



Strategic Plan 2014-2017

Introduction: People with psychosocial disabilities are amongst some of the most marginalised in the Australian community and many live with poverty, discrimination and social isolation as a normal part of their lives¹.

In 2008 the Tasmanian Minister for Health requested a statewide review of mental health consumer and carer participation. This review involved significant consultation with those who live with mental illness, their family members, friends and carers who support them, as well as staff of government and community sector mental health services². As a result of that review, it was recommended that a single, sustainable consumer organisation be developed - and in 2011 Flourish Mental Health Action In Our Hands Inc. was established in Tasmania.

An estimated 12.6% of Tasmanians aged 18 years and over are experiencing high or very high levels of psychological distress in each month³. Flourish provides effective systemic advocacy for this community of citizens, to have a voice in how society supports people living with mental distress.

During our first three years of operation, our focus was on building the organisation to become recognised as a key organisation representing mental health consumers in Tasmania.

During the next three years, Flourish will continue to provide a strong voice for the views of mental health consumers in Tasmania, to ensure they are able to participate in society and experience fair access to quality services which reflect their recovery needs.

¹ First edition - Recovery Oriented Language Guide , Mental Health Coordinating Council 2013

² Consumer & Carer Participation Review September 2009, Mental Health Services, DHHS Tasmania 2009

³ Australian Bureau of Statistics 1384.6 - Statistics - Tasmania, 2008

Our Identity: Flourish Mental Health Action In Our Hands Inc. is an independent not-for-profit organisation established in 2011 to provide a strong voice for Tasmania's mental health consumers (people with a lived experience of mental illness). Flourish does not deliver individual services. It works with consumers, government, service providers and families to ensure that the delivery of mental health services is a quality process that meets the needs and expectations of all consumers.

Mission: To consult, inform and support by:

- providing a voice for mental health consumers
- building participation and advocacy capacity of those with the lived experience of mental illness

Vision: Tasmanians are supported to be well and to participate in society.

Our Values:

Consumer centred

- Value, understand and support each consumer as an individual
- Welcome and encourage consumers of all ages and backgrounds to contribute to Flourish

Resourceful

- Seek and create opportunities
- Find and apply practical solutions to problems.

Connected

- To our consumers, their families and communities – locally and nationally
- To other service providers, including government agencies as partners in supporting consumers

Acting with organisational integrity

- Doing what we say we'll do in a timely manner
- Assessing risk
- Delivering results and measuring success

Flourish Mental Health Action In Our Hands Inc.

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Our Goals:

1. People with mental illness are supported to speak out on systemic issues which are affecting them
2. Policies, practices and services that impact on people with mental illness will be determined through meaningful, respectful and open consultation with people with the lived experience of mental ill-health.
3. Tasmania has a strong and supported consumer peer work force
4. Flourish remains a relevant and sustainable organisation

Strategic Review:

During 2013-14 the Flourish Board and Flourish Regional Advisory Groups undertook a strategic review of the landscape of mental health services and identified issues directly affecting people with lived experience of mental ill-health in Tasmania. The Flourish Regional Advisory Groups consist of people with the lived experience of mental health issues from various backgrounds, ages (18 years and above) and locations around Tasmania, many of whom are connected with other Tasmanian mental health consumers who are not part of the Regional Advisory Groups.

Priority issues for mental health consumers in the Flourish Regional Advisory Groups are:

- Consumer Participation including representation, capacity building and Peer Work
- Human Rights including additional mental health advocates, apology to ex-patients of the Royal Derwent Hospital, and anti-stigma
- Health and wellbeing including dental, access to doctors and communication skills of sector staff
- Inpatient including availability of hospital beds, 24 hour mental health nurses in emergency and admission times
- Community Services including accommodation shortages, GPs training about existing services, and inadequate cooperation, interaction, continuity and consistency
- Flourish including Board representation and membership, and state-wide position statements.

The following key issues that will have an impact on mental health consumers and the way consumer services are delivered across Tasmania are:

- Introduction of the National Disability Insurance Scheme (Disability Care)
- Introduction of the Tasmanian Health Organisations
- Introduction Government programs
- Development of a Tasmanian Mental Health Strategy.

Introduction of National Disability Insurance Scheme

In 2013 the Tasmanian and Australian Governments signed an agreement for the introduction of a National Disability Insurance Scheme (NDIS) through the National Disability Insurance Agency (NDIA). This scheme will impact significantly on the way that community based services are delivered and will provide consumers with greater involvement and choice in the delivery of recovery services. The implementation of the scheme will be an important focus for consumers during the pilot program in Tasmania from 1 July 2013 and in progressing towards full implementation in 2018. The funding agreements for NDIS will effectively absorb the funding for a number of existing Australian and Tasmanian Government programs. Recently, some funding has been diverted to other federally funded areas from the NDIA, yet roll out appears to be progressing with some changes.

Introduction of Tasmanian Health Organisations

The Department of Health and Human Services implemented its transition to the three regional Tasmanian Health Organisation structures. The Tasmanian Government recently announced a merger of all three THOs into one, with its head office based in Launceston.

Additional Government Programs

A number of new Australian Government programs were implemented that impacted on the profile of consumer services in the community. They include:

- Extension of Personal Helpers and Mentors Program (PHaMS) services across Tasmania
- Introduction of integrated PHaMS and employment programs on the North West Coast
- Partners in Recovery Services
- Packages of Care.

Development of a Tasmanian Mental Health Strategy

The Mental Health, Alcohol and Drug Directorate (The Directorate) is undertaking the ***Rethink Mental Health Project*** – development of a long term plan for mental health in Tasmania. The project will concentrate on achieving better outcomes for consumers, their families and carers with a focus on frontline services and support.

Collection and interrogation of data

Data is an integral part of the policy process. It assists with forming initiatives and addressing issues as it provides a strong evidence base. Flourish has a role to play in researching what Tasmanian consumers' needs are. Flourish also requires quality data on the issues that it wants to progress for consumers.

Our Strategies and Performance Indicators:

Goal	Strategies		Performance measures
1. People with mental illness are supported to speak out on systemic issues which are affecting consumers.	1.1 Develop and strengthen the Regional Advisory Groups	1.1.1 Source training opportunities based on skills audit	Induction process reviewed and developed. Training needs of Regional Advisory Group members assessed. Work with other providers and identify cost-neutral places Training undertaken
		1.1.2 Governance structure of Regional Advisory Group revised, developed and implemented	Evaluation undertaken regionally and at a state-wide meeting
		1.1.3 Three-year members evaluation of RAG operations	Terms of Reference reviewed
		1.1.4 Develop recruitment strategy for RAG membership	Work with members to develop recruitment plan
		1.1.5 Develop social aspect of RAGs for members	Build into cycle of meetings, social activities with other groups and organisations through forum development
	1.2 Develop and expand the Consumer Representative Service	1.2.1 Source training opportunities based on skills audit	Induction process reviewed and developed. Training needs of Consumer Representative Service members assessed. Work with other providers and identify cost-neutral places. Training undertaken

Goal	Strategies		Performance measures
		1.2.2 Continue Promotional Plan	<p>Direct mail campaign to business, community groups, schools and government agencies.</p> <p>Quarterly meeting with delegated Directorate Staff</p>
	1.3 Promote consumer participation to mental health service providers.	1.3.1 Promotional strategy for private, community and government health.	<p>Sector information sessions/presentations.</p> <p>Liaison with Private Mental Health Consumer and Carer Network</p> <p>In CRS Promotional Plan - action</p>
	1.4 Be involved in national systemic issues and develop Flourish to represent consumers nationally		Work with key national stakeholders including: Mental Health Council of Australia, National Consumer Organisation, National Consumer and Carer Forum, and The Directorate
2. Policies, practices and services that impact on people with mental illness will be determined through meaningful, respectful and open consultation with people with the lived experience of mental ill-health.	2.1 Develop and focus policy development and communications with stakeholders including mental health consumers, government and the community mental health sector.		<p>Position papers are developed with input from all stakeholders through Board Policy Committee</p> <p>Provide advice and feedback on mental health consumer issues to The Directorate, THO MHS' and other stakeholders.</p>
	2.2 Advocate for and support mental health service providers to involve consumers at a systemic level in service delivery, planning and evaluation		<p>Sector information sessions/presentations.</p> <p>Provide a forum for the provision of information/consultation between mental health consumers and The Directorate and THO Mental Health Services' staff four times a year in each THO region.</p>

Goal	Strategies	Performance measures
	2.3 Remain actively involved with the development, implementation and review of relevant legislation including <i>The Mental Health Act</i> .	Attendance at committee meetings and receipt and distribution of information continuing. Promote and assist with consumer evaluation of <i>Mental Health Act</i> at regular intervals
	2.4 Continue to negotiate with national peak bodies, advocating for Tasmanian consumers to have input into national consumer policy	Tasmanian consumers are represented on targeted national committees.
	2.5 With support from DHHS, MHCT, and other key stakeholders, devise strategy to collect relevant consumer data through government & private funded agencies to assist in position paper development advocacy (where are the gaps, needs, growth)	Receive information from providers.
	2.6 Work in partnership with consumers and the mental health sector to deliver anti-stigma campaigns	Involvement in anti-stigma campaigns. Promote mental health consumers' rights and responsibilities.
	2.7 Work with the Tasmanian Government towards an apology to former patients of the Royal Derwent Hospital.	An apology to the former patients of the Royal Derwent Hospital is gained.
3. Tasmania has a strong and supported consumer peer work force	3.1 Advocate for and support a paid peer workforce in mental health services.	Increased numbers of Consumer Peer Workers. Increased percentage of mental health service providers that employ consumer peer workers.

Goal	Strategies	Performance measures
	<p>3.2 Work in partnership with mental health consumers, and the mental health sector to develop a peer work framework for Tasmania</p> <p>3.3 Continued support of Tasmanian Peer Support Network</p>	<p>Tasmanian Mental Health Services Sector has an agreed Peer Work Framework.</p> <p>Tasmanian Peer Support Network continues to be supported administratively</p>
<p>4. Flourish remains a relevant and sustainable organisation</p>	<p>4.1 Flourish Board has an appropriate governance model in place.</p>	<p>Recruitment and training policy and practices reviewed and developed.</p> <p>Regional Advisory Groups' representation to Flourish Board is revised, developed and implemented.</p> <p>Membership of the organisation is revised, developed and implemented.</p>
	<p>4.2 Flourish has sustainable funding from a diverse range of sources to deliver strategic plan.</p>	<p>Funding levels are maintained.</p> <p>Funding options are explored and pursued.</p>
	<p>4.3 Develop and reinforce brand and image</p>	<p>Evaluation undertaken of consumers and mental health service providers' views on Flourish; review marketing materials, messages</p>
	<p>4.4 Review and develop internal and external communications with key stakeholders.</p>	<p>Flourish Communication Strategy revised, developed and implemented.</p>

Terminology

Recovery – is a journey undertaken by people with lived experience of mental illness/ emotional distress.

Recovery oriented practice/service provision – is how workers and services support people in their individual recovery journey.

First edition - Recovery Oriented Language Guide, Mental Health Coordinating Council 2013

Systemic Advocacy – seeks to influence or secure positive long-term changes that remove barriers and address discriminatory practices to ensure the collective rights and interests of people with disability are upheld. Key descriptors for this model include:

- The systemic advocacy agency:
 - pursues positive changes to legislation, policy and service practices in partnership with groups of people with disability, advocacy agencies and other relevant organisations;
- seeks to address barriers and discriminatory practices to produce long-term positive changes

Consumer & Carer Participation Review September 2009, Mental Health Services, DHHS Tasmania 2009

Peer Support Work - "Peer support work is not based on psychiatric models and diagnostic criteria. Being a Peer Support Worker requires understanding another's situation empathically through the shared experience of emotional and psychological pain. When people find affiliation with others they feel are 'like' them, they feel a connection. This connection, or affiliation, is a deep, holistic understanding based on mutual experience where people are able to 'be' with each other without the constraints of traditional (expert/patient) relationships." (Mead, 2001)

Mental health Peer Support Worker - The Tasmanian Peer Support Network defines a mental health Peer Support Worker as an individual who is living well with a mental illness and who use their lived experiences whether paid or in a voluntary capacity to assist and help other individuals who live with a mental illness to have a happy and fulfilled life.

Peer Support -"Peer support is a system of giving and receiving help founded on key principles of respect, shared responsibility, and mutual agreement of what is helpful." (Mead, 2001)

Acronyms

DHHS – Department of Health and Human Services

CSO – Community Service Organisation

EO-Executive Officer

PO- Policy Officer

FA Officer – Finance and Administration officer

FAR - Finance Audit and Risk

NDIA - National Disability Insurance Agency

NDIS- National Disability Insurance Scheme

PHaMS – Personal Helpers and Mentors program (Federally funded program)

The Directorate – Mental Health, Alcohol and Drug Directorate (formerly S&MHS – Statewide and Mental Health Services)

THO – Tasmanian Health Organisation (s)