

Consumer Workforce

What Consumers Want

History

- Government policy in regard to developing a consumer workforce in mental health was first formulated in the 1990's.
- Government policy articulates that consumers should be involved at all levels of service delivery.

Issues

- Despite government policy the mental health consumer consultant workforce is only 65 EFT.

(Mental Health Report 2010)

- The national average of consumer consultants in mental health services is 3 per 1,000 direct care staff.

(Mental Health Report 2010)

What We Want

We want:

- government(s) to ensure their policy on consumer participation and employment is genuinely acted upon.
- Consumer participation in the workforce is taken seriously.
- Meaningful employment.

What We Want Cont.

- To be treated as equal partners in the mental health workforce.
- Our skill & expertise recognised as equal to that of other skill & knowledge in mental health.
- On-going relevant education & training opportunities in the workplace.

What We Want Cont.

- Opportunities to gain educational qualifications relevant to our chosen work.
- A career path.
- Our opinions valued and acted upon.
- Our responsibilities to consult other consumers who use the service where we are employed at respected.

What We Want Cont.

- To be able to assertively feedback negative views from consumers who use the service without fear or favour and have the views acted upon.
- Regular internal and external supervision in order to enhance our role & capacity to carry out our job description.
- To be able to network with other consumer workers.

What We Want Cont.

- Appropriate remuneration for the work we do.
- Realistic workloads.
- A flexible and supportive work environment.
- Peers support & mentorship from other more experienced consumer workers.

What We Want Cont.

- The service to recognise that from time to time it is necessary to meet with consumers who use the service outside the service environment.
- Access to a workstation (office, phone, computer, stationary, etc.).

What We Don't Need

- Tokenism.
- To hear derogatory remarks made about consumers in the staff room.
- To be monitored for signs of ill health.
- To be told we are unwell if we raise unwelcome or challenging issues.
- To experience horizontal violence from other consumers.
- To be set up to fail by not providing job descriptions and other supports.
- To have to “beg” for funds in order to comply with consumer participation policy.

Current Roles in Mental Health

- Include consumer:
- consultants
- advocates
- researchers
- evaluators
- educators
- managers/supervisors
- Policy officers
- Support workers
- Information officers
- Personal helpers and mentors

Potential Roles in Mental Health (clinical)

- Consumer Consultants attached to:
- Crisis Assessment & Treatment Teams
- Mobile Treatment & Support Teams
- Continuing Care Teams
- Acute in-patient units
- Secure Extended Care Units
- Continuing Care Units
- Prevention & Recovery Units
- Emergency departments

Potential Roles in Mental Health (Non-Clinical)

- Have consumer workers employed with:
- Home-based outreach staff
- Rehabilitation staff
- Advocates employed by peak organisations to undertake advocacy in the clinical and non-clinical sector

Possible Roles in Non Mental Health Services

- Consumers could be employed with:
- Centre-Link
- Guardianship and Administration
- Police
- Ambulance
- Disability Employment
- Department of Housing