

Consumer Role Position Paper

Background

Principles of recovery

Recovery was developed by the consumer movement as an alternative to narrow medical approaches with their focus on symptoms and disease. Principles underpinning recovery include that it is focused on self-directed citizenship, self-determination, empowerment, self-responsibility and being able to live a life of one's own choosing. Consumers of mental health services, then, must by definition be resourced to take a leading role in achieving the goal of recovery-oriented mental health services. The knowledge embedded within the consumer movement, particularly from those who have chosen lived experience roles as their career path, must be acknowledged and utilised. Consumer participation and leadership are integral to this process.

It is not appropriate for other members of staff to adopt a consumer perspective role whilst holding another position.

The common occurrence of mental health problems within the general community means that many health professionals will have experienced a mental illness. While this may positively influence practice, it is not the same as openly working from a consumer perspective, and/or holding a position in which lived experience is a key criteria. Employment in a dedicated consumer role makes public the knowledge an individual has experienced significant mental health struggles and service use and all the well-known social implications that incurs. Lived experience roles require dedication and a degree of professional and personal risk, the willingness to potentially face prejudice. The experience of stigma and overt discrimination that is a feature of being employed within a lived experience role is very different from employment within an established, 'socially validated' and accepted professional role.

Genuine and effective consumer participation in mental health services requires dedicated lived experience positions.

Lived experience is the standpoint from which consumer perspective develops. Dedicated lived experience positions provide opportunities for consumers individually and collectively to develop and articulate a knowledge base to maximise the capacity of consumer perspective. It is only through providing dedicated consumer roles and fostering consumer leadership that genuine transformation of services towards recovery can be realised.

Consumer leadership

Consumer employees within services are engaged in leadership activity¹. To protect and promote the uniqueness of dedicated consumer positions, consumer employees (like all employees) need to demonstrate expertise for the role. Essential components include being active within the broader consumer movement; maintaining consultative networks with consumers; demonstrating an understanding of the theoretical basis and uniqueness of lived experience perspective; and demonstrated understanding of and ability to work within service systems and the mental health sector from a consumer perspective.

¹ Gordon, S (2005), Gordon, S., (2005), *The Role of the Consumer in the Leadership and Management of Mental Health Services*, Australasian Psychiatry 13 (4), 362–365

It is the position of Queensland Voice that:

- Recovery was developed by and should be directed by the consumer movement
- Recovery-oriented mental health services require meaningful leadership roles for consumers
- There must be dedicated roles for appropriately experienced consumers and consumers must be resourced to develop such role statements
- Mental health services must provide professional development opportunities for consumers
- Mental health services must provide opportunities for consumers wishing to learn from the consumer workforce such as mentorship, traineeships
- It is not acceptable for health professionals or other staff of the organisation to take on a consumer role or speak from a consumer perspective while holding a non-consumer role
- More senior consumer positions require more advanced knowledge and expertise similar to that expected of senior positions for health professional

Written by or in consultation with; Cath Roper - Consumer Academic, Centre for Psychiatric Nursing & Lecturer, School of Health Sciences, University of Melbourne; Louise Byrne - Lecturer in Recovery and Lived Experience Practitioner, School of Nursing and Midwifery, CQ University and; Professor Brenda Happell - Director, Institute for Health and Social Science Research, Engaged Research Chair, Mental Health Nursing, CQ University