

Certified



This company meets high standards of social and environmental impact.

Corporation

the **SOCIALDECK**

Mental Health Australia and Lived Experience Leadership **Annual Issues and Opportunities Workshop**

Theme: Times of Change – Celebrating Milestones and Embracing Positive Transformation

Workshop held on the 8th and 9th May 2024



This artwork was designed and produced by Gubbi Gubbi and Githabul artist, Shauna Hill for The Social Deck.

Acknowledgement of Country

This report was compiled on the unceded lands of First Nations peoples. The Social Deck acknowledges the traditional custodians who have lived on and cared for Country for thousands of generations, and recognises their continuing connection to land, waters and community. We pay our respects to them and their cultures, and to Elders past and present.

Contents

Introduction	4
Background	Error! Bookmark not defined.
Working group	4
Workshop attendees	4
Workshop design	5
Workshop set up, space and other considerations	6
Day 1 – Wednesday 8th May 2024	7
Agenda	7
Getting started: Icebreakers and scene setting	8
Process and principles for working together (group agreement)	11
Activity: Samoan Circle discussion – building on strengths	15
CEO update and panel discussion Q&A	17
Session: Voices in action	22
Session close-out	24
Day 2 – Thursday 9 May	25
Agenda	25
Day two opening and feedback	26
Diverse voices panel	26
Activity: Visions for the future	29
Activity: Asset Mapping	33
Activity: World Café – Opportunities for Change	35
Check out: Samoan Circle reflections	41
Discussion and conclusions	42
Workshop feedback and reflections	42
Discussion and conclusions	47

Introduction

Each year Mental Health Australia (MHA) hosts an Annual Issues and Opportunities Workshop (AIOW) attended by members of the National Register of Mental Health Consumer and Carer Representatives (National Register) and the National Mental Health Consumer and Carer Forum (NMHCCF) and the Lived Experience Group from the National Multicultural Mental Health Project (Embrace).

This year, the 2-day workshop was held on the 8th and 9th May in Canberra (Vibe Hotel) and attended by 55 mental health lived experience representatives.

This report provides a round-up of the main activities of the 2024 Annual Issues and Opportunities Workshop, along with the outputs of those activities.

MHA engaged The Social Deck, who supported the design and facilitation of the workshop, in collaboration with lived experience working group members and Mental Health Australia (MHA) to compile this report.

Workshop theme

The workshop theme was:

Times of Change: Celebrating milestones and embracing positive transformation.

This was chosen by working group members to reflect the current environment of significant change in the mental health sector and for lived experience leaders, and the need for resilience and hope in navigating that change with a positive mindset.

Working group

The working group consisted of the following members, who provided input and guidance to organisation and design of the workshop, and assistance during the workshop for activities or speaking.

- Juanita Koeijers
- Carli Sheers
- Jessica English
- Hayley Solich
- Sonia Di Mezza
- Aislin Gleeson.

Workshop attendees

National Register of Mental Health Consumer and Carer Representatives

The National Register is a pool of approximately 60 trained mental health consumer and carer representatives from across Australia. National Register members work at the national level to provide a



strong consumer and carer voice in the mental health sector. The National Register is a Mental Health Australia project.

National Mental Health Consumer and Carer Forum

The NMHCCF is a combined national voice for mental health consumers and carers. The NMHCCF listen, learn, influence and advocate in matters of mental health reform. Mental Health Australia auspices and has a formal Memorandum of Understanding with the NMHCCF.

Embrace Lived Experience Group

This group is comprised of a multicultural mental health consumer representative and mental health carer representative, from each state and territory of Australia. The group includes a passionate, energised, and diverse mix of voices, and provides advice to the National Multicultural Mental Health Project Alliance based on members' lived experience and connections to their communities.

Workshop facilitators

The AIOW was facilitated by The Social Deck (TSD), with the input of event working group members and MHA.

Workshop design

The workshop was purposefully designed to take participants on a journey through appreciating the best of past and current work, dreams for the future, practical ideas and solutions, and how to work together to achieve purposeful change. It included group activities as well as more unstructured, narrative and storytelling approaches.

The design focuses on understanding and acknowledging the current and future strengths of lived experience leaders as individuals and groups, and promoting hope, courage, and resilience in times of change.

It was also designed so that outputs from activities completed during the workshop would be practical and able to be used in work going forward. This report provides a collation of these key outputs.

Other considerations for the design of the workshop included:

- Ensuring a variety of ways to give input with a very diverse group so that input is equitable and accessible (i.e. not just speaking or group work). This included a mix of individual and group input, writing and use of technology (Mentimeter).
- Ensuring a variety of speakers representing a diversity of cultures, backgrounds, expertise, experience and geography
- Giving attendees time and space to explore and connect with concepts to build community, connections, and cohesion within the group.

- Acknowledging differences of opinion and diversity of views and needing to sit with those respectfully.
- Ensuring the agenda and structure of the workshop is able to be flexible and adaptable where possible.

Workshop set up, space and other considerations

It was important to consider the set-up and spaces that the workshop was being delivered in, including:

- Having a dedicated break-out space that is comfortable and supported
- Peer worker to provide support for any participants that need it
- Providing opportunities to meet and connect with different people, outside of usual groups.
- Interspersing and/or encourage some light physical activity and time for rest/ reflection between sessions
- Ensuring a trauma-informed approach to set-up, activities, facilitation and use of language – holding space for diversity of opinion in a safe way.

Day 1 – Wednesday 8th May 2024

Agenda

Time	Activity options	Detail/ rationale
8:30am 30 mins	Welcome and tea/coffee	8:30am for 9:00am start, welcome and tea/coffee
9:00-9:15am 15 mins	MHA Opening	<ul style="list-style-type: none"> MHA introduction and Acknowledgement of Country Welcome and context setting Recognition of Lived and Living Experience by working group member, Juanita Koeijers
9:15-9:55am	Opening speaker	Seamus Evans – Keynote speaker
9:55-10:30am	Check in: Expectations and purpose via photo-language	Session purpose: Attending to beginnings - build rapport and create a supportive atmosphere that encourages openness and sharing.
Morning Break 10:30-11:00am		
11:00-11:30am	Principles and group agreement	Session purpose: Set agreed approach and principles to guide the workshop.
11:30am-12:20pm	Samoan Circle discussion: building on strengths	Session purpose: Phase 1 of the Appreciative Inquiry approach 'Understand what is working and why, to build on good principles, values in a mutual environment, setting the grounds for reflection and emergent conversation.'
Lunch break 12:30-1:30pm		
1:30-1:45pm	MHA CEO update	Session purpose: Opportunity for the CEO to provide an update of key changes, roles and reasons for change.
1:45-2:15pm	Panel Discussion/Q&A	Q&A on change and future directions with the CEO and panel
2:15-3:00pm	Future states / vision*	Session purpose: Phase 2 of the Appreciative Inquiry approach is focused on 'wishes for the future'.
Afternoon Break 3:00-3:30pm		
3:30-4:15pm	Voices in Action	Session purpose: This session offers a unique opportunity to hear firsthand accounts, inspiring stories, and lessons learned, providing a platform for shared learning and collaboration."
4:15-4:30pm	Check out	Session purpose: Time to reflect on the day

*Note that the scheduled session after the Q&A "Visioning: wishes for the future" as there was an extended Q&A session with panellists, due to high demand for questions. This was moved to the following day.

Getting started: Icebreakers and scene setting

Welcome and introductions

The workshop started with an opening by Carolyn Nikoloski, the CEO of Mental Health Australia. Carolyn provided an Acknowledgment of Country and welcomed participants. Working group member, Juanita Koeijers delivered a very thoughtful Recognition of Lived and Living Experience.

The Social Deck provided housekeeping information and instructions on how to use the Mentimeter app, before welcoming keynote speaker, Seamus Evans, to give the keynote presentation.

Keynote speaker: Seamus Evans



Seamus provided an inspirational, humorous and interesting presentation focused on navigating change and adversity, and how to turn adversity into a superpower.

Seamus was diagnosed with Tourette syndrome at the age of 10 and is now an ambassador for The Tourette Syndrome Association Australia. At 18 years of age, straight out of school, Seamus landed his first role on TV as a host for Toasted TV on Network 10. For four years, Seamus learned the ins-and-outs of entertainment by dousing himself with slime, riding roller coasters while eating hot dogs and interviewing Hollywood A-list celebrities. Seamus then joined Network TEN as a reporter for Totally Wild, finding a love for wildlife, adventure and telling a story through pictures. Leaving Network TEN after 7 years hosting a variety of shows, Seamus' career took another unexpected turn as he began a breakfast radio career, waking up Australians from behind the radio mic for 5 years.

Seamus's keynote speech was a hilarious 45-minute journey through his incredibly varied and exciting life so far, with a focus on how he turned the perceived adversity of Tourette syndrome into a 'superpower'. His presentation and story was inspiring and full of interactive moments that had people out of their seats, with practical advice and tips alongside many laughs. It was a great, positive way to start the morning.

Icebreaker activities

Networking and getting to know others in the group was seen as a key outcome for the workshop by working group members. Two icebreaker activities were designed to facilitate conversation both within the room and on breaks in the first section of the workshop on Day 1 (before the morning break).

Get-to-know-you BINGO

In this icebreaker activity, participants find someone who meets the criteria in each square of a 4 x 4 bingo card before the start of the workshop or during breaks. This fun activity gives participants the opportunity to talk to people that they may not know or have otherwise gravitated towards.

Get to know you BINGO <i>Find someone who.....</i>			
Lives in South Australia	Can play the piano	Speaks another language	Is left handed
Has a birthday in May	Lives in Western Australia	First name begins with a J	Drives a manual Car
Lives in Queensland	Owens a boat	Drinks black coffee	Has visited Japan
Has never broken a bone	Lives or lived on a farm	Lives in NSW	Has a large pet dog

Have a person who fits the clue sign the square . First to all complete wins!

Figure 1: Bingo sheet

Photo-language

The 'photo-language' activity, where participants select a photo that represents what:

- they want to get out of the workshop
- their personal purpose for being here at the workshop is.

In the photo-language activity, participants selected their photo and discussed at their tables in pairs, before introducing their photo to the whole group if they wanted to.

Descriptions of individual purpose from the photo-language activity included the following:

- Capturing the magic
- Feeling a sense of fellowship and comradery
- Renewal
- Appreciating the moment and the space
- Taking a leap and being brave
- Feeling connectedness in the community
- Producing fresh ideas
- Taking moments of reflection
- Purpose and direction
- Reaching out through non-traditional pathways
- Connection to culture, friends, family and peers
- Making the most of our time together
- Change, i.e.
 - Planting seeds
 - Creating something new together
 - Finding clarity through new ideas
- Working in community
- Freedom and self-acceptance
- Using adversity to boost capacity
- Utilising gratitude
- Advocating to move forward which will encourage us to see value and worth in what we are contributing.
- Challenge everything and leaning into the challenges.
- Being a change agent.
- Doing the work at ground level.
- Being passionate about human rights
- Find strength in peer support
- Fill your own cups and learn from one another
- Respecting others and learn from other perspectives.

“We are all just part of an orchestra, trying to produce beautiful music together.” – participant in the photo-language activity

Process and principles for working together (group agreement)

The purpose of this session was to understand the process and collaboratively agree on key principles for working together over the two days of the workshop. To set the scene, the facilitator talked the group through two key concepts – **Appreciative Inquiry** and **Participatory decision making** – that would help to shape the workshop process and outcomes.

Appreciative Inquiry and the '5 D's

The Appreciative Inquiry approach helps groups to navigate change together by focusing on strengths and assets, a collective inquiry into the 'best of what is', to imagine 'what could be'. This is followed by collective design of a desired future state that is shared amongst the group. The five 'Ds' in the process are:

1. Define
2. Discover
3. Dream
4. Design
5. Destiny



The workshop design and activities were planned to follow the process of the 5Ds. This provides positive structure to the workshop over the 2 days.

Participatory decision making

The 'diamond model' of participatory decision making is a useful concept to reflect and understand team processes. When coming together to work towards a purpose in a group setting, individuals experience 'zones' of different types of thinking, and go through different stages of team cohesion to arrive at decisions or consensus on issues or opportunities. This model (explained below) was used to set expectations for the group, including the need to work through the 'groan zone' as a natural and necessary part of the process.

Divergent zone

In the divergent zone, groups move out of 'business as usual thinking' and towards widening their perspectives with different information and ideas. This can be through open discussion and deep listening, sharing diverse views without judgement or evaluation.

Emergent thinking (the groan zone)

When groups enter the emergent, or 'groan zone' they are often working through complexity or confusion that comes from diversity of ideas and viewpoints. It is the group's job to identify patterns and similarities, but also to address conflicts or misunderstandings. This can take some time and feel frustrating, challenging or uncomfortable for participants, but it is necessary for inclusion of diversity and to work towards a mutual understanding.

Convergent zone

In this last stage, thinking starts to converge towards consensus of ideas or decisions and participants concentrate on prioritising, selecting and evaluating options. It is where people come together and recognise a collective ownership on ideas and actions/solutions that can be agreed by the group.

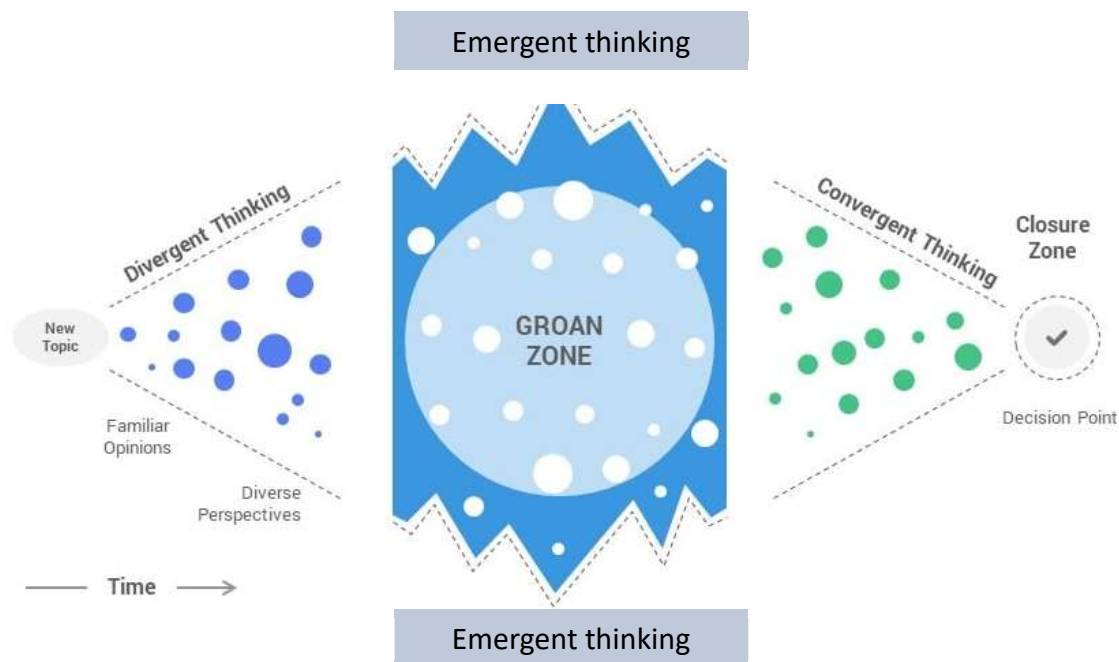


Figure 2: Participatory decision making model, adapted from the book, 'Facilitators guide to participatory decision making' by Sam Kaner and colleagues at Community at Work.

Group agreement for working together

Principles/ values	Key Actions	Intentions
Respect	<ul style="list-style-type: none"> • Mindful of language • Agreeing to disagree without prejudice • Accepting diverse views • Holding space for discussion • Inviting participation 	Kindness Acceptance Love Care Graciousness Self-awareness Solution-focused Strength-based Innovative
Curiosity	<ul style="list-style-type: none"> • Listening deeply and not interrupting • Having an open mind and desire to learn • Innovative thinking 	
Inclusion	<ul style="list-style-type: none"> • Cultural awareness and safety • Celebrating diversity of experiences and views • Being patient to listen to each other • Accommodate divergent views • Equity and human rights approaches 	
Connection	<ul style="list-style-type: none"> • Keep talking to each other • Being present • Shared dialogue 	
Timeliness	<ul style="list-style-type: none"> • Using time wisely (AOIW) • Taking time that is needed • Adapting to times of change 	

Figure 4: Group agreement (from table discussions)

Activity: Samoan Circle discussion – building on strengths

This activity helps to provide the basis for the 2nd 'D' of the Appreciative Inquiry approach, 'Discover', i.e. "appreciating the best of what is".



DISCOVER: Stories of positive leadership

Think about a time...tell us a story

- What are you most proud of and why?
- When have you felt most engaged, passionate and effective?
- When have you worked with others to build a better solution, new vision and plan, or collaborative achievement?
- What were the causes of success or the conditions that make this possible?
- How are the conditions created?

We used the 'Samoan Circle' format, which encourages self-organised discussion and requires minimal facilitation as participants naturally hold space for others. The circle is composed of an inner circle of 5 chairs of which one chair is left free so that others can join the conversation when they would like to. People in the inner circle can speak. Other chairs are set up (staggered) in at least 2 -3 rings outside the inner circle for other participants to listen (practicing deep listening techniques) and reflect on the conversation. When a participant wants to join the conversation they can take the empty chair, and another of the 'inner circle' leaves the conversation to make space. Not all attendees are required to participate in speaking – some may be happy to listen to the conversation.

Participants spoke from very personal viewpoints about times when they felt the most proud, engaged and effective. While many were personal stories and not to be shared in this report, themes included:

- Having the courage to speak up and be vulnerable
- Valuing, being valued, and being inspired by others (e.g. family members, other group members)
- Feeling belonging and a sense of community with others and working towards a common purpose.

This circle format provided a way for people to people to have 'emergent' conversations in an open and equitable manner. The conversation could build and flow, and it provided space for people to talk from a personal perspective if they wanted to, in a supported group setting.



Figure 5: Samoan Circle activity

CEO update and panel discussion Q&A

Carolyn Nikoloski, CEO Mental Health Australia, spoke about the following key points in an update to those in attendance.

Community mental health trends

- Community mental health trends – that mental health remains a growing issue, especially for young people
- However, rates of help seeking are also improving
- The cost-of-living crisis is putting further pressure on people’s mental health, with cost also a key barrier to accessing support.

Mental Health sector trends

MHA consults with members – almost 130 in total – to understand sector trends and priorities. These include:

- **Increasing levels of service demand**, leading to long waiting lists
- **Population groups who are most in need**, are disproportionately impacted by the barriers to accessing services
- **Workforce challenges**, such as difficulties with recruitment and retention of staff and volunteers, and longer-term challenges of expanding the workforce
- **Funding models** need to change due to decreasing levels of donations, short term contracts that create inefficiency, lack of indexation, funding creating fracturing/siloing, and lack of transparency/accountability of funding and what outcomes are being achieved.
- **Commonwealth/State/ regional divides** leading to siloes and gaps in the system

National policy context

- We’re operating in a **tight fiscal environment**, making funding additional programs difficult
- The Minister is focused on **driving reforms to the primary health care system** – such as through Strengthening Medicare, and the Scope of Practice Review
- The National Mental Health & Suicide Prevention Agreement shared by all governments at state and commonwealth level outlines **commitments to delivering reforms and shared governance**

Key areas of focus for national mental health reform are:

- National Mental Health Reform Advisory Committee
- Response to the evaluation of the Better Access program
- Response to the NDIS Review, including consideration of foundational supports outside the NDIS and the unmet needs analysis

- A new National Health Reform Agreement negotiated between governments, which establishes funding arrangements for hospitals
- The next federal election.

MHA policy priorities

Mental Health Australia is advocating for ongoing mental health reform, particularly focused on system reform enablers, including:

- **Greater national leadership and accountability**, by embedding lived experience leadership by supporting successful transition to new lived experience and carer peak bodies, and reforming funding for mental health services to standard 5 year funding cycles
- **Making it easier for people to get support for their mental health early** by improving screening, assessment and referral by services, and establishing a national low intensity support service, and increasing awareness and trust in digital services
- **Improving equity so everyone can access mental health support**, by addressing the gap in psychosocial services outside the NDIS, better multidisciplinary support for people with complex care needs, and reforming PHN commissioning models to better address local needs
- **Growing the mental health workforce** by funding for implementation of the full National Mental Health Workforce Strategy, providing seed funding for a Lived Experience workforce association, addressing blockages in training pathways, and building workforce to provide low-intensity services
- **Addressing social, cultural and environmental factors to holistically respond to and prevent mental ill-health**, including:
 - increased access to culturally safe mental health supports by funding development of an online, accredited cultural safety training package for the Australian mental health workforce
 - supporting delivery of First Nations-led strategies to social and emotional wellbeing and mental health
 - supporting full implementation of the National Children’s Mental Health and Wellbeing Strategy
 - tackling cost of living issues by reviewing income support payments
 - expanding access to integrated housing and mental health supports
 - investing in expansion of mental health carer respite services
- **Partnering with NMHCCF on providing advice to government** on evidence informed and good practice psychosocial services
- **Advocacy around psychosocial services and the NDIS** – calling for greater integration between disability and mental health supports via various NDIS committees

What is coming up

- Development of **new MHA strategy** to be launched from July 2024
- Capitalise on opportunities for reform through the next federal election / NHRA / NDIS review
- Supporting **changes in lived experience leadership**, including through the establishment of the two new peak bodies - one for consumers and one for family, carers and kin. MHA had advocated for the following (which was shared in a submission to the tender process for establishing the peaks):
 - That the new peaks come together regularly, ideally being members of MHA.
 - That there is a staged transition process for the new peaks, to provide adequate time to manage the changes associated with these new bodies and their impact on existing arrangements.
 - Deferring all other considerations of the peaks to lived experience representatives and organisations.
- **Funding** for the Forum, the National Register, the Embrace project, and the Mental Health & Suicide Prevention Senior Officials LEG will continue through to **June 2025**.
- MHA to **develop strong relationships with the new peaks** – and a core component of those relationships will be exploring what the new lived experience arrangements look like, and how we can work together
- There is a need for a well-considered **change management approach** to enable the new peak bodies to be successful, and transition from existing lived experience leadership arrangements to new lived experience leadership arrangements, that will be led through the new peak bodies. A change management plan would be developed with input from lived experience leaders, including being informed by discussions and activities during this workshop.
- Our leadership task is to sit with the uncertainty and **support one another** as we navigate through it, working collectively and constructively to contribute to positive transformation of mental health in Australia.

Questions and Answers to the panel

After the update, a Q&A panel consisted of Carolyn, Kerry Hawkins, and Helen Day, and moderated by the workshop facilitator, Mel Butcher. Questions were asked of the panel, and particularly to the MHA CEO, Carolyn. This session was highly participatory and ran over the allotted time due to the high volume of questions that were asked, both in Mentimeter and 'in the room'. A conscious decision was made to create the time and space for a response to these questions, in recognition that those present are most likely to be impacted by the upcoming changes to lived experience arrangements.



Key themes raised through the questions asked by those present during the Q&A session included:

Diversity in MHA and lived experience

- Connectiveness to First Nations and giving more voice to diverse populations, including:
 - Opportunity to integrate the voices of those who have experienced trauma.
 - Enhance integration and diverse perspectives.

New lived experience peak bodies

- Concerns that the Department of Health and Aged Care will have all of the control over what is happening with lived experience peaks and the opaqueness of the process.
- Enablers necessary for success of the new peak bodies and working with what that looks like, e.g.
 - Allyship within the NGO sector
 - Funding and other structural enablers
 - Build strong relationships between lived experience community and peak bodies.
 - Clear communication with new peak bodies and lived experience experts is pivotal.
 - Not going back to what we had but using our experience to form a new way forward.

- Roles and responsibilities, noting that MHA is not involved in the selection process of the organisations to establish the new peaks

Future with MHA

- Announcement of funding to 2025 for the lived experience program through MHA
- Understanding what a change management strategy might look like
- MHA needs to showcase the importance of the lived experience community and their voices with the rest of their members
- Need for the MH sector to recognise that the lived experience community isn't just another piece on the chess board, they are a primary stakeholder.

Other points or themes

- Need for good values, skills, and relationships.
 - Leaping out of the comfort zone is important in times of change.
 - Mentors being utilised to share their knowledge and experience.
 - Leadership and mentorship is a pathway to taking charge and showing the value added as a lived experience community.
-

Session: Voices in action

This session provided time (approx. 5 - 8 minutes each) for a short presentation on a new and/or interesting initiative or idea that others in the group might benefit from hearing about. It was a useful way to facilitate knowledge sharing amongst the group.

Presenters and broad topic areas were as follows:

Evan Bichara: The Spirituality Health Lived Experience Advisory Committee and Regular Webinar Training for the College of General Practitioners (RACGP)

- Discussed opportunities for involvement and the work being done by the committee to educate.
- Current members that are part of the advisory committee are Victorian, but they invite people from all around Australia over Zoom to participate and have a say.
- Discussed that spirituality is inclusive of whether you are religious or not.

Eileen McDonald: Mental Health Lived Experience Clinical Trials Research opportunities

- There is some refusal to advertise clinical trials within big organisations because of the risks associated with the term 'trials'.
- There are preconceived ideas that clinical trials are just medical tests and medication, but they can be lifestyle, active or social measures.
- Changing from being advisory on the side, to being a research **partner** for the lived experience in the creation of these clinical trials.

Michael Burge: Opportunities for access to local & national Veterans Mental Health & Wellness activities, whether you served one day or 40 years.

- Many services are flexible and are offered at various times to help best meet the needs of veterans, current-serving members or families and can be accessed at centres and outreach locations, providing hope for recovery.
- No matter where you live, there are services and programs that you can access as a veteran, current-serving member, or family member.
- The activities are creating a better voice for veterans
- Plenty of support networks now for veterans in Australia, including RSL's, Open Arms, Solider on, Mates4Mates and others.
- Veterans are also entitled to free health care, but specifically mental health care too.

Judith Drake & Michael Burge (Equally Well) - also working with Lyn English: Equally Well codesign resource

- Equally Well has developed a resource for people living with people living with serious mental health issues and physical health concerns, to help them better communicate with their doctors and health practitioners.
- The resource is being formally launched by Equally Well on 27th May.
- Explained the codesign process & let people know about the resource, who it is intended for and where they will be able to find it.

- The resource gives those with mental health issues the confidence to be heard and have a say in their medical treatments.

Ailsa Rayner: Opportunities with LinkedIn

- Talked through opportunities with use of LinkedIn
 - Discussed culture change processes and how to stay abreast of the most timely information through using LinkedIn.
 - Currently has 17,000+ connections on LinkedIn.
-

Session close-out

To close-out the session, participants were asked for reflections on the day, both in the room and privately through Mentimeter. Some feedback in both formats included the following:

Some of the most important or interesting parts were:

- “The opportunity to connect face-to-face with peers”
- “Seeing the Samoan Circle activity in action”
- “Interesting listening to Carolyn’s synopsis and Q&A panel session – looking forward”
- “The Equally Well project”

Other feedback to improve for the following day included:

- “Encouraging a commitment to being present as we get tired
- “Discourage political statements
- “Appreciate the ability to adapt the program as needed”



Figure 6: Feedback on Day 1 – scale from 1 (strongly disagree) to 5 (strongly agree) – 8 responses

Day 2 – Thursday 9 May

Agenda

Time	Activity options	Detail/ rationale
9am	Welcome and tea/coffee	9:00am for 9:30am start, welcome and tea/coffee
9:30-9:50am	Check in	Check in from Day 1: What is sticking with you so far? What have you learned that has surprised you?
9:50-10:30am	Diversity, inclusion and change	Session purpose: To understand issues and ideas from cultural and diverse lived experience perspectives.
Morning Break 10:30-11:00am – move and reflection		
11:00am-12:00pm	Asset mapping	Session purpose: The session will help to document and map existing resources (human and physical) of the group in a practical way.
12:00-12:30pm	Reframing issues with hope and courage *	Session purpose: Opportunity to look at challenges through different frames.
Lunch break 12:30-1:30pm		
1:30-2:50pm	World Café activity	Session purpose: A key activity/event to identify issues and opportunities that are important to participants.
Afternoon Break 3:00-3:30pm		
3:30-4:15pm**	Collaboration in times of change	Session purpose: Wrapping up, the group is asked to reflect on the opportunities identified in the World Café, and identify practical ways for individuals/organisations to work together.
4:15-4:45pm	Final wrap up and check-out	Highlights of the workshop from groups. Closing by working group member, Sonia Di Mezza.
Close workshop 4:45pm		

* Note that while this idea was talked about (reframing), this activity was removed in favour of having the 'Visioning: wishes for the future' session prior to the Asset mapping activity within this session.

**Note that based on the success of the first circle discussion it was decided to change the format of the 'collaboration' discussion to a reflection on the group, collaboration and the workshop, and what is needed moving forward.

Panel members were Joy, Sachi, Sonia, Joanne and Nevena.

Panellists identified a number of key issues and opportunities for diversity and inclusion for mental health lived experience leadership and mental health services in diverse communities. The conversation was wide ranging. Key themes that emerged included the following:

Key issues for mental health leadership and services in diverse communities:

Systems and services that don't understand culture

Individuals can face difficulties transitioning between different socioeconomic environments e.g. 'from third world to a first world country'. Additionally, government systems require people to change, for example, services or systems that force changes to names because they aren't recognised in western culture, leading to feelings of loss of identity. There can be misunderstanding of cultural differences and suppression of original cultural identity in services and systems. People from diverse backgrounds feel they need to 'change self' to fit the system, eroding personal identity. There is a need to prioritise marginalised communities in services, but multicultural options are often an afterthought, especially in health services.

Lack of respect for First Nations people and culture

Joanne spoke on issues around the lack of respect and support for First Nations peoples in the mental health sector. Indigenous culture has been stripped away from society in specific areas of Australia and cultural law should be nationally recognised (e.g. gaining permission for walking on indigenous land). There needs to be more integration between community-controlled health organisations (ACCHOs) with mental health services – these do not speak to each other well and there is a growing problem where First Nations people are being excluded from mental health services as they may not be available or culturally safe. There is also a big problem with First Nations women who are victims of domestic violence being wrongly criminalised.

Cultural and language barriers, and stigma

Some cultures don't understand mental health and may be slower to battle the stigma of mental health. Different cultures interpret mental health issues differently and, in some religions, mental health issues and suicide bring shame on the family or community. Mental health is simply not as big a priority in many communities dealing with other issues and barriers – it is not prioritised.

Language barriers can prevent access to mental health care and many health services. There is a need to think especially about changing language around mental health to reduce stigma in communities.

Opportunities for change

Build cultural understanding and inclusion in services

There should be a shift in thinking to encourage more openness and acceptance of individuals from a variety of cultural and religious backgrounds. This includes the need for better trained staff in services and fostering curiosity and learning about other cultures and practices to improve communication and

understanding. This may also mean recognising the importance of spiritual connection in the mental health space. Building cultural confidence in systems and services with increase feelings of belonging.

Improve mental health education in all cultures

There should be more mental health education in all cultures. This will create more opportunities to open up about issues and address cultural stigmas. Being open and speaking about mental health, can take away the power from others who judge.

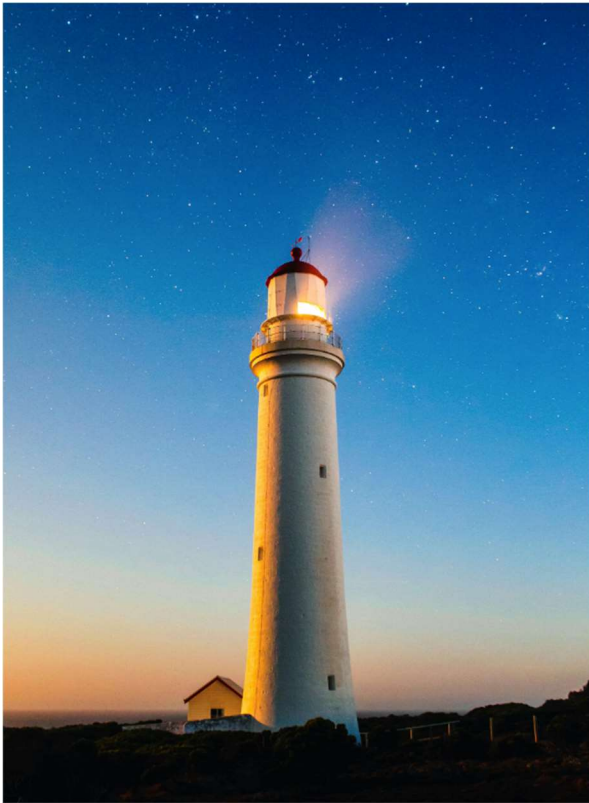
Empower people and communities from diverse backgrounds

One panellist mentioned that Australia has plenty of multicultural assets and that we should use them – multiculturalism should be perceived as an asset not an issue. While it is good that CALD communities are being recognised in government grants, multiculturalism can also be embedded in programs and services early and this will save funding in the long run. In addition, people with lived experience should be respected for the work that is being done by being remunerated for their time and expertise.

Build better relationships with First Nations culture and services

There should be more recognition of First Nations culture and laws, including that services might look and be different for Aboriginal and Torres Strait Islander people i.e. more community controlled and community-led responses. This includes the need for mental health services to build better relationships with ACCHOs and others with strong existing connections in communities.

Activity: Visions for the future



DREAM: Imagining the future

Imagine an ideal future 10 years from now...

- **What does it look like? Describe the key elements of your vision**
- **What is new or has changed from what happens now?**
- **What are some of the most exciting or important parts of your vision?**

In the 3rd stage of the Appreciative Inquiry process “Dream”, participants were asked to individually imagine their ideal future, thinking about “If, in 10 years from now, an ideal future exists...”

Key themes that emerged from this exercise from participants included the following:

Lived Experience Leadership

Many participants focused on leadership opportunities in their vision, including:

- Lived experience leading (not being led by organisations), independent of government, with secure, ongoing funding.
- Systems should include and promote the diversity of people with lived experience (First Nations, CALD and other intersections) in leadership, as well as those who have not previously had a voice or are not able to advocate themselves on high level mental health and related committees.
- Lived experience positions should be in management and decision-making roles with an equal voice in design and implementation of services. They should be leaders in policy-making and reform.

“Nothing about us, without us”

Many people in the room focused on the need to have meaningful involvement, including that:

- People with lived experience must have meaningful input into all legislation, policies, and processes, ensuring these are grounded in a human rights framework.

- Involvement of lived experience is essential for designing services that are accessible to everyone, irrespective of their identity or location.
- It is important that governments and organisations actively ask and listen to the voices of groups and individuals, incorporating their perspectives into the co-design of national mental health legislation with a strong emphasis on human rights.
- Better processes so that people with lived experience do not have to keep reliving their trauma to contribute.
- Lived experience expertise should form the majority of workers within the support systems, shaping the mental health systems of the future.
- This approach should not be a mere formality but a genuine commitment to the principle of “Nothing about us without us.”

Diversity and inclusion

There was a clear theme of increased diversity and inclusion from many participants, including that:

- Intersectionality, justice, and human rights must be the core principles guiding advocacy and services.
- Embracing true diversity means celebrating all forms of identity and heritage
- Society must view cultural diversity as a strength and asset, fostering an environment where all voices are heard and respected.

In particular, participants focused on a particular need to prioritise the voices and needs of Aboriginal and Torres Strait Islander peoples, including:

- Understanding and addressing complex issues like intergenerational trauma through comprehensive research to meet the needs of individuals holistically and considering whole-of-life impacts.
- That recognising and taking pride in First Nations cultures as foundational for a just and inclusive society.

Participants’ visions for the future also included:

- That advocacy, services, support, and programs would integrate culturally diverse people in their design, implementation, and evaluation processes.
- Expanding the lived experience community for genuine representation and inclusivity, making sure that advocacy efforts are inclusive, and reflective of the diverse fabric of society.
- Inclusion of more individuals from different backgrounds, including ensuring that the membership of lived experience groups is measured against a diversity index.
- That a diversity index should also inform the development of new peaks.

“A world where all voices are heard and respected no matter what minority group that you are a part of.”

“To feel & hear the song of peace and friendship, caring & sharing to sing in our hearts. For people to identify as part of the whole of a humanity.”

Implementation of policies, legislation and funding

Many participants’ vision for an ideal future included a focus on better policy and system through:

- Adequate funding for mental health, particularly for programs that are led by lived experience, co-designed, and culturally diverse.
- Allocating more long-term research funding.
- Ensuring mental health is integrated into a holistic health system, rather than isolating individuals.
- Improving access to community services and models of care that move away from the traditional medical model.
- Banning seclusion and restraint within the relevant legislation.
- Building a national peak representative body that is trusted by those with lived experience. Including building on existing frameworks and resources, rather than reinventing the wheel, to make sure that work that has already been done is recognised and not lost and contributes towards creating a more cohesive and effective mental health system.
- Reducing stigma through more education in schools.
- Focusing on educating first responders and particularly police.

“An ideal future is where lived experience leadership is no longer needed because communities, policy makers and service systems champion our rights alongside us.”

Valuing the lived experience workforce

Ideas for better inclusion of a lived experience workforce were also a common thread, for example:

- That the lived experience workforce would be adequately trained and remunerated, reflecting their value and support within the system.
- Lived Experience would make up at least half of the workforce in mental health and AOD services, including at the executive level.
- There should be a ‘lived experience union’, to ensure fair wages, rights, and equality in employment practices.
- Having full-time consumer and carer peer workforces and teams available for support.

Ideal models of care

New models of care where:

- There is more humane mental health and spiritual care.
- Consumers, family and kin experience help, support and real recovery which is kind, respectful individualised and is early enough to avoid long term disability

- Where mental health is treated as wholistically as physical health, particularly at hospital admission.
- Staff have gained self-awareness and are motivated to change their responses.
- Services celebrate empathy and reward compassion.
- Choice is at the core, with programs that respond to individual need.
- There is open dialogue therapy processes across settings.
- Technology can be seen as a connector and playing a positive role in enhancing services and experiences by enabling more integrated systems for communication and information sharing.

Thriving communities

Many participants saw a vision of positive, peaceful and thriving communities. Including where communities:

- Can create a village environment where care and support is available for everyone.
- Are inclusive, welcoming, compassionate, understanding and respond to people with curiosity.
- Recognise that we are all on a continuum of mental and physical health.
- Come together to support each other in crisis e.g. with the ongoing cost of living and housing.
- Know that belonging is key and society reflects and celebrates all ways of being no matter how different.
- See that we are all one and we need to work collaboratively together, putting egos aside.
- Can foster networks of allies, including on platforms like LinkedIn, which can further progress inclusion and foster civic action.
- See a drastic reduction in suicide rates.

“Health – natural and in harmony with the natural environment. Flourishing system that contributes to thriving, healthier and more inclusive communities.”

Activity: Asset Mapping

Asset mapping is a strength-based approach to community development that empowers people to recognise their own and others' strengths and capacities. It is an important part of the workshop as it provides a way for the group to recognise, map and reflect on their existing resources (human and physical) in a practical way. This provides a solid basis for identifying opportunities together.



Asset mapping

- What are the assets and strengths we want to honour and leverage as resources into the future?

Think about and map/scribe:

- Individual capabilities and strengths
- Network core strengths and assets
- 'Outside' support

Group to discuss:

- *What are the most important qualities, strengths or areas of good practice that we want to keep, even as we change in a changing world?*

Workshop participants were asked to work in table groups to map strengths and assets at the individual, organisational and network levels. The following table is a collation of both written and visual elements of participant input.

Individual capabilities and strengths, and supports	Organisational strengths and assets	Networks and external support
<p>As Lived Experience Leaders:</p> <ul style="list-style-type: none"> • Our own lived experience • Capacity to share story • Mentoring • Intercultural capabilities • Bridge-builders • Interpersonal skills • Communication skills • Connection skills • Public speaking 	<p>Strengths of the National Register, NMHCCF and the Embrace Lived Experience Group:</p> <ul style="list-style-type: none"> • Amplifying community voices at a national level • Combined carer and consumer voices • Collaborating in numbers consistently for change - united voice, not divided 	<p>Key Partners and networks:</p> <ul style="list-style-type: none"> • MHA (bringing funding, support, HR, power) • Disability representative organisations and system, e.g. AFDO, NEDA, NDIS/NDIA • National Mental Health Commission • First nations mental health bodies and ACCHOs

Individual capabilities and strengths, and supports	Organisational strengths and assets	Networks and external support
<ul style="list-style-type: none"> • Media liaison • Group facilitation • Advocacy • Writing • Co-design / collaboration • Modelling community connection and healing <p>Support for individuals to access:</p> <ul style="list-style-type: none"> • Other people with lived experience / peer workforce • Peak bodies and consumer networks in states (e.g. VMIAC, MHCN) • The Resilience Project • Finding north (online) • Lived experience Australia • Pride movement • Mad academics • Mental health digital services • Abundance of natural resources and distance from war zones 	<ul style="list-style-type: none"> • Recognising everyone’s human rights and individual needs lead the provision of services • Our historical work - almost 1000 years of combined expertise – a huge asset! • Diversity – of lived experience, skills, culture, backgrounds • Diverse and established relationships, networks and connections, including collective knowledge of landscape (commonwealth, state, sector, organisation, lived experience orgs) • Community and spiritual leaders • Established advocates/ expertise, educators and mentors 	<ul style="list-style-type: none"> • Beyond Blue and other organisations • Multicultural peaks and organisations e.g. FECCA, Multicultural Mental Health Collective, Migrant Resource Centre, World Wellness Group • Media e.g. Community radio, SBS / NITV • Digital/online networks and services e.g. LinkedIn, Equally Well, use of AI in the future... • WHO • Researchers • Allies

“Learn from the past. Open doors acknowledge and utilise past information and lived experience expertise. Do not repeat mistakes.”

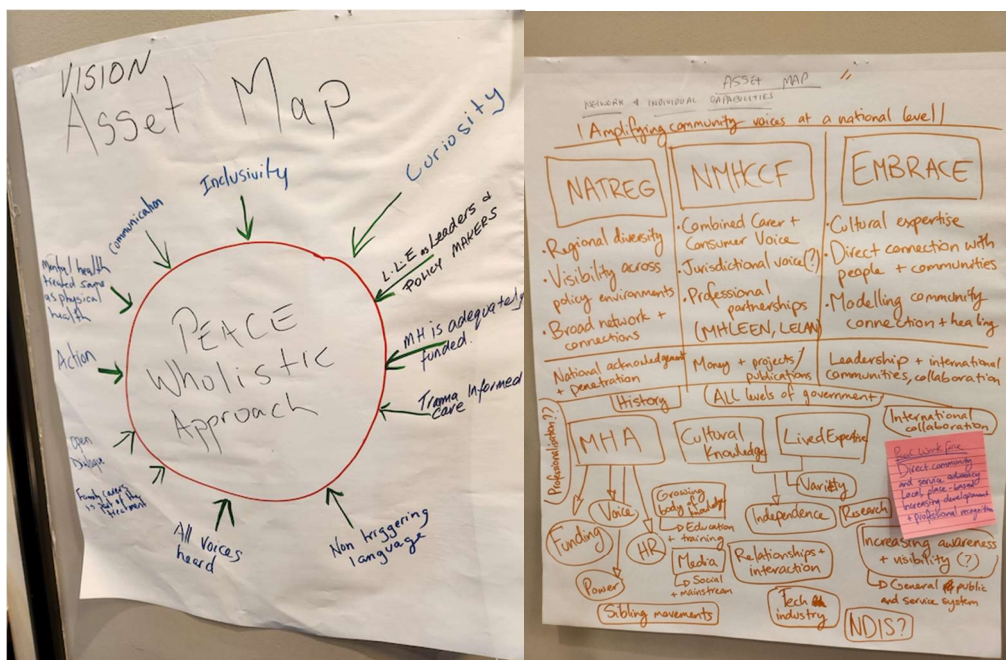


Figure 8: Examples of pictorial asset maps

Activity: World Café – Opportunities for Change

This activity is aligned to the 4th D in the Appreciative Inquiry approach, 'Design' and the second part of the 'café' on the 5th D, of 'Destiny'.



DESIGN: World Café Issues and Opportunities

How might we.....

1. **Embed diversity, equity and inclusion** in mental health systems and settings, including advocacy
2. Support and sustainably **grow the peer workforce**
3. Embed **a human rights approach** to address economic exclusion (leading to poverty, homelessness etc.)
4. Build **capability and effectiveness** of lived experience leaders
5. Measure and communicate the **impact of lived experience work** so it is valued by all (e.g. sector, government)
6. Use the power of lived experience to design a **more holistic response** to mental health challenges
7. What else??

Generating ideas and opportunities

Participants were involved in actively identifying opportunities and ideas under **6 main themes**, which had emerged from previous conversations in the workshop and from working group/MHA input on key policy issues. The prompt for ideas and opportunities under the themes (or 'issues') was structured as a 'How might we' question, to encourage openness and positive framing of solutions.

Prioritising (voting)

In the second part of the exercise, individuals were then able to prioritise their top ideas or opportunities for each theme, with 6 dots (or 'votes') that they could spread between the themes. Rules on voting did not allow for multiple votes on one idea, but individuals were able to use the dots on any idea and theme of their choosing.

Key opportunities

The following tables detail the ideas or opportunities identified under the themes and their relative importance according to the 'sticky dot' voting system. The top ideas are in bold text for each opportunity theme.

1. Embed diversity, equality and inclusion in mental health systems and settings

Key idea	Votes*
Fund an independent National Indigenous MH Peak organisation	8
Ensure balance of male and female representation and diversity of age group representatives	3
Fund an independent National multicultural MH Peak organisation	3
Embed in mental health system. Cultural appropriate models of care, holistic and spiritual health care. Get rid of restrictive practices. Trauma informed care practice (e.g. refugee trauma), what matters most to us!	3
Embed bill of rights legislated into mental health at national level. As basic human rights of multicultural populations, mental health care including LGBTIQ+ groups. Plus, First Nations people.	2
Health systems to be L.E leadership, leading at all levels: local, state, territory and national multicultural and LGBTIQ+ marginalised population groups and First Nations people.	2
Ensure the voices are heard – migrants, refugees, asylum seekers, First Nations, Anglo-Celtic	2
Better education in mental health care. Include training of L.E bilingual/multilingual peer work force, cultural leadership and mentorship, cultural competency (mandatory) in all services.	2
Represented from the major groups of CALD community per demographics. E.g., top 30 cultural representatives.	1
Ensure inclusion of major faith groups in Aust – Christian, Muslim, Buddhist, Hindu, etc	1
Value the importance of community, language and culture in the healing journey of a person.	1
Ensure leadership in mental health spaces is culturally diverse.	1
Understanding language. What does these words really mean or how are they defined by multicultural, First Nations, marginalised population groups (LGBTIQ+): diversity, equity-equality, inclusion, advocacy	1
Health systems, settings. Elevating the voices of power imbalance in policy decisions.	-
Always consider who you are missing when you run programs and services in mental health.	-

2. Support and sustainably grow the peer workforce

Key idea	Votes*
Peer workforce association to represent LE workers – advocate for gov funding	10
Mentor programs – peer supervision	2
Pathways for a culturally diverse peer workforce	2
Centralised body – peer work employment agency – education, professional, guidance, relationships with industry.	1
Advocate for standardisation of peer work certification - + training spaces for placements.	1
More pathways to peer work and leadership. E.g. International peer support.	1
Alternate qualification pathways – competency-based training.	1
Changes to funding agreements to ensure peer worker positions.	1
Recruitment – peer work values + principles (e.g. multicavity)	-
Rethinking peer work model. E.g. working in pairs.	-
Organisation readiness – e.g. what is a peer worker?	-
Scholarships for Cert 4 work.	-

3. Embed a human right approach to address economic exclusion

Key idea	Votes*
Supporting people with mental ill health to access priority and supported housing – community housing models.	11
Low cost and free services: advocate at political levels. (and access)	5
Self-determination – people choose	3
Avoiding discrimination in accessing services	2
Bill of rights	2
PHNs to include cultural diversity	2
Advocate for reduction in restrictive practice.	1
Holistic practices – nonclinical methods based on science.	1
Inclusion of cultural diversity – appreciate differences in diversity. Cultural intelligence.	1
Mental health federal issue. (more)	1
Review availability of housing stock.	1
Don't rely on digital services.	-

4. Build the capability and effectiveness of Lived Experience leaders

Key idea	Votes*
Develop a MOU with new Peaks - utilise the skills and abilities of register and forum LE leaders to assist with supporting new members of the proposed peaks	11
Create online form to continue connection. Create an alumni	5
Document history of leadership of NMHCCF and National Register and broader movement. What do we have to offer? (Note The UNSW is undertaking a research project into the history of LE leadership in Australia)	6
Responsible, effective peer supervision and mentoring	5
Training in leadership skills	2
Clear messaging and common understanding	1
Training in advocacy skills	1
Create a buddy system	1
New peaks to quarantine funding for training in advocacy and leadership skills	-
Develop principles of leadership – drawn from recognising, acknowledging and learning from our history and leaders	-

5. Measure and communicate the impact of Lived Experience work so it is valued by all

Key idea	Votes*
Universal document which includes the impacts that the LE have had on communities – generate more project requests for participation of the LE, to increase more funding.	5
Build a database of skills and qualifications. Data analysis /summary of the info. Send a summary of the info to the funding bodies.	2
Classifying/categorising information on database – search function.	1
Utilise social media platforms to record and classify experience and history of LE.	1
Evaluate the work the LE are doing out in the community	-
Creack a summary of that work/education	-
Summary from the LE participants perspective	-
Having a platform where summaries can be uploaded	-
Identifying and promoting what LE work has been done. (What studies, what information has already been done.) to show benefits	-
Facilitating own studies by LE (if they can source funding or another alternative.)	-
Utilising those with LE	-
Actively seek consultation with LE	-

6. Use the power of lived experience to support a more holistic response to MH challenges

Key idea	Votes*
Family and carers included in treatment team	9
Open dialogue – finish methodology – talking therapy to prevent restraint and medicate. Who? Patents rights advisor and a lived experience worker	7
Holistic care – see the person as a whole, including physical health as well as mental health. E.g. ensure that outdoor areas are not just for smokes	4
Access to traditional healers for aboriginal and Torres strait islander people with a focus on social and emotional wellbeing and cultural protocols	3
Encourage lived experience to speak on physical health as well as mental health – can affect each other	2
More plain language and different ways/easier of communicating in medical settings. E.g. assisted voice tech, Aslan, easy rea	2
Individual motivation for recovery – life coaching – NLP training	2
Age specific response services – appropriate for youth.	1
Encourage more alternative therapies in hospitals. E.g. Art therapy, massage etc.. Rewarding	1
Culturally open approaches – talk therapy	-
Options of different models of care – especially from multicultural	-

7. What else?

Note that this theme was a placeholder for all other ideas, however there was a clear preference for a group coming together to talk more strategically about transition planning with the change to new lived experience peak bodies. This group created solutions/ideas but also a ‘roadmap’ to take forward that was agreed by the group. The ‘roadmap’ wasn’t voted on, but the key ideas (5) were.

Key idea	Votes*
Transition plan to Lived Experience peaks	18
Advocacy proposal to MHA/ GOVT – include concerns re. inclusion of Multicultural Australians and Aboriginal and Torres Strait Islander people	9
Inclusion of resources and knowledge bases – advocacy briefs, polices, publications, repository	6
History mapping – NMHCCF, NAT REG, EMBRACE	5
Human capital - mentors, representatives	3

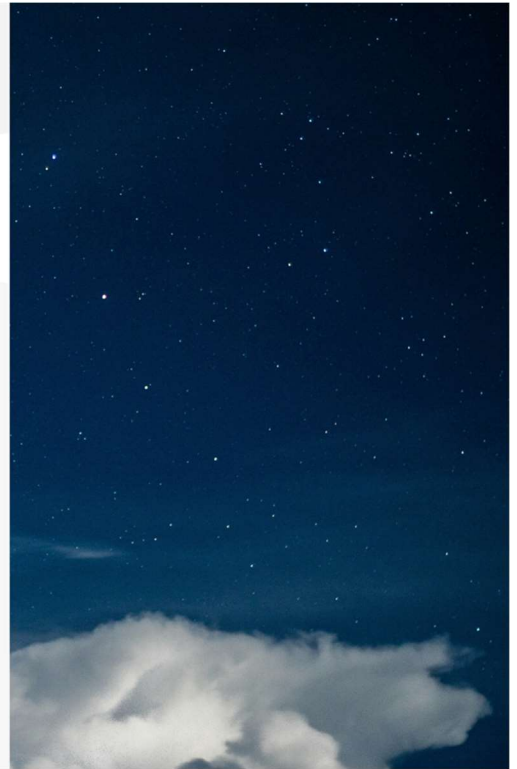
Key idea	Votes*
(Follow up ideas/ roadmap – not voted on)	(not voted)
Transition to peak bodies or partnering with them?	
Retaining and sustaining the Nat Reg and forum and how you work with peaks	
National Register and NMHCCF members work together to have input into the peaks	
Proposal for future involvement to present to MHA	
Mapping work of – embrace, MHIMA, MMHA	
Undertake a stock take of all the National Register activities	
Undertake a stocktake mapping of all the forum activities for the past 22 years	
Partnering – NMHC – could they advocate for us, proposal to MHA for change management processes. NMHC be a vehicle as a voice	
NGO's need the expertise	
Ensuring the longevity of assets of the forum	
Transition/ change management plan engages is critical to success	
History mapping – Nat reg and forum	

Important considerations for the roadmap, raised by participants in the “What else’ opportunity area:

- Can we be funded to be consulted on a transition plan to LE peaks change management?
- Can we include strong advocacy for a combined voice opportunity?
- Can we ensure inclusion of all reps – cultural/ non-cultural?
- Can we have our values as a multi-voiced and expert group recognised?
- Can we have our collective knowledge recognised and the hard-won position of collaboration between consumers and carers that has been achieved?
- Can we highlight the loss that will be experienced through the disappearances of our groups?
- Can we highlight the lack of consultation in the tendering processes?

DESTINY: Working together for change

- How can we best work together in the future on this opportunity?
- What do we need to better understand or be aware of?
- What are some practical mechanisms for working together?
- How can we ensure inclusion and diversity?



Interested individuals and small groups clustered around themes to discuss how they might be able to work together to achieve the opportunities identified. This was done organically and not recorded as a whole group, to allow small groups and individuals to come together to self-organise and discuss without interference, as this was the preference stated by many participants.

Check out: Samoan Circle reflections

In a minor change to the agenda, the workshop was closed in the afternoon session of Day 2 with another Samoan Circle, after feedback on the success of the first circle discussion.

There was opportunity to again come together to listen, reflect and discuss the issues and opportunities that had come forward, but also the way that the group had worked together over the past 2 days of activities, what participants had learned, and next steps.

A more formal wrap up of reflections and activities was also provided at the end of this session by a member of the working group. Lastly, the workshop was closed on a fun and positive note with music and singing from the group.

Discussion and conclusions

Workshop feedback and reflections

There were a number of opportunities for feedback and reflections on the workshop, including Mentimeter responses after Day 1 (see above), reflections during check-out/close out sessions, comments in the room, a feedback 'wall' and a formal survey (n=17 responses) sent to participants after the session.

Reflections and comments on process during check-outs and during workshop

While participants worked together cohesively over the session, some feedback during the 2 days 'from the floor' included:

- The need for a clear purpose and coming together constructively at this time of change. Some participants felt that there was not a clear enough purpose for the workshop and would have liked to see more practical outputs/activities.
- Time was needed for questions (and answers) to clarify and make sure that people were on the same page.
- At the end, the group recognised the time they had spent in the 'groan zone' and acknowledged that this was an important part of the process, even though it was uncomfortable and/or challenging for some participants.
- The group as a whole appreciated the diversity in the room, but felt there should be more – particularly First Nations representation, in the lived experience networks and at the workshops.

Working group feedback and reflections

- Overall, the working group thought that it was a great event.
- Members were very appreciative of the excellent chairing skills, however one bit of feedback is that when you say you understand this jars with them, as unless you have lived it how can you understand.
- Appreciated that the facilitation team could be flexible with the agenda.
- Acknowledgement that it is not possible to foresee all risks, but that is the nature of working with passionate lived experience people.
- The set up of the quiet room and the availability of the peer worker worked very well.
- Members felt that a little more clarity of what we wanted to achieve from each session would have been useful.
- Acknowledged that this was always going to be a difficult meeting as it was the first time many were hearing that funding is not expected post 24/25.

Facilitator reflections

The facilitator team also provided some reflections on the workshop process that could be taken into account for further workshops:

- **Diversity, honesty and openness:** The group was incredibly diverse, honest and open in their contributions to the workshop and feedback. It was a privilege to be involved in designing and facilitating the group.
- **Diversity as a strength and challenge:** The excellent diversity of people, experiences, backgrounds and cultures was a key strength of the group, with many different perspectives being able to be shared and talked through. On the other hand, having diversity and a long history of work and connection with many people, meant there were some different thoughts and opinions on competing priorities or how the workshop should or could run and the processes of working together.
- **Supported space:** The well designed and break-out space, supported by an excellent peer worker, was important and useful to support participants when there were high emotions among group members.
- **Being adaptive and flexible:** The facilitation team tried to walk a line between being flexible and adaptable to members opinions, noting that not all members may speak up in the room, and providing guidance, structure and timekeeping to ensure that participants could work as constructively as possible and that their input could be recorded (in this report). It is debatable whether that was achieved or not!
- **Ways to contribute (differences):** The workshop was designed with a focus on having multiple opportunities for participants to contribute in ways that were accessible and meaningful for them. Not all people in the group wanted to participate in some ways – some naturally have preferences for other ways to contribute (e.g. in group or speaking out in the whole room). However, it is important to recognise that in a room of more than 50 people, many people will not speak up, so it is important that there are other ways to provide input and feedback, including opportunities for individual reflection and writing, so that the strongest voice doesn't dominate. Facilitators and organisers should remember that group consensus is not about who is willing to speak up (or not).
- **Common and diverging views:** This report is a collation of views and input, however it should be noted that there were a broad range of views, some of which were common, but many which diverged. We have attempted to capture key themes that cover the broad range/diversity of views. Only the key opportunities /ideas in the World Café section were prioritised, giving an idea of what was more common across the group.

Survey feedback

Overall satisfaction with the workshop in the survey was good – with 14/17 responses (82.3% - see figure x below) indicating that they were satisfied or very satisfied with the workshop. One participant indicated they were dissatisfied, and one who was very dissatisfied (one response was neutral).

1. Overall, how satisfied were you with the Workshop?

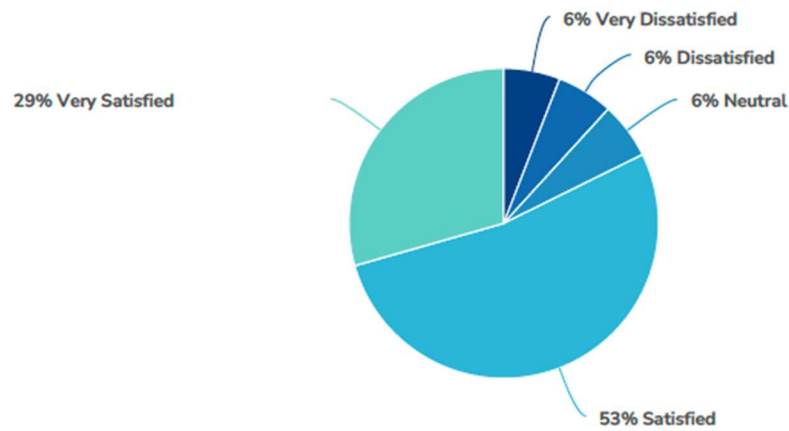


Figure 9: Satisfaction ratings from survey (n=17)

Similarly, most, but not all, respondents indicated that they thought the content and activities were valuable, and the same amount of people indicated that they learned something new, and that there were a good mix of activities each day (note that one respondent strongly disagreed).

2. The content and activities were valuable at the Workshop

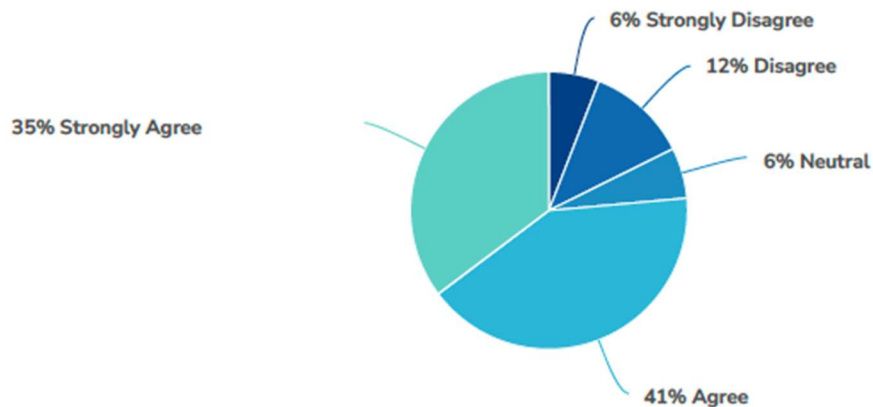


Figure 10: How valuable respondents found content and activities

3. I learned something new at the Workshop

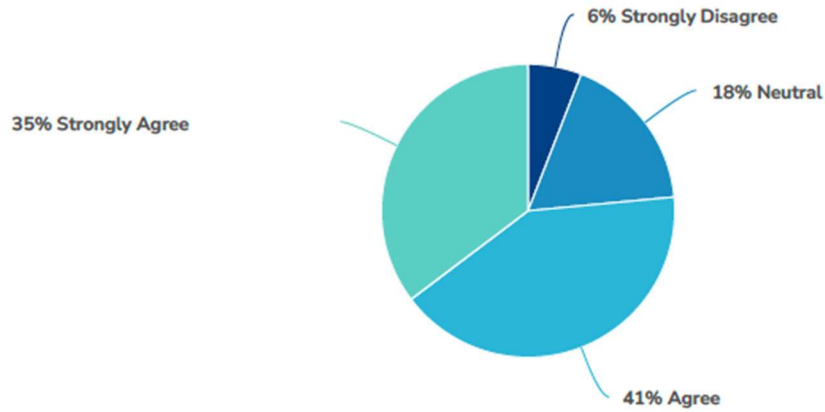


Figure 11: Whether respondents learned something new

All participants indicated that they enjoyed the opportunity to connect with their peers.

4. I enjoyed the opportunity to connect with peers at the Workshop

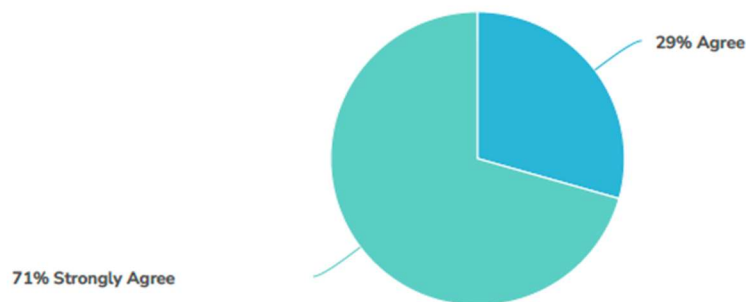


Figure 12: Connection with peers

5. The speakers were engaging at the Workshop



Figure 13: Whether speakers were engaging

Most participants also thought that the speakers were engaging.

Some (however only approx. 4) respondents provided comments on particular sessions. This feedback varied considerably across and within the sessions, however some key points were:

- **Praise for Seamus as a speaker:** ‘He provided humour’ and ‘was a highlight of the two days’ and ‘I liked it very much’. One respondent mentioned that the presentation might have been pitched at a different kind of audience than was present.
- Positive feedback on the **strength-based approach** (e.g. Appreciative Inquiry) as a good way to begin the workshop.
- Appreciated **Carolyn’s presentation and the Q&A**, though one respondent mentioned wanting to see more of a solution-focus and more robust dialogue with participants.
- Mixed feedback on the **future state activity** i.e. from ‘not helpful’ and not having a ‘concrete purpose or output’ to more positive comments on small and robust group discussions.
- Mixed feedback on the **‘Voices in Action’**, with one participant mentioning it was ‘inspiring’ and another ‘great to hear about different areas of work’. However, one response was that ‘it is always the same speakers’ and another ‘a bit over the usual suspects’.
- Mostly **positive praise for the diversity panel discussion** being important and educational, though it was mentioned that diversity should also include age, neurodiversity etc.
- Respondents generally appreciated the **Asset Mapping and World Café activities** as constructive and useful – though again, one comment was that it wasn’t clear what the activity would achieve.

Limitations of the survey

There are also some limitations in the data presented, associated with sending the survey in a time period after the workshop, such as:

- There are limited numbers giving feedback – especially in comments, and the length of time between workshop and response means there isn't a very representative sample. The rate is approximately a quarter of participants and are likely those who had particularly strong views.
- Some of the sections people have given feedback on don't line up with what happened in the workshop as we adapted the agenda
- There is at least one person that has given the same consistent (negative) response over almost all sessions – we can probably assume that this is a general negative response to the workshop.
- Some comments were not relevant to the activities they were commenting on, and seemed to be repeated across each of the activities they were asked to provide feedback on.

Conclusions

This report provides a comprehensive summary of key activities and discussion during the Annual Issues and Opportunities Workshop, hosted by Mental Health Australia for Lived Experience leaders from the National Register, National Mental Health Consumer and Carer Forum and the Embraced Lived Experience group.

A number of key opportunities were put forward by the group after the design stage (see above Key Opportunity tables). These may be important to take forward in ongoing work, and also to feed back to the group for verification and to close the loop with participants.

Feedback on the workshop also provides us with the following summary of what worked well, and what could be improved in future workshops.

What worked well

- The inspiration presentation from Seamus at the start of the workshop was a fun, uplifting and energising beginning to the workshop.
- The principles, ways of working, and values put forward in the 'group agreement' were useful to come back to when there were differing ideas and emotions became high at later points.
- Participants enjoyed the Samoan Circle discussions and felt that this was an authentic and supported way to listen and contribute respectfully
- Adapting the agenda as needed (including providing more time)
- Ending the workshop with music and song left many participants feeling positive and uplifted at the end of the workshop.

What could be improved for the future

- Ensure that there is clear communication about the purpose of the workshop and what participants should expect.
- Ensure that all activities have a clear purpose and outcome that is aligned with expectations, with practical outputs.
- Increase the numbers of participants from First Nations backgrounds and opportunities to speak on First Nations mental health
- More time for connection and working together between a range of participants.