Steering Committee Member for the Joint Regional Mental Health, Alcohol and Other Drugs Plan

Closing date: Close of business Monday 10 February 2020

**The Darling Downs West Moreton Primary Health Network is inviting two health consumer representatives to participate on the Steering Committee for the implementation of the Joint Regional Mental Health, Alcohol and Other Drug Implementation Plan (The Plan). The PHN is seeking health consumers with lived experience, one in mental health and one in alcohol or other drugs services.**

About Darling Downs West Moreton PHN

The Darling Downs West Moreton Primary Health Network (PHN) is a not-for-profit organization that works to improve primary health care services in our communities. We do this in partnership with community organisations, health care providers, hospital and health services, and state and federal governments.

We are committed to working with these partners to ensure we fund programs and services that best build healthier communities. We bring together GPs, general practice staff, allied health professionals, hospital and health services, Aboriginal medical services, community service providers, Elders and community members to identify the services that are needed the most, and then we fund programs and services based on these needs.

We also support primary health care providers, like GPs, practice managers, practice nurses and allied health professionals, to improve the care they provide to their patients.

Purpose

The Joint Regional Mental Health, Alcohol and Other Drug Implementation Plan (The Plan) ensures that the Darling Downs and West Moreton region is best placed to adapt to the changing needs of our communities. We recognise that we are stronger together and working collaboratively we can effect change for those that are most vulnerable in our communities. The Plan Steering Committee will support implementation of the plan toward integrated delivery of mental health and suicide prevention services and drug and alcohol treatment services within Darling Downs and West Moreton communities.

The Steering Committee will oversee implementation of the Regional Plan for mental health, suicide prevention and alcohol and other drugs in 2020 and 2021.

**Steering Committee membership** consists of leaders and experts in mental health, alcohol and other drugs (MHAOD), including:

* Darling Downs Health
* West Moreton Health
* Queensland Alliance for Mental Health
* Queensland Network of Alcohol and other Drug Agencies
* Queensland Health MHAOD Branch, which includes Aboriginal and Torres Strait Islander people’s MHAOD health
* The PHN

Terms of References are in approval and will be provided at the Steering Committee meeting.

Role of the consumer

The successful consumers will attend all Steering Committee meetings, to actively participate in all Steering Committee activities such as pre-meeting reading, discussions, provision of feedback and appropriate advice in line with the Plan. Successful consumers will have a commitment to reducing stigma around mental health, ensuring that MHAOD services are appropriate, that people are at the centre of services, and that information sharing respects privacy and confidentiality.

Who is it for?

This opportunity suits consumer representatives with Steering committee experience in health services, including mental health, alcohol and other drugs services. This may include hospital and health services or non-government organisations. Please email Health Consumers Queensland if there are any queries whether your experience would be applicable.

Further information

Darling Downs West Moreton Primary Health Network: <https://www.ddwmphn.com.au/>

Darling Downs Health: <https://www.health.qld.gov.au/darlingdowns>

West Moreton Health: https://www.westmoreton.health.qld.gov.au/

Time and location

The Regional Mental Health, Alcohol and Other Drugs Steering Committee will meet four times per year. The initial meeting will be held on 14 February 2020, from 1:00pm – 2:30pm. Steering Committee meetings will rotate between Springfield, Toowoomba and Ipswich, with video and teleconferencing available. Parking and reimbursement for travel will be arranged.

Remuneration and Support

Consumers will be remunerated for their time in line with [Health Consumers Queensland’s remuneration position statement](http://www.hcq.org.au/wp-content/uploads/2015/12/Consumer-Remuneration-Rates-Dec-2015.pdf) including parking and travel .

How to apply

**Please complete this consumer application form and return to**[**consumer@hcq.org.au**](mailto:consumer@hcq.org.au)by close of business Monday, 10 February 2020.

For assistance please contact Health Consumers Queensland via [consumer@hcq.org.au](mailto:consumer@hcq.org.au) or by phone on 07 3012 9090.

Steering Committee Member, Joint Regional Mental Health, Alcohol and Other Drugs Implementation Plan

Full name:

Preferred phone number:

Email:

Postal address:

Postcode:

* By completing this application, I consent for my details to be added to the Health Consumers Queensland network database YES | NO
* I would like to receive email updates from Health Consumers Queensland YES | NO
* Are you happy for Health Consumers Queensland to share this form with Queensland Health as part of the process for this application? YES | NO
* Would you like us to retain this application for future vacancies? *(Applications not retained are destroyed once the application process is complete.)* YES | NO

Please highlight any group you identify as being a part of:

* Living with a disability/chronic condition
* Caring for someone with a disability
* Physically isolated or transport disadvantaged
* Culturally or linguistically diverse
* From a non-English speaking background

Do you identify as: Aboriginal | Torres Strait Islander | Both | Prefer not to state

Are you a: Consumer | Carer

Age range: 16-24 25-29 30-39 40-49 50-59 60-69 70+

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Gender:** |  Male | Female | Intersex | Other | Prefer not to state |

Please describe any support you need to take part in this activity *(examples include support person, hearing loop, dietary requirements)*

*Your responses to the following questions only need to be a brief sentence or two*

* Please describe your experience as a health consumer representative including committees, focus groups, surveys, governance roles, etc.

*Tip: Past consumer representative positions that have similar requirements to the opportunity you’re expressing interest in. Give an indication of how long each position was for, and any relevant highlights.*

* **Please describe any connections you have to your community (e.g. networks, groups)***Tip: Think about how this relates to the role you’re applying for.*
* Please describe your interest in this topic?

*Tip: Although this section usually requires the longest response, try to keep it concise. Things to consider focusing on here include:*

* *any past lived experience that shows your understanding of the topic, or*
* *your understanding of the social/health/economic implications of the topic/condition, or*
* *Any systems change that you have identified that will improve care for health consumers, and possible strategies you could share to affect that change.*
* Please provide contact details for a staff member from a health service or department you are currently partnering with. (we will advise if you are shortlisted before we contact your referee).

Referee’s full name:

Referee’s staff role:

Staff’s role in the partnering activity (eg Committee Chair):

Organisation:

Phone number:

Email:

Your role in the partnering activity (eg Steering Committee member):