



Carers Representation Program E Bulletin 19 July

WELCOME TO THE CARERS VOICE SPECIAL E-BULLETIN

SPECIAL EDITION CONTENTS

1. Current Status of Committees
2. What You Said about Sebastian Rosenberg's Report
3. Moving Forward
4. New Carer Representatives for 2012
5. Selection Process Summary
6. How Else You Can Be Involved

1. CURRENT STATUS OF COMMITTEES

We have had a number of enquiries from you about the restructure of Mental Health ACT, and what this means for current Carer Representatives on committees, advisory and working groups of this department. As it stands at the moment, all current Carer Representatives will maintain their Representative positions until further notice. The contact people from your particular committees, advisory and working groups will contact you as usual about meetings, etc.

We have been sent an outline of the divisional committee, advisory and working group structure as it is at the moment. It is given in **Attachment 1**.

We will update you as additional information comes to hand. All community committees, advisory and working groups will continue as they are essentially unaffected by the restructure.

2. WHAT YOU SAID ABOUT SEBASTIAN ROSENBERG'S REPORT

Attachment 2 contains the feedback that you gave about the documents and processes that have been developed following the Rosenberg Review. This review, and the documents and processes developed as a result of it, were designed to bring best practice and good governance principles into the Carers ACT Mental Health Carer Representation Program. They were widely circulated to mental health Carers in May.

3. MOVING FORWARD

WHAT YOU SAID . . .	HOW WE'VE LISTENED . . .
<p>An election process for the selection of Carer representatives is the most transparent approach to use and is in line with the Mental Health Services Standards.</p>	<p>The ACT Health Directorate (the Mental Health Carer Representation Program's funding body) has reiterated that the process used by Carers ACT to select Carer representatives is a matter for Carers ACT itself. The process is the same as that used by the Mental Health Consumer and Carer Forum and the ACT Mental Health Consumer Network and meets the spirit of the Mental Health Services Standards. Following the information outlined above, Carers ACT is implementing the proposed selection process with some modifications as outlined below.</p>
<p>1. Composition and selection of members of the Selection Panel needs clarification/ amendment.</p> <p>2. Consideration should be given to the selection of an alternate representative.</p> <p>3. The selection process for the carer representative on the Selection panel has not been outlined.</p>	<p>1. Carers ACT will adopt the selection panel approach to choosing Carer Representatives where more than one nomination per position is received.</p> <p>The panel will comprise a Carer representative, a member of a community organisation (e.g. the Mental Health Community Coalition, ACTCOSS, or Mental Health Council of Australia) and a staff member of Carers ACT with knowledge of mental health issues. Selection will be based on an assessment of an individual's claims against set selection criteria. A flowchart of the Selection Process is given in Attachment 4.</p> <p>2. Alternate Committee delegates will be selected using the same selection process as above.</p> <p>3. A modified election process to select the Carer representative on the selection panel is being adopted. This is outlined in Attachment 3, but will involve a simple email voting system if more than one nomination is received.</p> <p>The Carer representative on the Selection Panel is ineligible to nominate for, or sit on, any committee, advisory or working group for the duration of their term on the Selection Panel. The selection process for this position will commence at the end of August and appointment will be for a 2-year term, initially from October 2011-October 2013.</p> <p>The Carer representative on the Selection Panel is a remunerated position, in line with other representative positions. Remuneration will be at an hourly rate in line with the Reimbursement Policy.</p>

<p>Clarification required on:</p> <ol style="list-style-type: none"> 1. the definition of an active Carer and, 2. following bereavement, how long Carers can continue to be members of Carers ACT. 	<ol style="list-style-type: none"> 1. The definition of an active Carer for the purposes of Carer representation is: a Carer who is currently caring for their loved one, or whose loved one is no longer in their care (this could be due to death, change in living arrangements, moving etc), but who has been an active Carer within the previous 5 years. 2. Bereaved Carers can be members of Carers ACT for as long as they wish. The Mental Health Carer Participation and Representation Program provides a number of ways for Carers to contribute and most of these are not dependent on an individual being an active Carer. These are included in Attachment 5. These ways may include: <ul style="list-style-type: none"> • the provision of information, • training assistance, • suggesting, or being, guest speakers, and • participating in the Carers Voice website (and Discussion Forum). <p>Note: Some services are only available for 12-18 months after the caring role ceases.</p>
<p>Clarification is needed about the role of Carers ACT in the management of Mental Health Carer representatives.</p>	<ol style="list-style-type: none"> 1. Carers ACT is the peak body representing mental health Carers' interests in the ACT. As such it is our role to ensure that the perspectives of all Carers are canvassed and heard. 2. Carer representatives are not required to put forward the views of Carers ACT. Neither should they be putting forward their own views. Rather, they are speaking for mental health Carers. Carers ACT acts as a conduit for all mental health Carers and can facilitate the processes by which Carer representatives can canvass the views of other Carers (eg. the new Carers Voice website, which will include a Discussion Forum, will be launched soon). 3. From time to time, Committee Chairs may seek the views of Carers ACT from an organisational perspective. ACT Health may seek representation from Carers ACT on Tier 1 Committees.

<p>Compulsory signing of a Code of Conduct by Carer representatives may be a conflict of interest if the Carer puts forward a view that is different to that of Carers ACT.</p>	<p>There are a number of issues to be addressed here:</p> <ul style="list-style-type: none"> • A Code of Conduct is both best practice & good governance. • There is a requirement to present Carers ACT (as the auspicing organisation) in a positive light. This is usual in Codes of Conduct. • Where a Carer representative has an issue with Carers ACT, there is an expectation that the Carer will follow the Carers ACT grievance process to resolve the issue.
<p>Limiting the number of Committees that Carer representatives can sit on to one is restrictive.</p>	<p>ACT Mental Health, Justice Health and Alcohol and Drug Services has advised that they are seeking a diversity of Carer representatives on the Committees, which are now reflective of the Division's broader focus. Carers may nominate for as many Committees as they wish, but may only sit on one.</p>
<p>Carer representative positions should be more broadly promoted in the media.</p>	<p>We are looking at mechanisms to encourage broader participation within the mental health Carer community.</p>
<p>The documentation provided in relation to the Mental Health Care representation Program is too dense and poses a barrier to those whose first language is not English.</p>	<p>We have simplified the documentation, and have used charts and flowcharts to supplement dense documents. We will also ask our Culturally and Linguistically Diverse Coordinator to proof-read written documents before they are issued to Carers.</p>
<p>Clarification is required about the term of Carer representative appointments.</p>	<ol style="list-style-type: none"> 1. Mental health Carer representatives will be selected for a 2-year term, commencing in the January of the even numbered years. Performance will be reviewed annually; ie. new arrangements will be in place from January 2012. 2. Working and Advisory Groups are time-limited (generally up to 2 years duration). Once selected the Carer representative will remain on that working or advisory group for the life of the group.
<p>Carer representatives need more support in their role.</p>	<p>Support for Carer representatives includes the following:</p> <ul style="list-style-type: none"> • training, • opportunities for Carer representatives to get together to discuss and resolve specific issues, • the Carers Voice Website and Discussion Forum and a Quarterly Issues Forum with a guest speaker, to aid in garnering mental health Carers' views, • assistance in clarifying issues raised in briefing papers or meetings, • the development of position papers where relevant.

<p>Clarification required of Community Care principles, and Team Building principles.</p>	<p>The community care principles are those of:</p> <ul style="list-style-type: none"> • engagement within the community, and • empowerment of the community. <p>Team building principles are of:</p> <ul style="list-style-type: none"> • respect for others’ points of view, especially when they differ your own, • encouragement of people, and • support for the tasks that people have undertaken. • These are drawn from the Carers WA documents which have underpinned many of the recommendations of the review. They are implicit throughout all the documents, but will now be specified more clearly within them.
--	--

4. NEW CARER REPRESENTATIVES FOR 2012

In keeping with the Rosenberg recommendations, endorsed by some Carers, and in line with the Mental Health Consumer Network, Carer Representatives on committees will be appointed for a 2 year term. The term will start and end on 1st January of the even numbered years. Carer Representatives on advisory or working groups will be members for the life of the group, as this is usually less than two years.

This means that all committee Carer Representative positions, and any invitations received for advisory or working group members at that time, will be open for nominations via our new process in October this year. The selection process will be complete, and the successful Carer Representatives will be announced in the Carers Voice E-Bulletin in late November.

Carer Representatives, or those wishing to be Carer Representatives, will be able to nominate for as many positions as they wish, but will only be able to sit on one committee, advisory or working group at any one time.

The term for the Carer member of the Selection Panel will also be a two year term, but this term will run from October to October of the odd numbered years. This is to ensure that the selection panel can be convened as needed during the Carer representative selection process. The selection process for the Carer member of the Selection Panel will start in August. A flowchart of this selection process is given in [Attachment 3](#).

The Carer member of the selection panel is ineligible to nominate for any committee, advisory or working group position during their term on the selection panel.

5. SELECTION PROCESS SUMMARY

Because we’ve had a number of comments about the difficulties of working through the denseness of all the paperwork, we have produced a summary flowchart of the Carer Representation Selection Process. This is found in [Attachment 4](#). We hope it makes things easier to comprehend.

6. HOW ELSE YOU CAN BE INVOLVED

There are many ways of being involved in the Mental Health Carer Participation and Representation Program. [Attachment 5](#) sets out a number of ways to consider, but these are by no means the only ways to participate. The ways of participating are really only limited by our collective imagination. If you would like to do something that is not listed here, but which comes under one or more of the general headings, please make contact with us on 6296 9900 or by email: lydias@carersact.asn.au and talk about it.

List of Attachments:

1. Divisional Committee Structure.
2. Your feedback on the Rosenberg Review.
3. Flowchart of the Selection Panel Carer member process.
4. Flowchart of the Carer Representation selection process.
5. Ways to participate in the Mental Health Carer Participation & Representation Program.

FEEDBACK ON THE ROSENBERG REVIEW OF THE MENTAL HEALTH CARER REPRESENTATION PROGRAM

Here are the comments and feedback received about the documentation developed as part of the recommendations following the review of the Mental Health Carer Representation Program. As required, these have been de-identified, and a spellcheck run through them, but otherwise remain unedited and as received.

1.

Here are my comments on the documents presented at the Carers Rep meeting last Thursday, as requested.

Selection Panel Overview

I strongly disagree with the make-up of the selection panel. I don't think that it is appropriate to have an ACT mental health staff member on the panel. The government shouldn't be able to have a say in who is selected. If we are selecting Carers' reps, then surely there should be a majority of Carers on the selection panel. Has to be 'transparent'. I didn't find any details about how the 'Carers' rep' will be selected for the 'selection panel' - have I missed this?

Code of Conduct for MH Carers

If this program is about representation of mental health Carers (and not about representing Carers ACT), then I don't think it is necessary to have the words *"and the role of Carers ACT as the peak body representing Carer interests in the ACT"* in paragraph 1. This contradicts the statement on p3 of the policy about the 'sole interest of Carer Reps' etc.

Could you let me know what "community care principles" are?

MHCR Policy document

I note the words 'active caring role' and generally agree with this. Maybe CACT should give some consideration to the position of those who are recently bereaved. Whilst they aren't in an active caring role - they would still be able to make a contribution in the as a mental health Carer rep for some time? (How long are 'bereaved' Carers allowed to be members of Carers ACT?)

p.2 could you let me know how much funding is received from ACT Health to administer the MHCR program?

I think some more thought needs to go into working out easy ways for Carers to canvass the ideas of other Carers. In the report summary, there is an emphasis (even an obligation) on MHC reps attending 6 weekly forums - but I wonder how practical this is, when Carers have many other

commitments. I think the forums are a good idea - but how many people will get to these regularly? In addition to this, CACT need to give additional thought to alternate ways for Carers to communicate with each other - eg through email / telephone / internet contact - when they need a quick response or can't make it to the forums. I know there is the issue of confidentiality, but surely Carer reps could be asked if they are happy to have their email addresses / tel nos available? Or CACT could run a 'blog' where important issues could be discussed? I think the suggestion of a mental health rep chairing the forum is good.

These are only quick notes - I'm happy to elaborate on any points if they are not clear.

I look forward to reading the comments received from other Carer reps as promised at the meeting.

2.

I have scanned the documentation provided with the report by Sebastian Rosenberg regarding the Carer representation program.

Initially I find it disturbing in that it recommends removing the democratic right of Carers to elect their own representatives. The selection process by panel with majority rule being the basis of selection when consensus is not reached. With the panel comprising only one Carer and a gov't rep and a CACT rep the selection of a Carer rep or reps can be taken out of the hands of Carers. Removal of the democratic vote runs contrary to c'wth gov't policy on the question of Carer/Consumer representation.

The whole tenor of the supporting documentation does, in my mind, create an atmosphere that reps will be CACT reps or at least be beholden to CACT rather than individual representatives of the members. This situation could be further aggravated if rep is receiving help from CACT. Compulsory signing of a code of conduct that reps will abide by that code may in fact put reps in a conflict of interest if they are opposed to CACT's stance on an issue. What disciplinary action is proposed if a rep fails this test and on what authority?

The code in fact states that the rep must represent CACT's views in a "positive way". This is not the role of a Carer rep and could cause angst if the rep takes a contrary view put to him/her by the members. As I see it CACT is there to run the election of reps, support the reps but NOT control the reps.

Carer Rep Program Sect 2.1

This implies that CACT is the only way a Carer can access the Carer rep program. How will members of erstwhile NGOs like ARAFMI break through? I see this is possible in the fine print but who will read it all?

Why limit members to only one committee? This is a new constraint. Many committees have the same gov't reps on them and the work is often complementary. This applies equally to Carer representatives.

Section 3.1 CACT'S role transparency and clarity of selection.

The most transparent method is a democratic vote, not a panel where the Carers are outnumbered.

Alternative delegates in event of sickness etc. who will and how shall they be selected?

Executive Summary

There are many statements in this I would challenge. The consultant's view is but a snapshot in a brief period of time and is not necessarily sacrosanct.

1. "Relationships between Carers strained" - Comment - not so strain was generated by CACT's intransigence in persevering with flawed voting systems lacking clarity. A simple voting system is encompassed in 1000s of NGO constitutions Australia wide that have served admirably for generations.

As this system now appears to be understood there is no need to move to a weighted "panel selection system", a retrograde move only causing more confusion and totally contrary to accepted community norms.

This may be appropriate for the far flung constituent members of Carers WA and the Australia wide NMHCA from which the panel model has been copied. Canberra is a unique small tight demographic with many members known to each other. In this case the direct election is the preferred model, simple, transparent and understood.

3.

Further to our discussion yesterday, I would like to provide some comments on ConNetica's report on the review of mental health representation program.

While I was reasonably happy with the conduct of the election process for mental health representatives, I believe that the process could be improved as there appeared to be a fairly small number of Carers who nominated for Carer representatives on the committees.

I support the recommended replacement of the existing election process with a Carer representation panel. The Carer representation process should be more broadly promoted in the media (including press radio and TV) to encourage a far greater number of mental health Carers to apply for the positions.

Carers should be allowed to be appointed to a maximum of two committees. Appointment should be on the basis of merit and ability, skills and experience to perform the role of MH consumer representative.

The appointment of a Carer to a committee should be for a period not exceeding two years and performance should be reviewed annually.

I hope this is of some assistance.

4.
Notes from a phone call:

thinks the Carers ACT staff member on the selection panel for committee members should have mental health specific knowledge and expertise.

also asked if there was an issue of having an ACT government staff member on the selection panel.

5.

I have had a look at the documents handed out at the meeting held on 12 May at Woden and I would like to make the following comments about them and the meeting in general - in no particular order of importance:

- It was very interesting to meet Tina Bracher and hear her speak. I had not realised she was going to be at the meeting, so it was a nice bonus!
- Please resist the temptation to shorten the name of the new Division. Effective communication is our most important tool and if cultural change is to take place we should not be disguising the 3 components of the new division. We need to slow down and communicate in a way that includes everybody. If division staff members create an acronym that slips into their internal jargon that is OK, but that jargon needs to remain internal.
- I am wondering about the relevance of "mental health" Carer representatives. Tina spoke at the meeting about how "mental health" is no longer a separate entity. Some of the committees will be working across Mental Health, Justice Health and Alcohol and Drug Services. Will some representatives now need to come from a broader base? I realise the significant overlap between the three areas (hence the amalgamation), but does the terminology need to change slightly?
- I was delighted to hear at the meeting that \$\$\$\$ have been provided for a Carer advocate to work in the division. I have had very positive dealings with the consumer advocates in the course of my advisory group meetings and I think the continuing and constant presence of a Carer advocate to work alongside them could be very effective.
- I agree very much with the concept of a selection panel to select the Carer representatives. I personally found making an informed vote in

the previous process almost impossible. The idea of having a comparable process to the consumer peak body and other geographical areas also makes sense to me. There will always be minority areas of discontent, but I think that discontent needs to be managed separately.

- Is it still the idea that Carers can participate in the program without actually being, or applying to be, an actual representative on a committee? Carers who do not have the time or inclination to "play" in the bureaucratic quagmire may still be able to contribute to the program by sharing their perspectives on particular issues when relevant. I'm not sure that situation is covered in the papers.
- Now to your suite of policies and forms - I must be honest and say that I tend to glaze over a bit when I am faced with reading policy documents and pro formas. The words are only as good as the goodwill and co-operation of those using them. Having said that, they are obviously important. As I said in an earlier point I would query if the term "mental health" is as relevant as it was previously. Apart from that I have only looked at them briefly and have no other comments at this stage. It would have been good to have had a quick go through them at the meeting.

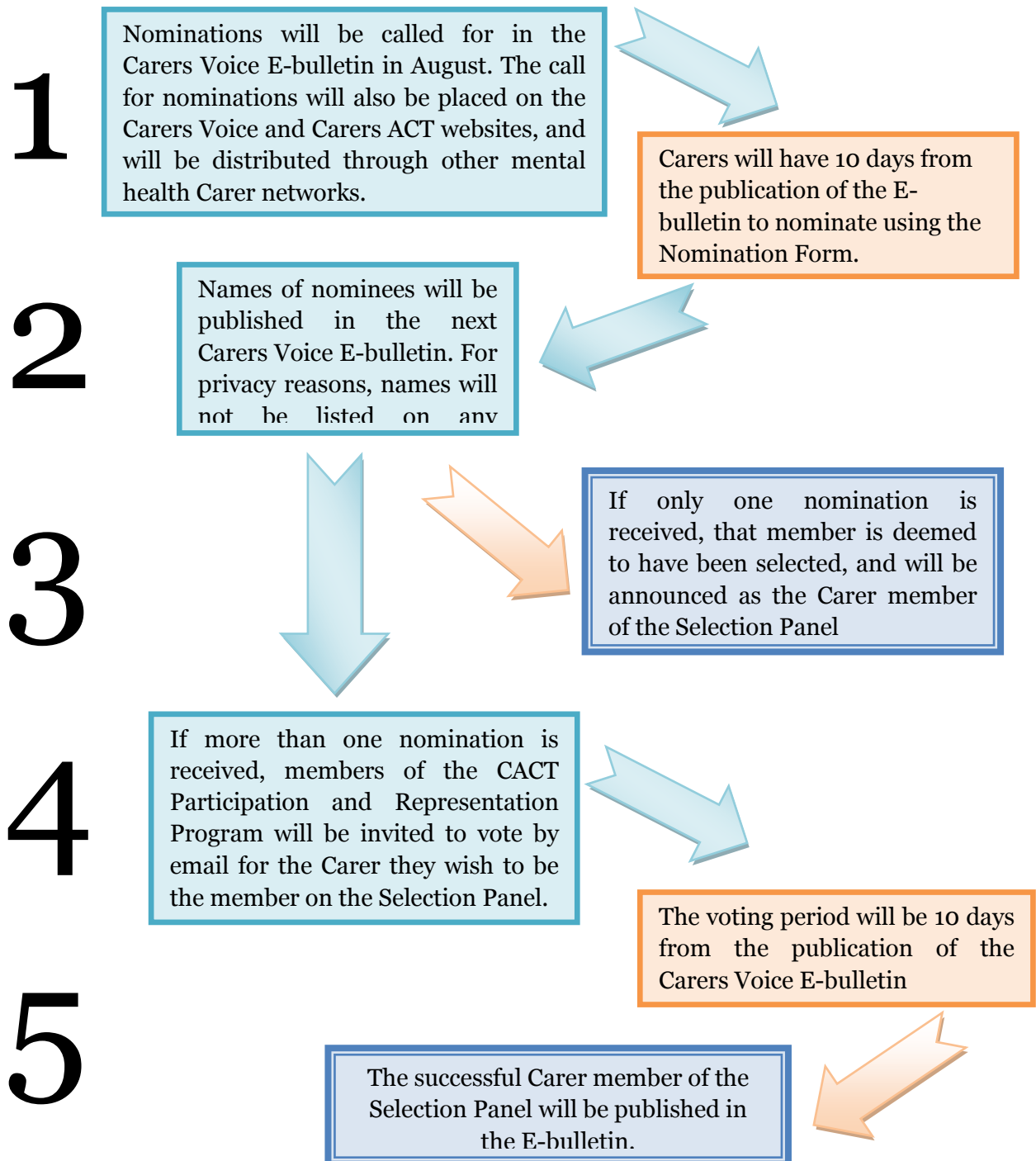
I hope this all makes sense. I'm happy to chat further if needs be.

6.

Notes from a phone call:

If we're looking to encourage CALD representation, the documentation poses a barrier to those whose language skills are poor. The documents need to be made more simple to make it easier to formulate a response.

SELECTION PROCESS FOR MENTAL HEALTH CARER ON CARERS ACT CARER REPRESENTATION SELECTION PANEL.



NB. The Carer member of the Selection Panel is ineligible to nominate, or sit on, any committee, advisory or working group for the duration of their term on the Selection Panel.

Mental Health Carer Representation Program Selection Process

Carers ACT is contacted by ACT Health or other group seeking Carer representative(s).



Position(s) advertised in the Carers Voice E-Bulletin and Carers Voice website.



Interested Carers nominate using the Nomination form.



If no nominations are received, Carers ACT will seek nominations from individual Carers, and/or from other appropriate community agencies.

If there is only one nomination, and the person has the required skills, their name will be forwarded to the Committee/Advisory Group /Working Group Chair.

If more than one nomination is received, a Selection Panel will be convened. The Panel will assess Applications and will forward the name of the successful nominee to the Committee/Advisory Group /Working Group Chair.



The Chair/Secretary of the Committee/Advisory Group/Working Group will confirm the appointment by providing the successful nominee with all relevant documentation. Carers ACT will also be advised.



Name of Carer Representative will be publicised in a subsequent Carers Voice E-Bulletin and uploaded to the Carers Voice website.

CARERS ACT

PARTICIPATION AND REPRESENTATION PROGRAM

Carers ACT (*CACT*) is the peak body for mental health Carers in the ACT. The funding for the Mental Health Carer Participation & Representation Program (*MHCPRP*) comes from the ***ACT Department of Health***.

Our role is to act with Carers to bring about a mental health system that better supports people with mental health issues, their families and friends. We do this through the *MHCPRP*. To achieve a more effective mental health system in the ACT, we focus our work through:

1. Strategic Partnership.
2. Priority and Planning.
3. Policy Development.
4. Issues and Forums.
5. Communication.
6. Carer Representation.

1. Strategic Partnership.

Collaboration with other key organisations helps to provide a stronger and more compelling case for positive change within the mental health system. Our partners include:

- Mental Health Community Coalition.
- Mental Health Consumers Network.
- ACTCOSS.
- Mental Health Foundation ACT.
- Mental Illness Foundation ACT, & Vic.
- Woden Community Services.

We aim to continually develop and foster other strategic partnerships.

Nationally, *CACT*'s partnership with ***Carers Australia*** allows us a voice in the broader mental health spectrum.

How you can participate:

- Suggest other partnerships, and aid *CACT* to be contact with appropriate people within the organisations/associations.
- Be involved in our key meetings with our local and national partners to ensure Carers' issues are heard in your own words, and from your lived experience.

2. Priority and Planning.

Governments, both ACT & Federal, are more likely to make changes if they have data and evidence of needs for change. Every year we gather evidence of the current need amongst mental health Carers. This enables us to focus our work appropriately and effectively in promoting change within the mental health system. Methods of collecting evidence include:

- Annual survey of mental health Carers.
- Annual planning forum.
- Annual setting of mental health priorities drawn from these and other sources.

How you can participate:

- Respond to our surveys.
- Have your say at our annual planning forum.
- Assist in the development of an annual ACT Action Plan for mental health systemic advocacy.
- Let us know of the issues you find challenging in managing the mental health system.

3. Policy Development.

We use the evidence collected in **area #2** to formally articulate current issues of concern for mental health Carers and to develop solutions to address these issues of concern to both the ACT and Federal governments through:

- Submissions and responses to draft policies.
- ACT Legislative Assembly inquiries and hearings.
- Federal Senate inquiries and hearings.

How you can participate:

- Read and comment on papers and draft policy documents which we will send to you from time to time.
- Attend, and consider presenting, at inquiries and hearings with us.
- Provide “snapshots” of your story to enable us to illustrate our policy priorities with lived experience examples.

4. Issues and Forums.

There are many mental health Carers in the ACT. Like you, most would like to see an improved mental health system to enable better supports for their spouses, children, other relatives and/ or friends. You will meet other mental health Carers at our Quarterly Issues Forums, and other gatherings. These are designed to allow mental health Carers to engage with our work of striving for change, hear speakers talk about topics of interest to mental health Carers, and also, to track our progress in maintaining the focus of our annual mental health Carer issues Priority Plan.

How you can participate:

- Ensure that you are on the free mailing/ emailing list for the Carers Voice E-Bulletin.
- Attend the Quarterly Issues Forums. These will be advertised through the Carers Voice E-bulletin.
- Suggest speakers and/or topics for these forums, and aid our contact with these people.
- Provide “snapshots” of your story to help discussions with key service providers.
- Keep us in touch with ideas for change within the ACT mental health system. We like to provide possible solutions, as well as mental health Carer issues and problems, so we can contribute to a positive approach to making the system work better.

- Attend workshops, etc with us. We can provide some subsidies to cover fees where required; but community workshops are often not expensive, or are free.
- Consider attending a conference. We can provide some subsidies for fees and expenses. A written report on the conference would be required, as well as copies of all handouts, notes and other bits and pieces.
- Consider being a speaker at a forum, etc yourself.

5. **Communication.**

Our aim is to keep you up to date with latest news about ACT and Federal government initiatives and current media releases. We do this through:

- The Carers Voice E-bulletin.
- The Carers Voice Website.
- The Carers Voice Discussion Forum.
- Receiving and disseminating reports from the MHCPRP Representatives.

How you can participate:

- Read and contribute to the Carers Voice E-bulletin.
- Attend advertised events and fora in the ACT.
- Help us develop the Carers Voice website.
- Check out the Carers Voice website when it's launched, and let us know what you think and how we can improve.
- Add your comments, ideas and solutions to the Carers Voice Discussion Forum.

6. **Carer Representation.**

Carers ACT receives invitations to provide specific mental health Carer input on committees, advisory and working groups, research and evaluation throughout the ACT and, sometimes, nationally. MHCPRP delegates these roles to selected mental health Carers. CACT provides training and support for these roles.

How you can participate:

- Consider nominating for a committee position. The length of a committee member's term is two years. There is a small amount of remuneration provided. Committees mostly meet monthly.
- Consider nominating for an advisory or working group position. Advisory and working group terms are for the lifetime of the group. This can vary from a few months to over a year. There is sometimes a small amount of remuneration provided. These groups meet on an ad hoc basis.
- Consider nominating as an alternate delegate. This means that when the selected representative is unable to attend a meeting, then you may be called on to step in. Depending on the position you step into, there may be a small amount of remuneration provided.
- Consider being available as a research or evaluation representative. This would mean attending a meeting from time to time on a specific subject. *eg; recently CACT was asked to give evaluation on the experience of the ACT mental health system. A research representative's role varies according to the subject being researched. It*

might include giving your perspective as a mental health Carer and the impact/s on you.

- Be available to give your insight and experience to the mental health Carer representatives. This may be on particular subjects that are relevant to the committees, advisory and working groups that the representatives are sitting on. *eg; your experiences, insights and thoughts following your loved person's stay in the old psychiatric services unit might have been very useful to a representative sitting a working group on the planning of the new psychiatric services unit.*

The suggestions listed here for mental health Carers' participation in the Mental Health Carer Participation and Representation Program are not exhaustive, nor are they exclusive. We are always open to new ideas about how the Program could be enhanced and expanded.

If you would like to participate in a way that is not listed here, then please let us know.

If you would like to try out a way of participating and are not sure that you have the skills or knowledge to do that, then please contact us and we will organise appropriate support to give you the confidence to have your say.

Contact Us.

MENTAL HEALTH CARER PARTICIPATION & REPRESENTATION PROGRAM

Carers ACT, 80 Beaufort Cres, Holt ACT 2615

Ph: 6296 9900

Fax: 6296 9999

Email: carers@carersact.asn.au



CARERS ACT

Leading change and action with, and for, Carers