Strengthening the Consumer Voice
Final Report June 2015

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PIR Project Final Report

Innovation Fund Project Title: Strengthening the Consumer Voice

Contract ref number:

Report date: 15/06/2015

Project Manager: Anne Fahey

Contractor: Golden City Support Services

Please provide a 250 word description of what your project has been and what it has achieved

For use in LMM PIR communications activities.

In a broader sense, the project has addressed the objective of PIR to improve the system response to and outcomes for, people with severe and persistent mental illness with complex needs and the priority area “Promote consumer and carer voice”.

The aim of the project has been to strengthen the consumer voice in systems change by implementing the recommendations from the Update of Strengthening the Consumer Voice 2014. Specifically, the project has achieved:

- Development of a communication network and strategy to connect with the broader rural community of consumers and services in the region.
- Strengthening the collaborative work with mental health services through broadening the range of services represented on the CPG.
- Implementing the recommendations in regard to group processes and procedures so that the group has a firm foundation for further development.
- Identifying readiness for the use of technology to engage and maintain connection with the broader rural consumer community.
- Development of a website to share the work of the CPG and provide an avenue for broader consumer, carer, and service input.
- Exploration of incorporation for the CPG as a strategy to strengthen the independence of a rural and regional consumer voice and enable eligibility for competitive tendering.

Please detail all other organisations/partners/individuals involved (i.e. in working groups etc.)

Names/roles/contact information (To help us understand the role of collaboration and partnership in PIR funded innovation projects).

<table>
<thead>
<tr>
<th>Name</th>
<th>Organisation</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jodie Rasmussen</td>
<td>CPG</td>
<td>Project Leader</td>
</tr>
<tr>
<td>Peter Grant</td>
<td>CPG</td>
<td>Project Leader</td>
</tr>
<tr>
<td>Ange Evans</td>
<td>CPG</td>
<td>Project Leader</td>
</tr>
<tr>
<td>Kellie Gilbert</td>
<td>CPG</td>
<td>Project Leader</td>
</tr>
<tr>
<td>Anne Fahey</td>
<td>Golden City Support Services</td>
<td>Project Manager</td>
</tr>
<tr>
<td>Emma Patten</td>
<td>Consultant</td>
<td>Consumer Project Worker</td>
</tr>
<tr>
<td>Dan Douglass</td>
<td>Heathcote Health</td>
<td>Service Partner</td>
</tr>
<tr>
<td>Sue Kidd</td>
<td>Bendigo Health</td>
<td>Service Partner</td>
</tr>
</tbody>
</table>
What progress has there been against the project plan?

Please attach the final project plan with ‘Outcomes’ noted against each planned action. Please report any related comments and considerations here.

An area of particular interest in this project was the question of incorporation for the group. A summary of the discussion that led to this decision is below:

The consumer participation group discussed the possibility of incorporation. A legally trained person attended to provide information based on her experience with the legislative compliance side of an Incorporated Association. This person referred the group to Justice Connect (http://www.justiceconnect.org.au/our-programs/not-for-profit-law) as a service the group might contact if wanting further legal advice on the issue.

The Justice Connect brochure on Co-Operatives which suggested this was a less common type of structure was tabled at the meeting.

After the presentation of information in the document prepared on incorporation (as an Incorporated Association) the Consumer Participation Group discussed how this might apply in the group’s particular circumstances. In particular the group considered:

- That the current structure of the group might not neatly match that envisioned in the legislation (e.g.: selection of representatives by a panel rather than by election)
- The prohibition on people declared bankrupt continuing to be on the committee could be problematic
- The powers and obligations of committee members may be difficult for those who cycle between wellness and unwellness
- The ongoing administrative requirements of incorporation would create additional work for the group
Anne clarified that currently Golden City Support Services currently provided many of the benefits of incorporation, such as indemnity against personal liability, banking and entering contracts, to the consumer participation group. In this case a reason the Consumer Participation Group might have for incorporation would be if they wanted greater independence from Golden City Support Services (or any other organisation which they may operate under if circumstances changed). The Consumer Participation Group felt they were happy with the relationship with Golden City Support Services at the moment and that this wasn’t an issue.

The Consumer Participation Group concluded that incorporation wasn’t something they thought they needed to do at the moment but that they would keep the option open as something they might do in the future if the situation changed.

Justice Connect and their Not-for-Profit information hub (http://www.nfplaw.org.au/) is a good resource if the group decides to review this in the future.

What communications activities have been undertaken?

Please include project promotion e.g. media, social media, professional networks etc.

The nature of the rural communities and region required face-to-face discussions and meetings to adequately promote the project and to discuss partnerships. These have occurred across the PIR Victorian region with a number of individuals and representatives of services, organisations and consumers. Where appropriate names of these people have been provided in the Communication Table (Appendix 3). Names of consumers who have taken part in focus groups have not been included for privacy reasons.

CPG representation in the state-wide Consumer Partnership Forum Website Development session in November 2014 has been an opportunity to promote the project to other regions of Victoria. A project presentation will take place at the PIR National Conference in July 2015.
Please indicate any project surveys or evaluation activities you have undertaken
Provide summaries as an appendix.

A number of conversations have occurred across the region with consumers, mental health working committees, and associated services. Please see section on Project surveys/focus groups/interviews Summary (Appendix 2)

What systemic change has been achieved?
Please detail the progress against each of the system change priority areas that your project aims to impact upon, as set out in your submission. Please also report on the sustainability of any progress.

System change priority area: Promoting the consumer and carer voice

What we said we’d do: Improving consumer and service connections by:

1. Broadening the consumer representation of the CPG, particularly by targeting those in isolated rural areas, provides an opportunity to hear the voices of those often most at risk and in need of local systems change
   • We now have methods to communicate with the rural areas in our region. There is an early database of contacts set up for us to use and build on. Projects such as reviewing the Advance Statement for Bendigo Health will be a good opportunity to use and expand these networks.

2. Broadening the network of the CPG and strengthening collaboration with specialist mental health services as well as generic service providers in outer rural areas.
   • We now have a good contact list of local rural service providers and committees who are committed to working with consumers, for future partners.

3. Directing resources towards developing mechanisms that: a) give rural mental health consumers a voice, and b) provide services with a means to hear these voices improves the community’s ability to effectively influence and develop policy.
   • The continuation of the partnerships of the expanding consumer network and services in the CPG provides this mechanism.

4. By strengthening communication capacity with consumers and service delivery agencies,
   • The CPG is more informed and prepared for meeting the communication needs of those in the rural areas of our region.

5. Strengthening the Consumer Voice has provided the group with the foundation for expansion of the reach into rural areas through
   • The development of group processes and supporting documentation

What demonstrated benefits have resulted for the service system, clients and/or their carers?

The CPG has existing strong partnerships and the project has created opportunities to expand these partnerships through links with Primary Care Partnerships. The process has begun to strengthen linkages with rural
consumer groups in Castlemaine, Echuca and Swan Hill. This will lead to enhanced consumer input from rural areas and extends the reach of the group.

Expanding and creating a sustainable consumer network of the CPG that will enable greater representation of rural consumers has commenced with the development of a consumer database. Communication strategies such as the website, the planned newsletter and a program of consumer consultation will continue this process.

Strong rural links with organisations, groups and consumers will facilitate a stronger evidence-based voice at state level decision-making for systems’ change.

Greater representation of consumers in an expanded network of the CPG will assist to generate focused actions and service changes for the needs of those consumers with severe and complex mental illness. There will be a focus on the needs of rural consumers.

Better inclusion and representation of generic services, which have a role in mental health in rural communities, will facilitate a consumer voice for these services and those that they link to.

The marketing and communication work undertaken through the project has given the CPG an easily recognisable public face. This will be sustained and strengthened through the CPG website.

What evidence demonstrates these impacts/outcomes?
For discussion on consultation findings please see section on Project surveys/focus groups/interviews Summary (Appendix 2)

Design work is attached (Attachment 1):
- Logo
- CPG pamphlet
- Templates

New Consumer Participation Group Documents attached (Attachment 2):
- Position description
- CPG advertisement
- CPG welcome letter
- GPG Terms of Reference
- CPG Consultation Request form
- List of Terms and Acronyms
- Meeting Agenda
- Minutes Template

Website address: www.mhcppg.com.au
Please detail and unexpected and/or non-systems change outcomes (positive or negative)

The project was the opportunity to re-ignite links with existing consumer groups such as the Maine Connection and the St. Luke’s Peer Collective. Through the project, discussions were held with Mallee Family Care about the role of the group and their potential involvement in the CPG. This will be followed up by the CPG in the second part of 2015. The project considerably deepened the CPG understanding of the representation of rural consumers. A strong learning from the consultations was the importance of being on the ground in rural areas. This expanded understanding of representation of rural consumers to include both representatives on the CPG and regular visits to rural areas by members of the CPG to provide feedback on CPG activities and to stay current on consumer issues in rural areas.

What are the key success factors that have contributed to these achievements?

- This was a consumer led project that stayed strongly focussed on the importance of consumer participation in service planning and delivery.
- Consumer direction to professionals engaged to perform specific project tasks e.g. development of the CPG pamphlet.
- A shared understanding of participation in service planning and delivery.
- Co-operation and support from specialist mental health services.
- Linkages with key players in rural areas such as the Primary Care Partnerships.
- Commitment of consumers and service providers to the successful completion of this project.

What are the key challenges, barriers and issues that have been faced in delivering the project?

The use of electronic communication for consumers to link to the work of the CPG and other participation activities.

Local links & gatekeepers - complexity of local histories and relationships/divisions with Bendigo-base.

Time to adequately develop concrete partnerships.

Complexity of service system layers across region – not as clear in rural areas as in Bendigo.

What are the resulting implications and considerations for delivery of future projects?

- The development of strong partnerships is built on trust and this takes time.
• More time would have allowed greater depth of consultation with consumers, particularly those in rural areas
• The mental health service system is complex and it takes time to develop strategies to work with this.
• Dedicated resources to develop infrastructure for consumer groups, such as this project, are uncommon and yet it is this infrastructure that enables effective participation.
• This project demonstrates the importance of building on and consolidating work previously undertaken. The reviews undertaken by the CPG provided a sound foundation for this project.

Future plans - What would be the next steps for this project if it continued?

Initial Actions

A project presentation will take place at the PIR National Conference in July 2015.
CPG poster to be completed in July 2015

Recommendations

1. Sustain the development of a regional network by a CPG member taking on the portfolio to manage outreach activities.
2. Use a variety of communication methods, including a newsletter that is clear, concise and easy to read. This needs to be short (maybe one/two pages, with links to further information available on web) and mailed to consumers. The website can post regular brief written snapshots of CPG activities.
3. Continue to explore the use of technology to reach consumers and look at ways to provide training to consumers using this technology and strategies to support consumers to use technology. This could be done in partnership with Mental Health Community Support Services (MHCSS).
4. A role of Web Administrator is created to maintain the CPG website and social media platforms.
5. Maintain and continue to update a consumer register for contact regarding CPG activities and involvement.
6. Recruitment of consumer members to support and enhance skills of current consumer members of the CPG.
7. Following research and consideration of the possibility of incorporation for the CPG, it was decided that at this point in time that it does not meet the needs of the group.
8. Develop a formal request process for ranking request for consultancies based on:
   1) A conversation in the meetings about how the request fits the objectives of the CPG
   2) Ranking based on benefits to consumers and CPG
9. Undertake a pilot working quality sub-group to consult specifically on matters relating to quality for Bendigo Health
10. Share the needs raised by our rural cohorts about access, impacts to continuity of care, information (advance statements, service directory with local relevance).
11. Develop a workshop on consumer consultations for services that includes the importance of localness, peers, language and the relationship of mental illness to types of involvement.
12. Develop and undertake ways to celebrate the achievements of the CPG
   The above recommendations will be addressed in the CPG’s three year strategic plan.

Other
Any other information you would like to share with us.

Contractor signature:

Role: Date:
/ /
## Appendix 1: Progress against project plan

### Strengthening the consumer voice - PIR Innovation Fund Project Plan – Reported Outcomes June 2015

<table>
<thead>
<tr>
<th>Objective(s)</th>
<th>Project Activity</th>
<th>Outputs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of a communication network and strategy to connect with the broader community of consumers in the region.</td>
<td>Map consumer linkages across the region, by developing initial contact list based on existing contacts of the CPG, contacting and meeting existing services and consumer groups across the region.</td>
<td>Database and graphic visualisation of all mental health related consumer groups in the region.</td>
<td>Besides service run groups there are very few consumer groups in the region – the CPG &amp; Maine Connection. There are a few individual consumers who work with services or committees. Completed.</td>
</tr>
<tr>
<td>Targeting representation and participation from isolated rural areas.</td>
<td>Development of key questions to ask consumers and groups about interests in participation in network &amp; CPG, communication preferences, use of technology.</td>
<td>Updated Terms of Reference with new consumer representatives.</td>
<td>This activity was delayed until project completion to ensure group processes and procedures are set-up. What this has enabled is greater clarity about what these roles might be responsible for, so that they complement the existing members and strategic direction of the CPG. Completed.</td>
</tr>
<tr>
<td>Expand and empower consumer representation for the CPG.</td>
<td>Explore and establish best methods of communication (e.g. Newsletter, postal, email, website, text messages, sharing reports, group representative reports, and website).</td>
<td>Network membership Terms of Reference.</td>
<td>Completed.</td>
</tr>
<tr>
<td>Exploration of use of technology to engage and maintain connection with the broader rural consumer community.</td>
<td>Explore interests and best methods of linkages for participation (e.g. Video/phone conference, formal response to reports or requests, written survey, online survey, phone, email polls, website, text message).</td>
<td>Established processes for communicating/ representing each group/individual (e.g. Database for newsletter distribution, arranged VC between CPG and rural groups, database of themes)</td>
<td>Initial contact database created. Decision to sustain regional network by regular face to face methods, supported by a variety of communication methods including a short concise newsletter and use of website for further information.</td>
</tr>
<tr>
<td></td>
<td>Trial best methods of linkages for communication and participation. e.g. – Develop &amp; share newsletter, create website, share reports and request feedback, NESB translation</td>
<td>Outcomes of trials documented and shared for feedback</td>
<td>A summary report will be shared with the newly created database contacts.</td>
</tr>
</tbody>
</table>
Strengthen collaborative work with mental health services through broadening the range of specialist and generic services represented on the CPG.

- Map service linkages across the region, by developing initial contact list based on existing contacts of the CPG, contact and meet with existing specialist and generic services &/or groups across the region.
- Determine appropriate services and individuals to represent the CPG.
- Determine opportunities and best methods of linkages for additional collaboration and partnerships with the CPG.
- Trial additional linkages for communication and participation with the CPG.

<table>
<thead>
<tr>
<th>Implement the recommendations in regard to group processes and procedures so that the group has a firm foundation for further development, including the development of a system map to orient individuals to the local regional system.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Begin new membership, meeting format, &amp; roles.</td>
</tr>
<tr>
<td>Orientation of new members using mapping outcomes.</td>
</tr>
<tr>
<td>Develop a process to feedback the outcomes and work of the CPG to the broader community and consumers.</td>
</tr>
<tr>
<td>Formalise partnerships with service members.</td>
</tr>
<tr>
<td>Branding of the CPG in all work.</td>
</tr>
<tr>
<td>Aligning work with key national and state strategies (e.g. Capacity building for consumers and service staff in consumer participation &amp; leadership)</td>
</tr>
<tr>
<td>Establish and promote use of consultation request form, including initiating a fee for service arrangement.</td>
</tr>
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<table>
<thead>
<tr>
<th>Partnership agreements with up to 3 new services on the CPG.</th>
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</thead>
<tbody>
<tr>
<td>Up to 3 new service representatives, with skills/ability/desire to champion consumer participation, attending and actively engaging in monthly CPG meetings.</td>
</tr>
<tr>
<td>Updated Terms of Reference with new service representatives.</td>
</tr>
<tr>
<td>Database and graphic visualisation of all mental health related services in the region, and their role with the CPG.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Completed.</th>
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</thead>
<tbody>
<tr>
<td>New members from MIND, ACSO, and Care Connect now engaged and attending CPG.</td>
</tr>
<tr>
<td>Completed.</td>
</tr>
<tr>
<td>Database created and being updated.</td>
</tr>
</tbody>
</table>

| Implementing new meeting and membership structure from the first 2015 meeting. |
| Feedback process (informed by activities above) established and shared with new networks. |
| Working agreements developed and signed off. |
| Consumer participation training for the service workforce planned & CPG members completing consumer leadership training. |
| CPG logo being used by all parties. |
| 2015 Work plan |
| Consultation form put online |

| Completed and working well. |
| A form has been created to prompt feedback on outcomes from consultations. This will be used to provide summaries in newsletters and for annual reporting. |
| Completed. |
| Consumer leadership training booked with Health Issues Centre. Developing a workshop on consumer consultations for services will become part of the next phase. |
| Marketing material created and being used. |
| Completed. |

Completed.
<table>
<thead>
<tr>
<th>Development of a website to share the work of the CPG and provide an avenue for broader consumer, carer, and service input.</th>
<th>Determine basic structure, key functions, and layout.</th>
<th>Live interactional website: with information about the CPG, the work they do, how people can get involved, space for members, space for feedback, space for services &amp; consumers</th>
<th>The website is completed, with sections on who we are, what we do, news and events, support and resources, and members sections. The website also allows individuals to become part of the network.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Engage a web designer to develop webpage.</td>
<td></td>
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<tr>
<td></td>
<td>Determine ongoing maintenance process and responsibilities &amp; share draft layout for feedback.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Transfer content to webpage.</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Go live &amp; test site.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Exploration of incorporation for the CPG to strengthen the independence of a rural and regional consumer voice and enable eligibility for competitive tendering.</td>
<td>Explore benefits and challenges of incorporation, including financial obligations, legal status, rules, office holders, and penalties.</td>
<td>Plain language information about the options presented to the CPG and its members.</td>
<td>Completed. Information and options presented to CPG.</td>
</tr>
<tr>
<td></td>
<td>Explore and compare other options such as becoming a Co-operative.</td>
<td>Decision made about way forward, including a project plan towards implementation.</td>
<td>Incorporation is not something the group feels meets the needs of the CPG as this time. The project plan has taken the form of a blueprint for a three year strategic plan, to be workshopped in August.</td>
</tr>
</tbody>
</table>
Appendix 2: Project surveys/focus groups/interview summary

- Focus groups x 5 (Bendigo, Echuca, Swan Hill, Castlemaine/Maryborough and Heathcote)
- Meetings with peer workers x 3
- Meetings with mental health and wellbeing committees x 2

These focus groups and meetings focussed on how to effectively communicate with people across the region, what people’s priorities are, and how best to involve a range of people in consumer participation activities with the CPG. See Interview Pro Forma in Attachment 3.

Four specific themes emerged: 1) Localness, 2) How rural and regional consumers get information, 3) Needs of consumers of the mental health system, and 4) How people want to be involved.

1. Localness

A very early theme was the necessity to be local – be visible locally, have local relationships, be locally available. Being local meant in the town, not the region. This was a very important distinction to make when understanding the differences in experiences across the region, and should be maintained to adequately acknowledge the individual experience in each of the rural areas.

2. How rural and regional consumers get information

Rural consumers tend to get their information on the ground – where they are. This means they find information when they are at neighbourhood houses, local library, community noticeboards, GPs/local community service, and word of mouth. Local newspapers are not always read, perhaps due to readability.

The presentation of information is important. For example, if a pamphlet is produced to target consumers it is important that it mean something to the person that picks it up. This requires avoiding acronyms, and information in small segments with bold relevant headings. However, it should be noted that pamphlets were viewed as something that is picked up at a GP or service rather than from other consumers. Many consumers mentioned being overloaded with paper-based information from services. Instead, mailed short flyer-like newsletters were more likely to be read to get a quick snapshot with the possibility to seek more detail elsewhere. People wanted to know what they could expect from the newsletter (relevant and regular themes) and when they could expect it (regular intervals). This seems to be particularly important in maintaining trust in the source. Having a photo of the person they will have contact with, and the location they will attend, might also support trust and familiarity. If there was something more specific to be informed about (e.g. vacancy on CPG, invite to consultation) then personal contact via phone is more appreciated. If people are unable to attend or be involved people were still interested in how else they could contribute or find out about what happened.
3. Needs of consumers of the mental health system

a. Access
   - Identifiable local worker with local phone numbers.
   - Consumers recognised that having a service based within their rural town is not always feasible but acknowledged the potential role of Skype or video-link to maintain more regular appointments and to access support such as groups in metro/regional areas.
   - There is great variety in technical skills, from those who already use Skype for psychiatric appointments to those who desire the services to support them to use video link.

b. Continuity of care
   - Consumers expressed the change in organisations/staffing to be overwhelming, adding to a poorer experience. ‘Change’ was viewed with apprehension.
   - Consumers would like to see shared information across local services such as the Alexander Bayne Centre (acute adult psychiatric centre), GP, and community support services.

c. Information
   - On the Mental Health Act/Reforms.
   - Advance Statements.
   - Service directory, with links to further information – people don’t understand the labels of roles and what that means they will do for them.
   - Knowledge of who peer workers are and their contact details.
   - Want to see and share good stories, what has happened in the service system as a result of their feedback, and why decisions have been made.

4. How people want to be involved

Overall there is a sense that people want to be involved in consumer participation and partnership activities, so long as outcomes can be demonstrated.

For consumers to be involved tasks should be specific. For example, those who wish to volunteer suggested being able to visit Prevention and Recovery Care (PARC) to talk/share their experience with others, putting newsletters in envelopes, helping with intake phone calls, helping others with daily tasks, distributing flyers/ opportunities for the CPG, and opportunities within specific projects.
It is important to note that some mental health conditions mean individuals are less likely to be involved in group activities so variability in opportunities should be available.

There is an opportunity to complement existing wellbeing/support groups by resourcing them with information and opportunities for training and participation. Peer workers noted the importance of this for enabling people to shift from passive to active in their own life and inclusion in service development. Some suggestions included providing skills training in meeting procedures, knowing the questions to ask, and overcoming the isolating experience of mental health problems.
### Appendix 3: Communication table, with inclusion of methods of participation

<table>
<thead>
<tr>
<th>Services</th>
<th>CPG Member</th>
<th>Providing local contacts</th>
<th>Sharing Information</th>
<th>Future Collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Golden City Support Services, Anne Fahey</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Mallee Family Care, Lyn Andrews</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Heathcote Health, Dan Douglass, CEO</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Northern Districts Health, Tricia Currie</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Bendigo Health, Echuca Mental Health Team, John Hermans</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Bendigo Health Psych Services, Sue Kidd</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Bendigo Health Quality Unit, Bianca Matthews</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>MIND,</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Care Connect, Veronica Treloar</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>ACSO, Bendigo, Marty Ryan</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
</tbody>
</table>

<p>| Committees / Key agencies | | | | |
|---------------------------|------------|--------------------------|---------------------|
| PCP, Southern Mallee, Health &amp; Wellbeing Committee, Bronwyn Hogan EO | ✓ | ✓ | ✓ | |
| PCP, Bendigo Loddon, Eileen Brownless EO or Setina Greenwood | ✓ | ✓ | ✓ | |
| PCP, Central Victoria, Shelly Laver, EO, | ✓ | ✓ | ✓ | |
| Healthy Minds Network, Loddon Shire, Wendy Gladman | ✓ | ✓ | ✓ | |
| David Quayle, Swan Hill Healthy Minds Network | ✓ | ✓ | ✓ | |</p>
<table>
<thead>
<tr>
<th>Service-based consumer groups</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Deb Parker, Peer Collective, PHAMS, St Lukes</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Francis Sanders, MIND Consumer Participation Group</td>
<td>✓</td>
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<td>Echuca Community Mental Health Service</td>
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<th>Community-based consumer groups/Key Individuals</th>
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<tr>
<td>Jeanette O’Brien, Coordinator Standby program, Bgo Community Health</td>
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<td>Paul Labour, IDHS</td>
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<td>Maine Connection, David Mithen</td>
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<tr>
<td>Ric Raftis, Loddon Healthy Minds Network, Wedderburn Mental Health Group, Black Dog Ride Coordinator</td>
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<td>Health Issues Centre</td>
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Appendix 4: Blueprint for 3 year strategic plan

Vision
A universal mental health service system that is responsive to local needs, and protects/respects the dignity/wellbeing of those experiencing mental health problems in our region.

Mission
The CPG acts as a strategic linkage between service decision-makers and consumers, to provide a consumer perspective on mental health services in the Loddon Campaspe Southern Mallee region to promote and influence a better service system for consumers and carers.

Values
Collaborative
Can-do attitude
Perseverance
Integrity
Respect for difference

Key Performance Areas
- Expanding and using regional consumer Network (e.g. mental health week activities, database, project working groups, technology use).
- Strengthening partnerships with mental health and generalist health services in rural and regional areas.
- Promoting consumer participation (e.g. developing in-service training for services, facilitating consumer leadership training, presenting/marketing work of CPG).
- Continual improvement of group processes (e.g. closing the consultation/feedback loop, roles).
- Psychiatric Services quality improvement. This is the only clinical service for this region and works with people at their most vulnerable, hence the importance of effective care.
- Alignment of CPG activities with current systems (e.g. NDIS).

We have achieved our objectives when:
- We are working with our communities to set achievable and sustainable goals to improve service delivery.
- We are working in partnership with agencies and community groups to focus on community priorities.
- We have representative input from rural communities.
- We can demonstrate service and system improvement outcomes of CPG work to our region.
Attachment 1: Design work templates

1. Logo

2. Pamphlet. Double sided print. DL size

3. Powerpoint

4. Coversheet

5. Letterhead

6. Tick of approval
Attachment 2: CPG document templates

The following documents have been included

1. Document control index

2. Documents

   Document 01  Terms of reference
   Document 02  Working Agreement
   Document 03  Guidelines
   Document 04  List of terms and acronyms
   Document 05  Agenda
   Document 06  Minutes
   Document 07  Position description
   Document 08  Position advertisement
   Document 09  New member welcome letter

3. Forms

   Form 01  Consultancy request form
   Form 02  Consent form
   Form 03  Contact form
   Form 04  Member declaration

4. Policies

   Policy 01  Communication

5. Procedures

   Procedure 1  Email configuration
Attachment 3: Interview Pro Forma