

<b>POLICY TITLE</b>  <b>Consumer Participation in Mental Health Services Planning, Implementation and Evaluation</b>  <b>Branch/Division</b>  <b>Mental Health &amp; Addictions Policy, Program &amp; Agency Relations</b>  <b>Responsible Authority</b> <b>Director, Mental Health &amp; Addictions</b>	<b>Policy Category/Number</b>		<b>HCS-210.2</b>
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	<b>Applicable to</b>	<b>Regional Health Authorities Selkirk Mental Health Centre</b>	
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## 1.0 POLICY STATEMENT

Consumers have the right to participate and have a direct and active role in all processes that affect their lives. Regional Health Authorities (RHAs) and Selkirk Mental Health Centre (SMHC) will develop plans for the enhancement of consumer participation in their individual treatment plans and in the planning, implementation and evaluation of mental health services in their region.

## 2.0 BACKGROUND

This policy builds on the work that was done during the process of fundamental reform of mental health services in Manitoba, which began in 1988. In 1990 the document *Vision for the Future: Guiding Principles and Policies for Mental Health Service Providers* was developed which included the fundamental principle regarding consumer involvement: "mental health consumers shall play an increasing role within the mental health system in terms of advising, planning, developing, implementing and evaluating mental health policies and programs." In 1992, a further document, *Building the Future of Mental Health Services in Manitoba*, was developed which again emphasized the principle that "individuals receiving mental health services shall participate to the fullest extent possible in all planning and decisions relating to the services they receive, and current and past recipients of mental health services shall be involved in the planning, development, implementation, delivery and evaluation of mental health policies and programs in Manitoba."

This period marked the beginning of significant implementation of the proposed elements of consumer participation and collaboration between the Ministry, Regional Mental Health Councils, the Advisory Committee on Mental Health Reform, service providers and recipients of mental health services and their families.

The vision and goals for Mental Health Renewal were developed in 2002. One of the goals of Mental Health Renewal is to continue to enhance and expand the role of mental health consumers in the mental health system. Included in the vision of Mental Health Renewal is the premise that "individuals have supports and services available to them that they have a central role in developing, selecting, and evaluating." The first goal of Mental Health Renewal was developed as follows:

“enhanced, meaningful involvement of consumers, family members and other natural supports in individual services and health system planning” (Manitoba Health, 2002).

This Consumer Participation in Mental Health Service Planning, Implementation and Evaluation policy has been developed by Manitoba Health in consultation with the Provincial Mental Health Advisory Council (PMHAC). The membership of the Council is predominantly consumers and family members.

(A similar policy will be developed to guide planning to enhance the involvement of family members and other natural supports in both individual services and in broader health system planning.)

### **3.0 PURPOSE**

To provide direction to Regional Health Authorities and the Selkirk Mental Health Centre in the development of their plans for meaningful consumer participation that will:

- improve the quality of services and consumer satisfaction through effective mental health service planning, implementation and evaluation; and
- enhance opportunities to work towards an authentic partnership among consumers, service providers, mental health managers and system planners and policy makers.

### **4.0 Definitions**

**4.1 Consumer Participation:** Either voluntary or paid participation by consumers in formal or informal planning, delivery and evaluation of all activities associated with mental health services, as well as in all processes that affect their lives, through the sharing of information, opinions, and decision making power.

**4.2 Consumer:** an individual who accesses mental health services.

**4.3 Natural Support:** an individual (family member, friend, etc.) who plays a significant role in terms of offering support to a consumer(s). A natural support is not necessarily a part of the formal care system and is not remunerated for offering this support.

### **5.0 Policy**

These plans will be based on the core values of:

- Mutually respectful relationships;
- Collaboration and participation;
- Power-sharing (consumer empowerment and inclusion in decision-making);
- Shared responsibilities; and
- Equality.

The key areas to be included in the plans are:

- Policy
- Service Development
- Staff Training and Selection
- Specific Service Feedback & Surveys
- Complaints Mechanisms
- Information and Rights
- Consumers Treated with Respect

(See Appendix for examples of consumer participation activities in other jurisdictions.)

These plans will include opportunities, strategies and resources to facilitate consumer participation. Consumer participation in mental health system planning and service delivery should include the full range of opportunities including active dialogue with consumers, implementing consumer participation activities, and establishing authentic collaborative partnerships. This will include but is not limited to:

- participation in the planning of their individual treatment and rehabilitation services and supports;
- participation on boards and committees involved in planning mental health services;
- participation in the evaluation of mental health services;
- enhanced and meaningful participation including fair, equitable and competitive employment opportunities for consumers in all levels of the mental health system.

Plans will include strategies to facilitate meaningful consumer participation such as:

- communication regarding the purpose and process of consumer participation, clearly articulated to consumers and service providers;
- provision of resources and support to facilitate the consumer participation process and enable effective consumer participation, including education and training supports such as instruction on the process of meetings, government processes, best practices in mental health planning and service delivery, and leadership skills development;
- significant consumer representation in any forum in which services are being planned and/or developed that will directly affect the lives of consumers;
- support for consumer advocacy groups, networks and self-help opportunities;
- preparation of the work environments and staff for change.

Plans will incorporate:

- multiple participation activities with common objectives in each of the key areas i.e., Policy, Service Development, Staff Training and Selection, Specific Service Feedback and Surveys, Complaints Mechanisms, Information and Rights, and Consumers Treated with Respect;
- a range of activities along the participation continuum (listening, involvement, partnership) that address all areas of effective consumer participation;
- leadership and commitment in the development of a consumer participation policy and a clear plan to communicate the policy to service providers and consumers; and
- commitment to an authentic partnership between service providers and planners.

## **6.0 CORE SUPPORTING DOCUMENTS: Standards, Procedures, Guidelines**

### **Procedures**

#### **A. Manitoba Health**

- In consultation with the Provincial Mental Health Advisory Council, develop the provincial policy for meaningful consumer participation.
- Establish and communicate expectations to RHAs and SMHC.
- In consultation with the Provincial Mental Health Advisory Council and the Regional Health Authorities, review and revise the policy biannually.
- In consultation with the Provincial Mental Health Advisory Council, evaluate the effectiveness and impact of the consumer participation policy on consumer participation activities in the regions.

#### **B. Regional Health Authorities and Selkirk Mental Health Centre**

- In consultation with consumers and self-help, develop consumer participation plans in their respective regions/Centre that are consistent with the provincial policy that include method of evaluation.
- Submit plans to Manitoba Health.
- Communicate participation opportunities to consumers.
- Implement consumer participation activities in the regions.

- Evaluate effectiveness of consumer participation activities, with consumer and self-help input on an annual basis.
- Submit a consumer participation inventory to Manitoba Health biannually.

## 7.0 POLICY DOCUMENTS

### 7.1 APPENDIX A: CONSUMER PARTICIPATION ACTIVITIES IN OTHER JURISDICTIONS

## 8.0 REFERENCE DOCUMENTS

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## Consumer Participation Activities in Other Jurisdictions

There are many examples locally, provincially and internationally of consumer participation activities. As described in the previous section, there are activities that target different levels (i.e. systemic and individual) and are implemented within different contexts. In addition to what has been accomplished in Manitoba, what follows are descriptions from other jurisdictions of examples whereby consumer participation activities have been implemented that address one of the key elements of effective consumer participation. Each of the examples has been referred to in the literature at some point or another as a 'best practice' example of a consumer participation strategy for that target level.

### Policy:

The Mental Health Council of Australia (2002) developed a Consumer and Carer Participation Policy Template. The purpose of the document was to provide a guideline for the development of a consumer participation policy and as a means of identifying gaps in opportunities for consumer participation.

The document outlines the components for inclusion in a consumer and carer participation policy. The components include:

1. The purpose of the policy should be clear with a concise statement of purpose.
2. The policy should be grounded by a set of principles that reflect the value the organization places on consumer and carer participation. For example, consumers have a right to participate and have a direct and active role in all processes that affect their lives.
3. The policy should articulate the organization's position in relation to consumer and carer participation in, for example, service delivery.
4. The policy should state how the policy would be evaluated.

The document also outlines the best practice principles for inclusion in participation policy. The principles provide organizations with a standard benchmark to aim for when developing their consumer participation activities.

### Service Development:

As part of the Mental Health Initiative, British Columbia established its first provincial mental health advisory body in 1990. Its mandate was to ensure that the government was implementing changes in mental health services in accordance with the Mental Health Initiative. In 1992, the structure of the Provincial Mental Health Advisory Council was changed to include consumer and family participants and the Council's purpose was expanded to include a more proactive role in the identification of major concerns in mental health service delivery (PMHAC, 1994).

The B.C. Mental Health Initiative also provided the impetus for the Consumer Family and Caregiver Branch of the B.C. Mental Health Division. The focus of the branch was to ensure that people experiencing mental health problems, their family members and caregivers were involved in planning and evaluating mental health services. Partnership in planning was based on a partnership model whereby those with direct experience with mental illness were partnered with the formal mental health system to guide the reform of mental health services (Ogaranko, 2000).

### **Staff Training and Selection:**

The Lemon Tree Learning Project (web-site address: <http://home.vicnet.net.au/~vmiac/lemon-00.htm>) is a community development initiative in Australia. Its focus is to assist mental health consumers and mental health organizations to work in partnership, and to promote consumer participation within that context. The Lemon Tree Project is sponsored by the Victorian Mental Illness Awareness Council and is funded by the Commonwealth Department of Human Services and Health.

The Project has a wide ranging view of partnership, and its project team undertakes a variety of interventions to promote partnership among consumers and providers based on their stated needs. For example, the project team:

- Provides structures in which service users and service providers could start to think about their need for training;
- Provides “stories” about consumer participation which have worked for other groups and might be a good starting point;
- Develops a list of training consultants which could be used as a resource by organizations needing to develop their own training initiatives; and,
- Convenes and organizes specific workshops in areas relevant to consumer participation.

The Project’s work resembles the following steps:

- A. Usual practice is identified either with or without consumers and staff collaborating.
- B. Consumers and/or staff notice an incongruence between what is and what ought to be in terms of consumer involvement.
- C. Those who notice the incongruence contact the project team and together work towards the goals.
- D. The process is evaluated, noting what has worked well and what has not.
- E. The experiences of different groups are included in a report written by the Lemon Tree Project that is accessible by other organizations encountering similar challenges.

### **Specific Service Feedback and Surveys:**

Many mental health organizations obtain feedback from consumers regarding their satisfaction with services. Feedback mechanisms can take many forms including phone calls, interviews, and questionnaires. The Mental Health Branch in Australia (1999) recommended that regardless of the form in which feedback is received, the speed in which the organizations respond to requests is an important indicator of the organization’s commitment to consumer participation. As well, some organizations have developed indicators for response rates that assist service providers to establish their priorities. Thus, it is not just the presence of a feedback process that indicates a commitment to consumer participation, but the timeliness of the response to the feedback as well.

### **Complaints Mechanisms:**

Similar to feedback mechanisms, complaint mechanisms have grown in acceptability as a means of effective consumer participation. According to the Mental Health Branch in Australia (1999), an effective complaint mechanism begins with a commitment from the organization to resolve the complaint at all levels. How complaints are resolved is most important, and the analysis of the complaint, whether it be regarding staff behaviours or organizational practices, promotes positive change. Indicators for complaint mechanisms include how complaints are recorded, how quickly action occurred, and feedback is provided to the consumer. Also, complaint mechanisms should be integrated into the overall consumer feedback system.

**Information and Rights:**

The Department of Human Services in Australia has produced a document on Patient's Rights to be distributed in hospital settings and it is required that this document be given to a person within 36 hours of their admission. In addition the department has developed brochures regarding rights in other areas such as involuntary patients rights, electro-convulsive therapy, and others.

The Mental Health Legal Centre (MHLC), also in Australia, has put out a self-help guide to the Mental Health Act on Patients Rights, which includes information on complaint mechanisms. They have also produced a publication on medication rights. As well, the Riverview Hospital in British Columbia established a Charter of Patients Rights in 1994. As a result, policies have been developed at the hospital that reflect a commitment to the rights outlined in the Charter (B.C. Ministry of Health Services, 2000).