

Consumer Workers' Project

Framework for the NSW Public Mental Health Consumer Workforce



NSW Mental Health
**CONSUMER WORKERS'
COMMITTEE**



September 2013

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The Chairperson of the NSW Mental Health Consumer Workers' Committee

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NSW CAG is the peak, independent, State-wide organisation representing the views of mental health Consumers at a policy level, working to support and achieve systemic change.

NSW CAG is a not for profit organisation which receives core and some project funding from NSW Health. The NSW Mental Health Consumer Workers' Project (the CWP) was funded by NSW Health, on behalf of the NSW Mental Health Consumer Workers' Committee (the MH CWC).

Foreword

The MH CWC (mental Health Consumer Worker Committee) was first established in 1998 (known then as the Consumer Workers' Forum Committee). It was established by a group of Consumer Workers, working in the public sector, who were concerned about inconsistency in employment conditions and the lack of recognition and support for the growing NSW Public Mental Health Consumer Workforce (the Consumer Workforce). Although the National Standards for Mental Health Services and State and national policy support the concept of Consumer participation they did not, and do not, provide any formal guidelines for implementation of a Consumer Workforce.

Area Health Services (now Local Health Districts) and local mental health services have struggled with how best to implement positions and support Consumer Workers. There is also inconsistency in the application of: awards and conditions, establishment of appropriate job descriptions, realistic hours of employment and issues relating to employing staff with a disclosed mental illness especially those with a forensic history. There has also been a lack of access to appropriate education, training, professional development and appropriate supervision. A consequence has been the loss of experienced consumer workers due to lack of support and burnout.

The original purpose of the committee was to organise an annual forum to support professional development and discussion on issues concerning the Consumer Workforce in Area Health Services in NSW. In 2003, the NSW Mental Health and Drug and Alcohol Office provided funding for the forums. In 2009, this funding expanded to include the development of a State-wide Framework for the Consumer Workforce (the Framework).

The MH CWC aims to have representation from each Local Health District. The primary purpose of the committee continues to be planning and implementation

of the annual Consumer Worker Forum which remains the only State-wide professional development and support mechanism for the Consumer Workforce in NSW. In addition the committee provides a secondary role of systemic advocacy, discussing broad issues impacting on the Consumer Workforce and providing representation on various State committees. The Committee also will oversee the consultation and compilation, recommendations, completion, implementation and evaluation of this Framework, supporting the development of clear and consistent guidelines for the ongoing support of the Consumer Workforce, which would greatly assist Consumer Workers and management at a Local Health District, Sector and State-wide level.

The Framework provides guidance on issues of employment, line management, training, supervision and reasonable workplace adjustments, with the objective of increasing and supporting peer workforce as part of a recovery orientated approach to service delivery. The framework provides direction for Consumer Workers, NSW Ministry of Health, Local Health Districts and Local Mental Health Services for how Consumer recovery oriented services¹ can be incorporated within each level of service delivery, planning review and evaluation.

The MH CWC would like to thank David McGrath and staff of the Mental Health Drug and Alcohol Office (MHDAO) for their ongoing commitment and support to the MH CWC, the NSW Mental Health Consumer Workers' Annual Forum (the CWF) and the Framework. In addition, thanks are extended to Western Sydney Local Health District who maintain the NSW Health contract with NSW CAG to facilitate the CWP in partnership with the MH CWC.

Special thanks to all those people who contributed to the Framework including NSW CAG, in particular Karen Oakley (CEO and writer) Peri O'Shea (CEO), Louisa Riste, Jamie McDonald, Alison Grant and Esther Pavel Wood, and the Consumer Workers' Committee.

¹ Slade, Mike, Personal Recovery and Mental Illness: A Guide for Mental Health Professionals, Cambridge University Press, 2009.

The MH CWC's vision is for all mental health Consumers to be able to participate² meaningfully in society and to experience fair access to quality and recovery focussed services which reflect their needs. The support from NSW CAG with the Project Officer position has enabled an extensive consultation process, coordination of broad feedback and completion of the Framework in partnership with the goals and vision of the MH CWC.

Paula Hanlon
Chair MH CWC.

Referencing and using this document

This Framework has been developed over a number of years of research and consultation with all relevant stakeholders, in particular Consumer Workers. The Framework can be adapted for use in private and non-government or community managed Sectors and other jurisdictions both within Australia and internationally. However, the MH CWC requests other jurisdictions seek approval before using this document.

Further, due to the importance of input from local and relevant stakeholders in the development of this Framework, it is strongly recommended that other organisations duplicate similar consultation processes to develop a Framework owned and relevant to their jurisdiction rather than merely duplicating this document. If the Framework is adapted for such use, extensive consultation processes with relevant stakeholders would be required. If you would like to reference this document do so in the following way:

NSW Mental Health Consumer Workers Committee (NSW MH CWC) & NSW Consumer Advisory Group – Mental Health Inc (NSW CAG), 2013. *Framework for the NSW Public Mental Health Consumer Workforce*. New South Wales: NSW CAG.

² Section 1.3.5 of the Revised National Mental Health Statement of Rights and Responsibilities: Prepared by the Centre of the Advancement of Mental Health and Law (CALMH) (formerly the Rethinking Mental Health Laws Project) August 2011.

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Strategies of Implementation

Based on the findings of the CWP, the following recommendations are made to NSW Ministry of Health for the development of the mental health Consumer Workforce:

1. The Framework for the Consumer Workforce including the Code of Professional Standards (currently in draft form, as amended, supplemented or otherwise modified from time to time and endorsed in principle) is to be approved and adopted by NSW Ministry of Health.
2. A State Consumer Workforce Coordinator be engaged on an ongoing basis to implement the Framework and to ensure the ongoing professional development of the Consumer Workforce.
3. The Framework be implemented at State, LHD and Sector service levels, with funds allocated to support all aspects of implementation. This implementation will require the support of project funds to develop and implement a range of resources including, but not limited to:
 - a. Training and support to build the capacity of LHDs and local services to support Consumer Workers, including mentoring and networking programs;
 - b. Policy and procedures;
 - c. Professional development and networking of Consumer Workers including the annual CWF,
 - d. Development of materials at State level for induction and orientation for new Consumer Workers;
 - e. Standards and training for Consumer Worker professional supervisors; and

- f. Guidelines on the minimum number of Consumer Worker hours based on a state-wide needs analysis, taking into account issues of equity and access such as geography and transport deficits in rural and remote locations.
4. Recurrent funding be allocated to enable recruitment to mental health services, the minimum number of positions recommended by the needs analysis including specialist Consumer Worker positions to address the needs of specific population groups.
5. NSW representatives continue to be involved in the development of a national curriculum for peer workers to ensure that it meets the needs of the mental health Consumer Workforce in NSW.
6. A gap analysis of current training available for the various roles of Consumer Workers be commissioned and new training developed and/or current training for Consumer Workers be refined to ensure consistency with the Framework and the accepted purpose and roles of Consumer Workers in the NSW mental health system articulated within this Framework.
7. A methodology for the evaluation of the mental health Consumer Workforce be developed, and the evaluation commissioned, in collaboration with Consumers, Consumer Workers, the State Consumer Workforce Coordinator and researchers.
8. The Framework, including the Code of Professional Standards, be evaluated after 3 years and revised accordingly.

Introduction

The Framework for the Consumer Workforce

This paper presents the *Framework for the NSW Public Mental Health Consumer Workforce*. The Framework is based on consultations conducted between 2009 and 2012 with Consumer Workers, LHD Executive, NSW Ministry of Health, service staff and Consumers throughout NSW.

The role of the MH CWC is to consult with NSW Health on the development of public mental health Consumer Workforce and to support Consumer Workers regarding systemic issues across NSW. The main functions of the MH CWC include the oversight of reform for the Consumer Workforce, supporting the Consumer Workforce, supporting the annual CWF and supporting the CWP.

Mental Health Consumer Workers are an essential workforce within the NSW public mental health system. Consumer Workers come from a wide variety of backgrounds and have a range of skills, knowledge and life experience. Consumer Workers effectively engage their experience of their recovery journey to support Consumers through peer support, positive role modelling, education, advocacy, facilitating self-advocacy and providing information and opportunities for Consumers to participate in the public mental health system. Consumer Workers work across all Sectors, within all service teams (such as rehabilitation and acute) and with Consumers of all ages (such as youth services and older person services).

For the purposes of this Framework, NSW public mental health Consumer Workers are considered to be similar to a professional body. Consumer Workers are subject to the rules and regulations of this Framework as well as any other applicable legislation, whether it be LHD based, State or otherwise, including their own Code of Professional Conduct. However, presently Consumer Workers do not have an accredited body and there is not a defined educational qualification.

The Framework for the Consumer Workforce, (the Framework), is designed to guide workforce development for Consumer Workers within public mental health services in NSW, through providing a consistent, State-wide approach and promoting the competence and effectiveness of Consumer Workers, and their standing as a legitimate, valued and defined workforce. To do this, the Framework has four components:

1. The Role
2. Support and Development
3. The System
4. The Profession

The Framework is depicted in Figure 1. Each of these components articulates the critical aspects which are required to ensure a clearly defined and sustainable workforce and each of the components is individually presented within this paper. The Framework addresses some previously unrecognised needs in the workforce development such as capacity building and strategies at all levels. These include: the individual worker, the mental health system or organisational level and at the professional level as per the usual standards of NSW Health.

The Framework presents the Consumer Workforce as an integral component of all levels of the NSW public mental health system, While the main aim of the Framework is to bring a consistent, State-wide approach to the Consumer Workforce in NSW, the Framework is also designed to be flexible to specific local needs.

The Framework will necessarily require changes to the current Consumer Workforce structure and functioning within NSW. As has been identified through the literature review into the Consumer Workforce and in consultations throughout stages 1 and 2 of the CWP, the MH CWC, Consumer Workers, Local Health District Executive, service staff, NSW Ministry of Health and researchers all concur that change is required to progress the workforce and to ensure that it is a meaningful component of the mental health system and service structure.

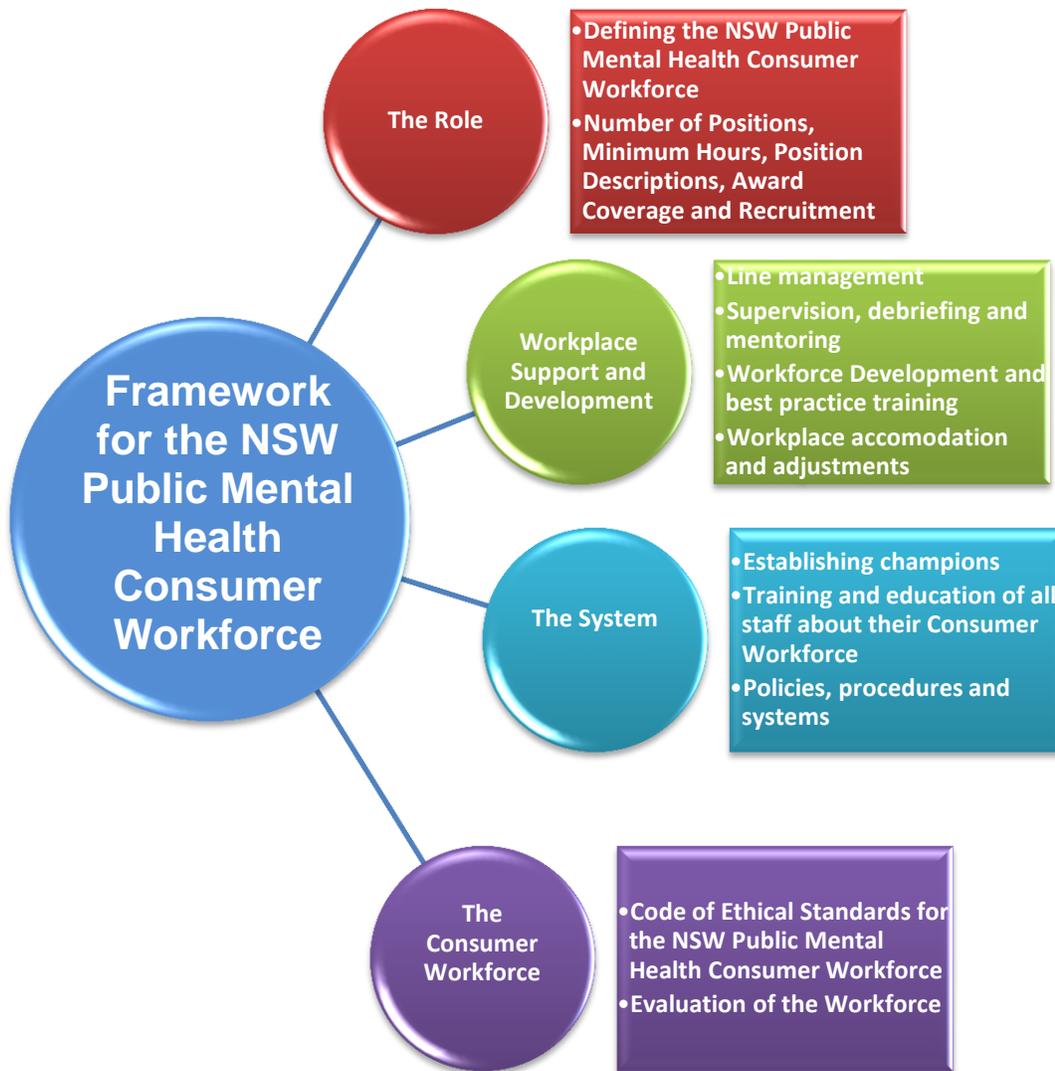


Figure 1. The Framework for the NSW Public Mental Health Consumer Workforce



Figure 2. The Role

The first component of the Framework is “The Role”. As shown in Figure 2 this examines the functions, roles and positions of the Consumer Workforce, providing direction on how positions can be structured within the NSW mental health system. This component is critical for developing a shared understanding throughout the different workforces within the mental health system, and throughout the State, of the purpose and various roles of the mental health Consumer Workforce, and where these fit with the broader mental health system and mental health workforce. It is also necessary for ensuring a consistent approach to recruitment to positions, that people employed within roles have the skills and knowledge to perform their role, and equitability in terms of remuneration, both within the Consumer Workforce, and in relation to the rest of the mental health workforce.

An Integrated collaborative approach to care which encourages all staff to share information with their colleagues including Consumer Workers should be recognised. As mental health care and support requires a variety of services and support, everyone identified as important to the consumer including Consumer Workers must be involved in their care and acknowledged as an equal member of a treating team. It is essential that information is shared between clinicians and consumer workers involved in aiding a person’s recovery to ensure the safety of consumers and others, enhance the care provided, and to maximise the outcomes for consumers.

a. Defining the NSW Public Mental Health Consumer Workforce: Key Functions, Placement within the Mental Health System in NSW, Workforce Structure and Recruitment

i. Key Functions of the Consumer Workforce

The list below is not exhaustive of all the roles and responsibilities held by Consumer Workers, but encompasses the broad level roles and responsibilities of the Consumer Workforce in NSW public mental health services. Not all

Consumer Workers will undertake each of the roles and responsibilities listed below. Indeed, it is important to note that certain roles and functions require specific skills, experience, knowledge and training.

The Consumer Workforce utilises professional skills and personal experience of mental illness to represent the Consumer perspective at all levels of the NSW public mental health system and is an effective and valuable workforce within NSW Health, representing the Consumer perspective at all levels of the NSW public mental health system, to:

- Consult with Consumers and inform service development and delivery, including related policy development and implementation.
- Provide peer support to Consumers through positive role modelling and utilising the shared experience of mental illness and using mental health services. In a peer support capacity, Consumer Workers' effectively utilise their own experience of their recovery journey.
- Promote Consumer participation at all levels of the public mental health system, including the individual service, Local Health District, State and National levels.
- Support Consumers to understand and navigate the public mental health system.
- Promote and uphold the rights of Consumers.
- Educate staff, Consumers, carers and the broader community about Consumer participation, Consumer rights, recovery and anti-stigma.
- Develop and implement Consumer initiatives such as workshops, forums and health promotion activities.
- Facilitate Consumer evaluation of services, and promote Consumer participation in service quality improvement initiatives and research.

Table 1 Information:

To develop greater clarity about the roles and position descriptions of Consumer Workers, Table 1 below incorporates the list of roles and responsibilities set out above into the key functions of the Consumer Workforce. These functions are set out in full detail in Appendices C through to H.

Mental Health Consumer Workforce Functions and Roles

This may not be an exhaustive list of roles undertaken by mental health Consumer Workers

| Coordination and Management | Individual Advocacy | Peer Support | Systemic Advocacy | Health Promotion | Education and Training | Quality and Research |
|---|---|--|---|---|---|---|
| <ul style="list-style-type: none"> • Manage staff employed as Consumer Workers e.g. administratively with pays, leave, training. Conduct staff performance appraisals - Monitor and approve cost centre - To coordinate peer activities for the benefit of mental health Consumers - Represent Consumer interests and perspectives in relevant policy and planning activities. - Ensure Consumer consultants are available to meet Consumer and service requests | <ul style="list-style-type: none"> • Inpatient • Community • Communicating effectively with Consumers and staff • Providing information on rights and responsibilities, information on diagnosis, information on treatments and services. • Letter writing • Liaise with the treating team with the Consumer • Educating Consumers re effective communication skills, rights and responsibilities, self-advocacy, recovery • Attending appointments with Consumers • Preparing for and attending MHRT hearings | <ul style="list-style-type: none"> • With the Consumers' permission provide peer services • Work with a recovery focus • Work with a Consumer focus • Value and respect the lived experience of the Consumer • "Peer support is not clinical support and it is more than just being friends. In Peer Support we understand each other because we've been there, shared similar experiences and can model for each other a willingness to learn and group" Mead and Copeland | <ul style="list-style-type: none"> • To attend and actively participate in committee meetings, workshops, forums, focus groups, conferences when requested. Feedback is provided from the Consumer point of view, based on Consumers you have spoken with • These activities can be on a Local Health District, State or national level. • Feedback from these committees needs to be forwarded onto other Consumer Workers and Consumers • Provide feedback from the Consumers' perspective for key policies and documents | <ul style="list-style-type: none"> • Presentations, information and workshops to Consumers and Carers, staff and students on mental illness, recovery and other Consumer related topics • Presentations to Consumers, staff and others with regard to the links between mental health and physical health issues and social issues. • These presentations can occur within the LHD, for other services outside the LHD, universities and other organizations • Participate in stalls in the local community to raise awareness of mental health issues, recovery and services that can help • Participate in anti-stigma campaigns • Design and Provide Consumer friendly written booklets and pamphlets in regards to various health issues. | <ul style="list-style-type: none"> • Facilitate education groups for Consumers e.g wellness, recovery, communication, healthy lifestyle • Work with other organizations to provide education forums and other activities for Consumers. • Facilitating staff and/or student (at universities, colleges and on placement) in-services and education • Presentations to staff to promote Consumer participation | <ul style="list-style-type: none"> • Participating in quality projects within the MHS • Developing, evaluating reporting Consumer quality projects • Consumer satisfaction and needs surveys • MHCOPES • Preparing for accreditation • Promoting and participating in research conducted by external agencies (dept, MH Commission, universities etc) |

| Coordination and Management | Individual Advocacy | Peer Support | Systemic Advocacy | Health Promotion | Education and Training | Quality and Research |
|---|---------------------|---|---|--|------------------------|----------------------|
| <ul style="list-style-type: none"> • Develop and oversee a business plan for the Consumer Network • Work in partnership with local and LHD MHS to develop, implement & monitor policies and procedures • Monitor, evaluate and report on Consumer satisfaction, issues and complaints • Facilitate Consumer Worker/volunteer team meetings • | | <ul style="list-style-type: none"> • By being knowledgeable equals, rather than “experts”, peers foster empowerment, improved self-esteem, renewed sense of self, and encourage people to take charge of their own wellbeing and directions in life • Sharing recovery strategies and stories • Encourage and foster hope by role modelling • Providing information • Facilitating recovery groups • Social activities • Post discharge telephone support services | <ul style="list-style-type: none"> • Facilitating consultations and forums when requested to • Report writing | <ul style="list-style-type: none"> • These are for both community and inpatient groups • Participate and organize Special activities for <ul style="list-style-type: none"> - Mental Health Month; - Schizophrenia Awareness Month; - International Days recognizing – human rights, volunteers, disabilities etc • | | |
| <ul style="list-style-type: none"> • All roles: to meet reporting responsibilities, attend own professional development (PDR’s, mandatory training, skill development), supervision, IIMS reporting (complaints & Incidents) , | | | | | | |

The seven functions operate at LHD and Sector service levels. Whilst the functions can be articulated into individual positions, it is recommended that two or more functions be combined to create position descriptions, based on the needs of the LHD and service population. Roles are required in community and inpatient settings, and specialist roles may also be required in areas such as forensic, adult, young people, older people, rehabilitation, culturally and linguistically diverse groups including Aboriginal and Torres Strait Islanders dependent upon the population needs. Other than coordinator and management positions, it is recommended that the position title given to workers is “Consumer Worker”. Where required, the specific function or population group may be added in parentheses, for examples “Consumer Worker (Young People)” or “Consumer Worker (Older Persons)”.

ii. Placement of Consumer Workers within the mental health system

The Framework proposes integrating the Consumer Workforce at State, LHD and Sector service levels. The State Consumer Worker Coordinator operates strategically at a State level, the Consumer Worker Manager LHD works at a LHD level, and Consumer Worker Coordinators/Managers and other Consumer Workers are based at a Sector service level. At a Sector service level, Consumer Workers and Coordinators/Managers may be engaged to undertake the role across more than one service, with clarity provided around the number of hours they are to spend with each service, and their line management arrangements.

Figure 3a shows the structure of the Consumer Workforce in NSW.

Commentators and Consumers have noted that structuring the Consumer Workforce in this way provides a career pathway for Consumer Workers.

iii. Structure of the Consumer Workforce at the LHD and Sector Service Levels

Consumer Worker Coordinator/Manager- LHD

It is recommended that a Consumer Worker Manager sits at the LHD level to manage and coordinate the Consumer Workforce. It is further recommended that this position sit alongside other senior executive for mental health within the LHD, reporting directly to the LHD Director for Mental Health or equivalent. This would enable the strategic progression and coordination of the Consumer Workforce within the LHD, as well as representation of Consumers at strategic levels. Consumer Worker Managers across LHDs will also have a role in meeting regularly with the Chair of the MH CWC to consider the direction of the Consumer Workforce throughout NSW and to subsequently advise the State Consumer Workforce Coordinator.

Furthermore, it is agreed that the role of Consumer Worker Manager – LHD is critical to furthering the Consumer Workforce and Consumer participation at the LHD level. As such, it is recommended that this position be a Consumer-designated position.

Consumer Worker Coordinator/Manager and Consumer Workers- Sector Service Level

A Consumer Worker Coordinator/Manager at the Sector service level is recommended where there are a number of Consumer Workers or volunteers operating at a service. The ideal situation is for a Consumer Worker Coordinator/Manager to be operating at all services, however it is recognised that this is not always practical. An option is for one Consumer Worker Coordinator/Manager to oversee Consumers employed at a number of sites. This role is responsible for coordinating the activities of the Consumer Workers at the service level, and providing direct line management for these Consumer

Workers. The Consumer Worker Coordinator/Manager would need to liaise with the Consumer Worker Manager at LHD level regarding the strategic approach being taken, but report locally to the designated position about operational and day-to-day matters. This position needs to be situated alongside other management positions within the service, with direct reports to be consistent with other managers. Where the service is a large psychiatric hospital with multiple units, the recommendation is for one Consumer Worker Coordinator/Manager across all of the units.

Where no Consumer Worker Coordinator/Manager is employed at the Sector service level, the Consumer Workers employed at the Sector service level will need a designated local position for direct reporting and management. A strong relationship will need to be maintained between the Consumer Worker Manager – LHD and the designated local direct report at the service to ensure that the work of the Consumer Workers is consistent with the strategic directions of the Consumer Workforce for the LHD, and within the roles and responsibilities of Consumer Workers.



Figure 3a. A model of a mental health Consumer Workforce in NSW incorporating a State-wide Workforce Coordinator

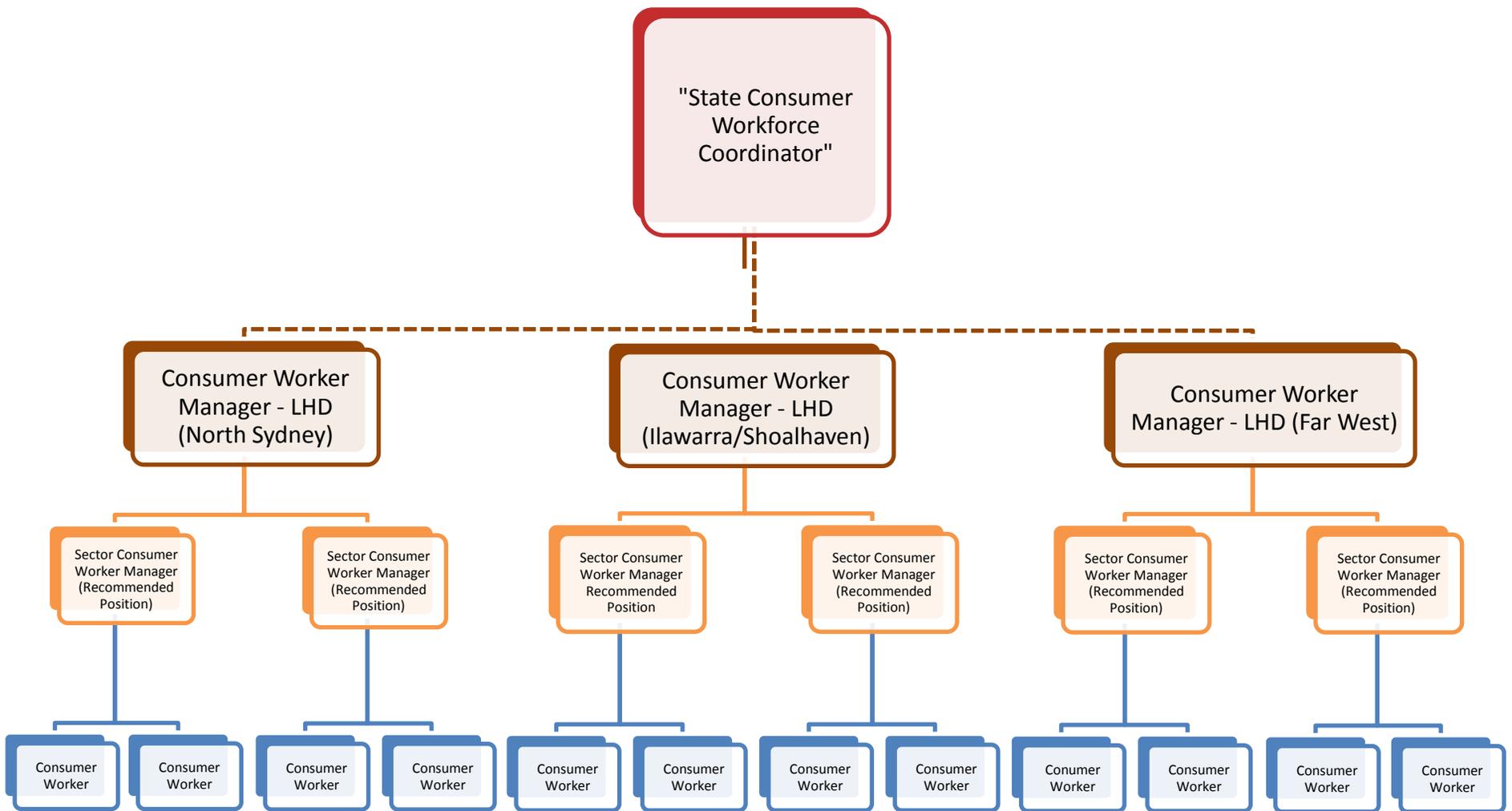


Figure 3b. A model of a mental health Consumer Workforce in NSW incorporating a State-wide Workforce Coordinator

b. Number of Positions, Minimum Hours, Position Descriptions, Award Coverage and Recruitment

i. Number of Positions and Minimum Hours

It is acknowledged that in determining the number of Consumer Worker positions at each LHD (including the Consumer Worker Manager- LHD and Consumer Worker Coordinator/Manager positions), as well as the minimum number of hours for each role, NSW Health needs to take into account its own regulatory environment. Such considerations include, but are not limited to:

- The Health Education Officers' Determination and associated Awards.
- NSW Public Sector Wages Policy 2011
- Other NSW Health policies and procedures.

In promoting an ideal future vision and consistency across all LHD's, however, the following recommendations are made:

1. Each LHD should have one Consumer Worker Manager- LHD working a minimum of 0.8 FTE.
2. Where there are more than two Consumer Workers at a local service, a pro-rata Consumer Worker Coordinator/Manager position should be included. For a large psychiatric hospital, a 1.00 Consumer Worker Coordinator/Manager should cover all units.
3. Consumer Worker Coordinator/Managers may perform this function over more than one service.
4. All inpatient and community services should engage at least 2 Consumer Workers. Determination of the number of Consumer Workers at each service or unit needs to be based on a range of considerations, including:
 - a. The range of functions at the service or unit. This will depend on whether the service is inpatient or community, the population demographics and needs.

- b. The number of Consumers at the service or the number of beds in a unit.
 - c. For OH&S considerations, Consumer Workers should not work alone. As such, it is recommended that a minimum of 2 Consumer Workers should be employed at any service.
5. The minimum number of hours for each Consumer Worker position should ideally be 0.5 FTE. In determining FTE ratio for each position, the following factors need to be taken into consideration:
- a. Time for performing all aspects of the role, including any MHOAT reporting.
 - b. Undertaking administrative requirements such as reporting and responding to emails.
 - c. Preparation time in preparing group activities, planning events, attendance at meetings etc.
 - d. Mentoring and professional supervision.
 - e. Professional development activities.
 - f. Travel between services, and to and from meetings

ii. Role Descriptions

Clear role descriptions, outlining the purpose of each role, and the responsibilities, knowledge, skills and experience required to perform the role are critical to overcome the role confusion experienced by many Consumer Workers and other mental health staff. Each of the seven different functions require different skill sets, knowledge and experience. In addition, template role descriptions for the seven key functions of the Consumer Workforce are provided in Appendices A to H. These template role descriptions outline suggested selection criteria and roles and responsibilities for each key function.

As previously noted, each key function can form an individual position or two or more functions can be combined into one position. It is critical that clear expectations for aspects of all positions to be undertaken, incorporating the responsibilities and tasks included, are clearly defined within a position description, and that this is clearly articulated to all staff responsible for the management of the position.

In creating positions for the Consumer Workforce, as with all workforces, it is therefore imperative that the following be factored:

1. Clearly defined and articulated roles, responsibilities, tasks, which identify each of the functions to be covered by the role
2. Ensuring the selection criteria covers the range of skills, knowledge, experience and training required to perform the role
3. Accurate remuneration and grading of the position taking into account roles and responsibilities and relevant education qualifications
4. Sufficient allocation of the number of hours allocated per week to that position to enable the fulfilment of all aspects of the role
5. Positions reporting to the Consumer Worker, if any
6. Line management and direct reports
7. Budgetary responsibilities, if any

As with all roles in any workforce, it is critical to ensure that the person employed to undertake the role has the skills, knowledge and competence to undertake all components of the role. This must be first and foremost in creating roles and in the recruitment process. The role descriptions in Appendices C to H outline the suggested key skills and experience that is required for each function. These functions, in conjunction with any core functions applicable to all Consumer designated positions should be used as building blocks to create a clear and well defined job description appropriate for that particular setting, aged group, specialised area and/or geographical population.

iii. Award Coverage and Classification

1. Award Coverage and Classification for Consumer Workers

It is recommended that Consumer Workers' be formally classified under the Health Education Officers' Determination. The salary rates for Health Education Officers are set out in the Health Professional and Medical Salaries (State) Award. Other terms and conditions of employment are set out in the Public Hospital (Professional and Associated Staff) Conditions of Employment (State) Award.

In terms of starting rates of pay under the Health Professional and Medical Salaries (State) Award, it is recognised that NSW Health are bound by the requirements of the Award, as well as other policy considerations (such as the NSW Public Sector Wages Policy 2011). As a future vision for the Consumer Workforce, however, it is recommended that the minimum starting rates of pay for Consumer Workers commence at the 5th or 6th year of service for the Health Education Officer Non-Graduate classification under this Award.

Where a Consumer Worker has a relevant and appropriate qualification, it is recommended that the Consumer Worker be paid in accordance with the Health

Education Officer Graduate Pay Scale under the Health Professional and Medical Salaries (State) Award. It is recognised that the interpretation of the Health Education Officers Determination by NSW Health may require the qualification to be a requirement of the position, however, it is also understood that LHD's have some flexibility to make such determinations at a Sector level.

2. Award Coverage and Classification for Coordinator and Managerial Positions

It is recommended that Consumer Workers performing the roles of Consumer Worker Manager – LHD and Consumer Worker Coordinator/Manager - Mental Health Service/s be remunerated under the *Health Managers (State) Award*. It is recommended that Consumer Worker Coordinators/Managers be classified under the Health Manager- Level 2 classification, and the Consumer Worker Manager- LHD position be classified under the Health Manager- Level 3 classification.

Table 2. Recommended Industrial Award for each Consumer Worker role

| Role | Recommended Award |
|--|---------------------------------------|
| Consumer Worker Manager – LHD | Health Managers (State) Award |
| Consumer Worker Coordinator/Manager – Mental Health Service/s | Health Managers (State) Award |
| Consumer Workers | Health Education Officers (HEO) Award |

IV. Recruitment

Previous consultations with key stakeholders on the Draft Framework highlighted the need for solid recruitment practices to be engaged when employing Consumer Workers. It is imperative that the recruitment processes ensure the

employment of Consumer Workers with the skills, attitudes, training, abilities and experience to undertake the inherent requirements of the role. To facilitate this, it is recommended that the following be made clear to applicants during the recruitment process:

- The duties, roles and responsibilities required of the role (as they correspond to the key functions of the Consumer Workforce). It is essential that these are clear from the outset.
- The skills, experience and training required.
- The nature of employment (i.e. whether permanent full time, permanent part time, or casual), and the required number of hours for the role.
- Award coverage, classification and rate of pay.
- The actual place of work – including the names of the actual service and units that the person will be required to work within or interact with.
- The expectations regarding travel.
- Whether or not having a driver's licence is a requirement.
- The requirement that the role is designated for people with the lived experience of mental illness (if applying for a Consumer designated position). Depending on the role, this may require the person to be prepared to disclose at minimum that they have had such an experience, noting that their position will include the word "Consumer" and thus all who interact with them will be aware that they have had an experience of mental illness.

It is recommended that candidates applying for Consumer-designated positions should demonstrate at interview an awareness of their own mental health experience, and be in the process of recovery.

It is recommended that at interview, expectations should be set around the fact that Consumer Workers work as part of a broader multi-disciplinary team in the NSW public mental health system.

It is recommended that Consumer Workers be on selection and interview panels for all Consumer Worker roles. If a LHD does not have a Consumer Worker available to participate on a selection panel, contact is to be made with Consumer Workers in other LHDs or the NSW State Consumer Worker Coordinator.



Figure 4. Support and Development

The second component of the Framework is “Professional Support and Development”. As shown in Figure 4 this considers four aspects required to adequately support the Consumer Workforce and ensure the ongoing development of the individuals employed within it: Line management, supervision and mentoring, professional development and best practice training, and workplace accommodations. Each of these elements is critical for all staff and all workforces.

a. Line Management

As with all positions, it is essential that clear line management guidelines are in place.

Recommendations have been made about the undertaking of line management in the previous section ‘The Role’. Specifically, it is recommended that the line management arrangements outlined in Table 3 are in place.

Table 3. Recommended line management arrangements

| Position | Line Management Recommendation |
|--|---|
| Consumer Worker Manager – LHD | LHD Director for Mental Health or other Executive position |
| Consumer Worker Coordinator/Manager – Mental Health Service/s | Locally designated position at service |
| Consumer Workers | Consumer Worker Coordinator/Manager – Mental Health Service/s. Where there is no such position at a service, line manager is locally designated position. |

It is recommended that the Sector line manager has responsibility for:

- Allocation of workloads and overseeing their completion
- Day to day OH&S matters
- Ensuring resources are available to undertake the role
- Provision of advice regarding immediate concerns and problems
- Debriefing
- Regular team meetings
- Leave approvals
- Compliance with policies and procedures
- Probation periods
- Annual Professional Development Reviews
- Annual performance development and training plans
- Issues related to the workplace and role
- Arrangement of workplace accommodations.

It is recommended that the Consumer Worker Coordinator/Manager – Mental Health Service/s or the Sector designated line manager of Consumer Workers regularly liaises with the Consumer Worker Manager – LHD to ensure that:

- Consumer Workers are working in line with the strategic direction of the Consumer Workforce for the LHD
- Consumer Workers have access to suitable support and professional development activities
- Consumer Workers are working in line with codes of conduct and professional standards
- Consumer Workers from across the LHD have regular opportunities for networking across the LHD.

b. Supervision, Debriefing and Mentoring

In addition to line management, the importance of professional supervision is widely recognised as part of good practice in ensuring an efficient, effective and consistent delivery of services, and as a mechanism to support workers (Milne, 2007; NSW Department of Health, 2006b; WA Country Health Services and Combined Universities Centre for Rural Health, 2009; Wagner, Keane, McLeod, & Bishop, 2008). Such professional supervision is part of regular practice for many professionals and workers within the health and mental health field (Fone, 2006; Kirk, Eaton, & Auty, 2000; Mills, Francis, & Bonner, 2005; Milne, 2007; NSW Department of Health, 2006b; Wagner, et al., 2008), and can occur in an individual or group format (NSW Department of Health, 2006b; WA Country Health Service and Combined Universities Centre for Rural Health, 2009). Throughout the CWP, the need for regular, formalised professional supervision for Consumer Workers has been identified.

The following outlines the purpose and structure of such supervision as well as the requirements of supervisors.

i. Purpose of supervision

The purpose of supervision for Consumer Workers is to provide a structure to:

- Reflect upon and review current working practices
- Examine and explore strategies in working with particular Consumers or situations, where this can be undertaken in a confidential context
- Debrief on any work-related issue
- Explore new practices, developments, ideas and perspectives related to Consumer Workers, and critically evaluate them
- Monitor and support the Consumer Worker's wellbeing and coping capacity in relation to their work
- Problem solve
- Explore career development opportunities

(Mills, et al., 2005; Milne, 2007; NSW Department of Health, 2006b; WA Country Health Service and Combined Universities Centre for Rural Health, 2009)

ii. Structure of supervision and minimum requirements

Supervision can be provided to individual Consumer Workers and to groups of Consumer Workers. It is recommended that all Consumer Workers receive supervision on a regular basis.

Consumer Workers should also be able to have access to supervision when needed and to organise additional supervisions ad hoc depending on their workloads and any stressors they may be experiencing during their employment.

While it is preferable that supervision is provided face to face, the geographic realities of NSW may not make this a possibility in all instances. The use of telephone based supervision may be required. Specific training of supervisors would be required to ensure that this is used effectively and that an effective relationship between the Consumer Worker and supervisor is still achieved.

iii. Supervisors

Supervision is a highly skilled practice, and thus should be performed by someone with the relevant training and experience. While the majority of professions consider that supervision should be provided by a senior member of a profession (e.g. Fone, 2006; Kirk, et al., 2000; Milne, 2007), it is recommended that Consumer Workers have flexibility in selecting a supervisor, so that it may be a Consumer Worker who has greater experience, skills or knowledge as well as training and experience in providing supervision, or another mental health professional. During consultations some Consumer Workers expressed that they would prefer their professional supervisor to be someone external to their place of work, while others have indicated that they would prefer someone within the

same service. It is generally considered good practice that the supervisor is not the direct line manager. Such supervision may be peer supervision undertaken by a trained Consumer Worker, or performed by someone other than a Consumer Worker. This indicates the importance of Consumer Workers being involved in selecting who will provide their professional supervision. This is further emphasised by the need for the Consumer Worker and supervisor to establish a purposeful relationship where trust is critical (WA Country Health Service and Combined Universities Centre for Rural Health, 2009).

Therefore, the following should be applied in the appointment of a professional supervisor:

- a) Agreement in collaboration with the Consumer Worker
- b) The supervisor has the following experience and training:
 - i. Experience and training in the provision of professional supervision
 - ii. Either experience as a Consumer Worker or a sound knowledge of the purpose, roles, responsibilities and requirements of Consumer Workers, supports peer and Consumer roles, and has experience in working in the mental health system
- c) The development of a contract between the service and the supervisor outlining what is expected of supervisors where the supervisor is external to the employing service.
- d) The development of a supervision agreement between each Consumer Worker and supervisor which includes periods at which review will be undertaken, the regularity of meetings, priorities for supervision and such

Different supervisors may be appointed for individual and group supervision as required.

It is noted that little research or guidelines exist regarding the professional supervision of Consumer Workers. It is recommended that future work be

undertaken to develop such guidelines, and to develop a training package for Consumer Worker supervisors.

iv. Debriefing

In addition to regular supervision sessions, Consumer Workers may at times also require debriefing sessions to enable them to process and work through a challenging work situation they have had to deal with. Such debriefing can be undertaken by line managers, supervisors, peers or other counsellors such as those available via the Employment Assistance Programs (EAP) offered by services. The Consumer Worker should be made aware of the options available to them for such debriefing and how to access the required support.

v. Mentoring

In addition to formal supervision, informal supervision via mechanisms such as mentoring are also regularly utilised as mechanisms to provide support to workers, and a means of up-skilling (Fone, 2006; Kirk, et al., 2000; Mills, et al., 2005). Mentoring is one way of facilitating learning and developing skills, and enhancing performance in the role. Mentoring is different from supervision in that it is about the provision of advice, support and guidance in a non-judgemental and non-evaluative way, whereas formal supervision may have aspects of evaluation and determining correct from incorrect practice (Fone, 2006). Mentoring is usually conducted by a more experienced colleague, and thus a more experienced Consumer Worker, however depending on the skills targeted for development may be someone who is not necessarily a Consumer Worker. Mentoring is a further useful component that should be built into the Consumer Worker's support structures, particularly at the beginning of their employment, and when seeking to build their skill set or taking on new duties or responsibilities. Again, the Consumer Worker should be involved in determining who provides this mentoring in collaboration with their line manager and the Consumer Worker Manager.

c. Professional Development and Best Practice Training

Professional Development

Professional development encompasses a range of activities which include but are not limited to:

- Induction and orientation processes
- Networking with other Consumer Workers at meetings, conferences, workshops, training and other forums
- Mandatory and non-mandatory training
- Informal training including mentoring, coaching, on the job training, online tutorials and courses
- Conference attendance
- Annual NSW Mental Health CWF
- Supervision (which has been explored above)
- Debriefing (see above)
- Mentoring (see above)
- Performance development

Professional development occurs at the individual level and the group or workforce level. Recommendations for this development at both levels are made below.

Individual Consumer Worker professional development

All Consumer Workers should have access to professional development to ensure the opportunity for the enhancement of skills and knowledge, to improve work performance and to access avenues for career advancement. These opportunities should be the same as for all other staff within the service. It is recommended that a budget be allocated for the provision of professional development for Consumer Workers at a Sector level.

As for all workforces, each Consumer Worker should have a professional development plan which is developed upon commencement, reviewed at least quarterly and refreshed as required and at minimum on an annual basis with the annual performance review. This plan should be specific to the individual's needs and their current position, as well as take into consideration career aspirations. The way in which professional development needs are addressed, for example through formal qualifications, informal training and such, should be determined by the professional development need and the individual's learning style and preferences.

During consultations, a range of training areas were highlighted as critical during the induction and orientation period for all Consumer Workers. These include the different roles within the service and how they interrelate with Consumer Workers (e.g. Occupational Therapists, Diversional Therapists etc)

Box 1 (red), 2 (blue) and 3 (green) set out some, but not all, of the core knowledge and skills required for induction and orientation

Short-term or induction training

Mental Health Act 2007

Complaint handling and procedures

National Mental Health Standards

Codes of conduct

Services available in the region including non-government services

Rights and responsibilities of consumers Service Orientation

Stress management and maintaining wellness Mandatory Reporting

Workplace Responsibilities

Confidentiality

Specific functions eg. Peer support and advocacy

Medium-term training

MH-CoPES

Duty of Care

MHoAT documents (consumer driven)

Mental Health First Aid

Creating and maintaining Learning about professional boundaries with consumers

Principles of recovery oriented service provision Advanced Directives

Working with carers

Long-term training

Accreditation processes

Dealing with conflict, violence, hopelessness and/or challenging behaviours

The mental health system (including the consumer movement)

Meeting procedures

Rehabilitation principles

Recovery oriented practice and skills

ECAN course (understanding child and adult sexual abuse)

To enable the Consumer Workforce to work more cohesively, and for individual Consumer Workers to feel part of an integrated team, it is essential that networking opportunities be provided at Sector, LHD and State levels. At Sector levels, this is the responsibility of Consumer Coordinators/Managers and line managers, and at LHD levels, this is the responsibility of the Consumer Worker Manager. It is recommended that, at a minimum, Consumer Workers within a LHD have the opportunity to come together on a quarterly basis. However, where there are Consumer Workers who are working alone, networking on a more regular basis is recommended.

Role of the State Consumer Workforce Coordinator

To coordinate collaboration and sharing between Consumer Workers at a State level, as well as to progress the ongoing State-wide professional development of the Consumer Workforce, and a cohesive approach and vision for the Consumer Workforce throughout the State, it is recommended that a State Consumer Workforce Coordinator be appointed. This role should ideally be fulfilled by a Consumer who had previously worked as a Consumer Worker, but in the event that no such person is available, it could also be undertaken by a person with a comprehensive understanding of the Consumer Workforce as well as workforce development. This role may be placed either within NSW Ministry of Health, the NSW Mental Health Commission or NSW CAG, and would essentially connect to key strategic and policy setting areas at a State level including the NSW Mental Health Program Council, Workforce Development committees, the Chronic and Continuing Care, Recovery and Rehabilitation Working Group, and other program and project initiatives that critically involve the Consumer Workforce and Consumer participation initiatives. The role of the Consumer Workforce Coordinator at such meetings is to represent the views of Consumer Workers. The relationship of the State Consumer Workforce Coordinator to Consumer Workers is depicted in Figure 3b

In ensuring State-wide development and networking opportunities for the Consumer Workforce, it is recommended that the State Consumer Workforce Coordinator organises, in collaboration with the MH CWC, the Consumer Workers' Annual Forum.

The State Consumer Workforce Coordinator also has a role in developing policy and procedure at a State level related to the Consumer Workforce, liaising with the NSW Mental Health Commission, providing support to LHDs in building the capacity of services and staff to work effectively with Consumer Workers, arranging regular meetings of the Consumer Managers of each LHD to ensure a

consistent vision for the Consumer Workforce, and other such developmental activities.

Best practice training

As with all staff, it is essential that training is tailored to the needs of the workforce and individual. There are a range of mechanisms by which training can be delivered including:

- Formal qualifications
- Formal short courses
- Informal short courses
- Group training or classroom settings
- Individual, one on one training
- Workshops
- Conferences
- Verbal delivery of information
- Workbooks and other written material
- Online training such as online tutorials, webinars etc.

Critically, all training should apply the principles of adult learning (eg. Merriam, Caffarella, & Baumgartner, 2006), ensuring that the training is goal oriented, relevant, practical, recognising the individual's experience and knowledge and respectful (Lieb,1991). The training should be appropriate to the individual's learning style and preferences. All Consumer Workers should be working towards the CHC 42912 Certificate IV in Mental Health Peer Work or equivalent. Existing Consumer Workers will be entitled to Recognition of Prior Learning.

It is also imperative that all training, including mandatory or mainstream training provided to all health staff is relevant for Consumer Workers. This includes ensuring that:

- The level of training is appropriate for Consumer Workers, taking into account their role, skill level and prior experience, and
- The type of training is appropriate and focussed on topics that are relevant to the role of Consumer Workers.

During consultations, it was discussed that the training developed for Consumer Workers should also incorporate the Consumer Worker perspective. This includes addressing how the training is relevant for Consumer Workers, how Consumer Workers will benefit from the training and education provided, and how Consumer Workers can implement the training and education they are involved in within the mental health service environment, relevant to their roles and responsibilities.

Consumer Workers were also keen for structures to be put in place to pass on the knowledge and skills learnt during a professional development activity to other Consumers, and recommended that this be incorporated as a regular component of networking meetings of Consumer Workers at Sector and LHD levels.

d. Workplace Accommodations and Adjustments

Managers and organisations have a legal responsibility for the health and safety of all of their staff. This is specified under Occupational Health and Safety legislation; in NSW this is the *Work Health and Safety Act 2012* (see <http://www.legislation.nsw.gov.au/maintop/view/inforce/act+10+2011+cd+0+N/>; see also the *Work Health and Safety Regulation 2011* <http://www.legislation.nsw.gov.au/viewtop/inforce/subordleg+674+2011+cd+0+N/?dq=Regulations> under Work Health and Safety Act 2011 No 10). Thus there is a legal responsibility to ensure the physical and mental health of staff within the workplace, and a responsibility to create a healthy workplace for all staff.

Under the federal *Disability Discrimination Act 1992* and the NSW *Anti-Discrimination Act 1977*, employees with a mental illness, such as Consumer Workers, are considered to be employees with a disability.

It is a requirement within both of these legislations that workplaces make work-related reasonable adjustments to enable employees with a disability to perform their work. Such adjustments enable employees with a disability to participate equally in the workplace and to be able to perform their roles safely. They may include changes to the hours of work, inclusion of more breaks, changes to equipment being used, or provision of additional resources such as specific software. Such workplace adjustments are designed to reduce discrimination in the workplace by supporting people with a disability to be able to perform their roles. While the term “reasonable” is ambiguous, the legislation notes that it is not discrimination for the workplace to not make adjustments, decline or dismiss from employment in the situation where the person is unable to perform the inherent requirements of the role even if adjustments were to be made or where “unjustifiable hardship” would be encountered by the employer.

The Australian Human Rights Commission has published a resource, *Workers with Mental Illness: A Practical Guide for Managers* (accessible at http://www.hreoc.gov.au/disability_rights/publications/workers_mental_illness_guide/workers_mental_illness_guide.pdf) which provides some guidance on how to support people with a mental illness within the workplace while also working to reduce the incidence of mental illness as a result of work. It includes a small section on reasonable workplace accommodations for people with a mental illness. Further discussion about workplace adjustments is provided below as additional points for consideration.

Workplace accommodations or adjustments need to be tailored to the individual and to the needs of the service and role. They may include flexible work hours, flexibility in leave for sick leave or appointments, the ability to reduce work hours at times, changing the place where the worker undertakes administrative work,

the provision of an environment that enables concentration, and so forth. Some adjustments, for example, if hours are renegotiated or the role description is adjusted, may require an Individual Flexibility Agreement, or other such file note, which should be written, signed by both parties and filed in the employee's personnel file.

It is recommended that discussions about any required workplace adjustments occur at the commencement of the role. This should be reviewed on a regular basis, at least yearly but preferably on a six monthly basis, and at other times as required.

It is important to note that workplace adjustments are not about changing the roles and responsibilities of the position. Rather they are about changing aspects of the work environment, which may include the hours of work, to support the individual in performing their role more effectively. If a person is unable to perform the inherent requirements of the role, this needs to be addressed preferably at the recruitment process, or if after engagement, through performance management mechanisms.

It has also been suggested that during discussions about workplace adjustments, discussion can also occur about what will happen in the event that the Consumer Worker becomes unwell, including where they will seek treatment. This is important given the recommendation that Consumer Workers are not treated in the same service in which they work (see discussion under section c. Policies, Procedures and Systems under The System). A Consumer Worker may consider developing a workplace wellness plan that they may use privately or choose to share with their line manager, supervisor or other member of staff. This may sit alongside other wellness plans developed by the Consumer Worker for their ongoing recovery journey.

Agreed adjustments and plans for illness should be documented, signed by both parties and a copy placed on the employee's personnel file. All staff involved in

the direct management of the employee should be provided with a copy of the document. Agreement should be reached between the direct supervisor and the employee concerned as to who is able to access their specific plans, as well as the arrangements to be made when the direct manager is on leave. Appendix I provides a template, called the Workplace Adjustment Implementation Plan (or WAIP), which can be used to guide these discussions.

The System



Figure 6. The System

The third component of the Framework is “The System”. As depicted in Figure 6 this is about building the capacity of the whole mental health system within which Consumer Workers are employed to enable cohesive relationships between Consumer Workers and other staff within the mental health service system as well as ensuring the most effective use of the Consumer Workforce within the system.

a. Establishing Champions

Throughout the project, the importance of supporting and championing Consumer Workers has been emphasised as important to successful integration of the Consumer Workforce within the mental health system and with other staff. Champions for Consumer Workers, who have a firm belief in, and promote the value and contribution of Consumer Workers to the mental health system and the recovery journey of Consumers, facilitate and promote the acceptance of the workforce, and provide support to Consumer Workers are needed at State, LHD and Sector service levels. The role of such champions is to achieve buy in from all staff, and building the relationships between Consumer Workers and other members of the mental health team. It has been emphasised that these champions are needed not just within the Consumer Workforce itself, but also outside it from executive, management and other staff. It is recommended that champions be identified at State levels, within each LHD including at executive and management levels, and within each Sector service where Consumer Workers are either currently employed or volunteer, or where there are plans to incorporate a Consumer Workforce.

b. Training and Education of All Staff about the Consumer Workforce

Building the capacity of staff and services to fully integrate a Consumer Workforce is critical to ensuring a clear and shared understanding of the:

- Roles and purpose of the Consumer Workers, including the roles and responsibilities they are to perform and the boundaries of the role
- Expectations of the workers
- Benefits and value of Consumer Workers for the service and for Consumers' recovery journeys
- Philosophy of the Consumer Workforce, including its Code of Professional Standards (currently in draft form, as amended, supplemented or otherwise modified from time to time and endorsed in principle)
- Way in which Consumer Workers work with other members of the team
- Language and power in contemporary mental health services
- The history of the mental health Consumer movement
- The relationship of the roles of Consumer Workers to other roles and how to work alongside Consumer Workers
- The ways that Consumer Workers perform their roles, including the importance of the peer relationship, and that advocacy is for the Consumer and not against the service
- The training Consumer Workers have undertaken
- The recovery perspective

It is recommended that Consumer Workers are central to the development and provision of this training. This provides a direct contact between the workers being trained and the Consumer Workforce, which provides a mechanism to break down any prejudices or presumptions about the Consumer Workforce, and enhancing knowledge and understanding of the Consumer Workforce (refer to contact hypothesis – see Pettigrew, 1998; Pettigrew & Troop, 2008). This will also break down barriers and allow workers to familiarise themselves with the Consumer Workforce.

Specific training of managers of the Consumer Workforce is also needed to ensure that managers have the information and skills to fully support Consumer Workers. This training would incorporate information on the specific policies and procedures that may apply to the workforce, professional development,

supervision, workplace flexibility and workplace accommodations and adjustments policies and processes. This training also needs to emphasise the importance of networking of Consumer Workers with each other as a mechanism of support.

It is recommended that the development of programs to train and educate staff about the role of the Consumer Workforce and their important contribution to mental health services as well as the recovery journey of Consumers be undertaken at a State level (including, but not limited to, Mental Health Review Tribunals, Guardianship Boards and Medical Records Departments), and rolled out throughout NSW. It is further recommended that a mentor and support program for managers and champions of the Consumer Workforce is developed and implemented at a State level to provide support, information and advice to employers and the services to enable full integration of the Consumer Workforce and to optimise the impact of the workforce. It is recommended that to commence this process, investigation of the work performed by Baptist Care South Australia and the Mental Illness Fellowship of South Australia is undertaken (Baptist Care South Australia and the Mental Illness Fellowship of South Australia, 2009; Biedrzycki, 2008). It is recommended that the State Consumer Workforce Coordinator, with the assistance of the MH CWC, be engaged in coordinating this work to ensure consistency with the vision for the Consumer Workforce.

c. Policies, Procedures and Systems

Consumer Workers, managers and executive at State, Local Health District, and Sector service levels have all identified the need for the development of policies and procedures to support the effective implementation of this Framework and to ensure that Consumer Workers and their managers have clear guidelines and support. These policies and procedures may need to be developed at State, LHD or Sector service levels. Box 4 outlines the key policy, guidelines and Statements that have been identified as being required.

It is acknowledged that Consumer Workers are employees of the public health system in NSW. As employees of the public health system in NSW, the NSW Health Code of Conduct as well as the Code and various State legislation, policies and procedures are applicable. Consumer Workers should be able to expect that their colleagues (including other Consumer Workers) conduct themselves in an efficient, impartial manner and with integrity. All employees of the NSW public health system, which includes Consumer Workers, are expected to conduct themselves in a professional manner.

In some cases, the development of new policies may not be required, but current policies and procedures may just need to be adjusted or emphasised. Indeed, some have noted that some policies do exist but that management are reluctant to enforce them because of concerns about claims of prejudicial treatment of Consumer Workers because of their mental illness. In particular, this has been identified in relation to policies regarding an employee who becomes sick. It is recommended that NSW Health develops specific policies around the issue of Consumer Workers becoming unwell and needing to take extended periods of leave.

Box 4 Policy guidelines and statements required to support the MH CWC and the Framework

Allocation of budget at State, LHD and local service levels for consumer workers, including their employment, professional development and such

Specification of minimum numbers of consumer workers on population based on a state wide needs analysis

Professional supervision of consumer workers, including minimum qualifications for supervisors

Receipt of treatment from a service where an employee works

Line management arrangements

Workplace accommodations and adjustment

Becoming unwell while in the job

Extended leave for sickness including limitations and guidelines for when the position can no longer be held for the person

Professional Code of Conduct (once completed) for the NSW Public Mental Health Consumer Workforce

Role of consumer workers in writing in and reading clinical notes of consumers

Role of consumer workers in contacting families and relatives

Protecting consumer workers' mental health history and record accessing

Referral to a consumer worker

Planning for workers being off for extended periods

Statement of support

Consumer worker roles - commitment to consumer workers and outlining values held by NSW Ministry of Health, LHDs and the service in engaging consumer workers

Supporting the professional development of consumer workers

A policy area considered in need of elaboration is the receipt of treatment at a service where a person is also an employee. There are four critical components to consider here:

- Protection of the Consumer Worker's privacy, dignity and respect as a colleague and worker
- Protecting the Consumer Worker's privacy, dignity and respect from the perspective of Consumers of the service
- Minimising dual relationships³ between staff and with Consumers
- The practicalities of geographical location

Where practical, a Consumer Worker, as with any employee, should have the option to receive treatment from the service in which they are employed or from any member of the service team and staff of the service in which they are employed. This includes that a Consumer Worker should, where practical, not be admitted to an inpatient service, or be a Consumer at a community service where they are also a member of staff or where they deliver services as a Consumer Worker. It is recognised that where Consumer Workers operate in remote locations of NSW, there may be limited opportunities for seeking treatment and services. Even in metropolitan areas, receiving treatment from a different facility to that where the Consumer Worker is employed may pose difficulties for remaining connected and close to family and friends. Thus, it is important that consideration be given to the treatment preferences of the Consumer Worker prior to the situation arising where seeking treatment is required. This can be achieved through completion of the WAIP (Workplace Adjustment

³ Dual relationships refer to when consumer workers may have more than one type of relationship with someone. For example if a mental health clinician they are working with is also their treating clinician, this poses a dual relationship – colleague and treating clinician.

Other dual relationships may be between two consumer workers at the same service. If one consumer worker falls ill, then the relationship might change to consumer and consumer worker, with a corresponding shift in the power dynamic.

Such dual relationships need to be minimised for the safety of the consumer worker, consumers and mental health clinicians.

Implementation Plan – see section d (*Workplace Accommodations and Adjustments* on page 45 from Professional Support and Development).

In cases where it is not possible to avoid the receipt of services by a fellow member of staff or at a service where the Consumer Worker operates, it is critical that mechanisms be put in place to ensure clear boundaries in relationships, and the protection of the Consumer Worker’s privacy, dignity and respect as a Consumer Worker.

It is further imperative that Consumer Workers, as with any staff taking time off for sick leave or treatment, do not have any negative consequences after returning to work after a period of time off for an episode of mental illness.

The Consumer Workforce

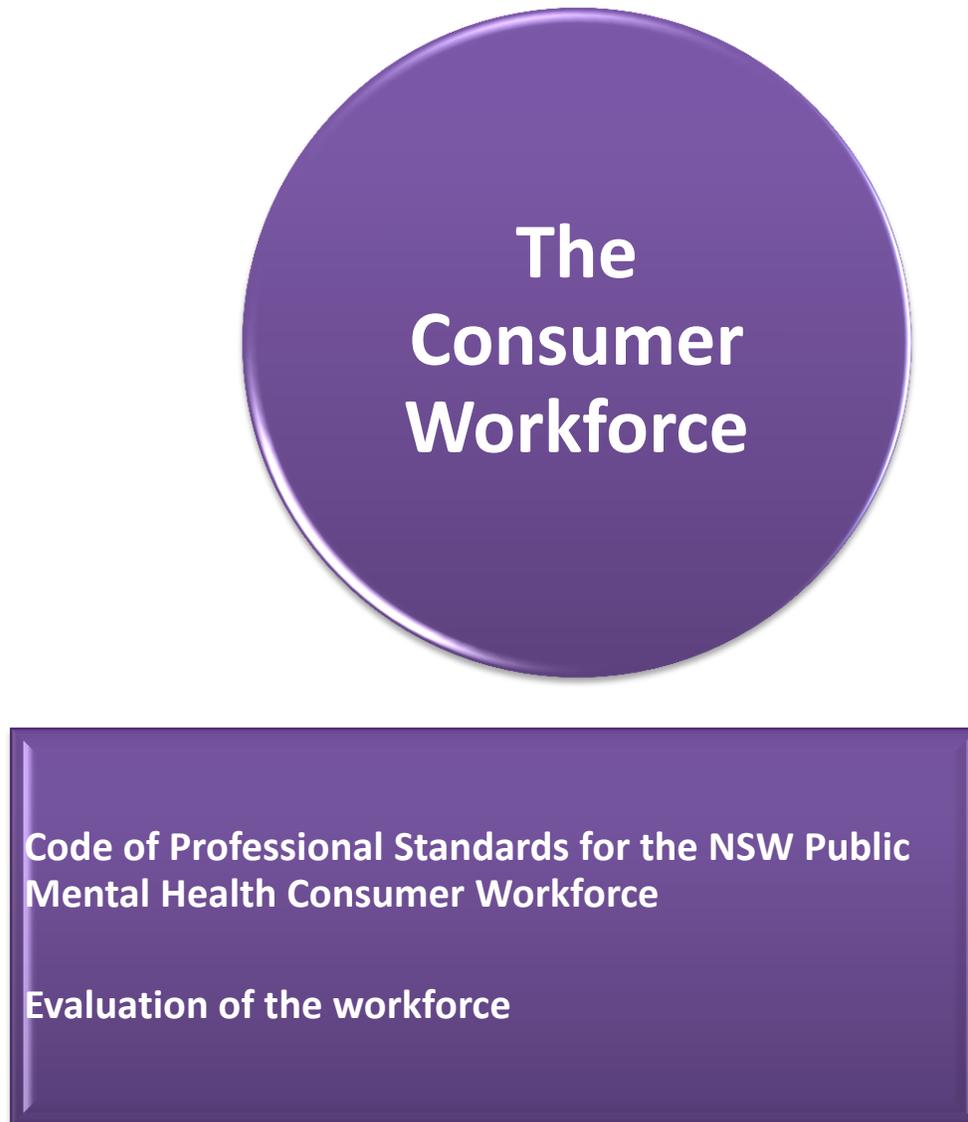


Figure 7. The Consumer Workforce

The final component of the Framework is “The Consumer Workforce”. Depicted in Figure 7 this includes the establishment of a code of professional standards for the whole Consumer Workforce as well as building an evaluation base to both establish the evidence base for the mental health Consumer Workforce as well as to ensure the workforce’s ongoing quality improvement and development.

a. Code of Professional Standards for the NSW Public Mental Health Consumer Workforce

During the first stage of the CWP, Consumer Workers identified that they needed a code of professional standards developed for the workforce. It was considered that such a code would set out clear guidelines regarding professional standards for all Consumer Workers, promoting a consistent approach to the workforce and assist in the promotion of the Consumer Workforce as a legitimate workforce.

The Code of Professional Standards for the NSW Public Mental Health Consumer Workforce (the **Code**) in Appendix J is in the process of being developed through consultations with, and input from current and former NSW Consumer Workers. It sets out the basic values, ethical responsibilities, professional responsibilities and guidelines for forming relationships for the mental health Consumer Workforce, thereby setting minimum expectations and standards for ethical behaviour for the workforce. The Code does not replace the codes of conduct of services, but is complementary to it. If there is any inconsistency between the NSW Health Code of Conduct and the Code, then it is understood that the NSW Health Code of Conduct will override the Code.

Currently the Consumer Workforce does not have an independent and overarching accrediting or registration body which monitors the behaviour and practice of its aligned workers. Until the Consumer Workforce reaches a critical mass which would legitimate the development of such a body, it is recommended that the Code be incorporated into the agreements that Consumer Workers make upon commencement in the role, in line with other such documents as the

service's code of conduct, and be enforced and monitored by the Consumer Worker's line manager and the Consumer Worker Manager - LHD, and be discussed during professional supervision. Thus, any breaches of the Code should be reported to the Consumer Worker's direct line manager who is to deal with these appropriately, and in line with professional development and disciplinary policies and procedures outlined by the service.

b. Evaluation of the Workforce

Although evaluation of the mental health Consumer Workforce was not part of the original project brief, the research from the literature review (NSW Consumer Advisory Group – Mental Health Inc., 2010) indicated that without such evaluation it is difficult to argue the case for additional funding for the expansion of the Consumer Workforce.

There are two components to workforce evaluation. One is the evaluation of the efficacy of the services provided, and the experience of services by Consumers as part of continuous quality improvement. The second is the evaluation of the efficacy of the services in order to develop an evidence base for the workforce which is required when seeking funding and resources. The different purposes of the evaluations require different methodologies.

Evaluation as part of continuous quality improvement

Continuous quality improvement is a regular part of health service delivery (e.g. NSW Health, 1999). It involves a cycle of evaluating the services being provided, developing strategies to improve the services, implementing the strategies and then checking via re-evaluation to determine whether the strategies implemented have effected the desired change. This cycle is ongoing, indicating the continuous nature of quality improvement which emphasises that even when services are considered to being delivered well, improvements are always possible (Chowanec, 1994; Kahan & Goodstadt, 1999). A specific program of evaluating the services provided by Consumer Workers, across all of the different

functions of Consumer Workers, needs to be integrated into the broader continuous quality improvement process of the mental health system, and at State, LHD and Sector service levels. Critically, Consumers need to be central to the evaluation of the services provided by Consumer Workers in considering their experience of the service they receive from Consumer Workers and how they consider it needs improving. Others including carers, family members and friends of the Consumer, colleagues, management, executive and Consumer Workers themselves should be involved in this evaluation and continuous quality improvement process.

It is recommended that the State Consumer Workforce Coordinator develops a program for such evaluation at State level, in conjunction with the Consumer Worker Managers at each LHD and others involved in the continuous quality improvement processes for the State's mental health system. This will further enable Consumer Worker Managers to work with their LHD continuous quality improvement coordinators and others to implement LHD programs, and with Sector services to develop local programs that complement the State processes. Such continuous quality improvement has a clear relationship to the professional development of individual workers and the workforce as a whole, including the surrounding processes including performance reviews, work plans, professional development plans, professional supervision, and the provision of professional development and networking opportunities. It further aligns with annual planning for services and the regular review processes that occur at all levels to consider the effectiveness of programs and to further their development, as well as other quality improvement and accreditation processes such as EQuIP. Indeed, any such evaluation of the Consumer Workforce must be directly connected to and support other such quality improvement and accreditation processes.

Evaluation to build the evidence base

In conducting the literature review for this project, (NSW Consumer Advisory Group – Mental Health Inc., 2010,

(see http://nswcag.org.au/files//our_work/cwf_literature_review_final.pdf), it was identified that there is a paucity of literature published which evaluates the work of Consumer Workers in terms of their efficacy in promoting the recovery and supporting the recovery journeys of Consumers. While outcome focussed research, whereby outcomes are based on reductions of symptomology are not advocated for, it is recognised that such research is used as the basis for justifying funding to being allocated to workforces and treatments. This research is also lacking for the Consumer Workforce.

Developing a literature base for the Consumer Workforce, and each of the different functions of the workforce, which evaluates its effectiveness in promoting a recovery orientation to service delivery and assisting Consumers on their recovery journey is necessary to:

- Assist in promoting the value of the workforce to other members of the mental health team and Consumers
- Advocate for funding allocation to the Consumer Workforce
- Determine best practice for Consumer Workers in how they deliver their services and work with Consumers
- Assist in determining the number of hours required on a per capita basis of the number of Consumers at the service for each of the different roles of Consumer Workers.

It is recommended that a research program for the evaluation of the Consumer Workforce is developed, based upon the agreed understanding of the role and purpose of the workforce as articulated in this Framework. Such a program needs to be a collaboration between Consumer Workers, Consumers, management, executive, the State Consumer Workforce Coordinator, and qualified researchers.

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Appendices

Appendix A: Template Role Description Consumer Worker Manager – Local Health District

Appendix B: Template Role Description Consumer Worker Coordinator/Manager – Mental Health Service/s

Appendix C: Template Role Description - Function of Individual Advocacy

Appendix D: Template Role Description- Function of Peer Support

Appendix E: Template Role Description - Function of Systemic Advocacy

Appendix F: Template Role Description – Function of Health Promotion

Appendix G – Function of Education and Training

Appendix H – Template Role Description – Function of Quality and Research

Appendix I - Workplace Adjustment Implementation Plan

Appendix J: Code of Professional Standards for the NSW Public Mental Health Consumer Workforce

Appendix A: Template Position Description - Consumer Worker Manager – Local Health District

Position Overview

Mental Health Consumer Workers are people with the lived experience of mental illness, employed in Consumer designated roles within various capacities. The workforce is seen as vital in the support and advice they offer to mental health services on a range of issues in NSW as well as in the support they provide to Consumers.

The Consumer Manager – LHD is situated within the LHD Executive team to coordinate the Consumer Workforce and its activities within the LHD. The role has clear connections with the Consumer Participation Manager in promoting and facilitating Consumer participation within the LHD.

Suggested Roles and Responsibilities

- Development of the strategic plan for the Consumer Workforce in the LHD.
- Working to ensure the fulfilment of the LHD strategic plan for the Consumer Workforce at the Sector service level through liaison with designated local service personnel.
- Facilitating the networking of Consumer Workers within the LHD.
- Management and maintenance of the LHD Consumer Worker budget.
- Ensure the continuing development of the Consumer Workforce within the LHD.
- Coordination of and building linkages with wider groups of Consumer networks within the LHD to enhance Consumer participation via connections with Consumer Workers.

- Working in collaboration with others to prepare for Consumer participation events within the LHD (e.g. Mental Health Month), including the communication of such events to Consumer Workers throughout the LHD and recruiting their support and engagement.
- Forming partnerships with professional mental health staff in the development of programs to involve Consumer Workers as part of the mental health team providing the programs.
- Participating in the strategic planning and direction of the LHD, representing the views of Consumers and Consumer Workers, including through participation in the development of LHD policy and procedure, LHD executive committees including quality improvement, risk and safety, clinical governance, and meetings of the executive.
- Representing the views and needs of Consumer Workers to the LHD executive.
- Working with the State Consumer Workforce Coordinator and participation in State-wide meetings of Consumer Managers (LHD).
- Provision of reports regarding Consumer Workforce activities as required to LHD executive.
- Assistance with accreditation at the LHD level.
- Contribute to orientation and induction procedures and other staff education.

Reporting Relationships

Reports to:

LHD Director for Mental Health or other allocated position

Direct reports: Nil

Other relationships:

- Consumer Worker Coordinators/Managers – Mental Health Services
- Consumer Workers within the LHD
- LHD mental health executive, including manager for Consumer, carer and community participation, manager for quality improvement, manager for workforce development, manager for promotion and prevention, manager for rehabilitation programs, director of mental health programs
- Team leaders, Nursing Unit Managers and other allocated staff in all services where Consumer Workers are employed
- State Consumer Workforce Coordinator
- NSW Consumer Advisory Group – Mental Health Inc.
- Consumers

Budgetary Responsibilities:

LHD Consumer Workforce budget

Remuneration:

| Role | Recommended Award |
|--|---------------------------------------|
| Consumer Worker Manager – LHD | Health Managers (State) Award |
| Consumer Worker Coordinator/Manager – Mental Health Service/s | Health Managers (State) Award |
| Consumer Workers | Health Education Officers (HEO) Award |

Suggested Selection Criteria

1. The personal, lived experience of mental illness and recovery
2. Qualifications in management or demonstrated experience in staff supervision and the provision of strategic leadership to a medium sized group of people dispersed across a wide array of sites
3. Demonstrated experience in developing strategic plans for a workforce
4. Demonstrated ability to manage a budget and resources that are applied across a number of services
5. Demonstrated sound written and verbal communication skills, including report writing, facilitating groups, and presentation skills
6. Demonstrated ability to build effective partnerships and work cooperatively with others, including other management staff, service staff, Consumer networks, Consumer Workers, Consumers
7. Demonstrated ability to advocate on behalf of Consumers and Consumer Workers in a cooperative manner at a strategic level
8. Strong computer skills
9. Demonstrated knowledge of the following:
 - a. Consumer participation principles and practice
 - b. Mental Health Act 2007
 - c. Rights and responsibilities for Consumers
 - d. State and national mental health policies
 - e. Recovery oriented service provision principles and practice
 - f. The issues related to the mental health Consumer Workforce

Notes re Consumer Worker Manager - LHD

It is noted that the Consumer Worker Manager – LHD may also encompass the role of coordinator of Consumer participation for the LHD. The position description would need to be updated to reflect this.

Appendix B: Template Position Description - Consumer Worker Coordinator/Manager – Mental Health Service/s

Position Overview

Mental Health Consumer Workers are people with the lived experience of mental illness, employed in Consumer designated roles within various capacities. The workforce is seen as vital in the support and advice they offer to mental health services on a range of issues in NSW as well as in the support they provide to Consumers.

The Consumer Worker Coordinator/Manager – Mental Health Service/s is situated within the mental health service to coordinate the Consumer Workforce and its activities within the mental health service/s.

Suggested Roles and Responsibilities

- Provision of line management for Consumer Workers, including coordination and allocation of roles and responsibilities, performance management, support, ensuring that support mechanisms including professional supervision, mentorship and professional development are made available and accessed.
- Facilitating the networking of Consumer Workers within the service.
- Management and maintenance of the service Consumer Worker budget (if applicable).
- Coordination of and building linkages with Consumer networks within the service/s to enhance Consumer participation through connections with Consumer Workers.

- Working with the Consumer Worker Manager – LHD to ensure the fulfilment of the LHD strategic plan for the Consumer Workforce at a local service level.
- Ensuring that peer support activities are occurring within the service.
- Participation in preparation and delivery of Consumer participation events within the service (e.g. Mental Health Month).
- Forming partnerships with professional mental health staff in the development of programs within the service/s where Consumer Workers are to be involved as part of the service delivery team.
- Reporting on Consumer service issues to the service management team and to the Consumer Worker Manager – LHD, and working with them to develop plans to manage these issues.
- Facilitation of pathways for Consumer participation in service planning, delivery and review.
- Participating in the strategic planning and direction of the service/s, representing the views of Consumers and Consumer Workers, including through participation in the development of service policy and procedure, service committees including quality improvement, risk and safety, clinical governance, and meetings of the management team.
- Representing the views and needs of Consumer Workers to the service management.
- Participating in LHD networking of Consumer Worker Coordinators/Managers - Mental Health Service/s and all Consumer Workers.

- Provision of reports regarding Consumer Workforce activities as required.
- Assistance with accreditation at service level.
- Contribute to orientation and induction procedures and other staff education.

Reporting Relationships

Reports to:

- Nominated position within the service

Direct reports:

- Consumer Workers at the service

Other relationships:

- Service management, including quality improvement, promotion and prevention, rehabilitation program coordinator
- Consumers
- Other Consumer Workers

Budgetary Responsibilities:

Service/s Consumer Workforce budget (where applicable)

Remuneration:

At appropriate level of NSW Health Managers Award

Suggested Selection Criteria

1. The personal, lived experience of mental illness and recovery
2. Qualifications in management or working towards same
3. Demonstrated experience in staff supervision and the provision of leadership of a small team
4. Demonstrated ability to manage a budget and resources at a Sector service level
5. Demonstrated sound written and verbal communication skills, including report writing, facilitating groups, and presentation skills
6. Demonstrated ability to build effective partnerships and work cooperatively with others, including other management staff, service staff, Consumer networks, Consumer Workers, Consumers
7. Demonstrated ability to advocate on behalf of Consumers and Consumer Workers in a cooperative manner
8. Demonstrated ability to plan and facilitate Consumer participation activities
9. Sound computer skills
10. Demonstrated knowledge of the following:
 - a. Consumer participation principles and practice
 - b. Mental Health Act 2007
 - c. Rights and responsibilities for Consumers
 - d. State and national mental health policies
 - e. Recovery oriented service provision principles and practice
 - f. The issues related to the mental health Consumer Workforce

Notes regarding Consumer Worker Coordinator/Manager – Mental Health Service/s

It is noted that the Consumer Worker Coordinator/Manager – Mental Health Services may also undertake components of other functions of Consumer Workers. The position description would need to be amended to reflect this.

Appendix C: Template Role Description - Function of Individual Advocacy

Function Overview

The function of individual advocacy is undertaken within the mental health service to provide individual advocacy for Consumers in relation to their rights and service needs, and to provide support when the Consumer is going through legal processes under the Mental Health Act 2007.

Suggested Roles and Responsibilities

- Where requested by the Consumer, provide representation and support to Consumers when they are attending Mental Health Review Tribunal hearings, Guardianship Tribunal hearings and other meetings/hearings.
- Where requested by the Consumer, attend clinical case reviews and case conferences within the mental health service to provide support and representation for the Consumer.
- Where requested by the Consumer, support the Consumer in making complaints and providing feedback to the service.
- Where requested by the Consumer, advocate for and with the Consumer to access the services they require, and where appropriate, working with other service staff to secure these services.
- Work to build the capacity of Consumers so they are able to advocate for themselves.
- Contribute to the MH-CoPES Framework by assisting Consumers to complete Questionnaires, distribution of the outcomes of the MH-CoPES Questionnaires, participating in and facilitating mechanisms for

Consumers to participate in the Action and Change process, or other Consumer quality improvement and feedback processes.

- Promote the rights of the Consumer.
- Assist in the service's accreditation process.
- Production of reports to management on activities as required.

Suggested Selection Criteria

1. The personal, lived experience of mental illness and recovery
2. Training and education in providing individual advocacy or willingness to undertake this training*
3. Demonstrated experience in individual advocacy for people from disadvantaged backgrounds or willingness and ability to acquire this skill*
4. Demonstrated sound written and verbal communication skills, including report writing
5. Demonstrated ability to build effective partnerships and work cooperatively with others, including service staff, Consumer networks, Consumer Workers, Consumers
6. Demonstrated ability to advocate on behalf of Consumers and to represent their views and needs or willingness and ability to acquire this skill*
7. Demonstrated ability to build the capacity of Consumers to self-advocate or demonstrate a willingness and ability to acquire this skill*
8. Demonstrated ability to work effectively and cooperatively, both independently and within a team
9. Demonstrated effective problem solving and negotiation skills
10. Computer skills or willingness to attain

11. Demonstrated sound knowledge of the following:
 - a. Consumer participation principles and practice
 - b. Mental Health Act 2007
 - c. Rights and responsibilities for Consumers
 - d. State and national mental health policies
 - e. Recovery oriented service provision principles and practice

* Where the applicant does not have the current experience or knowledge they need to demonstrate via their application how they have in previous situations been able to acquire knowledge, skill sets and experience

* Where the service employs someone without the experience or training required, the service is responsible for providing this training via formal courses and on the job coaching and mentoring, and opportunities to practice this skill within the first 3-6 months of the Consumer Worker being in the role. In the probationary review period, the Consumer Worker must demonstrate a satisfactory acquisition of the knowledge and skill required to remain in the role.

* Where someone is employed without experience, they may be required to work alongside another worker in some areas until they are considered to have sufficiently displayed the ability to competently perform the role. This is particularly relevant for areas of work which require a greater level of skill such as supporting a Consumer in attending a Tribunal hearing.

* Where the service employs someone without the experience or training required, they may be engaged at a lower level of pay than someone with the experience and training, and progress in pay levels with the demonstration of skill, and with the acquisition of experience.

Appendix D: Template Role Description - Function of Peer Support

Function Overview

The function of peer support is undertaken within the mental health service to provide support to Consumers at an individual and group level. The role is focussed on developing empathic relationships based on the common ground of the lived experience of mental illness, and to provide hope, encouragement and information as the Consumer Worker supports Consumers on their recovery journey.

Suggested Roles and Responsibilities

- Advertising upcoming events within the service and in the community for mental health Consumers, their carers, friends, relatives and the general community.
- Running and coordinating programs and activities of a peer support nature.
- Organising and helping to facilitate recovery groups and workshops within inpatient and/or community services.
- Providing activities that are appropriate for the Consumers within the service. This includes ensuring that the activities and programs are culturally and age appropriate and reflective of the demographics of the service.
- Organising and conducting Consumer feedback groups in inpatient and/or community facilities.
- Providing information on the recovery perspective.

- Developing and implementing activity based sessions as a mechanism for information provision and support.
- Providing support to the Consumer during their recovery journey through acting as a role model for Consumers, providing hope, encouraging and empowering a person during their recovery journey.
- Providing information about community resources and services.
- Assisting Consumers during the discharge process from hospital.
- Organising referrals to appropriate peer support services for Consumers following discharge.
- Checking in with Consumers following discharge to provide any ongoing support where appropriate.
- Assisting Consumers in developing their treatment plans, relapse plans and wellness plans, alongside the mental health clinical staff.
- Providing information for Consumers on: employment; rights and responsibilities; and, other areas where requested.
- Encouraging Consumers to be involved and participate in their own treatment and the broader mental health system.
- Contribute to the MH-CoPES Framework by assisting Consumers to complete Questionnaires, distribution of the outcomes of the MH-CoPES Questionnaires, participating in and facilitating mechanisms for Consumers to participate in the *Action and Change* process or other quality improvement and feedback processes.

- Assist in the service's accreditation process.
- Production of reports to management as required.

Suggested Selection Criteria

1. The personal, lived experience of mental illness and recovery
2. Training and education in peer support work, including facilitation of groups, or willingness to undertake this training*
3. Demonstrated experience in developing and implementing peer support programs at individual and group levels or willingness and ability to acquire this skill*
4. Demonstrated experience in facilitating peer support groups or willingness and ability to acquire this skill*
5. Demonstrated good written and verbal communication skills, including report writing, presentation skills
6. Demonstrated ability to build effective partnerships and work cooperatively with others, including service staff, Consumer networks, Consumer Workers, Consumers
7. Demonstrated ability to work effectively and cooperatively, both independently and within a team
8. Computer skills or willingness to attain
9. Demonstrated knowledge of the following:
 - a. Consumer participation principles and practice
 - b. Rights and responsibilities for Consumers
 - c. Recovery oriented service provision principles and practice

* Where the applicant does not have the current experience or knowledge they need to demonstrate via their application how they have in previous situations been able to acquire knowledge, skill sets and experience

* Where the service employs someone without the experience or training required, the service is responsible for providing this training via formal courses

and on the job coaching and mentoring, and opportunities to practice this skill within the first 3-6 months of the Consumer Worker being in the role. In the probationary review period, the Consumer Worker must demonstrate a satisfactory acquisition of the knowledge and skill required to remain in the role.

* Where someone is employed without experience, they may be required to work alongside another worker in some areas until they are considered to have sufficiently displayed the ability to competently perform the role.

* Where the service employs someone without the experience or training required, they may be engaged at a lower level of pay than someone with the experience and training, and progress in pay levels with the demonstration of skill, and with the acquisition of experience.

Appendix E: Template Role Description - Function of Systemic Advocacy

Function Overview

The function of systemic advocacy is undertaken to provide a strong Consumer voice and perspective within all relevant areas of policy and strategy at the individual service level. At times, positions undertaking this function may also be required to provide representation at the LHD level.

Suggested Roles and Responsibilities

- Facilitate consultations with Consumers to gather Consumer input into a wide range of issues concerning mental health Consumers, including service planning, policy, development and evaluation.
- Provide Consumer feedback on policies, procedures, and service directions for mental health services and, where required, at the LHD level.
- Represent the Consumer perspective at the service management level and, where required, at the LHD Mental Health Executive level.
- Work closely with other Consumer Workers to provide a collective knowledge of Consumer issues in service development.
- Participate on committees that have high level input into policy decision making and strategic direction for the mental health service, in order to represent the Consumer perspective.
- Prepare monthly reports on systemic issues for the mental health service.

- Take appropriate action on issues that may be of a systemic nature, as required.
- Contribute to the MH-CoPES Framework by assisting Consumers to complete Questionnaires, distribution of the outcomes of the MH-CoPES Questionnaires, participating in and facilitating mechanisms for Consumers to participate in the *Action and Change* process or other quality improvement and feedback processes.
- Promote the rights of Consumers at a broad, policy and planning level.
- Promote a recovery oriented perspective to service planning and delivery.
- Assist in the service's accreditation process.

Suggested Selection Criteria

1. The personal, lived experience of mental illness and recovery
2. Training and education in providing systemic advocacy and representation or willingness to undertake this training*
3. Demonstrated experience in systemic advocacy and representation or willingness and ability to acquire this skill*
4. Demonstrated experience in developing, implementing and facilitating Consumer advocacy activities at a systemic level or willingness and ability to acquire this skill*
5. Demonstrated ability to advocate on behalf of Consumers and to represent their views and needs or willingness and ability to acquire this skill*
6. Demonstrated experience in feeding outcomes and information back to Consumers
7. Demonstrated ability to represent views beyond, and potentially conflicting with, one's own views

8. Demonstrated experience in working on a committee or willingness and ability to acquire this skill*
9. Demonstrated experience in facilitating consultations with individuals and groups or willingness and ability to acquire this skill*
10. Demonstrated sound written and verbal communication skills, including report writing and presentation skills
11. Demonstrated ability to build effective partnerships and work cooperatively with others, including service staff, Consumer networks, Consumer Workers, Consumers
12. Demonstrated ability to work effectively and cooperatively, both independently and within a team
13. Demonstrated knowledge of the following:
 - a. Consumer participation principles and practice
 - b. Rights and responsibilities for Consumers
 - c. State and national mental health policies
 - d. Recovery oriented service provision principles and practice

* Where the applicant does not have the current experience or knowledge they need to demonstrate via their application how they have in previous situations been able to acquire knowledge, skill sets and experience

* Where the service employs someone without the experience or training required, the service is responsible for providing this training via formal courses and on the job coaching and mentoring, and opportunities to practice this skill within the first 3-6 months of the Consumer Worker being in the role. In the probationary review period, the Consumer Worker must demonstrate a satisfactory acquisition of the knowledge and skill required to remain in the role.

* Where someone is employed without experience, they may be required to work alongside another worker in some areas until they are considered to have sufficiently displayed the ability to competently perform the role.

* Where the service employs someone without the experience or training required, they may be engaged at a lower level of pay than someone with the experience and training, and progress in pay levels with the demonstration of skill, and with the acquisition of experience.

Appendix F: Template Role Description - Function of Health Promotion

Function Overview

The function of health promotion is undertaken within the mental health service to develop and deliver interactive and participatory activities for Consumers and the broader community.

Suggested Roles and Responsibilities

- Advertising upcoming events within the service and in the community for mental health Consumers, their carers, friends, relatives and the general community.
- Developing and implementing Consumer initiatives including workshops, forums and other health promotion activities.
- Developing and implementing anti-stigma activities at the service and involving the local community.
- Coordinating and chairing committees for the development of such initiatives.
- Developing and implementing mechanisms to ensure Consumer input into the development, design and implementation of any initiatives.
- Developing and implementing evaluation mechanisms for all initiatives.
- Assist in the service's accreditation process.
- Production of reports to management on activities as required.

Suggested Selection Criteria

1. The personal, lived experience of mental illness and recovery
2. Demonstrated experience in developing and implementing Consumer initiatives and programs or willingness and ability to acquire this skill*
3. Demonstrated experience in developing and implementing anti-stigma programs or willingness and ability to acquire this skill*
4. Demonstrated good written and verbal communication skills, including report writing, presentation skills
5. Demonstrated ability to build effective partnerships and work cooperatively with others, including service staff, Consumer networks, Consumer Workers, Consumers
6. Demonstrated ability to work effectively and cooperatively, both independently and within a team
7. Computer skills or willingness to attain
8. Demonstrated knowledge of the following:
 - a. Consumer participation principles and practice
 - b. Rights and responsibilities for Consumers
 - c. Recovery oriented service provision principles and practice

* Where the applicant does not have the current experience or knowledge they need to demonstrate via their application how they have in previous situations been able to acquire knowledge, skill sets and experience

* Where the service employs someone without the experience or training required, the service is responsible for providing this training via formal courses and on the job coaching and mentoring, and opportunities to practice this skill within the first 3-6 months of the Consumer Worker being in the role. In the probationary review period, the Consumer Worker must demonstrate a satisfactory acquisition of the knowledge and skill required to remain in the role.

* Where someone is employed without experience, they may be required to work alongside another worker in some areas until they are considered to have sufficiently displayed the ability to competently perform the role.

* Where the service employs someone without the experience or training required, they may be engaged at a lower level of pay than someone with the experience and training, and progress in pay levels with the demonstration of skill, and with the acquisition of experience

Appendix G: Template Role Description - Function of Education and Training

Function Overview

The function of education and training is undertaken within the mental health service to provide education to Consumers, staff and the community from the Consumer perspective about Consumer participation, rights, recovery and other relevant aspects. At times, positions undertaking this function may also be required to provide education and training at the LHD level.

Suggested Roles and Responsibilities

- Provide education to staff and Consumers within the mental health service and in the community about various issues from a Consumer perspective (e.g. recovery, Consumer participation, Consumer rights).
- Conduct presentations at staff orientation and training events and in the community about providing a Consumer perspective (e.g. recovery, Consumer participation, Consumer rights).
- Contribute to the development and delivery of training programs to staff, Consumers and carers.
- Promote the rights of Consumers and the principles of Consumer participation and recovery to the community.
- Assist in the service's accreditation process.
- Production of reports to management on activities as required.

Suggested Selection Criteria

1. The personal, lived experience of mental illness and recovery
2. Training and education in developing and delivering training programs or willingness to undertake this training*
3. Demonstrated experience in developing and delivering training programs for Consumers or willingness and ability to acquire this skill*
4. Demonstrated sound written and verbal communication skills, including report writing and presentation skills
5. Demonstrated ability to build effective partnerships and work cooperatively with others, including service staff, Consumer networks, Consumer Workers, Consumers
6. Demonstrated ability to work effectively and cooperatively, both independently and within a team
7. Computer skills or willingness to acquire
8. Demonstrated knowledge of the following:
 - a. Consumer participation principles and practice
 - b. Rights and responsibilities for Consumers
 - c. Recovery oriented service provision principles and practice

* Where the applicant does not have the current experience or knowledge they need to demonstrate via their application how they have in previous situations been able to acquire knowledge, skill sets and experience

* Where the service employs someone without the experience or training required, the service is responsible for providing this training via formal courses and on the job coaching and mentoring, and opportunities to practice this skill within the first 3-6 months of the Consumer Worker being in the role. In the probationary review period, the Consumer Worker must demonstrate a satisfactory acquisition of the knowledge and skill required to remain in the role.

* Where someone is employed without experience, they may be required to work alongside another worker in some areas until they are considered to have sufficiently displayed the ability to competently perform the role.

* Where the service employs someone without the experience or training required, they may be engaged at a lower level of pay than someone with the experience and training, and progress in pay levels with the demonstration of skill, and with the acquisition of experience

Appendix H: Template Role Description - Function of Quality and Research

Function Overview

The function of quality and research is undertaken within the mental health service to facilitate Consumer evaluation of services and promote Consumer participation in quality improvement initiatives and research.

Suggested Roles and Responsibilities

- Facilitation of pathways for Consumer participation in service evaluation and quality improvement initiatives, including MH-CoPES.
- Working with the Consumer Worker Coordinator/Manager – Mental Health Service/s and other members of staff to develop initiatives to address Consumer identified gaps in service provision via MH-CoPES or other processes.
- Contribute to the MH-CoPES Framework by assisting Consumers to complete Questionnaires, distribution of the outcomes of the MH-CoPES Questionnaires, participating in and facilitating mechanisms for Consumers to participate in the Action and Change process, or other Consumer quality improvement and feedback processes.
- Provide feedback to Consumers on quality improvement initiatives being undertaken and facilitate mechanisms for ongoing Consumer participation in the implementation of such initiatives.
- Advertise mechanisms for Consumers to be involved in research and, where required and requested, assist Consumers to participate.

- Ensure that all research being conducted or promoted by the service involving or requesting participation from Consumers has received prior approval from relevant committees.
- Promote the development and implementation of Consumer directed research within the service.
- Promote the rights of Consumers and recovery oriented service provision.
- Assist in the service's accreditation process.
- Production of reports to management on activities as required.

Suggested Selection Criteria

1. The personal, lived experience of mental illness and recovery
2. Training and education in quality improvement and research or willingness to undertake this training *
3. Demonstrated experience in developing and implementing Consumer directed quality improvement and Consumer directed research or willingness and ability to acquire this skill*
4. Demonstrated experience in facilitating and promoting Consumer participation in quality improvement and research or willingness and ability to acquire this skill*
5. Demonstrated sound written and verbal communication skills, including report writing and presentation skills
6. Demonstrated ability to build effective partnerships and work cooperatively with others, including service staff, Consumer networks, Consumer Workers, Consumers
7. Demonstrated ability to work effectively and cooperatively, both independently and within a team
8. Computer skills or willingness to acquire

9. Demonstrated knowledge of the following:
 - d. Consumer participation principles and practice
 - e. Rights and responsibilities for Consumers
 - f. Recovery oriented service provision principles and practice

* Where the applicant does not have the current experience or knowledge they need to demonstrate via their application how they have in previous situations been able to acquire knowledge, skill sets and experience

* Where the service employs someone without the experience or training required, the service is responsible for providing this training via formal courses and on the job coaching and mentoring, and opportunities to practice this skill within the first 3-6 months of the Consumer Worker being in the role. In the probationary review period, the Consumer Worker must demonstrate a satisfactory acquisition of the knowledge and skill required to remain in the role.

* Where someone is employed without experience, they may be required to work alongside another worker in some areas until they are considered to have sufficiently displayed the ability to competently perform the role.

* Where the service employs someone without the experience or training required, they may be engaged at a lower level of pay than someone with the experience and training, and progress in pay levels with the demonstration of skill, and with the acquisition of experience

Appendix I: Workplace Adjustment Implementation Plan

The Workplace Adjustment Implementation Plan (WAIP) has been developed to assist employers of mental health Consumer Workers to fulfil their requirements under the federal *Disability Discrimination Act 1992* and the NSW *Anti-Discrimination Act 1977* which require that workplaces make work-related reasonable adjustments to enable employees with a disability to perform their work. Such adjustments enable employees with a disability to participate equally in the workplace and to be able to perform their roles safely. Discussions about workplace adjustments also facilitate the opportunity to discuss and plan for any circumstances in which the Consumer Worker becomes unwell.

The WAIP presented herein has been developed to address the specific needs and considerations of mental health Consumer Workers. However it can be adapted to be used with any member of staff with disabilities or illnesses that are not related to mental illness.

Implementing the WAIP

The WAIP is designed for use by supervisors to guide discussions with staff, and to jointly develop any plans.

It is recommended that discussions about any required workplace adjustments occur at the commencement of the role. This should be reviewed on a regular basis, at least yearly but preferably on a six monthly basis, and at other times as required.

Prior to discussing workplace adjustment needs of employees, first consider:

1. The core components of the role that cannot be altered and the skills required for these
2. The skills of the employee

The following provides a guide for the discussion. It is recommended that any decisions be transferred to an action plan.

Some adjustments, for example if hours are renegotiated, or the role description is adjusted, may require formal documentation such as a change to the contract, an Individual Flexibility Agreement, or other such file note, which should be written, signed by both parties and filed in the employee's personnel file.

Guide for discussion

It is important to explain that the purpose of this plan is to support the employee in performing their role to the best of their ability. It should be explained that as the employer, the service has a responsibility to make reasonable adjustments to the workplace to assist people to perform their role, and also has the responsibility for ensuring the physical and emotional wellbeing and safety of staff. During discussions, clarification and agreement should be reached about who has access to the plan, and the arrangements for if the direct supervisor is on leave.

This plan is designed to consider the employee's current needs and how the employer can accommodate these. It is also to plan for possible future needs that may be identified based on the individual's work and health history.

It is also important during the discussion to be clear on what the workplace can provide and what is outside the bounds of the workplace to provide, and thus what is the individual's responsibility. (For example the boundaries between workplace support and personal counselling should be discussed).

It is noted that the below is a guideline for the discussion to form a Workplace Adjustment Implementation Plan. While it is recommended that discussion is held around all aspects, it may be agreed that a plan for the specific area is not required. There may be other aspects that also need to be discussed and

included in the Plan depending on the role and the individual; these can be included.

Workplace adjustments and other considerations

1. How can we best support you to perform to your ability within this role?
2. How can we best support you to ensure your wellbeing while at work and in this role?
3. What challenges do you see that this role may present you with? How can we help you overcome these? (eg is there anything in the position description you may have difficulty doing?)
4. Is there any specific equipment you need to be able to perform your job? (eg hearing assistances, enlarged computer screens etc)
5. Are there any changes we need to make to the physical work environment to ensure you have access to the building and all areas you need to go? (eg heights of handles for doors, wheelchair access etc)
6. Are there any specific things you need in an office to be able to work well? (eg quiet place – to assist with concentration)
7. Are there any changes that we need to make to the hours you work? (eg start time, finish time, total hours per week, additional breaks, days per week, flexibility for appointments, flexibility around sick leave)
8. Are there any things that you are aware of that might trigger your mental illness that you think you might encounter in this job? How can we assist you so that you are not impacted? (eg are there things of the job that need to be avoided (eg particular places, specific conversations etc); or if they are encountered what support is needed?)
9. If the employee currently uses services connected to their place of employment – what strategies shall we put in place to ensure that your professional relationships are maintained with staff and that your therapeutic/treatment relationships are also maintained? (NB It is recommended that Consumer Workers do not work in a service where they are currently receiving treatment, however in some rural and remote regions this may not be possible)

10. What strategies should we put in place if someone who you are friends with comes into this service? (NB It is recommended that Consumer Workers do not work with people with whom they have a personal relationship)

Planning for the future

1. What would you like us to do if we notice you are becoming unwell?
2. How might we know that you are becoming unwell?
3. Is there anyone you would like us to contact if you become unwell? When would you like us to contact them?
4. If we think you need to be admitted to a hospital, what is your preference for place? (NB It is recommended that Consumer Workers are not treated in services where they work. This may require transfer to another LHD. This should be discussed. However in some rural and remote regions this may not be possible and where this is the case, a discussion should ensue about what strategies need to be put in place to ensure professional credibility and relationships are maintained whilst also ensuring therapeutic and treatment relationships)
5. Discuss what occurs if the person needs to be on leave for an illness for a period longer than that for which they have accrued sick leave.
6. Discuss when the plan should be activated by management and how it is best for this to occur. Also discuss that the employee can request that their plan be activated.

Action Plan

This plan was developed by (name of worker) with (name of supervisor) and relates to (name of worker).

Date for review.....

Workplace Adjustments and Other Requirements

| Requirement | Action to be taken | Responsibility | Review |
|-------------|--------------------|----------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Plan for future health care

1. Indications that the employee is becoming unwell:

.....
.....
.....
.....
.....

In the event of illness the following is to be implemented:

1. The following actions will be taken by the supervisor when they notice the employee becoming unwell:

2. The following people should be contacted when it is recognised the employee is becoming unwell

Name:.....

Relationship to employee:

Contact details:

When they should be contacted:

.....

3. If treatment is required in an inpatient facility, it is preferred that this is Hospital

4. The following arrangements will be implemented if extended sick leave is required:

.....
.....
.....
.....
.....

5. It is agreed that the employee's supervisor can activate this plan (such as contacting people etc) in the following ways and at the following times:

.....
.....
.....
.....

6. Other actions to be taken or things to be considered:

.....
.....
.....
.....

It is agreed that this plan can be shared with the following people and positions only:

.....
.....

Documents related to this Action Plan:

(eg any Individual Flexibility Arrangements, contractual changes etc)

.....
.....

Signature of employee:

Date:

Signature of supervisor:

Date:

***Appendix J: Code of Professional Standards for the
NSW Public Mental Health Consumer Workforce***

[To be attached when completed]