# 

**Roadmap for Community Mental Health Treatment and Emergency Response Services (CTER Roadmap)**

# Consumer, Family, Carer and Community - Expert Working Group Application Form

Please complete either this form **or** the [**online application form**](https://forms.office.com/Pages/ResponsePage.aspx?id=ub4mXTDXQ0OiUdFwyoY3fFch6DWiD7JGmFDCgOyjl01UQzBTMEs5SENNUFFNSkhBQUI0VTVFR0Y1MC4u)

I am applying to be a member of an Expert Working Group to the Roadmap for Community Mental Health Treatment and Emergency Response Services (CTER Roadmap) Steering Committee.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First name: |  | | | | | |
| Surname: |  | | | | | |
| Preferred name: |  | | | | | |
| Address: |  | | | | | |
| Suburb |  | | State: |  | Postcode: |  |
| Email address: |  | | | | | |
| Contact phone number/s: | |  | | | | |

**Which Expert Working Group/s align with your lived experience (you can tick more than one)**

Metropolitan Community Treatment Services EWG

Regional and Remote Community Treatment Services EWG

Emergency Response Services EWG.

**Would you like to be regarded as: (You can tick more than one box)**

|  |  |
| --- | --- |
| **A consumer:** | A person who currently or previously has identified as being a consumer of mental health services, with or without co-occurring Alcohol and Other Drug (AOD) use, with experience or knowledge related to the lived experience of community mental health treatment including emergency response services. |
| **A family member or carer:** | A family member or carer representative of someone who has experienced mental distress or co-occurring mental distress and AOD use, with experience or knowledge related to the lived experience of community mental health treatment including emergency response services. |
| **A consumer who has tried to access community treatment and/or emergency response services:** | A consumer of mental health services, with or without co-occurring Alcohol and Other Drug (AOD) use, who has experienced mental distress or co-occurring mental distress and AOD use experience trying to access community mental health treatment including emergency response services. |
| **A family member or carer of someone who has tried to access community treatment and/or emergency response services:** | A family member or care representative of someone who has experienced mental distress or co-occurring mental distress and AOD use experience trying to access community mental health treatment including emergency response services. |

Do you have any disability/impairment support requirements we should be aware of?

|  |  |
| --- | --- |
| i.e. TTY, Visual aids? |  |

If unsuccessful on this occasion, would you like the Mental Health Commission to keep you informed about other consumer/family/carer engagement opportunities in the future?

**Yes  No**

It would be appreciated if you could please complete the section provided below, this will assist the Commission to develop a diverse pool of representatives.

|  |  |
| --- | --- |
| Gender identity: |  |
| Age: | under 18 years 18 – 25  26 – 40  41 -60  60+ |
| Do you identify as a member of any of these groups? (Mark all that apply to you) | |
| Aboriginal  Torres Strait Islander  CaLD (Culturally and Linguistically Diverse), please state:  LGBTIQA+ (Lesbian, Gay, Bisexual, Transgender, Intersex, Queer, Asexual, questioning or other diverse sexuality and gender) | |

**Meeting the Requirements of the Role**

Please provide responses to the following criteria.

. You may like to complete the questions below as per the [online application form](https://forms.office.com/Pages/ResponsePage.aspx?id=ub4mXTDXQ0OiUdFwyoY3fFch6DWiD7JGmFDCgOyjl01UQzBTMEs5SENNUFFNSkhBQUI0VTVFR0Y1MC4u) **or** write **up to two pages** and **attach separately** with pages 1-2 of this document**.**

Note: **Closing date: 9:00am, Monday 9 August 2021.**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Do you have access to reliable resources? e.g. computer, email and internet** | **Yes** | **No** |
|  | **Do you have experience or knowledge related to the lived experience of public community mental health treatment including emergency response services?**  *Community mental health treatment services include public adult community mental health assessment or treatment teams; older adult mental health outpatient services; and child and adolescent mental health outpatient services* | **Yes** | **No** |
|  | **Briefly outline which of the Expert Advisory Groups align with your lived experience?**  *Briefly outline how you could integrate your experiences of mental illness or co-occurring mental illness and AOD to contribute to the work of this EWG.* | | |
| (type answer here) | | | |
|  | **Briefly outline your connection with mental health consumers, families, carers, service providers or community members, such as involvement with groups or networks (formal or informal).** | | |
| (type answer here) | | | |
|  | **Are you willing to consult regularly with a network of consumers, families, carers, service providers or community members?** | **Yes** | **No** |
|  | **Are you confident to present the views of diverse consumers, families, carers, service providers or community members in discussions and decision making?** | **Yes** | **No** |
|  | **Briefly outline the knowledge, skills and capabilities that you could bring to the work of the Roadmap Expert Working Group.**  *Give examples of:*   * *Your knowledge, beyond your own experiences, of matters that affect people experiencing mental illness or co-occurring mental illness and AOD use, and their families, carers and community (e.g. including marginalisation, stigma, discrimination, homelessness, relationship issues and criminal justice issues);* * *Your knowledge and understanding of Mental Health Recovery, including personal and relational recovery, and the impacts of trauma and social determinants on recovery; and* * *Your interpersonal skills, including how you can respond respectfully to diverse perspectives and challenging opinions.* | | |
| (type answer here) | | | |
|  | **Do you have experience with systemic advocacy?**  *Mental health, AOD, or other area* | **Yes** | **No** |
|  | **Details** (if yes) | | |
| (type answer here) | | | |
|  | **Briefly outline your current or previous involvement with teams, working groups or committees (including any not related to mental health and/or AOD).** | | |
| (type answer here) | | | |
|  | **Briefly outline any qualifications, education, training, past work roles or volunteer positions that are relevant to this application.** | | |
| (type answer here) | | | |
|  | **Briefly outline how will you balance your workload of this role with other commitments.** | | |
| (type answer here) | | | |
|  | **Is there any other information you would like to share with us?** | | |
| (type answer here) | | | |

**For more information please** contact Anya-Jane Walters on 6553 0600 or email [CommunityRoadmap@mhc.wa.gov.au](mailto:CommunityRoadmap@mhc.wa.gov.au)

**Please send your completed application to:**

* Email to: CommunityRoadmap@mhc.wa.gov.au
* Hand deliver (marked Attention: Anya-Jane Walters) to Level 1, Workzone,1 Nash Street, Perth. We are adjacent to McIver Station.

**Closing date: 9:00am, Monday 9 August 2021**

**Thank you for your interest in being part of reforming mental health, alcohol and other drug services in WA.**

*The information you provide will only be seen by the CTER Roadmap project team and the selection panel. Sensitive personal information contained in consumer, family and carer Expressions of Interest, Application Forms and Criminal Records Screening checks (including emails with attachments) are stored electronically in a confidential, secure folder with strictly, limited access. The records are stored in line with the State Records Act 2000.*

**Some Helpful Guidelines to Assist in Completing this Application**

**Sharing your personal experiences:** For the selection panel to assess your application we need to know something about your mental health or AOD journey, whether you have a consumer or family/carer perspective, or both.

It can be a challenging task to know what and how much to share of your personal experiences with people you do not necessarily know. It can be difficult at times to know how much detail to include. For the purposes of this application we suggest that less detail is better. Please think carefully about the information you share and avoid going into lengthy personal stories about yourself or your family’s experiences. Try to think clearly and constructively about your experiences and how they relate to the role requirements.

We recommend that you start by describing your motivation for applying for this committee or group. Then expand on what the mental health problem is or was, what type of community mental health treatment and emergency response services you or the person you care for have used, and how long for. While negative experiences are important, please do not *unnecessarily expand* on them in this application. Be careful when mentioning other people involved like family, friends, mental health professionals and services, that you do not unintentionally damage your reputation or someone else’s.

Sometimes actively using your lived experience to assist others can bring up unexpected emotions, feelings, and memories and can leave you feeling overwhelmed with emotions or feeling vulnerable. Include what self-care strategies and supports you use to maintain and nurture your wellbeing. How have your experiences contributed to your sense of self? What activities do you enjoy, what you are working on and looking forward to in the future?

**Representing yourself and/or others:** We are looking for people who can integrate their experiences to benefit the work and objectives of the committee. It is accepted that a person can only truly represent their own experiences and can’t represent or lobby for all consumers, families and carers. However we do expect that you will consult with other people with lived experience and be able to sufficiently and confidently represent their concerns or perspectives.

**Demonstrating teamwork and collaboration:** Providing an example of teamwork and collaboration will also help us assess your application. This could include work on other committees, working groups or teams past or present, paid or volunteer, in any capacity. You may like to explain the purpose of that work, your role, and a positive outcome that resulted.

**Anything else you would like to include:** People not only bring their own personal experiences to a consumer, family, carer and community role but also their other life and work experiences including education. You may like to include this in your application but remember this is not a job application so don’t need to include every detail!