

**MENTAL HEALTH SERVICE BUSINESS RULE SESLHDBR/030**

<b>Name</b>	Consumer and Carer Representation for Mental Health Services		
<b>What it is</b>	<p>This business rule outlines the structures and processes for formal consumer and carer representation within the SESLHD Mental Health Service (MHS). It facilitates the building of meaningful consumer and carer participation – either voluntary or paid – in the planning and delivery of mental health services in line with National Safety and Quality Health Service Standards, National Standards for Mental Health Services and recovery principles and practices. It also supports other consumer and carer participation initiatives.</p> <p>In SESLHD, formal mental health consumer and carer representation occurs in the following ways:</p> <ul style="list-style-type: none"> <li>- Consumer workers employed by the MHS in permanent or temporary roles encompassing representative work and/or Peer Support Work.</li> <li>- Consumers and carers employed on a contract basis, via expression of interest, to sit on Consumer/Carer Advisory Committees.</li> <li>- Consumers and carers employed on a contract basis to co-facilitate groups, co-design and provide training, participate in forums and provide other ad-hoc services.</li> <li>- Consumers and carers in voluntary positions.</li> </ul>		
<b>Risk rating</b>	Low	<b>Review Date</b>	January 2023
<b>What it is not</b>	It is not an encompassing document covering all aspects of consumer and carer participation within SESLHD. This business rule does not outline the processes required for individual participation by consumers and their family/carers in their own treatment and care planning, does not describe the Consumer Peer Support role and does not cover all aspects of the paid Consumer Worker role.		
<b>Who it applies to</b>	This business rule applies to Mental Health Service consumers and carers, service providers, managers and directors.		
<b>What to do</b>	<p><b>MHS COMMITTEE REPRESENTATION</b></p> <ul style="list-style-type: none"> <li>• <b>Number of consumers/carers involved in committees.</b> It is required that two separate positions be made available for consumer/carers representatives on committees. This allows representatives to support each other and to still have representation if one is absent. It also allows for a wider range of opinions and experience to be brought to the meetings and for consumers and carers to have opportunities to network with a peer. A single person should not be appointed to represent the views of both consumers and carers. Both a consumer and</li> </ul>		

a carer representative are required to represent the views of each respective group.

- **Consumer or carer representative appointment.** The process of recruitment to committees should be followed. This process includes an Expression of Interest, interviews with the prospective representatives to assess their suitability to participate in committees, an assessment of their readiness to be involved in such representation, and their ability to apply their lived experience. Sharing lived experience can re-traumatise consumers and carers which is detrimental to their well-being. Consideration should be given as to whether they are at a stage in their recovery or caring journey where they feel able to regularly, and meaningfully, and apply their lived experience to service improvement or practice change.
  - The Committee should have a clear understanding of their requirements when appointing a consumer/carer as to whether they are looking for a consumer/carer to represent the views of a defined population eg LGBTIQ+, CALD, ATSI or provide a consumer/carer perspective from their lived experience.
  - Consumer/Carer representatives should be provided with training specific to their role on the committee eg purposeful storytelling, committee work etc
- **Support person and communication outside the meetings.** Consumers and carers should be formally linked for support with a staff member who is a member of the meeting/committee, where possible. Consumers and carers should have the opportunity to negotiate a linkperson from among the staff members who attend the meeting. The role of the linkperson is to be available for brief and debrief with the consumer/carer at the beginning and end of the meeting, send minutes and other information to the consumer/carer and to be the contact person between meetings should issues arise. Consumers and carers have the right to change their linkperson if they wish, for whatever reason.
- **Briefing and debriefing opportunities.** Consumers and carers should be provided with opportunities to talk with their linkperson prior to the meeting and again after the meeting. Before the meeting they may like to discuss with their support person ideas they want to put forward, ask questions about the issues to be discussed etc. After the meeting, an opportunity is to be provided for the consumer/carer to discuss any issues or ideas they felt they were not able to raise at the meeting, any concerns they had about how the meeting proceeded or ideas they would like to follow up for the next meeting.
- **Access to agenda and information prior to meetings.** Consumers and carers should be provided with written materials, including the agenda, prior to the meeting. This allows consumers and carers the opportunity to prepare for the meeting and consider their contribution to the discussion and decision making at the meeting. For representatives who do not

have email access, alternative methods of communication must be determined.

- **Role of consumers and carers.** The role of consumers and carers in meetings should be made explicit to both the consumers and carers involved and the other members of the committee. These roles vary depending on the nature of the meetings but usually include:
  - To bring a consumer and carer perspective to the issues discussed.
  - To pass on information to other consumers and carers as requested, and bring any feedback from other consumers and carers to future meetings.
- **Confidentiality.** The committee chairperson must make it clear to all present which aspects of the meeting discussion are confidential. Confidentiality guidelines must be explained to consumer and carer representatives prior to participation in meetings.
- **Creating an environment which supports participation in meetings.** Processes should be inclusive of all participants and incorporate practices that enhance accessibility for consumer and carer representatives. Consideration should be given to:
  - Co-chair structure whereby a consumer or carer representative co-chairs the meeting with a SESLHD staff member
  - Terminology, acronyms or jargon being explained in plain English to the consumer/carer.
  - Building into the agenda opportunities for consumers and carers to seek clarification of issues, decisions, terminology etc.
  - Managing any conflict or differences in opinion in the meeting in a positive and constructive way.
  - Providing consumers and carers with a variety of ways to contribute to the issues discussed e.g. encouraging consumers and carers to contribute in writing if that is their preferred way.
  - Offering appropriate supports/options for individual needs of the consumer/carer. These may include language, cultural or health-related needs and reasonable adjustments on the basis of psychosocial or other disability.
  - Providing opportunities for consumers and carers to develop their skills in chairing or co-chairing meetings where appropriate.
- Specific guidelines for Consumer Advisory Committees are outlined in the Consumer Advisory Committee Terms of Reference (TOR) and Guidelines.

## **PROVISION OF TRAINING OR GROUP WORK**

- The same general guidelines as above apply to consumers and carers involved in other representative roles, such as providing training or co-facilitating groups. A support person should be identified, sufficient time and assistance should be provided for planning, and organising training and group materials and debriefing must be built into the process. Specifically:
  - Training should be provided to the consumer/carer, outlining the specific role and expectations. This may include presentation skills, training on 'purposeful storytelling' and observing a session.
  - Opportunities should be provided for consumers and carers to be involved in planning meetings with other presenters/facilitators pre and post the training day/group session.
  - Time must be made available for preparation.
  - Supervision for ongoing group work should be provided.
  - Opportunities should be provided for consumers and carers to act as a support person for other consumers and carers seeking to develop their skills in training and group work.

## **REMUNERATION OF CONSUMER AND CARER REPRESENTATIVES**

- All mental health consumers and carers who participate on committees and in recognised forums are to be appropriately remunerated. This includes youth, adult and older persons' consumer and carer representatives.
- All consumers and carer representatives who are participating in an approved activity, as outlined in the payment schedule, with SESLHD MHS must be informed prior to participation what reimbursement they will receive.
- Payments for meetings and workshops should be made in accordance with the time frame listed in the TOR for the relevant committee, or in the agenda for the relevant workshop i.e. there should be no open-ended meetings.
- Elected consumer and carer representatives are to be paid as contractors for their representation on committees and working parties and for attendance at training and supervision sessions. The rate of payment should be standard across SESLHD. Representatives and presenters attending meetings or providing training are remunerated for out-of-pocket expenses (such as photocopying, stamps etc), on the basis of reasonable actual expenses incurred, and upon presentation of receipts. This does not include travel expenses, which are built into the hourly rate. Representatives and presenters should check with the MHS that they will be reimbursed for a particular expense, before incurring that expense. Approved payments for consumer or carer representatives and presenters are to be made even in the event of a cancellation of an approved meeting or presentation, unless cancellation notice of one full working day was provided

to the consumer or carer. No consumer or carer is to be paid if they are already being paid in another capacity for the same meeting or presentation. Payment rates are as follows:

### Standard Rates

	Full Day	Half Day	3hrs	2hrs	1hr
Member of meeting	\$224.49	\$112.24	\$76.53	\$56.12	\$30.61
Chairperson of meeting/ workshop	\$357.14	\$178.57	\$122.45	\$91.84	\$51.02
Education Programs: Consumer/Carer Presenter	\$346.91	\$173.45	\$130.09	\$91.84	\$65.31
Consumer/Carer Observer (consumers observe training prior to presenting)	\$305.28	\$152.64	\$114.48	\$76.32	\$38.16
Course Development	\$38.16 Hourly rate				
Participating in Selection Committees	\$30.61 Hourly Rate				
Attendance at open public forum, meeting or consultation	No payment				
Ad-hoc discussions with SESLHD staff	No payment				

- In accordance with Consumer and Community Representative Selection Guidelines: NSW Department of Health GL2005\_042, Criminal Record Checks are only required for consumers employed on a contract basis as follows: "Criminal record checks and prohibited persons declarations, for consumer representatives on departmental committees, will only be undertaken when and if those persons are required to undertake duties in the health system and there is the likelihood that they would have unsupervised access to children."

#### When to use it

This business rule must be used to facilitate contract employment of consumer and carer representatives for short-term and/or periodic work within the MHS.

#### How to use it

The process for reimbursement of consumer and carer representatives is as follows:

- Set up the consumer or carer representative as a Vendor using the method outlined by HealthShare NSW (Oracle online supplier/vendor creation forms).
- Consumer or carer representative completes the Australian Tax Office- Statement by a Supplier not quoting an ABN (this form does not apply if the individual has an ABN)

	<p>For each activity:</p> <ul style="list-style-type: none"> <li>- Consumer or Carer Representative completes the Payment Invoice &amp; delegated Manager signs</li> <li>- Complete a NSW HealthShare Form – Invoice Scanning Payment Requisition Form for Oracle R12.</li> </ul> <p>For each Invoice submitted the Vendor form and Australian Tax Office – Statement by a Supplier not quoting an ABN form need to be submitted to NSW Health Support Services, Accounts Payable at mail to: HSNSW-scn.apayable HSNSW-scn.apayable@health.nsw.gov.au Payment will be paid directly into the nominated bank account.</p> <ul style="list-style-type: none"> <li>- Forms submitted to NSW Health Support Services are processed according to Health Support procedures and time frames. Payments for consumer/carer representation are forwarded via electronic funds transfer. If the consumer/carer has not received payment within 28 working days, the consumer/carer is to contact the Sector Mental Health Service so the status of the invoice can be checked with NSW Health Support Services.</li> </ul>
<p><b>Why the rule is necessary</b></p>	<p>The rationale for this business rule is:</p> <ul style="list-style-type: none"> <li>- To increase meaningful paid consumer and carer participation across the SESLHD MHS.</li> <li>- To ensure clarity, equitable and standardised payment and processes for consumers and carers providing representation to the MHS.</li> </ul>
<p><b>Who is responsible</b></p>	<p>The MHS is responsible for:</p> <ul style="list-style-type: none"> <li>- Identifying a designated senior MHS employee to coordinate the selection process for consumer/carer representative roles and to provide orientation, training and ongoing support as required. This includes obtaining signed forms (as outlined within the appendices below).</li> <li>- Delivering a specifically tailored on site induction session for consumer and carer representatives, which includes instruction on what to do in an emergency and how to report an injury. At the Sector level this duty is currently provided by Rehabilitation Clinical Coordinators or Community Development Coordinators.</li> <li>- Family and Carer representation is currently coordinated by the SESLHD Program Manager, Family and Carer Mental Health Program.</li> <li>- Allocating (by Sector) an appropriate amount of funding to enable consumer and carer representation for the forthcoming year. Payment for attendance at specific SESLHD MHS consultations by consumer or carer representatives is to be paid by the District Mental Health Service Office.</li> </ul> <p>Consumer and carer representatives are responsible to the MHS for:</p> <ul style="list-style-type: none"> <li>- Attending meetings, providing training, facilitating groups or participating in other types of representation, as agreed. For committee members this also includes adhering to the Terms</li> </ul>

	<p>or Reference (TOR) of the relevant committee, and the Declaration for Staff, Volunteers and Contractors (see APPENDIX B).</p> <ul style="list-style-type: none"> <li>- Ensuring that lobbying and other business or communications, which are not part of the specified committee TOR, must occur through other organisations or by consumers and carers as private citizens (eg speaking to the media).</li> <li>- Signing the MHS Consumer/Carer Representative Committee Member Confidentiality Undertaking (see APPENDIX C) and abiding by the guidelines as explained to them by the committee chairperson.</li> <li>- Identifying any conflicts of interest, such as personal interests in a matter or decision. In this situation, or if in doubt, the representative should speak to the committee chairperson.</li> <li>- Being committed to representing not just their own perspectives or experiences but taking steps to establish what other consumers and carers think, representing their point of view and being prepared to be accountable for the positions they take.</li> </ul>
<b>Ministry of Health/ SESLHD reference</b>	<p><a href="#">The Fifth National Mental Health and Suicide Prevention Plan 2017-2022</a></p> <p><a href="#">National Safety and Quality Health Service Standards (Second Edition): Standard 2 Partnering with Consumers: partnership in healthcare governance, planning, design, measurement and evaluation</a></p> <p><a href="#">National Standards for Mental Health Services 2010</a></p> <p><a href="#">GL2005 042 - Consumer and Community Representative Selection Guidelines: NSW Department of Health</a></p> <p><a href="#">GL2005 043 - Consumers Representatives – Working with Consumers in NSW Health, Guidelines for Secretariat</a></p> <p>NSW Premier’s Department Memorandum, Government Boards and Committees No. M1999-03</p>
<b>Functional Group</b>	Mental Health
<b>Executive Sponsor</b>	Angela Karooz, General Manager, Mental Health Service
<b>Author</b>	Linda Green Program Manager, Family and Carer Mental Health Program, Mental Health Service Jarrad Hickmott, Consumer Partnerships Coordinator, Mental Health Service

## Revision and Approval History

Date	Revision Number	Author and Approval
May 2013	4	Jo Sommer, SESLHD MHS Rehabilitation Clinical Coordinator.
September 2013	4	Endorsed by SESLHD MHS Clinical Council.
March 2014	5	Jo Sommer, SESLHD MHS Rehabilitation Clinical Coordinator. Consumer and Carer Payment Schedule altered to incorporate Recovery College roles and to better reflect current practice.
April 2014	5	Endorsed by SESLHD MHS Clinical Council.
September 2014	6	Further refinements made to Payment Schedule and additional Remuneration point about payments being made in accordance with scheduled time for meetings and/or workshop agendas. Alterations endorsed by David Pearce, SESLHD MHS Director of Operations.
October 2014	6	Endorsed by SESLHD MHS Clinical Council.
June 2019	7.0	Requested content review by Linda Green Reviewed by Linda Green, District Program Manager

		Added Paragraph on Consumer or Carer Representative Appointment
July 2019	7.1	Reviewed by Consumer Partnerships Coordinator Updated for gender diversity. Removed section regarding CAMHS not expecting payment in consultation with STG/TSH CAMHS Service Manager
August 2020	7.2	Circulated to DDCC for review and comment
September 2020	7.2	Rates endorsed by the SESLHD MHS Senior Executive and the SESLHD MHS Clinical Council. It was noted that although this document has a Risk Rating of "Low" it needs to be reviewed annually to ensure appropriate rates of reimbursement.
October 2020	7.2	Document endorsed by the SESLHD MHS DDCC Document endorsed by the SESLHD MHS Clinical Council
March 2021	7.3	Appendix A revised to reflect updated reimbursement rates from October 2020 revision
December 2021	8.0	Reviewed by Consumer Partnerships Coordinator and Program Manager Family & Carer MH Program. Minor changes to wording identified.
December 2021	8.1	Proposed rate change reviewed and endorsed by MH Senior Executive at 2.04% to align with Health Care Workers Award increase. Correction of disparity between observer and presenter rate. New rates endorsed by SESLHD MHS Senior Executive Updated to NSQHS Second Edition Endorsed by SESLHD MHS Document Development and Control Committee.
January 2022	8.1	Endorsed by Executive Sponsor



**SESLHD Mental Health Consumer and Carer Payment/Tax Invoice Form**

Surname Given Names Date form submitted

Address  
**Consumer/Carer's Invoice Number:** **Planned Order Number (if known)**  
 Use your initials & the date in number e.g. DLP030909 To find out your planned order number speak to the staff member who is co-ordinating your work

**ABN** If you do not have an ABN an exemption form must be attached; ABN exemption forms are available from MH Administration

**First Payments Only- Exemption form attached**  **\*\* Vendor Set form attached**  Complete this from to make a planned order number

**Subsequent Payments- Exemption form previously submitted**

Date of Activity	Name of Activity	No. of Hours	Rate (\$/hour)	Amount Due
	Please select			
	Please select			
	Please select			
	Please select			
<b>TOTAL AMOUNT</b>				

**Signatures**

Consumer/ Carer

Mental Health Service Director or Delegated Officer

	Full Day	Half Day	3 hrs	2 hrs	1 hr
Member of meeting	\$224.49	\$112.24	\$76.53	\$56.12	\$30.61
Chairperson of meeting/workshop	\$357.14	\$178.57	\$122.45	\$91.84	\$51.02
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Course Development	\$38.16 Hourly rate				
Participation in Selection Committees	\$30.61 Hourly Rate				

After approval please submit completed from to: Health Support Services, Accounts Payable at [Accounts.Payable@hss.health.nsw.gov.au](mailto:Accounts.Payable@hss.health.nsw.gov.au)

**\*\*Vendor Set Form needs to be approved by the SESLHD Mental Health Business Manager**

T21/18902

## Appendix B



### Declaration for Staff, Volunteers and Contractors

All staff, volunteers and contractors within the New South Wales Ministry of Health are expected to behave and practice in a manner consistent with the [NSW Health Code of Conduct \(PD2012\\_018\)](#).

Clinicians are also expected to abide by the Codes of Conduct of their profession and the standards / competencies detailed within. In the absence of a Code of Conduct for a specific professional group, the NSW Health Code of Conduct will serve as a reference to expected standards of behaviour.

I acknowledge that I have received a copy of the Relevant Code/s of Conduct and have been advised how this document relates to me. I also have been informed of related policy documents that can be accessed via the intranet at: [www.health.nsw.gov.au/policies/index.asp](http://www.health.nsw.gov.au/policies/index.asp)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SESLHD District Form: F089

Trim: T12/9296

Date: November 2012

## Appendix C

### MENTAL HEALTH SERVICE CONSUMER/CARER REPRESENTATIVE COMMITTEE MEMBER CONFIDENTIALITY UNDERTAKING

I accept and acknowledge that as a member of the \_\_\_\_\_ Committee, I have duties in relation to the use, handling and confidentiality of information I obtain in the course of my duties as a member. In particular as a member:

1. I recognise that information acquired in the course of the exercise of my functions and duties remains the property of the SESLHD.
2. I will not make improper use of or misuse information acquired in the exercise of my functions and duties. Misuse includes:
  - a. Use of information for personal purposes eg. financial or other benefit or for the personal financial or other benefit of another person.
  - b. Speculation in shares or commodities on the basis of confidential information about the affairs of a business or the NSW Government or of proposed actions of the Local Health District, the Ministry of Health, NSW Minister for Health or the NSW Government.
  - c. Seeking to take advantage for personal reasons of another person.
3. I will not disclose information acquired in the course of the exercise of my functions and duties unless such disclosure is authorised by the \_\_\_\_\_ Committee or otherwise required or authorised by law.
4. I will take care to maintain the integrity and security of any information acquired by me or provided to me in my role as a member.

I also agree I will continue to comply with the confidentiality obligations set out at points 1 to 4 above after the completion of my term on the \_\_\_\_\_ Committee.

Signed this            day of    in the year

Signature of member:

Name of member (please print):