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Guest Editorial

Divided loyalties

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Increasingly people with a mental disorder are becoming active participants in consumer networks and groups and employed within public mental health services. The inherent issues surrounding employment, such as ethics, lines of responsibilities, code of conduct, confidentiality, integrity, loyalty (and to whom), and participation, are becoming increasingly blurred for the consumers, the consumer group and their actual employers.

The roles of a consumer employee with mental health services can be fraught with confusion and difficulties if they are not clearly defined and understood by all concerned. The issues faced by consumer employees who also happen to be members of independent consumer networks within the same mental health system, have yet to be fully explored and discussed. This article is an attempt to raise awareness and explore some of the issues, which the writer feels require further debate by consumers and service providers.

Because consumer employment was considered a wave of the future only some twelve years ago, the roles of consumer employees can be regarded as relatively new in the mental health arena. There are no clearly articulated, overarching, written guidelines as to what governs and constitutes these roles or where the boundaries are, with the exception of industrial issues in public sector employment. However, even the award structure is such that it does not fully reflect the roles carried out by consumer employees and there is no actual award structure specifically for consumer employees and the various roles they may be employed to undertake, nor is there a clearly outlined career path which the consumer employee can aspire to and work towards.

In regards to consumer employment, public mental health services, especially in New South Wales, tend to rely on those services that were at the cutting edge and tried to carve out a valued and meaningful role for consumers to become actual employees and be paid for what a lot of consumers were undertaking voluntary. Reliance can also be placed on the individual consumer employee's personal integrity, ethics and values in order to instigate and develop their role within the mental health service, which to all intents and purposes will further enhance consumer participation and its core principles and values. This, even though to date there are no guidelines on the boundaries of where consumer participation begins and ends and where service provision is brought into effect.

Often, mental health services in New South Wales employ consumers who have had no training in consumer roles whatsoever. Services simply rely on the fact that the person is in fact a consumer and therefore must know and understand these distinctions, for example being a consumer advocate. Education and training for these roles is still very ad hoc and only undertaken by a handful of organisations or consumer groups within the state. What also has

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taken place in the past is that the training for consumers in formal roles has been undertaken by mental health staff; without fully realising and understanding the subtle distinctions, the mental health workers have passed on their professional core values and principles. They have instilled in some consumers who became employees that they are quasi mental health workers who simply don't have a clinical caseload. Whilst the writer acknowledges that some core values and principles within professional practice can be common to both population groups, others are in complete contradiction to each other.

There is no generic position description which covers the specific range of individual employee roles and responsibilities. Hence, some mental health services are confused from the outset as to what the consumer role or roles actually are, what can and cannot be incorporated, and the specific boundaries inherent within the roles. This sees some consumer employees undertaking some roles which are in direct contradiction to the basic integrity of the role of a consumer employee; for example, the pure consumer advocacy role being mixed in with service provision type activities. There is no clearly identified specific discipline which consumer employees can, like health professionals, actually be part of, trained in, mentored, obtain supervision, and accept its roles and responsibilities, except to say 'I'm a consumer employee'.

In many cases consumer employees are working part time hours and are considered an add-on to the mental health service. They may not be accorded the same entitlements as other mental health employees. For example if they are in managerial positions such as coordinators or team leaders, they most likely are not awarded a specific rate of pay which reflects their managerial responsibilities, like service providers in senior management positions. Many consumer employees are not accorded support, via hours or personnel administration, to assist in the undertaking of their roles.

They are more often than not, and sometimes in very subtle ways, not regarded as peers by other mental health staff or management. Some grass roots staff and senior managers are quite consumer phobic in regards to consumers participating either in formal roles or actually being employed in a mental health service. For example, if there is a specific meeting for the senior managers, the consumers are most likely unable to attend even if they do have managerial responsibilities in a fully established consumer run service or team within the mental health service.

Unlike other mental health staff and management who have a single line of accountability, the consumer employee can in fact have two lines of accountability built into their position description. They can be accountable to the consumers within a consumer group and also to the service directors. This, in effect, can see the consumer walking an extremely fine line in order to fulfil their responsibilities and be fully accountable to both population groups. This fine line is inherent with specific issues.

From the consumer perspective, unless the consumer employee is seen to be a person of integrity, fully on the side of consumers and in fact one of the grass roots and very informal members of a consumer organisation, prepared to be informal and not always hide behind a completely professional persona, to be fully answerable and provide as much information as possible at all times to the consumers in the group, seen to be advocating fully for consumer interests, not afraid to tackle the hard issues, and conscientiously working for the total empowerment of consumers and or the group—they can be regarded as being in the pocket of the health service. In some instances the mere fact that the consumer is employed by the mental health service and wears an ID badge means they can be regarded by some consumers as not being credible, in the pockets of the service, having compromised their integrity and position as a consumer and that of the consumer group, and definitely not a 'real' consumer.

On the other hand, if the consumer employee is not seen by management and staff as being trustworthy, keeping confidential what they hear in regards to ideas and decisions which may at times not be open for public discussion or dissemination (even if what is discussed or decided upon will impact on the consumers or responsibilities of an independent consumer group of which the consumer employee is a

member), not seen as a person of integrity who will always be willing to try and understand the views and reasons of the management and staff of the mental health service and carry out their role in a completely professional manner with a strict professional persona at all times—they are not only considered not credible and professional but always a consumer who sides too often with consumers to the detriment of the mental health service and its management, or as only wanting to complain all the time.

The manner of dress even subtly can affect how the consumer employee is regarded by both population groups. If the consumer employee attends a consumer group in a business suit too often and doesn't explain why this is so, some consumers in the group regard the consumer employee as being above them, becoming a bureaucrat and not one of the group. Conversely, if the consumer employee attends any high powered formal meetings in too casual wear, then the management and staff can view the consumer employee as not being credible or professional in their manner.

Hence the fine line for the consumer employee trying to maintain their personal and professional integrity and credibility with both groups is extremely fine indeed. Take the experience of one consumer employee who walked this fine line with some success for many years, wondering in the back of her mind if or when the day might come that she would have to choose one population group over the other and which group this would be, and what the situation would be that would bring these divided loyalties to the fore (an aspect of the role virtually every consumer employee lives with and usually doesn't discuss with many people, sometimes with no-one). In this consumer employee's situation, a proposed off the record idea discussed in a forum, which would impact directly on the responsibilities of the consumer group, became the catalyst.

What are also not discussed and debated openly and broadly are the issues surrounding consumer representation on mental health committees where consumer employees are the participants, and the grey areas which surround such participation. An example is the conflict of interest issue in relation to consumer employees undertaking consumer representation roles and being an employed staff member of the health service for which they are to openly raise issues on behalf of consumers, often at the expense (or critical) of the service funding their employment. Another is the blurring of the boundaries of a health service expecting consumer employees to in many instances undertake a role which requires full independence, and which has been defined by the Australian Mental Health Consumer Movement as a totally separate role, complete with its own inherent roles and responsibilities and boundary issues.

If the consumer employee is a member of a consumer group and is empowered by the group to represent them in such forums—in accordance with National Standard for Mental Health Services 3.6: that consumers independently elect their representative/s (Commonwealth of Australia, 1996)—this in many respects is a lot easier, as the roles and responsibilities of the consumer representative are clearly defined by the consumer group. For example, the role of the representative is to input the consumers' ideas, suggestions and concerns to the decision making processes.

If the consumer group has clearly defined the representation role, usually the associated responsibilities are also clearly defined. For example, the consumer representative is to report back to the consumer group what took place at the meeting, what the decisions were, and what issues need further discussion by the consumer group, then complete the process by giving further input to the committee about the consumers' subsequent ideas, suggestions, issues and concerns. This most fundamental principle and responsibility is incorporated into the most basic education and training courses and workshops that consumers undertake in regards to consumer representation. Depending on the experience and quality of the trainers this will be emphasised in no uncertain terms.

The dilemma for any consumer representative, whether consumer employee or not, is how does one report in-camera discussions which are to be kept confidential. The more experienced the consumer is at representation, the more they come to understand that there are basic ways to fulfil their responsibility of reporting back which does keep confidential the actual discussion which took place. The issue for the consumer

employee is that as an employee of the mental health service they are bound by the same confidentially rules as any other mental health employee, yet they also are required by the consumer group, and the fundamental principles of consumer representation in which they have been trained, to give a report of what happened in the actual committee meeting.

If they do not fulfil this responsibility, again they can be regarded by other consumers and the consumer group as being in the pockets of the health service and its staff. They have compromised their actual position. They may also be regarded as trying to save their employed position and their pay packet rather than fulfilling their responsibilities and answering to the consumers in the consumer group. Being scared to lose one's job (which raises the issue of conflicts of interest and ethical practice) and not fulfilling these responsibilities is not seen in a positive light by consumers. They have the expectation and the actual right to regard that the consumer representative, whether consumer employee or not, is actually working in this role on their behalf and not on behalf of the mental health service.

Whilst the writer acknowledges that a lot has changed over the years to decrease the divide between consumers, the staff and management of the mental health service, there are many consumers and service providers, including managers, who feel that the divide still exists. People may have to make a conscious choice about which population group they ultimately answer to. For the consumer employee, the sides are blurred at times to a great degree. The whole idea of consumer employees in many respects is to lessen the divide and encourage all to work as a team. A wider team wants the best outcomes for consumers and enhanced delivery of services. Human nature being what it is, this is not always the case, hence the dilemma that many consumer employees can find themselves in.

An aspect of consumers being employed within mental health teams is of being regarded as a team player with other service providers, yet knowing that they also have to maintain an independent stance at the same time. This is in order to put forward the issues consumers have, or how proposed or actual service provision will impact on the consumers the team sees. It is a particularly strong consumer employee who can negotiate this territory and maintain their ethics and integrity. In some services a consumer team is its own distinct team with direct lines of accountability to both consumers in the consumer group and service directors in the mental health service. This is in order for the consumer employees to be able to maintain this independent stance ethically and with integrity and not become caught up in conflict of interest issues which may result if they are attached as another employed member of a specific mental health service provision team.

Another issue for some consumer employees is that they may have been given many opportunities to participate at a number of levels within mental health services, including State and National levels. They may have friends and consumer colleagues who participate in the broader mental health area, and thereby may at times have information that has not been so quickly relayed to management and/or staff within an area or local mental health service or in fact may not have been relayed at all. The longer the consumer has been involved in consumer participation, the more likely it is they have developed networks which cross all these boundaries; the more likely they will come to be regarded as one of the seniors, to talk and mix with other senior consumers within the Australian Consumer Movement.

The dilemma for the consumer employee in this situation is not that they cannot relay and inform management and staff or consumers of the broader issues, strategies, and decisions which have been taken, but whether they should try to do so. The issue is often they are disbelieved, totally ignored or actually considered by some managers and staff as 'know alls'. They couldn't possibly have access to the information and it's totally unreliable because it came from a consumer. Therefore the information is of no value. Another way of looking at this issue is how prophets in their own country are usually treated with disdain, feared, ridiculed, resulting in the 'shoot the messenger' type of mentality.

It is the rare mental health manager and health worker who not only encourages and supports the open flow of this type of communication but actually regards the consumer employee as a

resource—a resource who can be tapped to enhance communication, decisions and service delivery within their service. Hence, even when attempting in their own unique way to be loyal to their employers they are often regarded as disloyal, because they have been privy to information a lot of managers and staff simply do not have basic access to, or only gets handed down to them in a policy type format (which usually increases their stress levels on its own).

On the other hand, the consumers in a consumer group are usually very open to as much information as they can receive, as long as it is summarised and not in long winded documents or book form. This is because they feel as if they are participating, contributing towards their knowledge to make informed decisions and choices, feel more empowered and able to contribute positively in the ways they wish to participate.

The longer a consumer has been either involved with and participated in a consumer group or worked as a consumer employee, the more likely that they can actually become the holders of the history for both organisations—the consumer group and the mental health service. The flow through effect for both organisations tends to be very consistent over a period of time. Hence, the consumer employee can at times clearly remember decisions made or discussions held in forums which at times others either have forgotten or actually were not involved in.

To remind any organisation—whether consumer or mental health services—this type of history is a twin edged sword at the best of times. Either people don't want to know and resent the fact that you have told them and that the information may have to be incorporated into the discussions and subsequent decisions, or they perceive that the person is setting themselves up as the so called expert.

Let's discuss expertise for a brief minute. More likely than not, a consumer, including a consumer employee, is not regarded as having any expertise whatsoever. This is despite the fact that they live with a mental disorder, receive or have received mental health services, are working in what one can consider as very unique roles, had many opportunities to participate in a wide variety of forums, have to ensure their ongoing upskilling, training, mentoring and support in a field which is still in many respects in its infancy (and therefore not freely available in the usual formats), that they may in fact be one of the trainers or mentors who upskill consumers in consumer roles, and may be regarded by their consumer peers as one of the seniors within the local and broader consumer movement context; despite the fact that as an employee they walk the very fine line in trying to fulfil the responsibilities and expectations of both population groups, participate in conferences, forums—you name it.

The writer was personally given the story a few years ago of one consumer who was hospitalised and the staff refused to believe and accept that she knew some influential people within the mental health arena—until those same influential people actually started visiting her in the unit! Quite often consumers and consumer employees are regarded as 'just consumers' who have no skills, no training whatsoever, and couldn't possibly either know what they're talking about or are definitely delusional about who they have come to meet and communicate with, often times on a first name basis.

The longer the consumer employee has worked in a mental health service and has developed friendships and supportive networks with both consumers and service providers, the more important the issues of loyalty can become. The consumers and the consumer group feel the consumer employee owes them their allegiance because they are in fact consumers and one of their peers, provide wisdom and advice, are regarded as working on their behalf, have encouraged, supported and in many instances empowered the consumer employee to undertake the roles that they as a group wish to see the employee undertake.

Some mental health service managers and some staff can come to respect and regard the consumer employee as a peer. They have also encouraged, supported and empowered the consumer employee to put forward the consumers' issues to the mental health service. Managers can in many instances provide much needed resources via offices, equipment etc. and at times much needed wisdom and advice, hence they also feel that the consumer employee owes them, and the mental health service who is

paying the salary, loyalty in the first instance—even if it is accepted that the consumer employee's role is vastly different to mental health staff.

Lastly, the question that all these issues raise in the writer's mind is, if these issues and situations are not discussed, not debated, never clarified for all concerned, not addressed in a positive framework, can it create a very real and serious situation of burn out for consumer employees?

Recommendations that the writer would like to put forward at this point in time are that the expectations, roles and responsibilities be fully discussed and defined for all concerned.

If the consumer employee is a member of a consumer group which has clearly defined roles and responsibilities, the mental health service must become aware of what these are, as well as the boundaries within the context that any consumer as a member of the group needs to keep within—including the consumer employee. This is not so communication and discussion must be censured by service providers, but to ensure that all are aware of the responsibilities that may have to be fulfilled, possibly at the expense of one population group.

Yes, consumer employees do have divided loyalties; however, these loyalties more often than not can be successfully negotiated for the positive benefit for all, and enhance communication, decision making processes and actual service delivery. However, wider debate is required in order to encourage, support and assist consumer employees to be able to successfully undertake their employed positions and consumer roles within mental health services.

Reference

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