

Consumer & Carer Participation

Affecting Change to Policy,
Planning and Development within
Forensicare

Victorian Institute of Forensic Mental Health

- Provides forensic mental health care to adults in Victoria
- Meet the needs of mentally disordered offenders and those found not guilty due to mental impairment
- Provides clinical services, assessment, treatment and management of Forensic Patients
- Also undertake research, training and professional education

Clinical Operations

- Inpatient, Prison and Community Programs

Differences

The needs of Consumers and Carers differ to those of Area Mental Health Services primarily as care is delivered within a secure 'prison like' setting.

In many instances, family members are the victims of crime.



The “Mad and Bad” Stigma

Mental Health Consumers with a background of offending behaviour often find themselves isolated and marginalised when they return to the community.

Unfortunately the community in general has an unforgiving attitude towards Forensic Patients.

This framework provides Forensicare Consumer and Carer Consultants with extra challenges not often experienced with other Mental Health services.

Consumer/ Carer participation directly benefits all stakeholders

- Consumers and Carers are represented via the Consultants at committee level
- Committee outcomes are reported directly to the executive, both inpatient and community
- Recommendations are tabled
- New procedures are implemented
 - e.g. Recommendation of a Community CAG to be established, Policy formed to establish a community CAG, Community CAG representative appointed.
 - e.g. Recommendation to form a support group for carers, Policy implemented to establish and fund a family and friends support and information group.

CONSUMER PARTICIPATION PROGRAM

The Consumer Consultant Roles and Responsibility

- Attend unit community meetings
- Maintain Consumer Advisory Group (CAG)
- Committee representation
- Community Forensic Mental Health Services
- Consumer Satisfaction Surveys
- Projects and new initiatives
- Education activities.

CONSUMER PARTICIPATION PROGRAM

Consumer Consultant Committee Membership

- Consumer led Consumer Advisory Group (CAG)
- Executive – Inpatient and Community
- Community Consumer/Carer Reference group
- Campus Program Committee
- Vocational Planning Committee
- Clinical Documentation Committee
- NEVIL Management Committee
- EQiP Clinical Function Working Group.

CONSUMER PARTICIPATION PROGRAM

Consumer Advisory Group (CAG)

- Consumer led – secretariat provided by Consumer Consultants
- One patient from each unit, one food representative and one community representative
- Meetings held every three weeks
- Members receive sitting fee

Minutes distributed to:

- Unit Managers
- General Manager Inpatient Services
& General Manager Community Program
- Quality Improvement Manager
- Minutes tabled at Consumer Participation Reference Group

CONSUMER PARTICIPATION PROGRAM

Consumer Advisory Group (CAG) Governance Committee

Consumer Participation Reference Group (CPRG) is CAG's governance committee

This Committee comprises

- General Manager, Inpatient Services
- General Manager, Community Services
- Quality Improvement Manager (Chair)
- Director of VMIAC (Victorian Mental Illness Awareness Council)
- Two Consumer Consultant
- Policy Development Manager, Community
- Program Manager, Inpatient Services
- Allied Health Representatives – Occupational Therapist, Social Worker
- Clinical Nurse Educator.

The Committee exists to **ratify, implement, review, create, monitor, provide support** and direction to the Consumer Consultants.

CONSUMER PARTICIPATION PROGRAM

Consumer Advisory Group - How Members are Chosen?

- Patients who wish to nominate are encouraged to apply
- An informal interview takes place
- Unsuccessful candidates are debriefed informally
- Successful candidate is provided with an induction and mentoring from Consumer Consultants, Primary Nurse and Unit Manager.
- Feedback from the CAG representative is provided to other patients and staff both at Unit Community Meetings and Staff Meetings.

CONSUMER PARTICIPATION PROGRAM

Outcomes Conclusion

- Measured through surveys and reports
- Survey results become recommendations
- Recommendations become implementation / strategic plans.

e.g. A simplified patients rights laminate,
Improved information for patients regarding agencies
and persons that may be contacted in writing or by telephone,
Formal complaints process.

These examples originally arrived through surveys that then became recommendations that were then implemented as Forensicare policy.

CONSUMER PARTICIPATION PROGRAM

Participation by Consumer Consultants ensures

- Policy change
- Ongoing commitment of participation
- Contemporary best practice
- Guarantees a patient centric approach to health care delivery that is maintained / sustained.

*74% of patients reported that they were satisfied with their level of participation in service planning and 66% reported that they had been consulted in relation to service development or planning activity.

*2005 Consumer Satisfaction Survey: Thomas Embling Hospital

CARER PARTICIPATION PROGRAM

The Carer Consultant Roles and Responsibilities

- Chair / Secretariat of Family Sensitive Practice Committee
- Various committee representation
- Community Forensic Mental Health Service representation
- Carer satisfaction surveys
- Staff education activities
- Direct contact with families
- Projects and new initiatives including support groups/forums.

CARER PARTICIPATION PROGRAM

Carer Consultant Committee Membership

- Family Sensitive Practice Committee
- Executive – Inpatient and Community
- Community Consumer/Carer Reference group
- Carer Consultant Network Victoria
- Carer Support Brokerage Fund Panel.

CARER PARTICIPATION PROGRAM

Family Sensitive Practice Committee (FSPC)

- Facilitated by Carer Consultant
- Membership aims to be one carer and one clinician representing each unit and the community
- Carers receive a sitting fee
- Meetings held every four weeks.

This Committee exists to **ratify, implement, review, create, monitor** family sensitive practice within the organisation, and to provide **support and direction** to the Carer Consultant.

FSPC's Governance

- Committee reports directly to Executive Committee, both Inpatient and Community.

CARER PARTICIPATION PROGRAM

Carer Participation Regular Events

- Family forums / support groups held every two months
- Information evenings held annually
- Staff education every fortnight
- Family newsletter published quarterly
- Family Information Pack provided to patients family upon admission
- Special events with family, friends and patients
 - e.g. End of year BBQ, Family Portraits, and “Care for the Carer”
 - Carers Week event are always well attended
- In-service workshops: once per year with non government organisations
 - e.g. The Bouverie Centre facilitated the workshop
 - Engaging Families: Is it worth the Effort?

CARER PARTICIPATION PROGRAM

ACHS Accreditation Periodic Review was undertaken in August 2005

- Described the work of the Family Sensitive Practice Committee as “Fantastic”.
- Recommended that we consider addressing the needs of isolated rural families connected to our service.

Family Sensitive Practice Committee has responded to the full satisfaction of ACHS by publishing a quarterly newsletter which is mailed directly to the primary carer where appropriate. Family and Friends newsletter provides information on State-wide support services available to families and descriptions and outcomes of information carer events that have taken place.

CARER PARTICIPATION PROGRAM

Issues for Families of Forensic Mental Health Patients

Families of Forensic Mental Health Patients find difficulties with

- Public and private shame associated with the “Mad and Bad” stigma
- Geographic, cultural and social isolation
- Discrimination.

Family members are

- Often the primary or secondary victim of the patients crime
- Rigorous in protecting their own anonymity, and that of the consumers
- Traditionally reluctant to complain.

CARER PARTICIPATION PROGRAM

Measuring Outcomes

There are two clear ways in which outcomes may be reported

- Conduct regular surveys which to date have received poor response rates (2006 return rate was less than 8%), the reasons for which are quite unclear and require further investigation.
- Report on the fluctuating increases and decreases of levels of participation and attendance of regular events however this also varies due to where families / carers are at with the grieving / acceptance process.

Anecdotal evidence suggests that the current strategies meet the family / carer needs.

The FSP Committee are continuing to explore different methodologies that will allow a more consistent data return rate with regard to family and carer satisfaction. It is hoped that this information may then be extended to enable trending the data in the future.

CARER PARTICIPATION PROGRAM

Conclusion

- Suggestions and feedback is gathered from carers through simple participation in regular events
- Suggestions are examined at Committee level and recommendations are made and implemented
- Implemented recommendations become policy / strategic plans.

e.g. Family information packs upon patients first admission,
Family visitors guided through security by clinical staff during first visit to Thomas Embling Hospital,
Information made available on services that provide specialist counselling when a family member is charged with a major offence.

These are examples of suggestions families members have made that became recommendations, and have now been implemented as Forensicare policy.

CARER PARTICIPATION PROGRAM

Participation by Carer Consultant ensures

- Policy change
- An ongoing commitment of carer participation
- Contemporary best practice
- That the actual needs of families and carers are being met, not the perceived needs.

Carer Participation gives family members a legitimate and formal voice within the service.