

FROM

CONSUMER

TO

CITIZEN . . .



# **NEW SOUTH WALES CONSUMER ADVISORY GROUP FOR MENTAL HEALTH INC.**

## **FOREWORD**

**A CONSUMER IS A USER OF A SERVICE,  
A CITIZEN IS SOMEONE WHO IS A RESPONSIBLE HUMAN  
BEING.**

This report represents the aspirations of Consumers of Mental Health Services in New South Wales in terms of a true partnership between Consumers and health service providers and a charter in support of this. These aspirations reflect important steps forward in the reform of Mental Health Services. The guarantees sought by Consumers, as detailed here, already exist in many documents, reports, and indeed are parts of practice in some settings. Yet for stigma to pass, for fear to be set aside, for trauma to be taken away from mental health care, there must be an ongoing movement to push the parameters of equality and true partnership forward. To achieve this framework of relationships will take changes and commitments from both parties, providers and Consumers — for both have rights and responsibilities to ensure mental health care provision meets the highest possible standards and achieves the best possible outcomes. Care must be compassionate, comprehensive, co-ordinated, of high quality and based on the best available evidence about what is effective — and it must be focused on Consumer needs and Consumer outcomes.

This work is important in drawing together some of the key issues necessary to achieve a true partnership in mental health care.

# NSW MENTAL HEALTH CONSUMER AND COMMUNITY FORUM SYDNEY

**AUGUST 24, 1996**

This Forum was organised by the NSW Consumer Advisory Group. Funding was provided by the Centre for Mental Health, NSW Health.

The day comprised 35 workshops that were run in three sessions. More than 100 people attended; the majority were Consumers. Carers and Mental Health workers from both Government and Non-Government organisations were also participants.

This was a constructive day. Generally the hopes and wishes of Consumers and Service Providers were compatible and conducive to real partnerships.

The Forum created an opportunity to bring people together for valued, non-threatening, honest and open discussions.

Themes were developed from these workshops and wherever possible, we are using the words of the people present on the day.

This booklet aims to create further discussion and action; the work is still in progress.

## OBJECTIVES

Our objectives were to develop:

- ❖ Models of Consumer Participation in Mental Health in NSW
- ❖ Consumer outcomes and assessment processes (to be used to monitor health care services).
- ❖ Preventative initiatives in mental health care from the perspective of a person's life-span.

## ACKNOWLEDGEMENTS

This booklet is the words and efforts of many people, not only from New South Wales, but from other places in Australia and other countries.

Thanks to them all for their wisdom, expertise and insights shown.

Thanks to the NSW Consumer Advisory Group who produced this booklet.

Centre for Mental Health NSW Health for the funding.

Special thanks to the Artists, Sandy Watson, Douglas Holmes and Merinda Epstein.

Compiled and written by Yvonne Shipp with the guidance of Janet Meagher and Leonie Manns. April, 1997.

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## LANGUAGE

A lesson learned from the Forum was the importance of plain language. When written, it is:

- ❖ Straight forward, clearly understood and jargon free;
- ❖ Not based on presumptions about past experience and knowledge.

## THEMES OF THE WORKSHOPS — OVERVIEW

The 10 significant themes and issues dominant in the Forum:

### **1. STANDARDS**

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One of the joys of working together was the glimpse of the future, which is reflected in the recent "National Standards for Mental Health Services," which include each aspect named on the day by Consumers / Secondary Consumers (Carers) and others.

- 1.1 Meaningful indicators of quality outcomes for Consumers.
- 1.2 The services movement towards a Consumer focus in what they do and in how they do it.
- 1.3 The effectiveness of services.
- 1.4 The efficiency of services.
- 1.5 Provision for accountabilities about funding and expenditure.
- 1.6 Standards need to be based on quality of life and not promote merely a medical model.
- 1.7 The Framework of Mental Health Service Standards must include Legislation to provide the vital link between funding and compliance with standards.

Voluntary standards as set in place by industry and government funded services simply do not work. Those organisations committed to quality will continue to deliver quality services and welcome consistent standards.

A system must be created that will ensure service providers introduce more accountable and Consumer focused strategies into their operations.

- 1.8 Standards must apply to all services. These ensure that Consumers are in a safe and supported environment, with assured quality of care. Privacy and dignity will be integral for users of the service.
- 1.9 The Mental Health Standards (December 1996) cover aspects of service delivery as discussed at the Forum, as follows:
  - (1) Rights
  - (2) Safety
  - (3) Consumer and Carer participation
  - (4) Promoting community acceptance
  - (6) Prevention and mental health promotion
  - (7) Cultural awareness
  - (8) Integration
  - (9) Service development
  - (10) Documentation
  - (11) Delivery of care

These standards will now create the framework for improvements in all areas.

### **2. TRAINING NEEDS**

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#### **Core training topic suggestions for Consumers:**

- 2.1 Training curriculum to develop core training can be initiated by Consumers, particularly at a local level, as one strategy to encourage participation:
  - ❖ Learning how to run focus groups;
  - ❖ Meeting procedures;
  - ❖ Public speaking skills — voice projection, clear concise speaking;
  - ❖ Self esteem, confidence courses;
  - ❖ Train the trainer courses;
  - ❖ Submission writing — How funding works;
  - ❖ Networking;
  - ❖ Burnout;
  - ❖ Conflict resolution;
  - ❖ Advocacy;
  - ❖ Consumer consultant training.

- ❖ EEO, discrimination policies, social justice, legal requirements;
- ❖ Report and letter writing skills;
- ❖ Policy writing skills;
- ❖ Complaint procedures;
- ❖ Orientation to services and contact people; who's who; how to contact the right people.

Courses like this will help Consumers to participate equally with service providers.

**Specific training for Service Providers could also be provided by Consumers and Carers.**

To provide understanding about Consumer rights and the issues and difficulties Consumer/Carers face in participating and advocating at a service level.

Curriculum developed by Consumers and Service Providers at a local level and then more extensively move from participation to partnership:

- ❖ Why consultation is important;
- ❖ How to support Consumers in consultation and participation;
- ❖ Valuing Consumer experiences;
- ❖ Service provision — a Consumer perspective;
- ❖ Communicating with Consumers;
- ❖ Attitudes;

- ❖ Body Language;
- ❖ How to develop good procedures for complaints;
- ❖ Complaints and quality assurance — different sides of same coin;
- ❖ How to establish partnership with Consumers;
- ❖ Involving Consumers in decisions;
- ❖ Letting go doesn't mean giving up.

### **3. CONSUMER POSITIONS & NETWORKS**

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Worker Funding to each Health Area needs to be provided by NSW Health for at least one equivalent full-time paid position, to be filled by Consumers. A possible title, "Consumer Project Worker." Key issues for this position are those of support, respect, value and resourcing. Without these from the local Mental Health Service, the worker would be compromised in his/her ability to be successful.

This role would be responsible for:

- ❖ Establishing a network for Consumers and Carers in participation.
- ❖ Identifying training and support needs of Consumer and Carers in participation.
- ❖ Assisting government and non-government organisations in identifying the training and support needs of their staff.
- ❖ Working in Mental Health Services, both government and non-government, in organising training and support.
- ❖ Providing information and regular reports to NSW CAG on issues in the area.
- ❖ Co-ordinating Consumer consultation at both local level, through local Health Services and at State level, through NSW CAG.
- ❖ Establishing consultation and partnership mechanisms at a local level.
- ❖ Supporting Consumer Consultative Committees within each district and area.

These positions would provide what is lacking and necessary now.

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# OUR VISION OF THE FUTURE

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## **NETWORKS**

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The establishment of local Consumer networks ideally would also be funded. This is to ensure that broad input is incorporated into the policy, planning and decision making process at all level of Mental Health Services. The combination of funded Consumer networks and Consumer positions will increase opportunities to have genuine partnership between Consumers and Mental Health Service providers.

The creation of both the Area Consumer Project Worker and the Area Consumer Network would lead to a comprehensive supported network of Consumer advocates, with structured consultative mechanisms linked back in to NSW CAG and other relevant bodies, as well as the local Health Services.

## **4. INDEPENDENT ASSESSMENT OF SERVICES**

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The creation of an independent evaluation and monitoring system will be welcomed by Consumers and Carers of Mental Health Services. It would evaluate all services, both government and non-government.

Along with the Standards, this system needs to be:

- ❖ more pro-active and accountable than current mechanisms;
- ❖ developed in consultation with the non government and Consumer sectors and have the capacity to:
  - ❖ Recruit independent people to undertake evaluation;
  - ❖ Provide Training and support;
  - ❖ Be responsive to local issues and identify systemic issues;
  - ❖ Be based on the standards system.

## **5. GUIDELINES / PAYMENTS**

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A standardised payment schedule for sitting fees, transport, expenses, etc., needs to be developed jointly by the NSW Centre for mental Health with NSW CAG and other relevant contacts. This schedule outlining standard rates would also clarify when payment is warranted for Consumers/Carers and Service Providers.

## 6. PARTNERSHIP

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A Charter for NSW Consumer/Carers should be created to make a public statement of values regarded as key features of the relationship between the Mental Health Services and the people for whom it provides services. This Charter for Consumers and Carers of Mental Health Services could be potentially endorsed by the Government of NSW. Two examples are shown.

The basis for this partnership should be development of the "Charter for Mental Health" formulated by Consumers and Carers.

Elements:     Respect for Consumers/Carers;  
                  Dignity in all dealings with Consumers/Carers;  
                  Collaboration in working on all relevant issues;  
                  Value in what Consumers/Carers have to contribute.

Acknowledgment that the system still doesn't get it "right" enough, but with a Charter this will improve.

### Example 1. **SURVIVORS SPEAK OUT, LONDON U.K**

#### **Draft Mental Health Service Users Charter**

This Charter sets out the rights of people using the Mental Health Service provided. ....

Should you have any comments about the implementation of the Charter, please give them to ..... (name, job, address, phone no.)

#### **1. PERSONAL DIGNITY AND RESPECT**

You have the right to be treated with dignity, respect and courtesy at all times. You have the right not to be discriminated against on the grounds of age, social class, skin colour ethnicity, religion, gender, physical disability, sexuality or financial circumstances.

Services will provide privacy and physical safety and, as far as possible, allow people to follow their cultural and religious practices and beliefs.

#### **2. INFORMATION**

You have the right to clear, objective, personal or general information in accessible forms, covering all aspects of your care in the Mental Health Services.

You will be given the information you need to make informed choices about your treatment, including medication; information about what you can expect from the service; information about community facilities and information about your rights.

#### **3. ACCESSIBILITY**

You have the right to access free, appropriate services where and when you need them.

Service provision is organised to take account of people's needs in the evening, at night, at weekends and on public holidays. It is locally based

*Example 1 (cont'd.)*

and can be accessed through self-referral wherever possible. Every effort is made to make the service equally accessible to all, including people with physical disabilities and people who do not speak English.

#### **4. USER PARTICIPATION AND INVOLVEMENT**

You have the right to be meaningfully involved in identifying and planning for your own care / service needs.

This includes involvement in your own assessment, reviews and care plans.

You have the right to meaningful involvement at all levels and stages in initiating, planning, running, commissioning and evaluating services.

This includes practical and financial assistance from the service for its users to participate in activities led by users of the service and district wide, user-led Forums.

#### **5. CHOICE**

You have the right to be offered information about, and receive, a choice of services appropriate to your expressed (and assessed) needs.

*Our aim is to offer a flexible service that takes individual choice into account, including alternatives to medical treatment. Where we are unable to offer particular treatment requested by a user of our service, we will assist them to find another means of gaining access to it. We recognise that choice will be influenced by gender, culture and ethnicity.*

#### **6. ADVOCACY**

You have the right to use an advocate of your choice and to have access to free, independent advocacy services, in a private and appropriate setting.

*You can bring a friend or trained advocate to any meeting with a professional worker, either to provide support or to represent you in the way you specify.*

#### **7. CONFIDENTIALITY AND RECORDS**

You have the right of access to your records. You have the right for any personal information not to be disclosed to individual agencies without your *Example 1 (cont'd.)*

prior consent and to expect all services to operate within clear policies that reflect this right.

*Services will have clear policies on confidentiality so that users know who will have access to any personal information about them and under what circumstances information will be transferred to other agencies. Users will be told about their rights to see their records and to correct any mistakes and challenge opinions and diagnoses.*

#### **8. COMPLAINTS**

You have a right to information on how to complain and for your complaint to be investigated thoroughly, speedily and impartially. You have a right to independent arbitration for complaints that are not resolved to your satisfaction.

*Complaints are welcomed as valuable feedback. Complaints will be recorded and monitored. People making complaints will be informed of where they can find advocacy or assistance, if needed. Complaints will be responded to within a week.*

#### **9. SAFEGUARDS UNDER THE MENTAL HEALTH ACT, 1983**

Patients detained under the Mental Health Act, 1983, have the same right as people using services voluntarily, to be treated according to the Code of Practice to the Mental Health Act, 1983.

This includes provision of information on rights under the Act and access to advocacy and legal representation.

*(Mental Health Service Users Charter Working Group, October, 1993)*

## EXAMPLE 2. NOTTINGHAM PATIENTS, CHARTER U.K.

### INTRODUCTION

This charter is a public statement of values regarded as key features of the relationship between the Mental Health Unit and the people for whom it provides a service.

### ALL PERSONS CAN EXPECT TO

Have access to Mental Health Services appropriate to their needs, regardless of their financial means, without undue delay:

- ❖ Be treated with care, consideration, respect, dignity and privacy;
- ❖ Have access to written information about Mental Health Services, in hospital and the community settings, eg admission / discharge procedures, prescribed medication;
- ❖ Be given information about their condition and proposed care (including the alternatives available);
- ❖ Participate as fully as they are able in the care plans designed to meet their needs and be involved in the planning of after-care arrangements.
- ❖ Accept or refuse treatment (including diagnostic procedures), on an informed basis, unless such treatment or diagnostic procedure is compulsorily given under the terms of the Mental Health Act 1983;
- ❖ Have their concerns discussed with them and, if appropriate, a second opinion sought.
- ❖ Have the support of a relative or friend / Carer / advocate when this is appropriate, eg review / interview.
- ❖ Be given information about access to advocacy services;
- ❖ Have available appropriate interpreting services;

### Example 2. (cont'd.)

- ❖ Have safeguards for the confidentiality of all records relating to their care;
- ❖ Have any complaints they make investigated thoroughly, speedily and impartially and be informed of the result;
- ❖ Have the opportunity to be consulted about and participate in both evaluation of current service provision and planning for new developments in both hospital and community setting through the Patients Council;
- ❖ Choose whether to participate or not in research trials on an informed basis and be free to withdraw at any time without affecting the standard or care given.

*Nottingham — Supported by the Patients Council.*

## **7. CLARIFICATION OF GOVERNMENT RESPONSIBILITIES**

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NSW Health has a corporate responsibility to develop and maintain links which will enhance access to other services for Consumers. Good relationships with other Government departments will result in greater awareness of the specific issues facing Consumers / Carers and lead to the development of strategies and systems to assist them in accessing services.

Current examples exist of local and regional initiatives resulting in pilot projects and new approaches which in turn are increasing access to generic services for people with mental illness.

These local and regional initiatives should be supported by agencies such as Health, Housing, Community Services, Employment and Further Education, Social Security and Commonwealth Employment Services. This combination working co-operatively could identify achievable targets at a State level and all regional responding to these issues in practical ways.

A formal "consultation body" must be established which would provide advice to the Ministers for Health and Disability. This advisory group would facilitate meetings, assist in consultation and information exchange between Consumers / Carers and decision-makers.

## **8. PAID ADVOCACY**

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There is an urgent need for a network of paid advocates in mental health.

Volunteer advocacy services lack the resources to appropriately recruit, train and resource advocates and, because of the nature of mental illness, these supports are vital to the success of any advocacy venture.

Paid, trained advocates should be available locally to assist Consumers in negotiating services, making complaints and supporting them generally.

Close collaboration with NSW CAG in the development of a pilot advocacy service, evaluated after two years, is recommended.

## **9. RESPITE**

A comprehensive system of respite services is desperately needed for Consumers and Carers alike. Services which provide a sanctuary, in a variety of settings, staffed and unstaffed, need to be established across the state.

A Respite Housing strategy should be developed which can identify:

- ❖ Issues around long term use of respite beds;
- ❖ How to ensure the system remains unclogged;

- ❖ What services Consumers would use;
- ❖ Frequency of use and how booking system is arranged;
- ❖ Needs of Carers.

This strategy is to be developed with Consumers and Carers.

## **10. CONSUMERS FROM NON ENGLISH SPEAKING BACKGROUND, AGING, ABORIGINAL AND TORRES STRAIT ISLANDS, GAY AND LESBIAN CONSUMERS, MULTIPLE DISABILITIES AND OTHER GROUPS**

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Separate working parties must be formed. There are concerns that the lack of representation of these groups was indicative of the difficulties they have in accessing services and influencing the service system.

The Centre for Mental Health would be responsible for the setting up of these working parties.

The working parties are to be of Consumers / Carers, with representatives of key non-government and government services actively involved in each area (if any). Consumers should make up the dominant membership of each working party. The Department of Health should provide clerical and administrative support to develop a draft strategic plan for consultation and achievement.

Strategic plans should identify:

1. Demographic information.
2. A survey of existing services.
3. Needs analysis.
4. Consumer issues.
5. Evaluation and monitoring mechanisms.
6. Proposed ideal service mix.
7. Staged achievement plan for achieving ideal service mix.

## **WHAT IS CONSUMER PARTICIPATION?**

Consumer Participation is a process to improve the quality of service delivery and increase the level of Consumer satisfaction with public Mental Health Services.

Consumer Participation in the mental health field means that the service providers ensure Consumers have the opportunity to influence decision-making processes in the areas of service delivery, service planning and development, training and evaluation.

In the past, the role accorded to Consumers in public Mental Health Services limited their participation. Often service delivery was seen as a one-way process; the service provider delivered the service and the Consumer received it.

Consumer Participation is based on a different approach. The Mental Health Service and the Consumer work together to achieve a better service.

The active involvement of Consumers in local, regional and state planning and policy decision making is a key feature of Consumer Participation.

**From Victoria's Mental Health Service — "Working with Consumers, Guidelines for Consumer Participation in Mental Health Services." (March, 1996)**

"If advocacy is about being assertive,  
Participating in all which that assertion is meant to guarantee.  
It is about taking part,  
it is about being part of.  
It is about reaching out,  
responding,  
being responded to,  
being reached out to.  
Participation is about "your part" in the service you may use,  
the household, the neighbourhood you live in,  
the community which surrounds you.  
Participation is about acting and interacting."

**From "Partnership or Pretence"**  
**(Author Janet Meagher, September, 1995)**

"Participation at a service level is very important to many Consumers. Consumers wanted participation in:

- Treatment and, most importantly, decisions about medication.
- Monitoring the quality of services.
- Complaint mechanisms — This would also provide a quality assurance aspect to show how issues are resolved, individually and systematically.
- Meetings, Boards and Committees, eg planning, evaluating and developing the service."

## WHY HAVE CONSUMER PARTICIPATION

**"A Guide to Effective Consumer Participation in Mental Health Services" —**  
**from Ministry of Health, New Zealand, April, 1995.**

"The major advantages of increased Consumer input into Mental Health Services are similar to the perceived advantages of increased contact between any service provider and Consumers who use it. Increased Consumer input, if carried out effectively, should lead to services that are more responsive to Consumer needs. As a flow-on effect, Consumer involvement may diminish the costs of service operation by "getting it right first time" for Consumers and by promoting Consumer health through participation. It would also improve outreach and encourage development of more co-operative and less paternalistic treatment regimes.

1. **Efficient and effective services** which meet Consumer needs. Resources can be better targeted if services reflect actual needs. For example, research has suggested that mental health providers and Consumers often disagree when assessing Consumer's needs. A lack of Consumer input will lead to a lower quality of service for Consumers.
2. **Ethical Reasons.** People's ability to take responsibility and control over their lives is central to their quality of life. Providers should acknowledge that if they do not give Consumers the opportunity as of right to influence and shape the services they receive, then the

legitimacy of the service is questionable. This is because the human rights of the Consumer to the greatest possible level of autonomy are paramount.

3. **Health Reasons.** Participation by Consumers in Mental Health Services has been shown to be empowering to both the individual and the organisations involved.

Empowerment is defined as a process by which individuals gain control over their own lives and a sense of participation in their community. This process occurs gradually as a person becomes able to cope with and enjoy greater responsibility. Therefore, empowerment is an important health goal for Consumers.

The Traditional Model. The past experience of Consumers in Mental Health Services is linked closely to the underlying model that dominated psychiatry prior to the 1960s. Traditionally Mental Health Services have been based on a 'benevolent paternalism' model which assumes 'best interest' decision making by clinicians on behalf of Consumers. Two concepts have kept this philosophy dominant in Mental Health Services until recently; the 'authority of position' held by providers of welfare services; and the 'authority of knowledge' held by clinicians due to the societal belief that only people with specific levels of academic achievement could make a useful contribution to the service sector.

This model of service has been the most serious barrier to Consumer Participation in the past. The result has been that many Consumers, particularly those who spent periods of time in institutions, lack faith in their ability to assert control over their own affairs, or to represent others.

More recently, many of these assumptions have been challenged. The traditional model is unacceptable today in Mental Health Services. Both providers and Consumers recognise that each party has a valuable contribution to make." End quote.

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In NSW, according to the Forum, participation will work when:

- ❖ Consumers have been trained and paid;
- ❖ are acknowledged and valued;
- ❖ their knowledge and skills are acknowledged, developed and utilised;
- ❖ have a role;
- ❖ are actively involved in hospital, community services and non-government organisations;
- ❖ their opinions are valued and ideas for change are seriously considered or undertaken;
- ❖ they have real responsibility, are able to ask questions;
- ❖ information is available to allow informed decisions;
- ❖ are seen as responsible human beings.

### **Impediments to Participation**

(**'Partnership or Pretence,'** Janet Meagher 1995)

"It is very easy to block participation by attitudes which:

- ❖ set people apart;
- ❖ devalue them;
- ❖ make action unwelcome;
- ❖ discount interaction as threatening or unattractive.

Actions which set people apart, actions which exclude from involvement those most affected.

Structures and policies which limit the resources which are available to people and which prohibit them from taking part in planning their future."

Victoria's Mental Health Service, **"Working with Consumers Guidelines for Consumer Participation in Mental Health Services,"** March 1996 say:

### **Issues that must be considered:**

#### **"Tokenism**

This is the gesture of involving Consumers without the infrastructure in place to facilitate their involvement. It can be illustrated by the number of Consumers represented, the level of their responsibility, how payment for services is handled and the role or function that is expected of them. Tokenism can be avoided by ensuring that there is more than one Consumer on a committee and that the committee is clear about what they want to achieve by involving Consumers. Additionally, Consumers need to be briefed appropriately about their role and function on the committee.

#### **Representation**

There may be a considerable range of Consumer view on a given issue, as there are with other groups of people. Consumers are not a homogenous group. They all contribute different views on any given issue and have different ways of expressing their views. Consumers with various perspectives are to be sought in order to facilitate broad representation.

#### **Role Strain**

This occurs when members of a committee are not sure about their designated roles and functions. For example, it may be difficult for professionals and Consumers who have operated within the roles of 'clinician' and 'patient' in the past, to then work together as colleagues on a committee. Ensuring that all committee members are clear about their role and function and providing orientation, training and development mechanisms can assist in reducing the effects of role strain.

### **Communication in Meetings**

This refers to the verbal and written language used in meetings and knowledge of meeting processes. Participating effectively in meetings requires a set of skills that are learned over a period of time. Often Consumers are expected to participate without this knowledge and skill base. Issues around communication can be overcome by ensuring that verbal and written communication is acceptable to Consumers and by identifying appropriate personnel to support Consumer members and staff during and between meetings.

### **Economic Factors**

Many Consumers may experience financial difficulties and can be expected to attend meetings that may take them out of, or away from, paid work or programs. Practicalities such as transport, time away from work or programs, loss of pay, child care and cost of meals, can add to the difficulties if they are expected to attend meetings and need to be considered when involving Consumers on committees. The Area Mental Health Service should establish and publicise ways of compensating Consumers for attendance at meetings. Examples are taxi vouchers to cover transport, reimbursement of childcare costs and sitting fees.

### **Self Confidence**

Having the ability to present at a meeting or Forum requires a lot of self-confidence to overcome the still profound stigma surrounding mental illness. It can take an enormous amount of courage and determination on behalf of the Consumer to overcome this situation. Ensuring that support mechanisms are in place, such as training for Consumers, may be one way of addressing any issues around self-confidence and stigma.

### **Stigma and Taking Risks**

Many Consumers feel that disclosing the fact that they have or have had a mental illness is an enormous risk and one that they would rather not take. This can be reduced by ensuring that Consumers feel comfortable in their role and that all committee members are made aware of these issues. It may also be reduced by ensuring Consumers receive explicit feedback and appreciation regarding their input." End quote.

## **NSW TAKING UP THE CHALLENGE**

Consumers are the past, present and future of Mental Health Services.

The challenge is Action. A growing wave of Consumers and Carers are expecting it and attended the August Forum to begin the process.

The challenge lies in Mental Health Services listening to the growing Consumer voice.

Genuine partnership can only occur when Consumers participate on an equal basis with health workers in Mental Health Services.

NSW can and must commence moving forward with Consumer Participation in all Mental Health Services, with the Charter for Consumers / Carers in place.

With training, information and partnership in place, all that is required is the enthusiasm of all the participants for the best outcomes in Consumer Participation.

The Challenge remains — adequate funding for empowerment and partnership. With this in place the Challenge can be met and achieved.