

CONSUMER
REPRESENTATIVE
SERVICE

EVALUATION

SEPTEMBER 2023

MHLET ● experience
● knowledge
change

1	SUMMARY OF OBSERVATIONS AND RECOMMENDATIONS	03
2	BRIEF DESCRIPTION OF THE MHLET CRS	04
3	THE MENTAL HEALTH CONSUMER REPRESENTATIVE ROLE	05
4	MHLET CRS SERVICE SNAPSHOT	08
5	EXAMPLES OF CURRENT/RECENT MHLET CRS PROJECTS	09
6	CASE STUDIES OF MHLET CONSUMER REPRESENTATIVES	15
7	CONSUMER REPRESENTATIVE AND CLIENT ORGANISATION SATISFACTION SURVEYS	17
8	PROGRAM LOGIC FRAMEWORK FOR MHLET CRS	18
9	ASSESSMENT AGAINST MHLET CRS PROGRAM LOGIC FRAMEWORK	19
10	FULL RECOMMENDATIONS	26

SUMMARY OF OBSERVATIONS AND RECOMMENDATIONS

1

Mathew Fagan from Social Justice Communications Pty Ltd conducted an independent evaluation of the Mental Health Lived Experience Tasmania (MHLET) Consumer Representative Service (CRS) in August 2023.

The evaluation:

- examined the performance of the MHLET CRS from 1 July 2021 to 30 June 2023
- researched current and anticipated future trends in mental health consumer representative services in Tasmania, and nationally
- developed - jointly with MHLET staff and consumer representatives - a detailed program logic for a 'best practice' CRS in Tasmania
- identified areas of the CRS program logic that will require MHLET to apply additional resources, systems, research, and innovation.

Based on the detailed data and evidence presented to the evaluator, the MHLET CRS performed at an exceptionally high rate in the period 1 July 2021 to 30 June 2023. In particular, the ability of MHLET to manage more than 50% growth in total hours of CRS in the 2022-23 financial year, without proportionate increases in staffing, demonstrates outstanding productivity across a high functioning team.

MHLET also significantly increased the diversity of its CRS clients and projects in 2022-23. While MHLET's 'base' contract with Tasmania's Statewide Mental Health Services (SMHS) still comprises the great majority of its services, this has reduced from 92% of total CRS hours in 2021-22 to 83% in 2022-23. At the same time, MHLET's total number of clients grew from 8 in 2021-22 to 19 in 2022-23.

There is increasing demand from government agencies and service organisations for the lived expertise of mental health consumers. This demand is extending beyond mental health service providers, and includes organisations that commonly interact with people experiencing mental ill health (such as the broader health sector; and the justice, education and housing sectors). At the same time, mental health consumer advocates see great value in more organisations across more sectors shaping their services with lived expertise.

While the increasing respect and demand for mental health lived expertise presents MHLET, its members and consumer representatives with significant opportunity, this potential 'step change' will not be achieved via a 'business as usual' approach. MHLET has limited capacity to absorb increased growth with existing resources and systems. To achieve its full potential and continuously improve, MHLET needs to:

- 1 Attract and retain a greater number of consumer representatives from across Tasmania, including from priority cohorts
- 2 Increase its capacity to train, support and professionally develop consumer representatives
- 3 Sustainably increase the rates at which consumer representatives are remunerated
Upgrade its systems for monitoring, recording, analysing, and evaluating the quantitative and qualitative performance of the CRS
- 5 Improve its evidence-based communication of the value and positive change achieved by the CRS – for new and existing members; clients; and funding partners
- 6 Increase the detail, transparency, and real-time utilisation of its strategic and operational planning systems
- 7 Prioritise its preferred growth and improvement initiatives, noting that it will take many years to implement the full 'best practice' MHLET CRS program logic
- 8 Prepare detailed costings and contingencies for future growth scenarios, ensuring that MHLET's existing core business is not compromised by non-sustainable growth
- 9 Actively seek and prioritise organisational clients who will commit to longer-term, systemic, higher value lived expertise projects that achieve measurable positive change
- 10 Invest in research, including via partnerships, to measure the long-term, community-wide impacts of effective mental health consumer representation in Tasmania.

BRIEF DESCRIPTION OF THE MHLET CRS

Mental Health Lived Experience Tasmania (MHLET) is Tasmania's peak body for people with lived/living experience of mental ill-health. It is a member-based, independent, not-for-profit organisation, managed and governed by Tasmanians with mental health lived expertise. Until September 2023, MHLET was known as 'Flourish'. More information about MHLET can be found on its website.

The MHLET Consumer Representative Service (CRS) was established in 2011 with Tasmanian Government support to formalise the participation of mental health consumers in the Tasmania's mental health system. Consumer Representatives (CRs) are people who draw upon lived expertise of mental ill-health and recovery to represent - and enable positive change for - other mental health consumers. All MHLET CRs are also members of MHLET. Some people with lived expertise of mental ill-health employed by MHLET in management and administration, also provide consumer representation.

The MHLET CRS has expanded to provide mental health consumer representation for the Australian Government (including through Primary Health Tasmania); for community-run and private mental health service providers; and for organisations outside of the mental health sector that engage regularly with mental health consumers.

MHLET is also a member of the National Mental Health Consumers Alliance, providing representation for Tasmanian consumers into national mental health policies and programs. Several MHLET members are engaged directly by national entities involved in mental health, such as the Australian Institute of Health and Welfare; the National Mental Health Commission; and the National Mental Health Consumers and Carers Forum.

Demand for the MHLET CRS is largely generated by organisations seeking consumer representation, including due to internal initiatives (such as commitments made in an organisation's lived expertise engagement framework) or external requirements (such as the National Safety and Quality Mental Health Standards for Community Managed Organisations). To date, while MHLET has undertaken some community-wide awareness raising and marketing activities, it has not proactively and directly sought new CRS organisational clients outside the mental health service sector.

MHLET CRs receive induction and initial training upon joining the CRS, and ongoing mentoring and support from MHLET's CRS Coordinator, as well as structured peer support from other MHLET CRs. MHLET delivers a short course in Consumer Leadership, offered statewide face-to-face and online; and the MHLET Mentoring, Skills and Capacity Program provides ongoing professional development.

An organisation seeking mental health lived expertise usually generates a CRS request by completing a form available on the MHLET website. In this form, the requesting organisation details the type of activity for which consumer representative is required, as well as its expectations as to the specific expertise and time commitments required from the CR. After MHLET receives the completed request form, the CR opportunity is distributed to MHLET's CRs, with those interested in the role submitting an Expression of Interest to MHLET. The CRS Coordinator then seeks to achieve the most appropriate 'match' between the request and the EOIs. Consumer representatives are remunerated for their roles, in arrangements that vary according to the type of engagement.

An increasing number of CRS requests transition into ongoing arrangements. For example, a single CRS request for consumer representatives to join an advisory body may result in many occasions of service over multiple years.

Further, the MHLET CRS is increasingly securing outcome-based contracts for longer term projects. These projects may involve multiple consumer representatives working with an organisation over extended periods to produce agreed deliverables.

THE MENTAL HEALTH CONSUMER REPRESENTATIVE ROLE

3

Mental health consumer representatives are people employed; engaged via contract; or remunerated through alternative means (such as honorariums) for their lived expertise of being a consumer of services that engage people with mental ill-health.

MHLET makes a clear distinction between ‘consumer representatives’ and ‘peer workers’.

Mental health consumer representatives provide expertise to the staff, management and governing bodies of agencies and services involved in the delivery of mental health, or services where people with mental ill-health are a service cohort. MHLET consumer representatives are usually employed and remunerated by MHLET, and not the organisation for which the expert services are provided.

Mental health peer workers generally apply their lived expertise – as well as their clinical knowledge and experience – directly to services for people with mental ill-health. They are usually employed directly by mental health services, although occasionally may be ‘sub-contracted’ via a consumer organisation. At present, MHLET does not provide peer worker programs.

Consumer representatives are also known interchangeably as lived experience representatives, consumer advocates, lived experts, consumer consultants, lived experience researchers, consumer evaluators, consumer policy officers and consumer project officers.

The types of functions undertaken by mental health consumer representatives in Australia and internationally (as extracted from a detailed literature review undertaken in conjunction with this evaluation) are listed in the table below.

While all these types are included in the MHLET CRS program logic, MHLET consumer representatives are not currently undertaking all these types of representation.

TYPE OF CONSUMER REPRESENTATION	DESCRIPTION OF SERVICE
Members of selection panels for mental health workers/professionals	Many mental health service agencies and organisations require that selection panels for recommending appointment of mental health workers include at least one mental health consumer. At present, this is the single most common type of MHLET consumer representative role.
Members of advisory groups to management	The leadership teams of some mental health service agencies and organisations establish advisory groups comprised of, or including, consumer representatives to provide formal and informal advice to management about mental health services.
Members of Boards and/or sub-committees of Boards	The governing boards of some mental health service agencies and organisations invite people with lived expertise of mental ill-health to be members of the Board and/or be members of sub-committees of the Board.
Members of formal government policy committees and panels	Some government committees and panels established via legislation, Ministerial direction or Departmental decision require and/or seek the membership of mental health consumers.
Members of operational committees with staff and clinicians	Many mental health service agencies and organisations require consumer representation on operational committees – including those required by regulations – (for example, a Safety and Quality Committee for a mental health residential facility).
Members of research teams	Mental health consumers are engaged as members of research teams in the field of mental health. This can include designing organisation-specific research projects (for example, surveys of mental health consumers to ‘audit’ a service); sector-wide research projects; and being members of academic research teams.
Members of policy teams	Mental health consumers may be engaged to develop policy relating to mental health consumers – including in co-production environments with service providers, health professionals and public servants.

TYPE OF CONSUMER REPRESENTATION	DESCRIPTION OF SERVICE
Members of legislative review teams	Mental health consumers may be engaged to help shape the reform of laws impacting mental health consumers.
Members of international agreement teams	Mental health consumers are involved in researching and negotiating international agreements and policies relating to mental health. See for example the World Health Organisation's <i>WHO framework for meaningful engagement of people living with non-communicable diseases, and mental health and neurological conditions (2023)</i>
Members of communication teams	Providers and agencies engage mental health consumer representatives in the development of written or visual information designed for mental health consumers.
Members of service design teams	Some mental health service providers and agencies will engage mental health consumer representatives in co-production of services from 'the ground up' – or less involved processes of 'review and comment' on proposed service designs.
Administering patient/client feedback surveys or service evaluations	Consumer representatives may be engaged to interview and survey other consumers for service evaluations.
Members of teams undertaking organisational and agency strategic planning	An organisation that works with people with mental ill-health may engage consumer representatives to shape and/or review their strategic plans.
Planning and facilitating community forums	The expertise and local knowledge of consumer representatives can be used to help plan and implement community engagement initiatives, including to reach 'challenging to access' populations.
Community outreach	Consumers are often engaged as speakers for community groups on mental health issues and consumer advocacy.
Training and professional development of staff and clinicians	Consumers representatives are engaged to share their expertise with people studying in mental health-related courses (e.g. psychology degrees). Consumer representatives also participate in ongoing professional learning courses for practitioners.
Members of curriculum design teams	Educational institutions (for example universities and TAFEs) engage consumer representatives to participate in curriculum development for mental health-related subjects and courses.
Co-production of organisational lived expertise frameworks	Where a mental health service organisation is developing a framework for its ongoing engagement with lived expertise, it should always seek to 'co-produce' this framework with mental health consumer representatives.
Presenting at conferences and seminars	Mental health consumers provide participants at conferences with unique and powerful perspectives on mental health issues.
Media appearances	Consumer representatives may be engaged to provide lived expertise content in a wide range of media settings, including to raise awareness of mental health issues impacting specific groups and/or the broader population.
Consumer consultant	A consumer representative may be engaged in an ongoing paid position, bringing a professional level of consumer advice and leadership to a specific service or agency.
Participating in focus groups	Consumer representatives may be involved in one-off qualitative research events, focused on a defined set of issues. Focus groups may be facilitated independently or be devised and implemented by consumer representatives themselves.

MHLET CRS SERVICE SNAPSHOT

The service snapshot presented in the table below demonstrates that MHLET's consumer representative service experienced a significant period of growth in the two years from July 2021 to June 2023.

The data presented below was not available in a comparative format for the financial years prior to 2021-22, however related data sighted by the evaluator (total payments to consumer representatives; and total requests for services from clients) clearly indicate that growth has been continuous over at least the last four financial years.

MENTAL HEALTH LIVED EXPERIENCE TASMANIA (FLOURISH) CONSUMER REPRESENTATIVE SERVICE (CRS) KEY PERFORMANCE METRICS – 2021/22 AND 2022/23 FINANCIAL YEARS

PERFORMANCE METRIC	2021-22 FY	2022-23 FY	CHANGE 21-22 to 22-23
Instances* of CRS	595	857	+44%
Hours of CRS	1245	1945	+56%
Average hours per CRS instance	2.09	2.27	+8%
Instances of CRS: Statewide Mental Health Service	545	714	+31%
Proportion of all instances	92%	83%	
Hours of CRS: Statewide Mental Health Services	1149	1623	+41%
Proportion of all hours	92%	83%	
Number of CRS Clients other than SMHS	8	19	+138%
Instances of CRS: 'other clients'	50	143	+186%
Proportion of all instances	8%	17%	
Hours of CRS: 'other clients'	96	322	+235%
Proportion of all hours	8%	17%	
Individual Consumer Representatives	25	32	+28%
Instances of CRS: Northern Tasmania	100	115	+15%
Proportion of all instances	19%	16%	
Instances of CRS: NW Tasmania	28	73	+161%
Proportion of all instances	5%	9%	
Instances of CRS: Southern Tasmania	306	387	+26%
Proportion of all instances	51%	45%	
Instances of CRS: Statewide	161	269	+67%
Proportion of all instances	27%	31%	
Instances of CRS: National	NR	13	—
Proportion of all instances		2%	

* AN INSTANCE OF SERVICE IS RECORDED AS A SERVICE DELIVERED BY AN INDIVIDUAL CONSUMER REPRESENTATIVE FOR AN INDIVIDUAL CLIENT ON A SINGLE CALENDAR DAY.

EXAMPLES OF CURRENT/RECENT MHLET CRS PROJECTS

5

Over the two-year period 2021-22 and 2022-23, the most frequent type of MHLET consumer representative service was membership of selection panels for mental health workers for Tasmanian health organisations and agencies. This is an important role, and consumer representatives are overwhelming positive about the value they bring to these panels (see also section 7 of this report).

MHLET consumer representatives are also involved in longer term, systemic projects, which enable deeper and broader qualitative insights into the MHLET CRS. The evidence from this analysis is clear: lived expertise provided by MHLET consumer representatives is valued by the client organisations; is critically important; is often dealing with highly complex and sensitive issues; and is nearly always a rewarding experience for the consumer representative themselves. Examples include the following:

MHLET CRS PROJECT EXAMPLE

1/6

AS DESCRIBED BY A CONSUMER
REPRESENTATIVE TO THE EVALUATION

THE TASMANIAN EATING DISORDER CLINIC (TEDS)

is a developing service to be provided by a multi-disciplinary team, aiming to provide a high level of care to those experiencing eating disorders in the Hobart region.

Importantly, the team involved in its development has spent time identifying the existing gaps in eating disorder care within the current services available to ensure that this service meets the requirements of those in need. Consultation with Consumer Representatives (CRs), such as myself, ensures that each of these gaps are voiced and gives the opportunity to hear how we believe they could be acted upon.

This involved in-depth and judgemental-free conversations surrounding the processes of reaching out for help, admission, inpatient care, recovery, and outpatient care, among others.

As a CR, this has been an incredibly positive and rewarding project to be involved in. Allowing us to speak out about what we feel needs to be included by this service and be involved in solving these issues is something I truly believe to be integral in developing a holistic service in Hobart.

These consultations with CRs went as far as to include us in meetings with the architects designing the inpatient clinic at St. Johns Park. This gave us the opportunity to comment on aspects of the design we felt needed tweaking to ensure a comfortable environment for future residents. My involvement in this committee has been given me a sense of true faith in how the department approaches the development of services such as these. It is an incredibly empowering feeling to be heard and have our contributions held to such a high regard by a team of professionals who clearly want what is best for people.



ROSEMARY HOBART

MHLET CRS PROJECT EXAMPLE

2/6

AS DESCRIBED BY AGENCY AND MHLET STAFF TO THE EVALUATION

MHLET CRS partnered with the Tasmanian Government's Mental Health, Alcohol and Drug Directorate (MHAAD) in the **CO-DESIGNED REDEVELOPMENT OF THE PEACOCK CENTRE**. The project included:

- a Mental Health Integration Hub, providing support, information, advice and assistance to navigate services.
- a Safe Haven, for people experiencing situational or suicidal distress.
- a further classroom for the Recovery College, providing educational pathways for mental health and personal recovery, and
- Peacock House, a 12 bed community-oriented residential setting.

MHLET consumer representatives were engaged over a four year period (2019 to 2023), working alongside staff at all levels of mental health services and leaders in the Department of Health. The involvement of MHLET consumer representatives - and other people with lived expertise including family and friends of people with mental ill-health - enabled the Peacock Redevelopment project to embrace new ways of thinking, and develop a new working culture.

MHLET consumer representatives were partners in co-designing:

- governance (models of care, representatives on different advisory groups)
- the 'look and feel' (web resources, written, film development)
- people (recruitment, orientation planning, being coaches in training sessions)
- resources (building design, furniture and fittings, therapeutic resources)
- evaluation (framework development and implementation).

Staff and leaders from MHADD's Tasmanian Mental Health Reform Project viewed the engagement as setting "new standards for our mental health services". They reported the co-design process enabled the Service to:

- make real changes – "our lived experience representatives were allies as change agents"
- be "grounded" by listening to the stories and experience of consumers, families and friends
- reflect on "language, access and inclusion, belief systems and built-in bias and stigma"
- be "held to account in ensuring the new models of care were implemented as intended"
- "maintain momentum in developing compassionate and humane mental health services".

Key success factors in the co-design process identified by SMHS staff and leaders included the importance of "investing in establishing relationships, listening and valuing different experiences, sharing power so people felt able to participate and contribute ideas, valuing different perspectives, and starting out with aspirations and shared values, rather than solutions". They stated that "respectful relationships and open communication provided a platform for working through issues and finding common ground".

PUSPA BURNIE

