes national organisations of mental health service consumers, carers, special needs groups, clinical service providers, community and private mental health service providers, national research institutions and state/territory peak bodies. In addition to its broad membership, MHCA auspices the NMHCCF.

Summary

The discussion paper reflects a comprehensive range of sector views on the new peak organisation and brings these together well, indicating the use of an appropriately consultative process. The described roles of the new peak and its key areas of work are appropriate. We agree with the emphasis on national leadership, collaboration, social inclusion and human rights frameworks, evaluation and monitoring of systemic change nationally, and support and development for the mental health consumer sector including in the areas of system advocacy, supporting local consumer organisations and guidelines for consumer workforce development.

The MHCA and the NMHCCF also support the discussion paper's acknowledgment that the breadth and complexity of the task will require "a strong, viable and accountable organisation based on good governance principles and reflecting the need for an organisation which can deliver for and with mental health consumers nationwide" (page 1).

However, it will also be important to acknowledge that this is a huge and diverse brief for any organisation and that balancing this diversity will be an enormous challenge. It will also be useful to mention what the common pitfalls are for community organisations so that they can be actively addressed as part of this scoping phase and within the context of a complex sector.

One challenge will be the extent to which the new organisation will be able to provide support to the development of the mental health consumer sector, which is currently not well supported at the local level. For example, not all states have their own peak or other representative network of consumer interests. Until funding is provided for peak mental health consumer organisations in each state and territory, there will be no effective mental health consumer participation or appropriate foundation for a national peak.

A fledgling national peak organisation could easily concentrate all of its resources in this area of high need and will need to be careful about how to manage this process. It is clear that many consumers who are not well represented will be seeking assistance from a new national peak. Harnessing and managing the momentum of this grass roots enthusiasm will also be an essential task for the new organisation, whatever model it adopts.

It is appropriate that the discussion paper has acknowledged that a mature organisation will take time to develop and emerge and that a staged approach to its establishment will need to be considered. So too is the proposal that the establishment phase involve the engagement of a suitably qualified and experienced consultancy group to provide support, expertise and assistance to the organisation in identifying what they need to develop. This expertise will be essential to ensuring that the new organisation is able to take advantage of and develop and refine its operations, whilst carrying out its core mission in a challenging environment.

The MHCA and the NMHCCF also propose that important additional key performance indicators for the new organisation are an:

- emphasis on integrity in addition to ethical behaviour, and
- in depth understanding of organisational values and culture.

Including a focus on personal integrity would enhance an open and honest communication and operational style over and above the necessary ethical behaviour framework. For example, it would be worth making the addition of the word “integrity” to the boxed point on page 18:

“The new organisation also needs to acknowledge the importance of *integrity* and ethical behaviour and practice of this through a living organisational culture.”

A more detailed analysis of organisational culture and how to translate identified values into behaviours will assist the organisation to determine what activities it should undertake to ensure that they maintain best practice approaches to achieve excellence in transparency, accountability and assisting mental health sector reform. This includes a detailed consideration of the challenges posed by intermittent or ongoing illness and the sorts of guidelines and protocols that need to be developed to best manage these in a compassionate way while still maintaining the accountability of the organisation.

Specific comments are made in relation to the following numbered sections within the discussion paper.

1. What would be the roles of the new peak?

Apart from those roles stated, the new peak would, if appropriately resourced, be in an ideal position to become a leader in the field of consumer training standards and delivery of

training. If the organisation aimed to become a Registered Training Organisation (RTO), this would also provide the opportunity to develop nationally applicable guidelines and the possibility of a national training resource, with the option of developing an income stream from the provision of training.

This would enable the establishment of a permanent, professional consumer workforce, trained to a consistent standard. An appropriately trained consumer workforce would enhance the quality of the mental health sector and add to the development of the consumer advocacy sector across Australia. The new peak would be well placed to provide the expertise to develop this function. (See [Accreditation](#) under “**7. How can the new organisation ensure good governance?**” in this paper.)

2. What would be its key areas of work?

The discussion paper’s introduction on page 2 appropriately acknowledges that it will be important for the new organisation to clearly articulate its specific roles with regard to individual and systemic advocacy. There should also be an emphasis that the new organisation will need to be very clear about what sort of advocacy services it could provide to which members. For example, a large base of individual members expressing individual concerns could put intolerable stress on the resources of a small organisation involved in national systems advocacy.

For this reason the NMHCCF and the MHCA support the role of systems advocacy to the exclusion of individual advocacy as the most cost effective way to effect change in the sector. While individual advocacy is important, it most often involves only local service delivery changes. Systems advocacy will provide the most benefits to the most people on the basis that any change in policy will trickle down to affect individual experience at the local level.

3. What would it be a peak of?

The discussion paper offers a good overview of the proposed models. Whatever model is chosen, it will need to be clearly articulated to the broad consumer constituency and set up and resourced to function appropriately.

The categories, roles and responsibilities of the different membership entities will need to be clearly defined. Organisational members would have different roles and contributions to individual members. Individual members representing themselves rather than a constituency may have a different category of membership and membership fees (e.g. as an associate member of the organisation).

There is a case to argue that other like-minded organisations could be invited to be members of the peak. These are those organisations that work on a national or state basis, are involved in mental health, advocacy or disability and have a core focus on the improvement of mental health services for consumers but do not define themselves as consumer organisations. One benefit from such an approach would be to broaden the base and expertise of the organisation.

4. Where does the new national organisation fit in?

It would be worth noting that the building of strategic alliances enhances an organisation’s strengths, expertise and ability to achieve its goals in a diverse sector where it can easily be

undermined by being viewed as just a single voice. The task should be considered by the new consumer organisation.

The Australian Government and state and territory governments.

It is worth noting that the Australian Government is a member of the national Mental Health Standing Committee (MHSC) along with state and territory governments. It is with the imprimatur of the MHSC that the states, territories *and the Australian Government* fund the National Mental Health Consumer and Carer Forum (NMHCCF) to provide a national body to develop and represent both consumer and carer interests in mental health. That is, the MHSC has established the NMHCCF to be its first port of call in determining represented combined national consumer and carer interests in Australia.

This point is made not to promote the interests of the NMHCCF over those individual organisations whom it seeks to represent (these include ARAFMI, blueVoices, Private Mental Health Consumer Carer Network Australia, Consumers Health Forum, Carers Australia and Grow Australia) but to ensure that ideas are well informed and efforts are not duplicated when feeding information from grass roots networks to the national policy level through the MHSC and back down into service delivery areas in health departments. For example, the MHSC agreed in 2008 that in seeking consumer and carer representatives for its consultation and steering committee projects, it would go to the NMHCCF for advice on selection processes rather than approaching organisations individually.

The NMHCCF carries out its work on the basis that this does not interfere in the relationships that the states, territories and the Australian Government may seek to develop with individual organisations, but ensures that confusion and duplication do not occur and that the activities of the NMHCCF are also informed by the activities of these organisations.

The discussion paper notes that the states and territories are keen not to “see the workload of the national Forum [NMHCCF] to be undermined or in any way duplicated” (page 15). It should also be pointed out that the Australian Government, as a member of MHSC, would likely also not be keen to support duplication or erosion of the work of the NMHCCF.

National Mental Health Consumer and Carer Forum

In addition to the point made on page 15 under this section: “The Forum, if it chose....could be a member of the new organisation”; the NMHCCF and the MHCA advise that the following point should also be included:

“While the AMHCN was operational as the key national consumer voice in Australia, it was a member of and actively participated in the work of the NMHCCF. When the AMHCN operations ceased in 2008, the NMHCCF undertook to maintain the membership of the AMHCN incumbent in recognition of the importance of maintaining ongoing links with any remaining informal national consumer network. This position was maintained in lieu of the development and funding of a new national consumer network, at which time the position would be replaced by an elected member of the new national consumer network. As such the NMHCCF is seeking a collaborative relationship with the new national consumer organisation and to represent the interests of this organisation through its policy mechanisms.”

Other important relationships:

The MHCA and NMHCCF also propose that the role of mental health carers warrants a subheading in this section.

The views of carers are strongly aligned with those of consumers in the mental health sector. In the national survey of mental health carers undertaken by the MHCA in 2009¹, carers identified that:

- being a carer means being intrinsically involved in supporting the person that they care for;
- their key concerns include:
 - the provision of recovery based services for consumers;
 - the quality and availability of mental health services for consumers; and
 - the quality and availability of adequately resource services and options in housing for consumers.

Because of this carers could be viewed as key potential strategic partners of the new organisation as well as being stakeholders and this should be highlighted. Building a relationship with carers as strategic partners will be a way for the new national organisation to add strength to its voice and capitalise on the resources and expertise of carers and their organisations.

The discussion paper also notes that many state Consumer Advisory Groups (CAGs) have indicated a strong desire to be a part of the new national organisation. As some CAGs include both consumers and carers, it could be assumed that there is some groundswell of support for the inclusion of carers in some way in the new national organisation. As outlined above, the alliance is certainly a natural one and should be considered. The ongoing work of the NMHCCF demonstrates that much can be achieved through such a strategic alliance.

5. What is a viable organisational framework?

A number of additions could be made to this section to highlight mechanisms the organisation will need to develop to ensure a viable organisational framework.

Challenges for Boards of Management

It would be worth outlining the difficulties faced by all community sector organisations, where board members are brought together mainly by a passionate interest in the organisation. Such individuals often:

- lack administrative, legal or employment experience
- lack skills in communication and working as part of a team, and
- have a diverse range of interests and working styles.

Most of these organisational boards of management struggle with these issues and regularly need to quickly find solutions. Boards of management learn and utilise advanced communication and negotiation skills or co-opt this expertise if they do not possess it. If creative solutions to such problems are not able to be developed by the board or with support from the organisation, there is a high attrition rate and boards regularly fall over, with organisations becoming unviable. These challenges are not insurmountable and

¹ Mental Health Council of Australia, 2009 *Adversity to Advocacy: the lives and hopes of mental health carers*, Mental Health Council of Australia: Canberra.

boards and individual board members learn quickly to be adaptive, utilise problem solving skills and rely on the myriad of resources available to them.

Just as importantly the board needs to maintain a willingness to address its responsibilities and this should be nurtured through training, performance management and good communication with the organisation. The organisational structures (training, policy and procedures) and culture will be most important in maintaining this motivation and good working relationship.

Participation and performance management in a mental health consumer organisation

The first paragraph in this section notes “some key challenges arise from the varying levels of wellness that will be experienced by key office bearers, position holders other members and staff” (page 18).

The discussion paper highlights a need for best practice support such as specialist debriefing and supervision to support staff and Board members to operate effectively. However, it will also be essential that the new organisation develops clear guidelines and protocols around managing issues of illness and wellness in a compassionate, fair and accountable way. To do this the organisation will need to identify appropriate performance standards for staff and or participation levels for Board members or volunteers.

Because mental illness can be unpredictable and intermittent it is not reasonable to expect consumers to be able to guarantee their level of performance or participation but it is appropriate for the organisation to be able to identify what can be reasonably expected from someone if they are well and available to take on the work that is required. Therefore it will be part of the responsibility of the organisation and the staff, volunteers and board members involved to identify the minimum level of performance or participation for each position, what reasonable adjustments may be made to accommodate a level of disability if needed (this is a legal requirement anyway), and the appropriate options available for managing work if individuals become unwell.

Thus it will be important for the organisation to develop policies around:

- identifying and managing appropriate performance standards through use of job descriptions and duty statements and the development of a structured performance monitoring system
- understanding and implementing reasonable adjustment of duties, work structures or conditions to accommodate individual needs while still maintaining the integrity of the organisational work requirements
- managing appropriate behaviours through the code of conduct
- identifying and separating appropriate behaviours and those behaviours that are influenced by illness and performance management issues, in consultation with the person concerned in an sensitive, fair and ethical way
- identifying appropriate protocols for ethical and compassionate management of work during any incumbent’s illness, that take into account the organisation’s need to meet its obligations to membership and funding providers (e.g. possible use of proxies would be one mechanism)
- identifying appropriate ways of addressing performance management issues from causes apart from illness or other mitigating personal circumstances, and
- identifying ways of addressing inappropriate behaviours.

These are all challenging issues for any organisation and the new organisation will be relying not only on recommended best practice but also its unique expertise to develop this work. In this way the new organisation will also be developing its leadership role by setting standards around equity and appropriate performance for the consumer workforce in Australia.

Best Practice governance in a challenging environment

This section should also focus more on *best practice* governance techniques rather than just “effective management and governance” to emphasise the challenging environment in which the new national consumer organisation will be operating.

The last dot point could read:

- Best practice human resource management, financial management and administration for a challenging environment.

6. What sort of legal entity would work best?

In keeping with the above suggestions on developing clear guidelines and protocols around how best to manage work in the context of illness and wellness, the following alteration is proposed to the text in the second paragraph on page 21:

“...the qualification for membership of the Board must include a broad knowledge and skill base including business, financial, information technology, community and political knowledge ~~and an acknowledgment of individual wellness and~~ Board members would be required to make an undertaking to meet their responsibilities to the board (eg through adherence to the code of conduct and participation in performance management).”

Under this heading it will also be important to note that the NMHCCF has recently undertaken a business planning exercise where it determined that becoming an Incorporated organisation would be more expensive than its current model of being auspiced and supported by the MHCA. For the NMHCCF, becoming Incorporated at this stage would divert important funds away from the policy development work that is its core business. This decision was made in the context that the NMHCCF is still focussing on working to establish itself and its work and has consequently put off consideration of the work of Incorporation until such time as more gains have been made in its core business areas. This information may be of use to the new organisation in its establishment phase and when considering this important governance issue.

7. How can the new organisation ensure good governance?

Board

It is important that the new organisation place an emphasis on establishing the best Board it can. At least two or three of the positions should be for people with particular expertise or skills that will enhance the fulfilment of legal and other responsibilities required of Board Directors. These experts may be sourced from people with a lived experience of mental illness, but if these people are not forthcoming then steps should be taken to ensure the expertise necessary is included.

The proposed organisational structure would make heavy demands upon the Board of possibly 8-11 members. The large number of standing committees and advisory committees that *‘would be established as standing committees of the Board’* would also

draw heavily on the resources of the Board. It is therefore proposed that the work of these committees is carefully planned, prioritised, allocated realistic and appropriate timeframes, and considers the use of external resources for support, so that the amount of work is not overwhelming.

Staggered succession planning within the Board membership would ensure that not all members, or a large number of members, retire in the same year. The NMHCCF has found this technique useful in the past to provide stability and retain expertise.

To ensure good governance and permanence within the sector an argument could be made to maintain a small number of permanent positions for representatives of other national mental health agencies. For example, given the desire for youth participation one position could be reserved for a youth representative. Carers are also very aligned with consumers on many issues and thus a carer representative could be considered.

The suggestion of a three year term for Board members with one year being a provisional Board member could work well if the Board members undertaking their provisional year are additional to the core operational Board membership. If the operational Board contained members who were provisional, this would effectively limit the activities of the Board with some members being operationally minimised for a third of their term. This would need to be clarified.

The concept of rotating Board meetings in all states and territories along with Members Forums is an excellent way for members to have direct access to the Board. However, the length of time taken to provide both functions, plus travel time may impact on the availability of Board members to participate. This can be mitigated with careful planning.

The organisation may also need to consider:

- how many co-opted members can sit on the Board at any one time
- appointment of proxy Board members to maintain Board stability, and
- other options and or protocols for Board members needing to re-organise their workload due to illness.

Board Responsibilities

It would be worth highlighting here that depending on the way the organisation is set up, Board members have specific legal obligations in each state and territory. Board members will need to be made aware of these.

National Convention and Members Forum

The National Convention and Members Forums will be an invaluable part of the organisation and will give all members the opportunity to discuss and put forward major issues for consideration. The roles of both groups will need clear definition. The need for two groups may be limited by financial considerations. Reporting pathways for both groups will need to be clearly defined.

Nominations and Elections

While it is desirable to open up the Board to as many members and their expertise as possible, the statement as it stands *'whatever membership structure is decided, all members must have the opportunity to nominate or be nominated to the Board'* implies that individual non-representative members may become Board members if either Model 2 or

Model 4 is adopted. This could mean a Board member could nominate representing only themselves. A national peak needs to represent its constituency. Individual, unrepresentative Board membership would only fit into Model 2.

Accreditation

As suggested under section 1 **Roles for the new Peak** above, accreditation as an RTO could be considered as a long term goal. As an RTO, the organisation could take a lead role in developing consumer led organisations and peer support work and provide national standards for training the sector. This would provide support to newly established local consumer organisations and strengthen the consumer sector and voice. For example, the Mental Health Coordinating Council of NSW has provided leadership in the field of training with mental health consumers taking a significant part of that training.

Previous comments on integrity and the development of ways of managing work during illness could be added Commitment to quality, ethical behaviour and practice in this section.

8. How would the new organisation get its work done?

The issues outlined in this section will be essential to the functioning of the organisation and must be given due consideration during the setup and ongoing operations. The paragraphs could perhaps be ordered to reflect which areas will need to be dealt with first in the organisational timelines. For example, the code of conduct, many organisational policies and procedures, staff roles and establishment of strategic priorities and workplans will need to be considered before national conventions or bidding for national projects and consultancies.

9. How would the new peak make sure it does the best it can?

Building an organisational culture of vision and excellence.

This is an important section as the development of good organisational culture will be a key tool in enabling the new organisation to respond creatively and ethically to challenging situations as they arise.

It will be important for the new organisation to have a good understanding of how organisational culture affects the organisation's ability to realise achievements. For example, it is important to clarify in this section that "blameworthy behaviours" (page 32) do not mean mistakes. A culture of blame and shame undermines the ability of an organisation to identify mistakes or problems as they arise and address the causes.

This section could also be developed to expand on the themes of effective organisational culture including tools for implementing "a just culture" (page 32) such as:

- communication, negotiation and conflict resolution skills, and
- developing a learning culture that does not seek to attribute individual blame (where this is clearly not appropriate) but take organisational ownership of systemic problems and seeks organisational developed solutions to address these.

It will be important to note that an effective organisational culture will also be supported by clear organisational structures, appropriate policy, well defined roles, and reporting and communication pathways. Time will need to be spent on identifying organisational values and incorporating these into the structure using these mechanisms. Processes for measurement of the organisation meeting its targets and the reporting of its achievements will also need to be included at the outset.

10. What are the options for the establishment phase?

Consultancy expertise and support

The establishment phase of the organisation in the hands of an experienced consultancy group has clear advantages. However it would need to report to an appropriate Board of management or advisory committee of qualified potential members to ensure that it is given the appropriate strategic direction.

Board selection

Given the importance of the Board positions on this key national organisation, it may be appropriate for the organisation to consider undertaking the selection of Board positions and chair for the establishment phase, using an independently run national selection process. Selection criteria would need to include provision for appropriate membership qualifications, lived experience and other carefully considered criteria.

Stepped approach

The aspirations of the organisation are extensive and a stepped approach may be useful after the establishment phase. Each step would be clearly planned before it is taken. This would assist in realising identified achievements early and support organisational morale.

Clear communication to the members and stakeholders detailing the stepped approach would be necessary to promote understanding of the extent of the annual development and limitations of the organisation in its staged development.

Importance of long term planning and budget implications

This approach would also need to take a long term view. Currently the operations of the NMHCCF are severely hampered by short term funding contracts, denying the organisation the opportunity to plan longer term projects. The new national organisation should seek a long term strategic approach to its operations and factor this in to the identification of its funding requirements.

11 What resourcing would be required?

Budget

A clear and researched budget is required. Seed and establishment funding along with capital funding are critical. Ongoing resourcing by government agencies could appear to compromise the authenticity of the organisation yet other alternatives are equally or more problematic. Strong and clear documentation of the expectations of the core funder and the organisation and the relationship between the two are essential to the authenticity of the organisation.

Substantial ongoing funding will be required to resource the many standing committees and advisory groups plus the extensive and necessary secretariat to resource these groups.

Little mention is made of the funding requirements of the ancillary groups, notably the National Convention and Members Forums. A clear defined policy on membership and funding of such ancillary groups is needed for clarity and future budgeting needs.

Remuneration of Board members

The travel costs of the Board and the payment of Board members would also add significantly to the running costs. The NMHCCF and the MHCA support the remuneration of consumer and carer representatives for their work and in recognition of their expertise.

Use of short term project funding

Project funding is often short term and discretionary and cannot be relied upon as an ongoing source of finance. However it is often the funding which provides the staff to achieve short or medium term goals or '*runs on the board*' (page 33). As such, a part of the establishment phase could be to write funding applications for specific project funding for defined project areas to achieve quick results.

Conclusion

There are a number of important areas that need to be clarified moving into the establishment phase of the new consumer peak organisation. The most important of these is funding. Without appropriate and adequate funding, little attention can be given to putting in place good governance policies and procedures that ensure a strong organisation and through it a strong mental health consumer voice.

The NMHCCF and MHCA look forward to working with the new entity in a collaborative way to enhance outcomes for mental health consumers and their carers.

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