Introduction

The University of Melbourne (UoM) was the first in the world to employ an on-staff mental health Consumer Academic (CA) in 2000. The role subsequently attracted national and international interest. The role was first supported by an Advisory group comprising service users and clinicians and then in 2002, the CA established the transdisciplinary Psych Action and Training group, (PAT) with a focus on contributing to the development of consumer perspective. The present application concerns the period from 2015 when the CA approached the then Director, Steven Elsom with a proposal developed with the PAT group for additional casual funded on-staff CA positions which was successful. Several PAT members have now also become members of the Consumer Academic Program (CAP).

The CAP is consumer-led. Since 2016, it has been supported by the CPN Director, Bridget Hamilton, so highly regarded for her practical actions in support of consumer perspective that she won the VMIAC Award in 2018 for her 'allyship' to the Victorian consumer workforce. The Director has actively resourced the CAP’s leadership and growth as well as redeveloping the CA role into discipline Senior.

A testament to the growing reputation of the CPN and its CAP as a proving ground for the further development of consumer perspective has been the increasing number of higher degree students being supervised. The knowledge, expertise and support of the Centre director, Senior Consumer Academic (SCA) and broader CAP members has enabled two Consumer academic PhD candidates to undertake studies in the field. One project explores the experiences of consumers who have advance statements, and one explores the implementation of consumer peer support workers in emergency departments. A further three students are receiving consumer perspective research supervision.

Research and training provided by the CAP members is largely translational with strong links to workforce development, aligned with government policy and reform priorities, designed for consumers, nurses and the broader workforce. Our work is innovative, and we tend to work in partnership with other organisations to achieve our aims. We will indicate what each project’s significance is as we discuss them and refer you to a short list of any project-related publications and presentations included in Appendix F – Project outputs.

What are the aims of the Program?

The overall aims of the CAP are:

1. Contributing to the development of consumer perspective and consumer leadership
2. Innovation through adopting co-produced methods
3. Improving mental health services by contributing to: education and training of the workforce; a human rights agenda, through supported decision-making and practices that eliminate coercion
4. Strengthening the consumer workforce

Our program aims are achieved at workforce, policy development, leadership and service development levels, through partnering with mental health services, government and senior managers, educators, researchers, and consumers. Government partners include the Office of the Chief Nurse, the Office of the Chief Psychiatrist, the Consumer portfolio program and the Mental Health Workforce. Our Program aims are addressed through activities such as knowledge development, research, training, consultation, and academic discourse (e.g., journal articles, conference presentations, peer reviewing). Our work is sustained through
attending to our development needs and identity as a group/specific program of work that has a degree of autonomy within the CPN. Specific CAP projects are briefly discussed below and grouped into the Program aims.

Within Health Sciences at the UoM, we partner with the Departments of Social Work and Nursing in research, course and curricula development and with the Melbourne Social Equity Institute (MSEI) across a range of funded consumer-led projects. Several of our research projects are conducted in partnership with Victoria’s peak consumer organisation, the Victorian Mental Illness Awareness Council (VMIAC), and with industry (mental health services).

“I am a researcher with a background in law and humanities at the UoM, and have worked with CPN and particularly Ms Cath Roper, for several years. This work has included a report commissioned by the United Nations Special Rapporteur for the Rights of Persons with Disabilities on alternatives to coercion in mental health settings, a national initiative commissioned by the National Mental Health Commission on reducing and eliminating seclusion and restraint in Australian mental health services, a national roundtable on community treatment orders in Australia, and several public seminars and conference panels. ...Several of these projects have been directly concerned with translating knowledge into innovative practices”.

Dr Piers Gooding, Research Fellow at Melbourne Social Equity Institute and Melbourne Law School, University of Melbourne

Addressing the award criteria:

1. Evidence of a significant contribution to the field of mental health on a local, state or national level.

In addition to projects 6, 7, 8, 10, 11, 14, and 15, described in section 2 Evidence of innovation and/or recognised best practice; and projects 16, 17, and 18 described in section 3 Evidence of participation of mental health consumers, in the planning, implementation and evaluation of mental health service delivery, the following projects provide evidence of the contribution to the field of mental health:

**Project 1: Service User Academia Symposium (SUAS)**

Run annually since 2011, the SUAS is a two-day service user discipline event that the CPN has co-hosted since 2016 with the University of Otago, and other New Zealand and Australian Universities. The SUAS aims to explore the challenges of – and opportunities for – creating and maintaining service user leadership and co-production in mental health and addiction scholarship, research, education, programs and policy. In November 2018, the CPN hosted the SUAS, receiving a record number of abstract submissions and attendances. The CAP’s involvement in SUAS includes giving presentations, sharing our academic work, networking with local, national and international consumer academics and advancing consumer perspective.

**Project 2: The Psych Action and Training Group (PAT) and e-PAT list**

The PAT group began in 2002 and is ongoing, meeting about 7 times per year. Its remit is to advance the development of consumer perspective. Consumer members are paid for their time and expertise and do not represent their organisations. The group is a highly valued, co-produced, transdisciplinary group, unique in academia. It is a curated space where theory and practice combine as members discuss their work contexts, share views and develop new
thinking and insights. In 2017, it was selected as one of 10 best innovations within the Victorian mental health sector by the Victorian Government [APPENDIX E]. After having been granted ethics approval, PAT is currently analysing two taped PAT conversations, one on thinking about consumer perspective as a unique discipline in the mental health landscape, and one on having dual identities in mental health, such as researcher and consumer. The project, titled *Generating knowledge through conversation: analysing expert perspectives of consumer workers, clinicians and academics in mental health*, will contribute to the further articulation of consumer perspective as a unique discipline in the mental health field.

In 2014, the group’s physical presence was extended online to include an e-PAT mailing list. The e-PAT has a virtual membership of over 40 individuals, and generates the sharing of resources, perspectives, and opportunities. Of its value, its members have said:

“The e-pat list is a consistent source of thoughtful, hopeful and rigorous information! I routinely send on key pieces to colleagues both nationally and internationally, so I know personally how its influence reaches far more than only the immediate members.”

David Denborough

“I've been receiving emails through the e-pat email list for at least 12 months. The email information has been invaluable in finding my feet navigating this space. I especially appreciated Cath Roper's generosity in providing advice and information supporting us to establish our own local Lived Experience academics network.”

Cherie McGregor

“The e-pat list has provided me with opportunities and networks that I wouldn't otherwise have as a consumer, including facilitating a network for me to write a chapter in a book about my lived experience. I feel empowered and supported in knowing that so much progress is being made within the mental health industry by consumers - and through these connections and updates. I have been on the list since July 2017 when we were introduced at a lived experience psychiatry lecture by Dr Daniel Fischer. I am very grateful for this network.”

Hannah Friebel

“It is a way of being in touch with peers and events. It is also a network through which I can disseminate information [and] without such a … group I would not have access to information I might need or want, and I would not be as up to date.”

Robyn Callaghan

2. Evidence of innovation and/or recognised best practice.
As the CAP is an innovative program in Australia, all of the projects included in award application provide some evidence for the innovative work undertaken by the members of CAP and, in supporting the CAP, the CPN. In addition to projects described in other sections, the following projects provide further evidence of innovation and best practice:

**Project 3: Tools for Change: A Recovery Library**
After the publication of Victoria’s Framework for recovery-orientated practice in 2011, the CPN was approached to undertake a project developing an online resource. Consumer perspective knowledge and expertise was involved throughout the thinking, planning, development and implementation stages of the project and an argument was put forward to develop a methodology for a new section on consumer leadership which continues to be a repository for consumer perspective work [available at: https://recoverylibrary.unimelb.edu.au/domains/leadership].
Project 4: Innovative ways for consumer and family/carers to work with government
The CAP was approached to put forward a member for a government committee considering the implementation of Victoria’s mental health nursing clinical supervision Framework. (https://www2.health.vic.gov.au/about/publications/policiesandguidelines/clinical-supervision-for-mental-health-nurses-framework-for-victoria) Many of the CAP team members have extensive experience and expertise providing supervision, and so we wondered if there could be a novel strategy for working with government on a project of mutual interest (other than providing advice as one or two consumers or family/carers on a committee). We wanted to invert usual meeting styles, adopt dialogic approaches and have an opportunity for consumer leadership and expertise to be recognised. The Department of Health and Human Services (DHHS) agreed, and the meeting was held at the UoM (our space). In part one, we arranged the space with chairs in a semi-circle on the outer ring, and the four consumer/family carer team members sat in the middle facing each other, discussing our engagement with consumer led supervision projects - no rehearsing, instead trusting in the process, to guide our conversation. Meanwhile the outer circle (of DHHS decision-makers) listened, reflecting deeply. It was very important to structure the two circles in this way to create the dialogic approach and to best support the reflections in the conversation of the second phase, where the DHHS members shared their thoughts on what they’d heard, engaging with the ideas. This is a novel way of working with government that places consumer leadership and expertise at the centre, with application across other contexts.

Project 5: Psychotherapeutic Essentials for Mental Health Nurses – Observer roles
The CAP developed a unique observer role to ensure best practice in consumer perspective enrichment of an existing course. An expression of interest for two consumers to observe the face-to-face training was developed and advertised through networks. Next, protocols for communication/providing feedback to the clinician trainers and providing ongoing support and debriefing to the observer team, were developed. More detail on consumer enrichment of this project is below (see p.8). The Observer/feedback role itself is an innovative means of capturing consumer perspective in course evaluation with application beyond this project.

Project 6: Co-produced training
The three highly successful industry-based co-produced workshops at the CPN are Supported Decision Making (SPDM), Every Moment Counts (for inpatient services) and Co-production. The training workshops model co-production as they are co-produced between clinical and consumer perspectives. Engaging with consumer perspective in a training setting models how clinicians and consumers can work together. Direct engagement with the workforce team and Victorian Office of the Chief Nurse (DHHS) has informed the content of workshops and aligned it with current policy reforms and directives. Between 2015 and 2018 the CAP has co-facilitated over 30 workshops across a range of programs and disciplines. Due to the reputation of the training in the sector, the SCA was approached to facilitate targeted SPDM trainings to leadership and management at Northwestern Mental Health and Monash Health, as well as at the Independent Mental Health Advocacy service. The Austin Health nurse educator (2013-2017) Kylie Boucher said of its impact on her nursing staff:

“We had CPN run three sessions at Austin Health and attendees included case managers, nurses from inpatient settings, managers and executives. By running these sessions, staff were made aware that it was not just about different rules and procedures, but a whole different way of conceptualising and doing mental health work. By the end of the one-day sessions it was clear that participants were starting to reconceptualise and think about their
way of practicing. It allowed a foundational understanding for SDM to be established across mental health at the Austin which then supported the more practical implementation of supported decision-making tools such as Advance Statements.”

Examples of participant feedback on co-production workshops include:

“Yes, I have a very good understanding of co-production and an interest to read more about it”

“I know the benefit of co-production. Now I know how to differentiate what is and isn’t co-production”

Project 7: Co-production guide & consultations


“As a TAFE lecturer, I have used the co-production guide as a resource in teaching current and future peer workers about power, leadership and working with others. I have also found it invaluable in supporting my own professional development around co-production.”

Aimee Sinclair

Consequently, the CPN is known as having expertise in co-production initiatives in the context of mental health services, and for the past 3 years has been approached to consult and train in a variety of contexts, including being asked to partner with the government in their capability building activity with the Australian Centre for Social Innovation (TACSI; www.tacsi.org.au). Evaluations demonstrated the consumer perspective components were valued by participants. In partnership with clinicians, government and educators, the SCA has provided numerous consultations and training to services and government on organisational readiness and tools for co-production, as well as consulting on consumer leadership in co-production initiatives and providing training to Victorian government departments interested in co-production.

Project 8: Researching the role of allies and how other researchers might best advance service user research

The SCA was involved in two multi-disciplinary, co-produced research studies that have salience for co-produced activity across the mental health sector. The first investigated how allies might support opportunities for consumers to lead in the mental health sector and avoid the pitfalls of paternalism [APPENDIX F.12]. The second was a collaboration between Professor Brenda Happell, Synergy research unit at the University of Canberra, the CPN, UoM, the University of Otago, and the University of Auckland that sought to understand other academics’ experiences of working with consumer researchers and what would support better uptake of consumer perspective in research [APPENDICES F.14-F.19]

Project 9: Consumer perspective leadership in workforce policy

The SCA was approached by Victorian DHHS to develop a funded piece of consumer perspective policy advice for their mental health workforce capability Framework. A methodology was identified to articulate ‘what are the distinctive issues regarding providing health services in legislated contexts?’, and ‘what are organisational strategies for addressing these?’ It was a ground-breaking step for government to seek and fund consumer thinking to inform policy development.
**Project 10: Teaching at the UoM – consumer led**

Consumer Perspective, theory and practice is a unique, core 12.5-point credit subject taught within the Graduate Diploma in Nursing Practice (mental health). Members of the CAP are involved in the subject administration, curricula design, development of course materials, content delivery, assessment of student performance, subject review and organising of guest consumer lecturers. Mental health nurses are exposed extensively and consistently to consumer perspective curricula, teaching, consumer perspective resources, readings, webinar discussions and assignments. Research shows gains for students taught by consumers, including increased students’ positive attitudes towards consumers, reduced stigma, increased recovery literacy, and improved students’ attitudes towards consumers’ participation in treatment (see appendix item F.21). This is associated with greater consumer satisfaction with mental health services. Average Student Evaluation Scores are 4.40 (with no items scored below 4.20). The consumer perspective teaching has been highly influential, regularly attracting interstate and International interest, particularly from the UK in terms of replicating the initiative.

**Project 11: Researching the role of allies and how other researchers might best advance service user research**

The SCA was involved in two multi-disciplinary, co-produced research studies that have salience for co-produced activity across the mental health sector. The first investigated how allies might support opportunities for consumers to lead in the mental health sector and avoid the pitfalls of paternalism [APPENDIX F.12]. The second was a collaboration between Professor Brenda Happell, Synergy research unit at the University of Canberra, the CPN, UoM, the University of Otago, and the University of Auckland that sought to understand other academics’ experiences of working with consumer researchers and what would support better uptake of consumer perspective in research [APPENDICES F.14-F.19]

**Project 12: Consumer perspective leadership in workforce policy**

The SCA was approached by Victorian DHHS to develop a funded piece of consumer perspective policy advice for their mental health workforce capability Framework. A methodology was identified to articulate ‘what are the distinctive issues regarding providing health services in legislated contexts?’ and ‘what are organisational strategies for addressing these?’ It was a ground-breaking step for government to seek and fund consumer thinking to inform policy development.

**Project 13: Sector training – consumer enrichment**

Members of the CAP generated content for this Statewide course ‘Psychotherapeutic Essentials for Mental Health Nurses’ (PEMHN). and provided advice on its development, through the addition of consumer perspective strategies to enrich its context, philosophy, language and to ensure the course content did not ‘other’ consumers. They were involved in review of on-line and face-to-face content and as moderators of participant discussion. The quality of the course will be improved through the inclusion of content that is endorsed by consumers, which will be important for ongoing evaluation in tandem with the Consumer observer feedback. Of the unit, Mental Health Nurse Consultant Jennifer Wilkinson wrote:

“The training gave me the opportunity to revisit the essence of therapeutic skills in mental health nursing; the value of relationships, deep listening, being in the moment and being with a person; the skills that make mental health nursing unique in nursing. Having consumer academics and nursing academics working alongside made this program richer for all that experienced it.”
CAP members are involved with a range of consumer led and co-produced projects in support of human rights and the elimination of coercion in the context of mental health service delivery.

**Project 14: Is zero-tolerance to violence a zero-sum game? A consumer-led research project**
Research into dangerousness in mental health settings typically portrays consumers as violent and fails to acknowledge violence potentially perpetrated by staff and services. Yet consumers of mental health institutions also experience services as dangerous, in relation to compulsory treatment, restrictive practices, and rights violations (rarely viewed as violent practices). ‘Zero tolerance’ policies do not take account of such practices. This consumer led research project aims to explore differing perceptions of dangerousness held by consumers and nurses. The research advisory group includes 2 members of the CAP and external collaborators from consumer lived experience, nursing, law and sociology. This research will contribute to the growing literature and theory about consumer perspectives and support the application of this theory to ongoing work.

**Project 15: Evaluating Safewards Victoria**
The CPN has been engaged in the State-wide implementation and evaluation of the Safewards model, including introducing additional consumer perspective components. Safewards is the culmination of a 20-year program of research in the UK led by Prof Len Bowers, of the Institute of Psychiatry, Kings College London. The aim of Safewards is to reduce conflict events that can occur in mental health wards within public sector mental health services. CAP members were employed to lead consumer perspective elements of the Safewards evaluation. The lead consumer researcher on this project published a paper in collaboration with other CAP members and researchers, critiquing the Safewards interventions, offering expansions and emphasising the impact of service-acquired trauma on consumers, as well as the necessity for hospitals to operate as sanctuaries [APPENDIX F.8]. A second paper will explore concepts of ‘safety’ and ‘sanctuary’ in mental health services. The significance of this contribution is far-reaching, addressing a knowledge gap in this internationally renowned model and offering global exposure to academic audiences on an increasingly vital topic – consumer safety - with the prospect of influencing mental health policy locally, nationally, and internationally.

3. Evidence of participation of mental health consumers, in the planning, implementation and evaluation of mental health service delivery.
As described in the introduction and other sections of this document, the Consumer academic Program at the Centre for Psychiatric Nursing is Consumer led. As further evidence of the consumer leadership of the CAP, the following projects were undertaken to strengthen the consumer workforce, one of the aims of CAP.

**Project 16: Developing Consumer Leadership**
The development of consumer leadership is how the CAP delivers its aims, providing intellectual infrastructure and practical scope for members to lead content for workshops they have expertise in or are passionate about. For example, CAP members have been supported to develop new workshops on: ‘organisational readiness’ for employment of consumer workers; Action Learning Sets for the consumer workforce, and; medication in the context of Supported Decision-making (SPDM). Consumer perspective expertise is also used to build capability of the CPN’s broader team by delivering tutorials - for example on SPDM and co-production.
The UoM has policy and procedures regarding reasonable accommodation for employees who identify as having a disability (including flexible work hours, working from home, and adjustments to technology). In addition, CAP members have access to both formal and informal support processes, improving the sustainability of consumer leadership. The CAP attends monthly discipline meetings and are offered support through regular supervision with both the SCA and the CPN director to discuss projects, training opportunities, and career pathways. With challenging content (such as our program of work to reduce restrictive practices), CAP members are encouraged to work in pairs and be provided with what they identify as necessary to do the work.

As employees of UoM, CAP members can also access professional development activities, such as writing skills, research training, and social media marketing, the latter helping promote consumer perspective output both from the CAP and from other sources, [APPENDICES C.1-C.2] as well as foster partnerships with other organisations. With the influx of new consumer academics expressing an interest in facilitating workshops, members of the CAP developed a mentoring framework outlining the scope and nature of the mentor/mentee relationship to support novice trainers.

CAP members are provided with opportunities to meet and develop ideas with longstanding and prominent members of the international consumer academic community. The CAP organised seminars and workshops by consumer academics such as Daniel Fisher and Rai Waddingham and supported professional development through attendance at sessions delivered by Dr Eleanor Longden, Oryx Cohen, and others. Mary O'Hagan was invited for a week to build the capability of the CPN team in co-production, and during this time engaged the CAP in a process to identify its strengths and challenges going forward.

**Project 17: What is consumer perspective?**

To support the development of the newly constituted CAP team, we explored the question ‘What is Consumer Perspective?’ For example, we discussed definitions such as:

“Over time, consumers have developed ways of knowing, theorising and thinking about their experiences that constitutes a unique discipline in the field of mental health known in Australia as consumer perspective. Consumer perspective contributes leadership, knowledge and expertise beyond the context of service improvement” (Roper, Grey, Cadogan, 2018, p.4)

The discussion was recorded, transcribed, and analysed, and a publication is planned. As part of its output, the CAP developed a visual representation detailing the novel analytic method it employed for the project [APPENDIX D]. Consumer perspective is increasingly sought by service providers and policymakers to improve services and guide policy, and yet there is poor understanding of what the term might mean and how it might translate to practice, so the potential impact of this project is far-reaching.

**Project 18: Consumer perspective supervision Framework**

In 2015, a workshop, facilitated by members of the PAT group, on consumer perspective supervision held at the VMIAC workforce conference highlighted that there was a lack of expert, discipline-specific, consumer perspective supervision available. This was identified as a key risk to the workforce. In response to this the Centre for Psychiatric Nursing (CPN), VMIAC and independent consumer leaders approached DHHS and funding was obtained to collaborate on a project that would uncover and articulate the specific support needs of the consumer
workforce and how to address them. Following 18 months of consultations and thematic analysis of the literature, the Consumer Perspective Supervision Framework document [available at: https://cmhl.org.au/sites/default/files/resources-pdfs/FINAL%20CPS%20framework%202018.pdf] was published and launched at the SUAS in November 2019 and two events for consumer supervisors were held. Due to their recency and uniqueness, the specific supports necessary for this workforce to thrive have been poorly understood and articulated. Thus, the resource has been widely used across Australia and received international interest.

**Project 19: Leading the change**
This project investigates consumers’ experiences of working in consumer designated roles in mental health services. Consumer workers are an essential feature of a mental health service system that is equitable, democratic and responsive to the needs of mental health consumers. Yet they experience ongoing problems with their treatment in the workplace. While this workforce is growing in Victoria, there has been minimal consideration of the organisational change required to fully incorporate consumer workers in a way that is safe and inclusive. Leading on from the work undertaken to develop the Consumer Perspective Supervision Framework, this project aims to increase the understanding of the workplace safety experiences of the consumer workforce to develop recommendations for organisational and systemic change. Two members of the CAP share the project management role and another member is part of the research team.

4. Evidence of partnerships and linkages (collaboration for continuity between organisations).
The CAP undertakes many projects in collaboration with other organisations, including but not limited to the Victorian Mental Illness Awareness Council, the Victorian Department of Health and Human Services, the Melbourne Social Equity Institute, Victorian Area Mental health Services and International organisations such as the University of Ireland and the United Nations. Some of these partnerships are described elsewhere in this document and below:

**Project 20: Improving services**
The CAP has provided consumer perspective leadership to programs of work in partnership with government, the School of Population Health and the Melbourne Social Equity Institute at the UoM, designed to improve inpatient units and reduce restrictive interventions that have drawn local, national and international attention.

**Project 3: Reducing and eliminating restrictive interventions**
The SCA was involved in the national research initiative to identify effective ways to reduce and prevent seclusion and restraint with Professor Bernadette McSherry, Professor Lisa Brophy, Dr Piers Gooding and others [report available at: https://www.mentalhealthcommission.gov.au/media/123598/1408%20Seclusion%20and%20Restraint_Uni%20Melb_final%20Report%205%20Sep%202014%20(D15-333268).PDF]

Dr Piers Gooding provides a description of the impact:

“The material contributed to the Mental Health Commission’s position paper and widely distributed declaration on seclusion and restraint (2015). The declaration has been signed by dozens of services and professionals, and the research overall has likely contributed to falling national rates of seclusion and restraint in recent years.”

This ground-breaking, two-year European Research Council funded initiative, entitled the ‘Voices of Individuals: Collectively Exploring Self-Determination’ [at: https://ercvoices.com], led by the University of Ireland, Galway centred on law reform in legal capacity to consent in the context of the lives of people with disabilities, and involved public workshopping and presenting of stories about legal capacity from 16 pairs of storytellers (with disabilities) and respondents. A book of the work was published and launched [APPENDIX F.20].

**Project 22: The United Nations Special Rapporteur report on alternatives to seclusion and restraint**

The SCA contributed consumer perspective, knowledge of consumer-run services and consumer-authored literature to this project [available at: https://socialequity.unimelb.edu.au/__data/assets/pdf_file/0012/2898525/Alternatives-to-Coercion-Literature-Review-Melbourne-Social-Equity-Institute.pdf]

“Despite only being released in October 2018, the report has already been promoted by the Disability Advocacy Resource Unit (Australia), the Disability and Human Rights Observatory (Portugal), the Sante Mentale (‘mental health’) Journal (France), Asylum Magazine (UK), the International Disability Alliance (IDA; IDA is the global umbrella organisation for disabled peoples organisations), the Mental Health in Higher Education Hub website (UK), and the VMIAC. Given this added dissemination, the report is likely to have wide reach and high impact—again, translating knowledge into practice” Dr Piers Gooding

5. Verification of effectiveness (quality improvement activity, data collection and its use including graphs and tables, achievement of performance indicators, e.g. attendance figures, outcome measures, number of document downloads, page views, click through rates). Much of the evidence for the effectiveness of the CAP lies in its growing local, national and international reputation, requests for training and partnerships and the ability of the program to grow and develop from antecedent programs such as the PAT group described in project 2.

Qualitative evidence for each of the projects has been included in each description.

**Conclusion**

The CAP has grown from strength to strength over a short period of time, becoming a hub for consumer-led and co-produced research and training. It builds mutual capability for its members and continues to have a significant influence on mental health workforce, service and policy development. Dr Piers Gooding gives this recommendation:

“I highly commend the CPN for a TheMHS award for excellence in the 'Programs and Services Award - Education, Training, or Workforce Development' category, given its track-record of high-impact, participatory and community-engaged research at the national and international-level”
APPENDIX C

Social Media engagement

C.1

C.2

C.3

C.4
APPENDIX D

‘What Is Consumer Perspective?’ Project - Methodology

Step 1
A Conversation

- On the 30th January 2018, a conversation took place between seven members of the Consumer Academic Program.
- This conversation was unstructured and took 80 minutes
- The intention was to explore the concept of “Consumer Perspective”. We were wanting to explore what it is generally, what it is to us and how we use it in our work.
- The intention of this was for us to document, consolidate and develop our knowledge so that we may be able to better conceptualise what we use in our work and so that others may learn from it.
- The conversation’s audio was recorded and transcribed. This is because we would be conducting a thematic analysis on its content to discern the major themes and ideas. Once we had done this we wanted to be able to make some claims regarding what consumer perspective is as supported by our conversation.

Step 2
Individual Reflection on Transcript and Audio

- Once our conversation had been transcribed it was shared with people who had participated in the conversation. Those who desired to us able to read it or listen to it again and reflect upon what initially stood out for them.
- For people this looked like specific quotes that felt powerful or particularly descriptive or themes that appeared throughout the conversation. People wrote summaries, annotated transcripts and considered the way things were said.
- We were reviewing this so that we could have a better understanding of what was said which could inform our next group meeting and to share our initial thoughts and teach others.

Step 3
Sharing Reflections and Identifying Key Quotes and Themes

- Four of the initial people present for the conversation met together again to share our individual reflections and some of what we identified to be key themes and ideas.
- To do this we began by sharing briefly our understanding of the conversation. Each of us had noticed slightly different concepts and different ways of categorising ideas and quotes.
- This was also an important opportunity just to highlight quotes that we thought particularly important and meaningful.
- From here we started to organise ideas into coloured categories and supported these themes with specific statements from our conversation. This took some time but began to render visible some of key ideas from our conversation. This meant that we started to have a kind of idea about what our conversation said about what consumer perspective is for us.
Step 4
Writing Up Quotes and Grouping them with initial themes

• The next step was for one of us to type up all these quotes and to group them into the three overarching themes which had emerged.
• Documenting them in this way would also be a useful step in understanding the conversation as it allowed us to play with the data (words from the conversation) more.
• The three initial themes were important and revealed a lot, but it was vital to undertake further collaboration to ensure that other potential themes were not lost.
• Ultimately, we were trying to deduce as much knowledge as we can from our conversation so the idea of attempting to reconceptualise some of the themes presented itself.

Step 5
Printing and cutting up all the quotes and themes and reconstructing them

• Accordingly, we thought it to be a novel idea to print and cut up each of the quotes from our conversation that we had deemed important as well as the preliminary themes and placed them upon a table.
• We were then to recategorize them. This was to see whether there were other ways of thinking about and conceiving of what was discussed in our conversation.
• In this process we found additional themes and saw links that we had not seen before. Although this process added to the time that this process took to complete it strengthened what we were able to

Step 6
With quotations grouped into themes we looked to make statements out of them

• We had agreed upon what we thought the key statements were and we had organized them accordingly into themes.
• Now we were faced with the task of what we had agreed upon the isolation of the key statements into specific themes, we were tasked with finely beginning to write some answers to our initial question about what consumer perspective is and how we use it.
• Many hours were spent going over the information to do justice to the eloquence of other people’s words. We were able to deduce 9 statements which we hope succinctly and sufficiently articulate the essence of the conversation we had

Step 7
Share these statements with those who were a part of the initial conversation

• Now we had a draft list of statements, it was circulated with all the people who involved in the conversation for their feedback.
• We are waiting for the feedback right now before we take any further steps.
APPENDIX E
The Psych Action Training Group (PAT)

Critical success factors

- The Psych Action & Training Group (PAT) was set up by the consumer academic in 2002 as a think tank to support the development of activities undertaken in the role. PAT members, though, have consistently reported that the group performs a mutually supportive role in terms of sharing/identifying structural work problems and providing a safe space in which to strategise and find solutions.

- The intention is to create a robust, safe discussion environment within an academic setting where issues can be critically debated in safety between academics, clinicians and those applying a consumer perspective lens.

Promoting consumer perspectives

- The focus is on bringing together consumers and academics/clinicians to ascertain how best to use and support the development of consumer perspective expertise in an academic setting across research, policy development and education/training activity.

Implementation ideas

- Other universities can duplicate groups like this. Provided organisations set aside funds for consumer leadership, this model could also be a powerful engine for change in mental health services and other settings.

Participant perspectives

- "PAT is a special place where consumer knowledge and perspective can be nurtured and articulated and its important contribution to mental health service delivery articulated. It is one of, if not the best, examples of consumer participation as defined by policy that is not tokenistic, where consumers are the experts and the role of allies is to support and facilitate (Professor Brenda Happell, Professor of Nursing and Executive Director SYNERGY Nursing & Midwifery Research Centre, University of Canberra and ACT Health)."

- "PAT allows me to hear from consumers who are leaders in critiquing our MH system. Informed by these critiques I can then reflect on and develop my MH nursing practice, so that I feel confident that I am practising in a way that promotes and protects human rights. In short, learning from PAT helps me love my work more. (Kylee Boucher, Lecturer, Centre for Psychiatric Nursing)."

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APPENDIX F

Project outputs

Presentations


F.3 Sellick, K., Smale, K., Alvarez-Vasquez, S., Edan, V. (2018) Leading the Change Service Users in Academia Symposium, Melbourne, Australia

F.4 Bennetts, W. (2017), To be or not to be a representative – that is the question (2017), Service User Academia Symposium, Wellington, New Zealand

F.5 Pintado, D.J. Saying Versus Doing: Bridging the Gap Between Values, Policy and Practice for Consumer Workers (2017), Service User Academia Symposium, Wellington, New Zealand

F.6 Roper, C., & Hopkins, F., C, (2016), Supported decision-making – a process of transformation, Service Users in Academia Conference, Canberra, ACT


Articles


