



Using Lived Experience

**to support non-mental health workers
with recovery oriented practice**

**Mental Health Coordinating Council
Learning & Development Unit**



Intro to MHCC



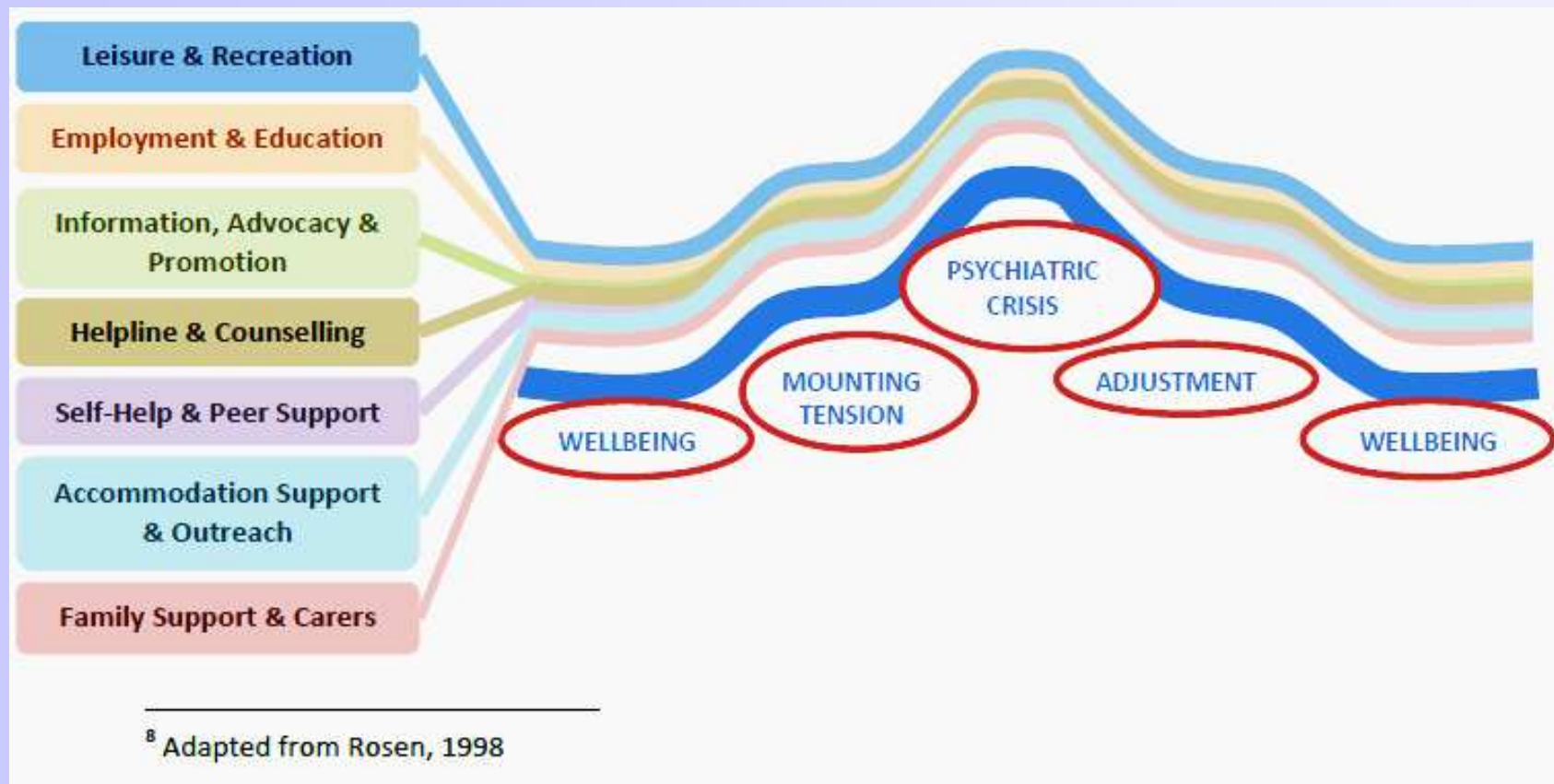
- Peak body in Mental Health in NSW
- Represents the interests of members, including charities in MH sector and others with an interest in mental health
 - Advocacy
 - Consultation
 - Building sector capacity
 - Inform MH sector through research, projects and reports
 - Support member orgs to deliver recovery oriented services
 - Provide accredited training in recovery oriented practice.



The Activities of MHCC Members



supporting consumers and carers through the Recovery process





The Learning & Development Unit



- Started in 2007, following MH sector needs analysis
- Original remit was to provide training to develop the CMH sector
- Also identified a need for MH training for non MH workers
- Existing training – illness focused and medical model
- LDU provides Recovery focused training





Mental Health Connect



- Developed by MHCC to assist workers who provide ongoing support to consumers, in line with recovery oriented practice
- Uses lived experience of consumer & carer trainers





Development of MH Connect training



- Part of a career path for consumers/carers (gain vocational training qualification)
- Consumer/carer reference group developed to oversee the training and provide input into support processes for consumer/carer trainers



Post course Follow up survey



- Conducted an online survey of all 121 participants of the course in 2010



*Survey conducted at
least one month later*



40% response rate





Survey questions



- Are you working in the mental health sector?
- Did the course help your understanding of Recovery Oriented Practice?
- Have you or your organisation/team made any practice changes since attending?
- What were these changes?



The stories - Org/team changes



"We now include consumers in the education and decision process within the organisation."

much more working with consumers not conditions

One area of particular importance has been cigarette management. Clients are now given daily quotas of cigarettes and allowed to self manage themselves as opposed to asking for individual cigarettes.

We have started inviting consumers to attend our advisory committee meetings, enabling them greater input into what our service can offer

We have been supporting consumers with a self advocacy course

We have involved clients more in the running of activities. Clients now regularly facilitate workshops at our women's group



The stories – Individual changes



I now allow the consumer to tell me how their condition works with them [I have allowed my concepts of a condition to go and replaced them with the reality of what it is for the consumer].

I am less anxious about wanting to see "progress" at each meeting with the consumer.

I listen to consumers more and learn what specific needs they have

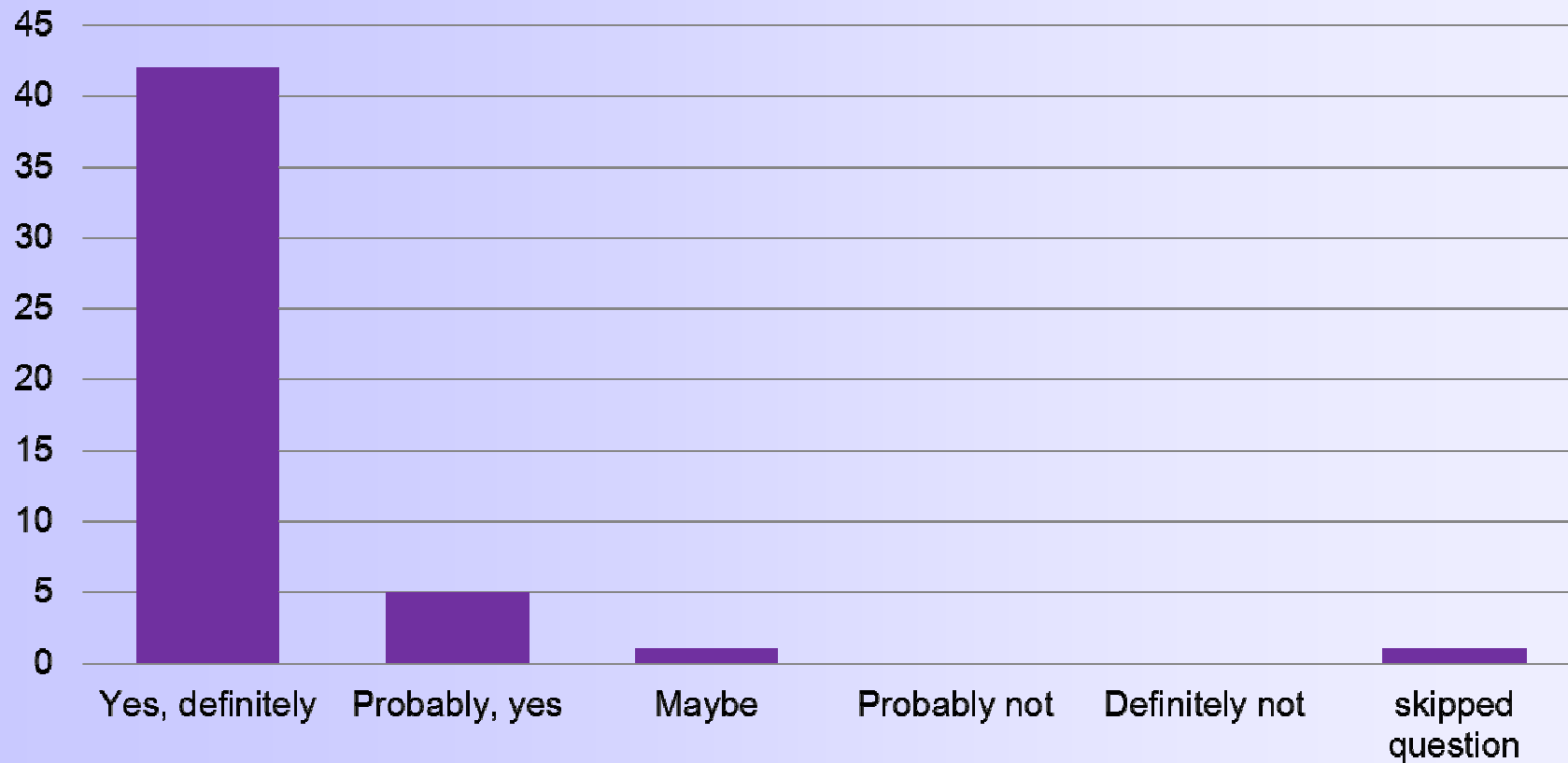
I understand that changes clients achieve may not be very great by worker standards but they should be celebrated as enormous milestones to them

I spend a lot more time with the clients to figure out the goals they want to achieve before rushing in and doing things for them that they can do themselves

I have encouraged clients to become more assertive and self determining in life decisions

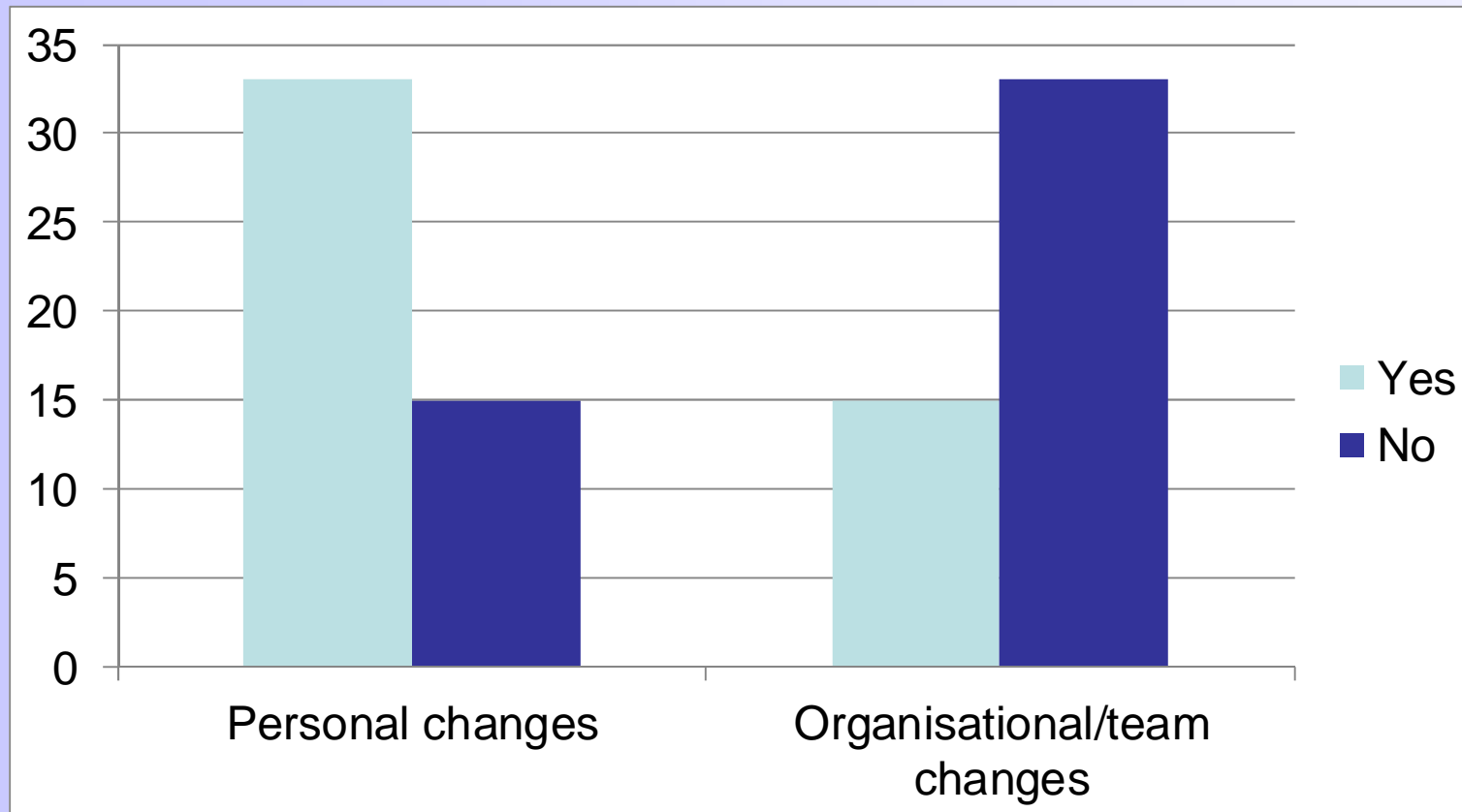


Did the course help your understanding of what Recovery Oriented Practice is?



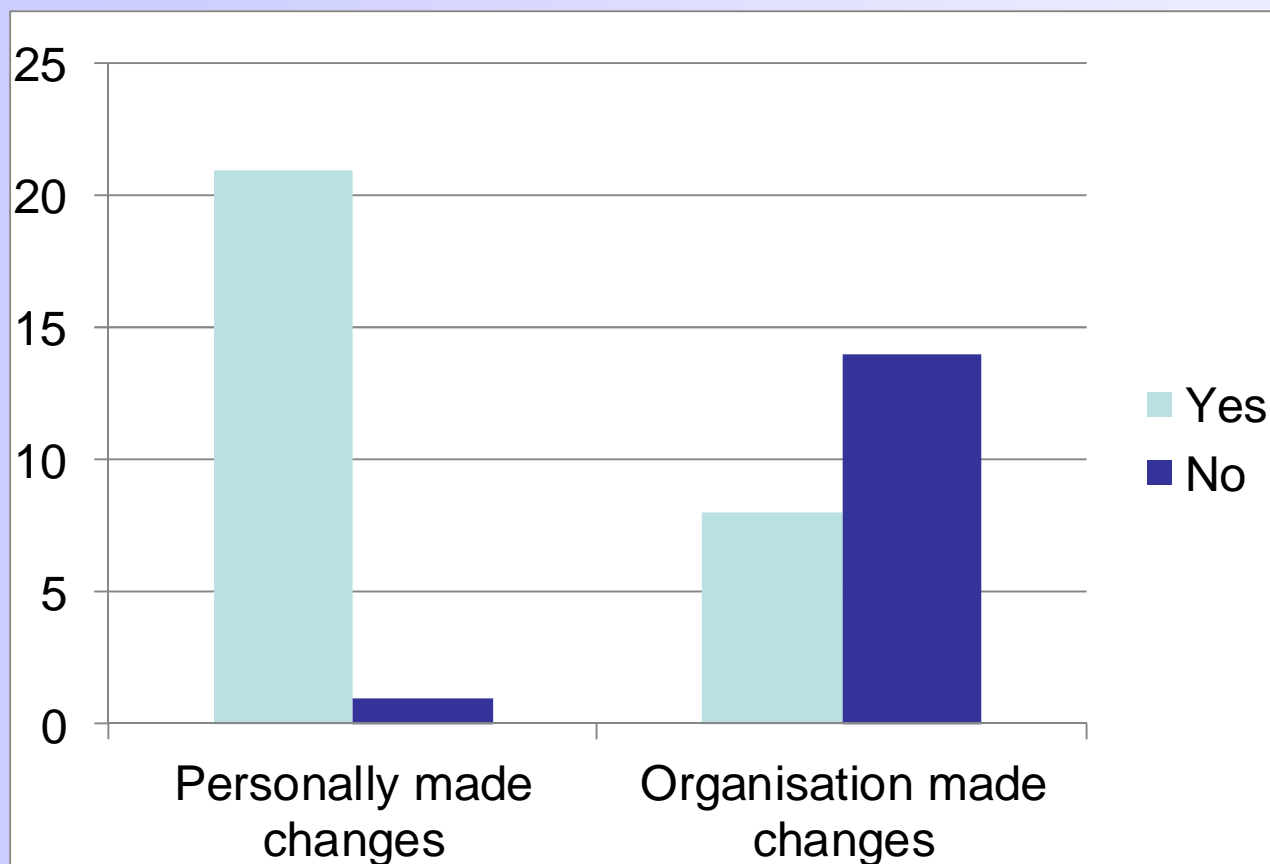


“Have you made changes to work practices since attending the course”?



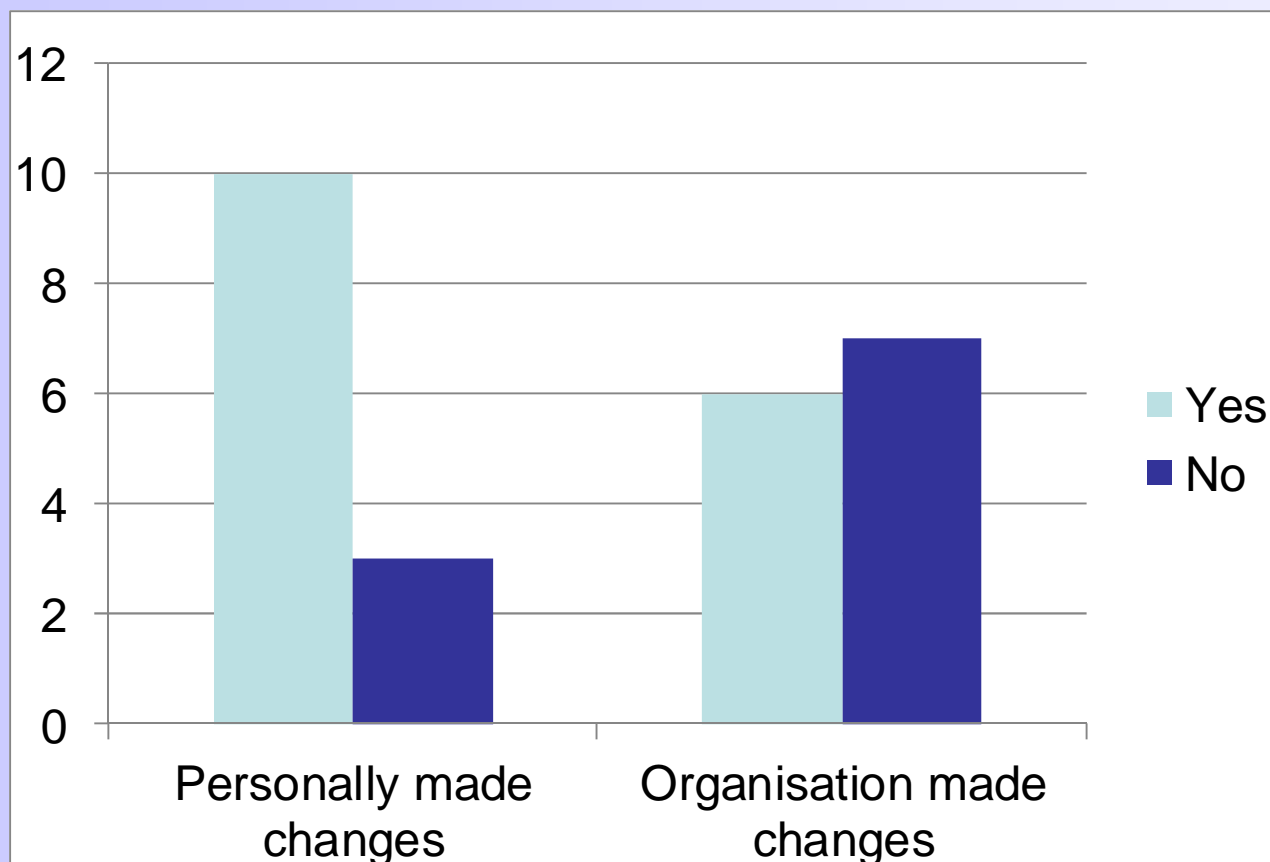


Mental Health Sector Participants— “have you made changes to work practices since attending”?





Non-Mental Health Sector Participants— “have you made changes to work practices since attending”?





What have we learned / challenges



In the Classroom:

- Responding to personal disclosures
- Relating concepts around models to practicalities
- Managing presenter health
- Participants often want concrete answers, whereas much of recovery oriented practice involves getting the processes and attitudes right
- Struggles with the concept that recovery is not necessarily about symptom elimination



What have we learned / challenges



Trainer preparation & support:

- Preparing, and presenting a personal recovery story is a complex task (needs ongoing support and coaching)
- Supporting a consumer/carer training program is also complex, therefore significant investment on MHCC's behalf through full-time course co-ordinator
- It is taking time, effort and new learning to make this work, but it is definitely worth it!





Where to now?



- Increase participant and trainer numbers
- Increase knowledge of Community and other sectors
- Develop a skilled and supported workforce of consumer & carer trainers.
- Online trainers' network to share resources, supports and information.
- Expand in rural/regional areas, and possibly nationally.
- Ongoing review by consumer/carer/industry reference group
- Ongoing review of management qualifications by consumers, and sector, to ensure consistent message around recovery oriented practice
- New Unit of Competency: Mental Health skills for community workers



Summary



- MH Connect – recognising significant contribution people with lived experience of mental illness make in moving hearts and minds
- Training is helping develop understanding of recovery oriented practice, and many have already implemented changes to practice



Questions?

