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Consumer participation: power and change

BY WANDA BENNETTS, WENDY CROSS AND MELISSA BLOOMER

Consumer participation (CP) occurs in all Victorian public mental health services and area mental health services employ consumer consultants (CC) to enhance CP across the networks. Ongoing support of management is essential to the success of CP.

A recent project explored understandings of CP from a manager’s perspective. The findings revealed the complexities around defining CP and demonstrated the difficulties and possible reasons why there is no real clarity between managers, service providers, and consumers as to what CP should look like.

Power and change emerged as primary themes. The overwhelming consensus that the neurobiological model and those working within it hold the most power was strongly represented in this study. Legislation and workplace settings were seen as considerable factors adding to the disempowerment of consumers within an already disempowering mental health system.

One manager said: “(The power sits) with the doctor; medical model. As I say, very infrequently will a consumer come in and actually discuss their needs. The medical agenda still comes first”.

Culture and attitudes of the old ‘institutionalised’ thinking that still pervades some pockets of mental health services were seen as the major barriers to change. However, change emerged. The role of the CC was quite a prominent subtheme, with the role of the CC in training and the education of workers seen as an essential and positive way to progress CP.

Another manager said: “I think consumers at an individual level (are) battling a history of culture of having been locked away in institutions and not being asked of health professionals knowing what’s best for them. I think that’s a cultural thing, an ongoing battle of people making decisions for them (and) they may or may not be included in the discussions”.

The findings demonstrate that managers are hopeful for consumer participation with collective action and lobbying, and through CP in less restrictive settings. They see CP as an evolving and complex concept, still developing in mental health, yet considered valuable and worthwhile.

Staff attitudes, the under-resourcing of CC, and the somewhat tokenistic approach taken to CP were identified as significant barriers to the ongoing development of CP.

It is inextricably linked to power and change management, where managers view CP to be the sole responsibility of CC. CP needs to be seen as a service-wide responsibility, rather than just the responsibility of CC, and is incorporated in education and service delivery.

“I think consumer consultants haveplayed a very strong role... but maybe not real power as such. It’s shared... I think there are times when the consumers hold the power and at times the clinical team may have to exercise some power, but I think it sits in the middle it doesn’t sit in one quarter.... I would like to see it more as the ownership of process, and that’s the therapeutic process. Now if we talk about ownership, consumer ownership, I would say that it only sits within one quarter, and that it sits with the consumer, and with ownership comes a degree of power.”

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Although the literature is replete with well documented studies... very little research has been carried out specifically on burnout among mental health nurses.

BY CHARANJIT SINGH

Male and highly qualified mental health nurses may be at greater risk of burnout, a national research study has found.

The burnout syndrome in the nursing profession is a complex phenomenon. Although the literature is replete with well documented studies on occupational stress among nurses, very little research has been carried out specifically on burnout among mental health nurses. There is significant consensus in the literature over the causes of burnout and it is generally viewed in relation to factors in the work environment that interact with an individual’s personality in such a way as to disrupt the worker’s psychological or physical functioning.

Our research study measured burnout in mental health nursing staff employed at different psychiatric units, hospitals, community settings, educational institutions and nursing schools within metropolitan and rural areas of New South Wales, Victoria, Queensland and Western Australia.

Results found that gender and level of qualification were the two factors for increased risk of burnout. Males experienced a higher level of depersonalisation on the frequency and intensity scores. The higher qualified a nurse, the greater the level of depersonalisation they experienced. The results were similar for participants in both rural and metropolitan settings. Age was also a factor which influenced emotional exhaustion; younger participants (under 30 years) reported higher levels experienced emotional exhaustion; younger participants (under 30 years) reported higher levels

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