Our invitation to you

Help us work out a better way

to shape the themes, ideas & ways forward from consultations around Person Centred & Consumer Directed Care back to the National Mental Health Commission

University of
South Australia

> *For me, person centred care is where the power sits. The power should sit with the person: what is important to them and how they frame their experience. The helper can offer suggestions and ideas but it’s recognising what is important to the person in their journey and helping them to get things in place they want and see as working.*

A voice from the consultations

Background

UniSA, through the Mental Health and Suicide Prevention Research and Education group are working on a spotlight report for the National Mental Health Commission.

The role of the report is to generate discussion and understanding about how person centred and consumer directed care can be better understood, valued and achieved in mental health services.

We have completed consultations with consumer and carer groups, peer and clinical providers and policy makers. From here we have many themes, ideas, and suggestions to report on, but we would like to focus the report via a co-design process.

We are inviting you to be involved in series of co-design meetings to hear what people have told us, and identify what's most important, and what shifts in thinking and practice we can recommend.

This is a big topic, and we hoping that we can co-design the directions of the report, so it is meaningful and valuable and progresses change.

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All you need to know to
lock in the times & dates

Dates & the journey we'll take

Getting ready

Connect with the group, share expectations and hear about the background on the project

Mon 28th March 2022

1pm - 2:30pm

1

Insights to ideas

Sharing what we heard & learning what you see as most important

Weds 30th March 2022

1pm - 2:30pm

2

Create & test

Reflecting on our discussions and developing ways to bring the report to life

Weds 6th April 2022

1pm - 2:30pm

3

Report

How? *You're invited to take part in three conversations:*

- Conversation 1 - Mon 28th March
- Conversation 2 - Weds 30th March
- Conversation 3 - Weds 6th April

- Each session will start at 1pm (ACDT - Adelaide time) and will last 90 minutes

Where?

- Online via zoom
Zoom links will be forwarded to you in the calendar invites. If you're new to using Zoom and would appreciate a bit of help, please reach out :)

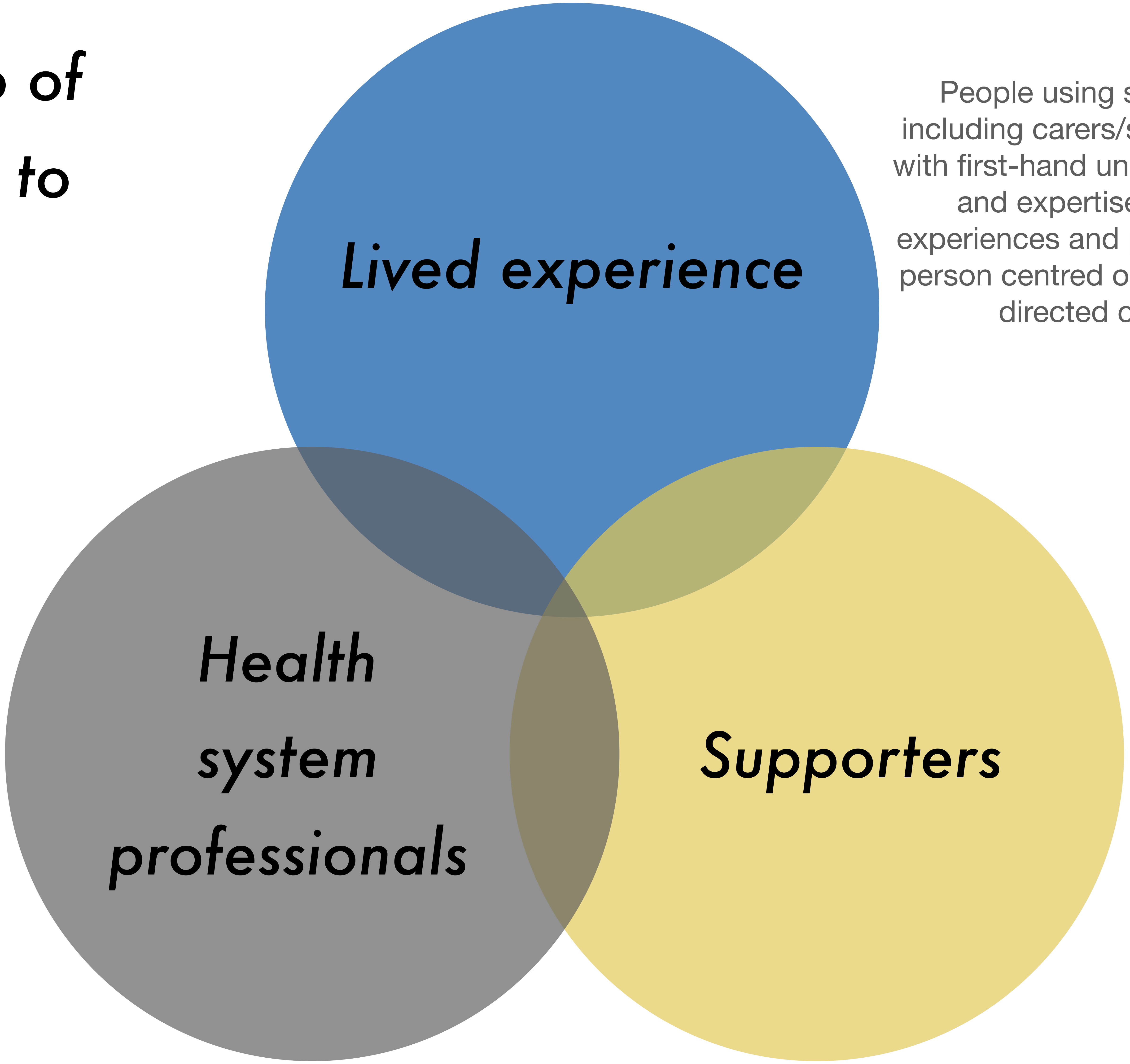
- **Payment** is provided to lived experience and non waged participants - $125.00 per session

- Ideally it would be great if everyone could make all 3 sessions but we understand that might not be possible for everyone. If you can't make them all, let us know and we'll find a way of keeping you connected.

Next pages

Information about the roles & what's important to the process

Bringing a group of people together to partner and co-produce



Lived experience

People using services, including carers/supporters, with first-hand understanding and expertise of the experiences and practices of person centred or consumer directed care.

Health system professionals

People working in or for the publicly funded mental health services who bring knowledge around the challenges, gaps and opportunities.

Supporters

People with important knowledge and needs from their work in supporting consumers and carers/families/groups in the community (i.e. community services, disability advocates, movements).

What’s important?

The invitation is for everyone to show up as your best human self!

We all wear many hats, and interweave personal, professional and life knowledge and we all have something to bring to this process. No type of experience is more or less valid. **We need and value your unique contribution**.

We’re asking for active participation from everyone, and so it's important you feel able to share your own experiences and insights.

Please tell us anything that will make your participation easier and / or more comfortable.

You can also let us know at any point of the process if anything is getting in the way of that, or could be made better.

Sharing power

Listening

Equity

Diversity of experience

Respectful challenge

Relevant expertise

Compassion

Critical and creative thinking

Curiosity

You won’t need to disclose anything and only need to share what you're comfortable sharing.

You won’t be asked to introduce yourself by diagnosis or employment status - just your name and anything else you’d like to share.

Below there are some background information and resources about the project that you might find useful. However, the sessions are about sharing your views, knowledge and wisdom.

Just bring yourself, and a willingness to connect, learn together and to offer what you are comfortable sharing.

Next pages

Project resources and a
snapshot of what
we have heard that
we will explore together

Supported decision making

“We should use tools like advanced directives and nominated support people properly. Supported decision making affirms peoples' legal capacity for making their own decisions.”

Stay where the ‘person is’

“Person centred care is about working with the person, where they are, their wishes, perspectives, social networks and things that are important to them. We should avoid imposing service models that take attention away from these areas.”

Carers need to be there

“Please involve us or let us know about changes in care plans or medicines. Follow the Scottish recovery model and the triangle of care, which includes the consumer, carer, and clinician in decision making and goal setting.”

Language matters

“Consumer directed care is a better term because it’s clear about the consumer being the person making decisions. It has better respect for autonomy.”

Funding that supports principles

Consumers want safe and confidential areas to paint, yarn, and weave, but services aren’t able to allocate funds to provide those services due to funding KPIs not allowing it, even though the guidelines say that care should be *‘culturally sensitive’*. Service structures are dominated by psychology which doesn’t recognise the collective kinship nature of Aboriginal people.

Finding new ways to move through conflict and tensions

Services talk the talk but resource constraints, competing demands and narrow models of care make it hard to walk the walk. And, there is no middle ground between person centred care and community treatment orders. How do services let go of paternalist control of treatment?

Risk of risk

“Consumers stay away or don’t disclose because you can lose control of your information or what happens to you. You, yourself, can become seen as a risk to the service. There is too much emphasis on risk aversion.”

Care that recognises our identities and needs

“We have a ‘no wrong door’ youth services policy, but for young trans people, often there is ‘no right door’. We need much better help and support pathways helping young people with social needs like housing, education and employment.”

Trust and safety

“All clinicians, and all workers need to learn high quality communication and interpersonal skills. They should learn Emotional CPR; how to listen, validate and support.”

Models of care

“Models (like Open Dialogue) that are founded on the psycho-social model are going to address recovery in a far more comprehensive and humane way, by supporting people to learn about dealing with and resolve distress.”

Project resources

click on the blue text to open these links in a new window:

Audio recording about themes of person centred and consumer directed care (11 minutes)

Plain language summary of the project

Background discussion paper

Thank you!

Any questions, concerns, comments, please reach out to the team:

Dr. Mark Loughhead
mark.loughhead@unisa.edu.au

Joshua McDonough
joshua.McDonough@unisa.edu.au

Professor Nicholas Procter
nicholas.procter@unisa.edu.au

University of South Australia