



Government of **Western Australia**
Mental Health Commission

Supporting Consumer, Family and Carer Engagement Policy and Guidelines

Current at February 2013

Foreword

Western Australia was among the first in the nation to create a dedicated Ministerial portfolio for mental health. This initiative, combined with establishing the Mental Health Commission in 2010, paved the way for the significant reform initiatives in the way mental health services and supports are delivered in WA.

The Commission has responsibility for strategic policy, planning, purchasing and monitoring of mental health services in Western Australia. In addition, the Commission seeks to raise public awareness of mental wellbeing, promote social inclusion and address the stigma and discrimination affecting people with mental health problems and/or mental illness and their family and friends in a caring role.

This is a unique opportunity for all Western Australians to work together to improve the lives of people touched by mental illness and to promote mental health and wellbeing.

Mental Health 2020: Making it Personal and Everybody's Business outlines our strategic direction for the next decade and is the result of comprehensive community consultation with people who experience mental health problems and/or mental illness, their families, carers, service providers, government agencies and community sector organisations.

This statement affirms our commitment to working with consumers, families and carers and outlines the circumstances when payments will be made to them for participation in Mental Health Commission activities.



Eddie Bartnik
COMMISSIONER
MENTAL HEALTH COMMISSION

Our Vision

A Western Australia where everyone works together to encourage and support people who experience mental health problems and /or mental illness to stay in the community, out of hospital and live a meaningful life.

Our Mission

To lead mental health reform through the commissioning of accessible, high quality services and supports and the promotion of mental health, wellbeing and facilitated recovery.

Contacts

Visit our website at www.mentalhealth.wa.gov.au for further information about the Mental Health Commission.

If you would like to provide feedback on our Consumer participation payment Policy, please send your comments to ContactUs@mentalhealth.wa.gov.au or alternatively you are welcome to contact us by:

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1. Purpose

This statement affirms the commitment of the Mental Health Commission (MHC) to working with consumers, family members and carers and outlines the circumstances when payments can be made to them for participation in MHC activities.

2. Engaging with consumers and carers

Engagement is a key principle underpinning our ten-year strategic policy *Mental Health 2020: Making it Personal and Everybody's Business*. Engagement means that 'people with mental health problems and/or mental illness, their families and carers are engaged as genuine partners in advising and leading mental health developments at individual, community and service system levels across Western Australia.'

It has long been recognised that consumers, family members and carers make a valuable contribution to the planning, implementation, delivery and evaluation of mental health services, as described in the *National Standards for Mental Health Services 2010*, Standard 3. The *Fourth National Mental Health Plan 2009-2014* also promotes the effective and continued engagement of consumers and carers. Engagement and involvement are essential if improvements in mental health service delivery are to be achieved.

There are a number of levels at which consumers, family members and carers can engage in activities with the MHC. The IAP2 Spectrum of Public Participation¹ model below sets out five different levels of increasing public impact:

1. **Inform** – provide consumers, family members and carers with balanced and objective information to assist them in understanding the problems, alternatives, opportunities and/or solutions.
2. **Consult** – obtain consumer, family and carer feedback on analysis, alternatives and/or decisions.
3. **Involve** – work directly with consumers, family members and carers throughout the process to ensure concerns and aspirations are consistently understood and considered.
4. **Collaborate** – partner with consumers, family members and carers in each aspect of the decision, including the development of alternatives and the identification of the preferred solution.
5. **Empower** – place final decision making in the hands of consumers, family members and carers.

Different forms of engagement will be appropriate in different contexts. Staff of the Commission will make the level of engagement clear in their dealings to ensure expectations are clear to all concerned.

¹ IAP2 International Association for Public Participation available at <http://www.iap2.org.au/resources/iap2s-public-participation-spectrum>

3. Eligibility for participation payments

Consumer, family and carer input can and should be sought in many forms. The MHC employs a consumer advisor and funds the Consumers of Mental Health WA Inc (CoMHWA), Carers Association of WA and Mental Health Carers Arafmi (WA) Inc to provide input to policies and strategies.

It encourages and supports other agencies to employ a peer workforce and consumers, families and carers in a variety of roles. The Mental Health Advisory Council includes individuals with lived experience as consumer, family and carer advisors.

The following **definitions** clarify some of the specific roles that have been established for consumers and carers within the mental health context.

Consumer²: a person who is currently using, or has previously used a mental health service.

Carer³: is a person who (without being paid) provides ongoing care or assistance to another person who has a disability, a chronic illness or a mental illness, or who is frail. This includes family members who may not identify as carers.

Consumer/carers representative: an individual who has a lived experience of mental illness, either as a consumer or a carer, who voices consumer/carers perspectives and takes part in the decision making process on behalf of consumers/carers.

Consumer/carers consultant: professionals contracted to advise on and/or facilitate other mental health activities or matters at the MHC, in line with their area of expertise.

Consumer/carers participation: encompasses the paid and voluntary contribution by consumers, family members and carers in a range of activities at the MHC such as attendance at forums, participation on committees, meetings and other formal functions.

Peer workforce: consumers, family members or carers who have undertaken the appropriate training and are employed to provide direct services and support to consumers and carers.

The attached guidelines describe the circumstances in which consumers, family members and carers will be reimbursed for their participation in MHC activities and the conditions that will apply.

In general, the MHC will provide a participation payment for more complex forms of engagement (Levels 3, 4 and 5) on the IAP2 Spectrum of Public Participation.

² Source: *National Standards for Mental Health Services 2010*

³ *Carers Recognition Act 2004*

Guidelines for consumer and carer participation payments

1. Context

These guidelines should be read in conjunction with the Mental Health Commission's (MHC) 2012 policy statement *Supporting Consumer, Family and Carer Engagement*.

They aim to be consistent with reimbursement from other relevant bodies in Western Australia such as the Health Consumers Council, WA Health Area Health Services and Carers Association of WA.

The MLC acknowledges the *Consumer and Carer Participation Policy* developed by the National Mental Health Consumer and Carer Forum and endeavours to reflect the principles contained in that policy.

2. Scope

The guidelines are applicable to:

- **Consumer:** a person who is currently using, or has previously used a mental health service.
- **Carer:** is a person who (without being paid) provides ongoing care or assistance to another person who has a disability, a chronic illness or a mental illness, or who is frail. This includes family members who may not identify as carers.
- **Consumer/carers representative:** an individual who has a lived experience of mental illness, either as a consumer, a family member or a carer, who voices consumer/carers perspectives and takes part in the decision making process on behalf of consumers/carers.

They do not include:

- **Consumer/carers consultant:** professionals contracted to advise on and/or facilitate other mental health activities or matters at the MHC, in line with their area of expertise.
- **Peer support workers:** consumers, family members or carers who have undertaken the appropriate training and are employed to provide direct services and support to consumers and carers.

Payment for specialised roles such as these is determined on a case by case basis in line with standard employment and contracting principles. Consumer/carers consultants should expect to have to respond to quotes for services that will be judged according to value for money principles.

3. Applicable activities

Consistent with the policy statement *Supporting Consumer, Family and Carer Engagement*, the MHC will provide a participation payment for according to the complexity of engagement in accordance with the IAP2 Spectrum of Public Participation.

The table below provide guidance on the sorts of activities which would attract a participation payment.

Activity	Recruitment Process	Payment	Out of pocket expenses
Open public forum, meeting or consultation (Inform)	Open invitations using networks, adverts in community newspaper, MHC website, peak bodies, NGO, private and government health services.	None	None
Informal consultation groups or meetings (Consult)	Personal invitations, expressions of interest drawn from other committees	None	<ul style="list-style-type: none"> • Travel/accommodation/ other personal costs by prior agreement with the Chair/convenor. Maybe provided in the form of a gift voucher.
Registered committees with Terms of Reference (Involve, collaborate and empower)	Personal invitations, expressions of interest drawn from other committees	Hourly rate for attendance (Preparation and reading required by negotiation with Chair)	<ul style="list-style-type: none"> • Stationery, printing, communication to be organised and paid by MHC • Travel/accommodation/ other personal costs by prior agreement with the Chair/convenor.
Other activities including staff education, presentations, workshops (Involve, collaborate and empower)	Personal invitations, expressions of interest drawn from other committees	Hourly rate for attendance. (Preparation and reading required by negotiation with Chair)	<ul style="list-style-type: none"> • Stationery, printing, communication to be organised and paid by MHC • Travel/accommodation/ other personal costs by prior agreement with the Chair/convenor

4. Hourly payment rates

Consistent with the Health Consumer Council rates, the following hourly rates apply for payment for attendance at meetings⁴:

Payment for participants

Meeting Duration	Payment
Minimum rate for each hour (or part thereof)	\$30

- Attendance is defined as the presence (including via video or telephone conference) and participation of a mental health consumer or carer an approved activity at the request of MHC.
- The meeting duration is the time from the commencement to conclusion of the meeting. Time spent preparing for or travelling to and from the meeting is not to be included, unless otherwise discussed and approved by Chair of Committee or Director.
- In some circumstances, such as participation by children or young people, or one-off payments to support attendance at consultations, workshops and so on, payment in kind (for example movie tickets, gift vouchers) may be more appropriate. This will be negotiated and agreed to prior to the engagement activity between the MHC and the participants.

5. Out of Pocket Expenses

- Out of pocket expenses such as travel, parking, meals, accommodation, telephone calls, stationery, printing etc must be approved by the Committee Chair or Executive Director before an application for reimbursement is made. Receipts where as far as practicable should be kept and submitted with claim.
- The MHC will offer to provide hard copies of electronic documents to representatives. Representatives may request additional relevant hard copies of documents to assist their understanding and work on the committee.
- All requests for reimbursement of travel must be on the AP6 HCN Consumer Participation Payment Kilometre Form. Any payment to consumers/carers for the reimbursement of travel expenses shall be made in accordance with Public Sector Commissioner's Circular 2009-20, Reimbursement of Travel Expenses for Members of Government Boards and Committees :

Public Sector Commissioner's Circular 2009-20, Reimbursement of Travel Expenses for Members of Government Boards and Committees

Where a member of a board or committee uses a privately owned vehicle to travel between the member's residence, or normal place of business, and the place of the board or committee meeting; the member should be paid a motor vehicle allowance at the current "cents per kilometre car expense payments" rate set by the Australian Taxation Office for the shortest practicable route, provided such travel:

- is greater than a round trip of 50 kms to and from the meeting venue; and
- is for the purpose of attending an official meeting of the board or

⁴ Current at May 2012

committee.

Where a scheduled commercial air service could have been used for the travel referred to in the previous paragraph, the motor vehicle allowance payable shall not exceed the commercial airfare.

If air, rail or coach travel is used, the cost will be reimbursed, subject to the provisions of *Premier's Circular 2009/04* and the provisions of this Circular.

6. Guidelines for Payment

- Consumer, family and carer representatives must be informed **prior to participation** of what reimbursement they will receive.
- The Mental Health Consumer Participation Payments Committee Registration Form must be completed and submitted for approval prior to the payment of participation payments being processed. The registration form is required for accountability under the *Financial Administration and Audit Act 1985*.
- The Terms of Reference for the committee must be attached to the Committee Registration Form.
- Most consumers/family members/carers will not have an ABN number or financial turnover over \$50,000 per annum. Therefore, they will be required to complete an Australian Tax Office Statement by Supplier Form on an annual basis.
- Participants must be provided with the Frequently Asked Questions for consumer, family and carer representation at the MHC that also outlines their obligations to Centrelink and the Australian Tax Office.
- All requests for payments must be on the official AP3 Consumer Participation Payment Request and be certified by the meeting chair/convenor. The meeting chair/convenor will forward to the finance officer for processing.
- Approved requests for payments are to be processed through the finance officer for payment by Health Corporate Network of the Department of Health.
- AP3 forms are to be stamped with date of receipt, registered on the Consumer Participation Payment Database.

7. Definition of a registered committee, meeting or activity

A committee or meeting will be eligible to be registered for the payment of mental health consumer/family/carers participation payments if it meets the following criteria:

- Activities, committees or meetings are consistent with the MHC's key strategic priorities, national and state initiatives, endorsed policies and plans.
- The meeting or committee has a formal Terms of Reference ratified by the Corporate Executive. Sub-groups of registered meetings or committees will also need to be registered for payment to be made to members.
- The activity is endorsed by the relevant Executive Director.
- Other activities may include but are not limited to coordination of consumer networks, education of staff, workshops, planning, development and evaluation of the MHC's policies, functions and activities.

8. Recruitment and Indemnity

- It is recommended that wherever possible, committees involving consumers/family members/carers will have more than one such member. This ensures a level of peer support for the representatives as well as a back-up should the representative be unable to attend a meeting.
- The selection of consumers, family members and carers to participate on committees should be undertaken in a fair and equitable manner. Refer to Guidelines for Recruitment, Appointment, Ongoing Support and Administrative Processes.
- Cover is provided under the RiskCover policy for board or committee members, volunteers, work experience persons and other specified persons as declared to and approved by RiskCover whilst engaged in any official business, activity or duties arranged and authorised by the agency, anywhere in the world (including direct travel during such work or between their place of residence and place of work). This includes bodily injury, death or disability, whether permanent, partial or temporary, caused by an accident.
- Although there is high financial cost in securing rural and remote engagement at MHC activities, consideration must be given to this demographic. If the proposed representative has specific knowledge and skills that would greatly assist the work of a particular committee or activity, their participation should be encouraged. However, participation by teleconferencing/Skype or other advanced methods of communication should be considered, perhaps alternating between face to face attendances if feasible.
- Suitable accommodation must be made for people with disabilities (eg: Auslan interpreters, access, Braille translations).
- Participants should be made aware of confidentiality issues and sign a Confidentiality Agreement where appropriate.
- Participants must comply with the *WA Sector Code of Ethics* and MHC's *Code of Conduct*.
- Participants may be required to undergo an Australia wide criminal record check, Working With Children Check and Police Certificate for Age Care Providers. In these cases the MHC will meet the cost.
- On appointment, representatives will receive an appointment letter stating tenure, role and responsibility of the committee member names, anticipated meeting schedule, confirmation of reimbursement (including out of pocket expenses) and process of payment. Other documents to include Terms of Reference, WA Public Sector Code of Ethics, MHC's Code of Conduct, and Frequently Asked Questions for Consumer and Carer Representation. Confidentiality Agreement, Health Consumers Council Training and Consumer Participation Payment Kilometre Form can be obtained from the MHC if required.
- Consideration to time, location, and transport should be given to activities to enable representatives to have access and inclusion.
- Terms of Reference should specify whether or not proxies are permitted. Appointment (and remuneration) of proxies is subject to approval by the Chair.

9. Support and Conflict Resolution

- Consumers should be made aware of the Health Consumer Council's Consumer Representative Training and other training that may be available from time to time.
- Training and support for carer representatives is provided by Carers Association of WA.

- A nominated staff member will support the representative to work within their role. This staff member should be selected from the committee being attended. The Consumer Advisor will also provide support where required.
- A trial period of three meetings (some committees don't meet on a monthly basis) is recommended to allow the consumer or carer representatives to decide if the role is suited to them, as well as to allow the committee to determine whether the representative requires any additional support, training or guidance.
- Should the representative be identified as having difficulty meeting their role, issues should be addressed early and in a sensitive manner, using a similar process to managing difficulties with employee performance.
- The Consumer Advisor will report on participation on registered committees in consultation with the finance officer responsible for monitoring boards and committees established or supported by the MHC.

These guidelines are authorised by



Signed:

Eddie Bartnik
COMMISSIONER
MENTAL HEALTH COMMISSION

Date: **January 2013**

Review Date: 2014

SUPPORTING MATERIALS

1. Mental Health Commission Guidelines for Recruitment, Appointment, Ongoing Support and Administrative Processes.
2. Frequently Asked Questions for Consumer and Carer Representation at the Mental Health Commission
3. AP3 Consumer Participation Payment Request
4. AP6 HCN Consumer Participation Payment Kilometre
5. Australian Tax Office Statement by Supplier
6. Mental Health Commission Code of Conduct
7. WA Sector Code of Ethics
8. Health Consumer Councils Consumer Representative Training Brochure
9. Public Sector Commissioner's Circular 2009-20, Reimbursement of Travel Expenses for Members of Government Boards and Committees.
10. Premier's Circular 2009/04 Guidelines for Air travel
11. Australian Taxation Office "cents per kilometre car expense payments"
12. IAP2 Spectrum of Public Participation