



NSW Consumer Advisory Group – Mental Health Inc.

Feedback on Shared Care Agreement

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This feedback was compiled on behalf of NSW CAG by:

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NSW Consumer Advisory Group - Mental Health Inc.

NSW Consumer Advisory Group – Mental Health Inc. (NSW CAG) is the independent, state-wide peak organisation for people with a lived experience of mental illness (consumer). We work with consumers to achieve and support systemic change.

NSW CAG's vision is for all consumers to be able to participate meaningfully in society and to experience fair access to quality and recovery focused services which reflect their needs. Participation is a fundamental human right as enshrined in Article 25 of the *International Covenant on Civil and Political Rights* (ICCPR). We work from the premise that the participation of consumers results in more effective public policy and facilitates individual recovery.

Our work is guided by six principles:

- Being person centred and empowering consumers in the interests of consumers;
- Adopting a recovery approach to building positive futures;
- Promoting positive images and reducing stigma and discrimination;
- Enhancing best practice and building understanding of effective approaches to consumer participation;
- Capacity building of our organisation, consumers and services; and
- Promoting professionalism and continuous improvement in our ways of working.

NSW CAG is an independent non-government organisation that receives core and project funding from the NSW Ministry of Health.

Feedback on Shared Care Arrangement

NSW Consumer Advisory Group – Mental Health Inc (NSW CAG) welcomes the opportunity to again provide feedback into the Second Edition of Hunter New England Local Health District’s Shared Care Arrangement. We commend the local health district on their proactive work to address this issue.

In general, we are concerned that our previous feedback of putting consumers as a core stakeholder group (on par with clinical staff and non-clinical staff) has not been implemented in the guide.

We hope that this will be done in this edition.

For example, the section on Medication Management (page 13) could have a column for consumers, and some of the roles and responsibilities could look like:

- Consumers to communicate to Health Services any issues they have with the level/type/administration of their medication.
- Consumers to communicate to Health about any problems/side effects of their medication that prevent them from participating in work or other meaningful activity
- Consumers to work with Doctors on their mental health care plan to ensure they have full access to medical and ancillary services available
- Consumers work with all staff involved in medication management to fully understand their medication requirements.

We recommend that every section of the Guide needs to be reviewed with local consumers and consumer workers, in order for people to provide their feedback about the content of what the ‘consumer column’ should contain.

We are aware that the Shared Care Arrangement is a guide only, and is not intended to provide definitive advice that would be accurate for every situation. Peoples’ lives are complex and we believe that the use of case studies throughout the document could enhance understanding of how to use this guide in a recovery-oriented way. Having differing case studies will remind those using the guide keep the consumer at the centre of the process and that all supports provided should be provided on the basis of an individual’s goals and needs.

We also believe that the document would benefit from a discussion around process in each section rather than tasks. A discussion around principles and what factors to keep in mind in each section would be beneficial.

In addition, there are a number of small issues that we are providing feedback with, which are listed in the table below.

Page and section	Currently reads	Suggestion/Comment	Rationale
HNEMHS Principles of Care, p 2	Discussion on PRISM (Promotes Resilience, Independence and Self Management)	Positive that this included in this version. This sentiment needs to be reflected throughout	

		the document by having a column for consumers as key stakeholders in the Shared Care Arrangements	
HNEMHS Principles of Care, p3 '4. Promotes Recovery)	'The recovery model assumes that people with complex mental health conditions have the capacity to improve and obtain a life that is not defined by their illness.'	The philosophy of recovery is underpinned by an understanding that everyone's recovery journey is unique and that one can live a meaningful life, that isn't defined by mental illness.	Most would hesitate to call recovery 'a model' and the use of 'obtain a life' is deficit based (assumes that people don't already have lives with meaning or strengths)
Aims of Document, p 7	'Include consumers (and carers) in all aspects of their care coordination recovery. Ensuring the consumer stays at the centre of their recovery'	Great to see that this included. Strengthened by further discussion throughout the document and addition of 'consumer column' in each section	
Risk Assessment, p11	Discussion of risk	Requires discussion of dignity of risk and how this needs to be balanced against duty of care	We have heard that from consumers that risk assessments can be used to justify a range of restrictive actions. Including a discussion of dignity of risk will provide more balance to this document.
Community Treatment Orders, p 12	Discussion of Community Treatment Orders	This section, like all others, requires a discussion of consumer rights and responsibilities. In addition, both sectors have a responsibility to inform consumers that they have a right to access advocacy services.	We have consistently heard that with regard to the Mental Health Review Tribunal that consumers are unaware of their rights. This has been confirmed by a recent external review of the Mental Health Inquiry System.
Information and Education, p 13	Under MH Non-Clinical Support:	Work with consumers in a recovery oriented	Some consumers may already have these

	‘work with consumers to assist them to understand their experiences, have hope and a sense of control over their lives and take on valued roles’	way. Principles of recovery oriented service provision include: promoting self-determination, empowerment, hope and supporting consumers to identify what roles and activities are meaningful	understandings about their own lives and situation. This section should be reframed to support workers to understand that it is their responsibility to work in an empowering way.
Information and Education, p 13	Under MH Non-Clinical Support: ‘Work with the consumer to access IPS or other forms of supported employment’	Work with consumers to identify employment goals and access appropriate services	Language not tailored to individual needs and reflects low aspirations.
Rehabilitation and Recovery, p 17	Under MH Non-Clinical Support: ‘work with consumer to develop their ability to live beyond MH Service’	Support consumer to identify sources of support (informal and formal) in the community that they can draw on for wellbeing. Support consumers to broaden their social and other support networks	Think that the essence of what is written is that you don’t want people to be dependent on MH Services. The alternative statement is more strengths based and inclusive of people who may already be able to do this, who have strong support networks and who may resent having to use MH services
Psycho-Social Support, p 18	Under MH non-clinical Support: ‘provide advocacy for consumers on their instructions and encourage their self-advocacy’	Work with consumers around matters of advocacy, either by providing on their behalf - by their instruction or by promoting or supporting self-advocacy	Alternative language emphasises choice and empowerment
Psycho-Social Support, p 18	Under MH non-clinical support: ‘develop wellbeing strategies...’	Work with consumers to develop wellbeing strategies. Collaborate with consumer to assess outcomes. With consumer’s consent,	Alternative language emphasises choice and empowerment

		provide feedback to clinical staff.	
Exit & transitioning from hospital, p 19	Under MH Non-clinical: 'provide advocacy for consumers on their instructions and encourage their self-advocacy'	Work with consumers around matters of advocacy, either by providing on their behalf - by their instruction or by promoting or supporting self-advocacy	Alternative language emphasises choice and empowerment
Exit & transitioning from hospital, p 19	Shared responsibilities: 'support and educate primary carer'	Provide support and education to consumer and carer/family members	Language is more inclusive
Exit & transitioning from hospital, p 19	Shared responsibilities: 'support service plan, develop in consultation with consumer wellness plan'	Work with consumer to develop consumer wellness plan and service plan, support implementation	Language is more inclusive
Exit & transitioning from hospital, p 19	Shared Responsibilities: 'Discharge plan should include: Recovery focus – what role does the consumer play in the process'		This statement requires clarification