



Government of **Western Australia**
Mental Health Commission

Working Together //

Mental Health and Alcohol and Other Drug

ENGAGEMENT FRAMEWORK

2018-2025





We acknowledge Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of our State and its waters. We wish to pay our respects to Elders both past and present and extend this to all Aboriginal and Torres Strait Islander peoples seeing this message.

We also acknowledge the adverse effects of colonisation. This includes the destruction and breakdown of culture, experiences of racism, and impacts of government policies, such as the Stolen Generations. Having a comprehensive understanding of our history provides the rationale as to why improving the health and wellbeing of Aboriginal and Torres Strait Islander people is important, and needs to be considered in all aspects of the design and delivery of health services.^{i, ii}

i The Social, Cultural and Historical Context of Aboriginal and Torres Strait Islander Australians. In Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice, ed. Purdie, N, Dudgeon, P & Walker, R, pp. 25-42, ACT: Commonwealth of Australia.

ii Words and Image provided by Aboriginal Health Council of Western Australia. Inapaku Dreaming, Malcolm Maloney Jagamarra.



Message from the

Minister

I am pleased to release the Working Together: Mental Health and Alcohol and Other Drug Engagement Framework (Engagement Framework) and Toolkit. Achieving effective mental health, alcohol and other drug systems and services can only be possible through the collective action and coordinated effort between consumers, carers, support persons, clinicians, service providers, government agencies and non-government organisations.

The Engagement Framework and Toolkit affirms the State Government's commitment to progressing a mental health, alcohol and other drug system that improves outcomes across Western Australia. The documents provide a solid foundation for consistent, genuine engagement across all government and non government organisations in the mental health and alcohol and other drug sectors.

I would like to thank consumers, families and carers, service providers, peak bodies and funders for sharing their personal and professional perspectives in the development of this Engagement Framework and Toolkit. I would especially like to acknowledge the dedication of the members of the Steering Committee¹ for their commitment and enthusiasm in delivering this important work.

Roger Cook MLA

*Deputy Premier; Minister for Health
Mental Health*



Message from the

Commissioner

The Working Together: Mental Health and Alcohol and Other Drug Engagement Framework (Engagement Framework) and Toolkit, has been co designed with a broad range of stakeholders, including with the people who will be most impacted by the Engagement Framework – consumers, families, carers, support persons and the broader community.

The co-designed nature of the Engagement Framework and Toolkit has captured the experiences and wisdom of a diverse range of key stakeholders through a dedicated Steering Committee, a series of workshops² and public consultation. The two robust documents are presented in a practical way to affect change at all levels.

The development of the Engagement Framework and Toolkit meets a key action in the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025 (the Plan). As the Plan is the Mental Health Commission's key planning tool, I look forward to the implementation of the Engagement Framework across the mental health and alcohol and other drug sectors to ensure treatment, care and support services meet the needs of consumers, families, carers and the broader community.

Timothy Marney

*Commissioner
Mental Health Commission*

Contents

Executive Summary.....	3	Supporting the Principles.....	23
Introduction.....	5	Engagement Approaches.....	25
Purpose of this Engagement Framework.....	6	Evaluation of the Engagement Framework.....	30
Why Engage?.....	8	Conclusion.....	30
Levels of Engagement.....	9	Appendix 1 Glossary.....	31
Ways to Engage.....	11	Appendix 2 How the Engagement Framework was Developed.....	33
The Five Guiding Principles.....	13	Appendix 3 Current Policy Context.....	36
Engaging with Diverse Groups.....	20	Appendix 4 References.....	38

Executive

Summary

Involving people in the decisions that impact them is essential.

Genuine and effective engagement results in services being developed and delivered in a way that meets the needs of consumers, support persons and the broader community.

The Working Together: Mental Health and Alcohol and Other Drug Engagement Framework 2018-2025 (Engagement Framework) and Toolkit aim to assist government, non government organisations (including private enterprise), and the community to effectively engage and work together to achieve better outcomes for people whose lives are affected by mental health issues and/or alcohol and other drug use.

The co-designed Engagement Framework outlines the benefits of meaningful and genuine engagement; what engagement looks like at individual, service, sector and system levels; and describes different ways to engage within these levels, based on a set of interrelated guiding principles and strategies (**Diagram 1**). To support the five guiding principles, and to encourage best practice engagement, the importance of inclusivity, flexibility, transparency and accountability within engagement practices is also detailed. The accompanying Toolkit aims to provide a process to planning, developing, actioning and reviewing engagement strategies and practices in line with the five guiding principles outlined in the Engagement Framework.

Applying the guiding principles outlined in the Engagement Framework will naturally result in moving from a doing *to* (inform, educate) and doing *for* (consult, involve) approach to a doing *with* (co-design, co-produce, citizen led) approach. Co-design, co-production and citizen led approaches encourage the development of a vibrant community working together to achieve better outcomes for people whose lives are affected by mental health issues and/or alcohol and other drug use: the goal of the Engagement Framework.

The Engagement Framework and Toolkit are intended to be practical and accessible for all people, including those receiving services, those providing services, and those developing policies and strategies in the mental health, alcohol and other drug sectors. While the Engagement Framework was developed for these sectors, the guiding principles and their application are considered universal and transferrable across other sectors.

It is recommended the Engagement Framework and Toolkit be not only adopted but lived and breathed into organisational culture.

Louise Howe and Margaret Doherty (Co-Chairs)

On behalf of the Statewide Consumer, Carer and Family Engagement Framework Steering Committee

GOAL OF THE ENGAGEMENT FRAMEWORK

A vibrant community working together to achieve better outcomes for people whose lives are affected by mental health issues and/or alcohol and other drug use.

ACROSS THESE LEVELS

Individual

Service

Sector

System

THROUGH THESE GUIDING PRINCIPLES

Safety: Start Here

Authenticity:
Be Real

Humanity:
People First

Equity:
Equals Fairness

Diversity:
Everyone In

USING A RANGE OF APPROACHES

Inform



Educate



Consult



Involve



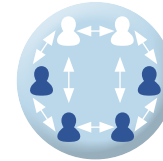
Co-design



Co-produce



Citizen Led



>> **DIAGRAM 1:** An Overview of Working Together: Mental Health and Alcohol and Other Drug Engagement Framework 2018-2025

Introduction

Involving people in decisions that impact them is essential. Genuine and effective engagement will likely result in services being developed and delivered in a way that meets the needs of consumers, support persons and the broader community. It can also improve communication, information flow, linkages and coordination, ultimately resulting in better outcomes for people who experience mental health, alcohol and other drug issues.

Engagement with consumers and their support persons should occur across all facets of the mental health, alcohol and other drug sectors: from people making decisions about their own health care; to individual program and service delivery, policy and service development; to strategic planning at a statewide level. While there has been willingness for meaningful engagement at all of these levels, this document provides clarity about how to do this and how to do it well to achieve better health outcomes.



Purpose of this Engagement

Framework

The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015 – 2025 (the Plan) identified the requirement to:

- ▶ develop a statewide mental health, alcohol and other drug consumer, family and carer framework that outlines best practice principles and practices in relation to engagement with consumers, their families, carers, supporters and the broader community; and
- ▶ incorporate a range of mechanisms in commissioning and service provision practices to enable the involvement of consumers, families and carers in co-production and co-design of policy, planning, service delivery, evaluation and research, with a particular focus on enabling the involvement of marginalised groups (including Aboriginal peoples).

The Working Together: Mental Health and Alcohol and Other Drug Engagement Framework 2018-2025 (Engagement Framework) is a co-designed framework that outlines guiding principles and strategies to encourage best practice in engagement. The goal of the Engagement Framework is to develop a vibrant community working together to achieve better outcomes for people whose lives are affected by mental health issues and/or alcohol and other drug use (**Diagram 1**). To attain this goal, the Engagement Framework is underpinned by the key guiding principle of Safety:

developing cultural, physical, moral, ethical and emotional safety for everyone involved; and four interrelated guiding principles of Authenticity, Humanity, Equity and Diversity. These guiding principles have been identified by key stakeholders as fundamental to establishing best practice approaches to meaningful and effective engagement with people.

The Toolkit that accompanies the Engagement Framework provides a process to planning, developing, actioning and reviewing engagement strategies and practices in line with the guiding principles. The Toolkit outlines specific strategies and resources for engaging with diverse groups including Aboriginal Peoples, Culturally and Linguistically Diverse Communities, Children and Young People and People with Intellectual Disability. The Toolkit showcases 10 practical examples of how government and non-government groups and organisations have positively actioned the five guiding principles across a variety of Western Australian projects and programs.

Applying these guiding principles, strategies and practices outlined in this Engagement Framework and the accompanying Toolkit will support the development of strong partnerships to drive change and deliver better outcomes for people whose lives are affected by mental health issues and/or alcohol and other drug use in the Western Australian community.

Purpose of this Engagement

Framework cont.

The Engagement Framework and Toolkit reflect the dynamic nature of engagement as consumers, families and carers become genuine partners and leaders in the decision making processes. This marks a cultural change in the way that mental health and alcohol and other drug services are commissioned, designed, delivered and evaluated.

The Engagement Framework and Toolkit will assist government, non government organisations and the broader community to maximise opportunities to effectively engage and work together where the decision making process will result in a positive outcome.

This Engagement Framework and the accompanying Toolkit are intended to be accessible and easy to use for all including those receiving services, those providing services, and those developing policies and strategies in the mental health, alcohol and other drug sectors. It is hoped the Engagement Framework and Toolkit are not just adopted but fully incorporated into organisational culture.



People

As the whole community is affected by mental health, alcohol and other drug issues, either directly or indirectly, the Engagement Framework and Toolkit at times refers to consumers, their families, friends, carers, support persons and the broader community, as “people”.



Consumers

Consumers are people with a personal experience of mental health, alcohol and/or other drug issues, irrespective of whether they have a formal diagnosis or have accessed services and/or received treatment.

**Note: we acknowledge that many people may prefer to use the words personal or lived experience*



Support Persons

Refers to family members and friends in caring and supporting roles.

It is acknowledged that a large proportion of support persons are carers as defined in the Western Australian *Carers Recognition Act 2004*, the Australian *Carer Recognition Act 2010* and the Western Australian *Mental Health Act 2014*. In this Engagement Framework, and Toolkit the term “support persons” includes families, carers, friends and significant others.

Why

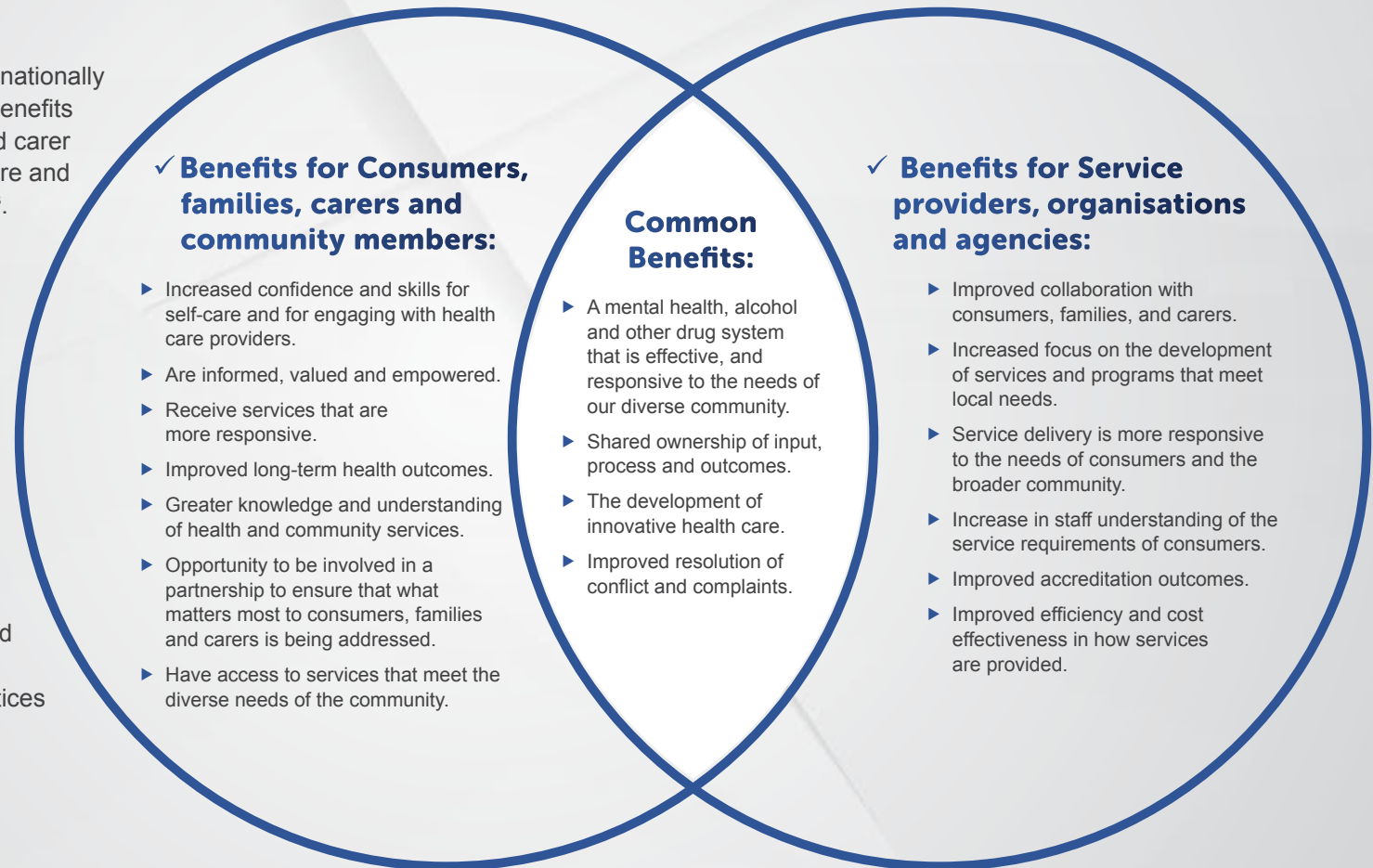
Engage?

There is significant evidence both nationally and internationally regarding the benefits of increasing consumer, family and carer participation in their own health care and in the broader health care system³.

Consumer engagement is known to improve both the quality and safety of health services as well as individual and population health outcomes, whilst also making health services more responsive to the needs of consumers⁴.

At a series of workshops to develop the Engagement Framework and Toolkit, the Steering Committee and other key stakeholders identified a number of benefits of genuine and meaningful engagement practices for individuals, services, and the broader community.

» **DIAGRAM 2:** *Benefits of Engagement*⁵



Levels of

Engagement

Engagement with consumers and their support persons refers to people actively participating in their own health care and in health policy, planning, service delivery and evaluation at individual, service, sector and system levels⁶.

Beginning at an individual treatment level (including partnering in health care decisions), through to a system level, consumers and their support persons have developed a unique wisdom from their experiences, and are well placed to know and understand what does and does not work for them. In seeking support for their recovery⁷ and wellbeing, one's experiences can provide impetus and motivation to contribute back to the system and into community development, and provide a foundation for individuals willing to engage in activities to drive change and reform at community, service, system and strategic levels⁸.

Providing person centered health care and community development processes that are respectful and responsive to the individual and community are indicators that the 'system' is working well. Partnerships at all levels are necessary. While consumers, families and carers have their own personal experience expertise, clinicians, allied health and support workers also have professional expertise. This is particularly so at service and sector levels where healthcare professionals have extensive knowledge, experience and expertise that is invaluable to ensure the health system achieves the best possible outcomes for all involved.

Consumer, family, carer, supporter and community engagement can occur at four levels including the individual, service, sector and system levels as outlined in **Table 1**. Engagement at all levels is necessary to ensure the mental health and alcohol and other drug sectors achieve the best possible outcomes for all involved.

Levels of

Engagement cont.

Level	Area	Explanation	Engagement Example
1. Individual	Individual care	Engagement at the individual level focuses on people as partners in their own health, support, and treatment decisions.	Shared decision-making, developing treatment and support plans, suggestion boxes, feedback surveys, forms and interviews, fact sheets, brochures, booklets, social and electronic media.
2. Service	Program and service delivery	Engagement at the service level focuses on the development of partnerships that impact on the planning, delivery, evaluation and monitoring of programs at an agency or organisation level.	Focus groups, workshops, yarning circles, ongoing advisory groups, representative committees, co-design, co-production and community approaches, presentations, planning days, surveys, peer work and peer led programs.
3. Sector	Statewide mental health and alcohol and other drug sectors	Engagement at the sector level is focused on partnerships that impact on the regional or statewide mental health and alcohol and other drug sectors in relation to planning and evaluation.	Policy development, implementation and review, evaluation panels, representative advisory groups and committees, ongoing networks, public forums, community consultations, surveys and public comment.
4. System	Local, State and Federal Government	Engagement at the system level is about collaboration and partnerships that impact on policy, reform, and legislation at the system level across local, State and Commonwealth jurisdictions.	Co-commissioning and procurement of services, community and lived experience advisory groups, executive or strategic level committees and working groups.

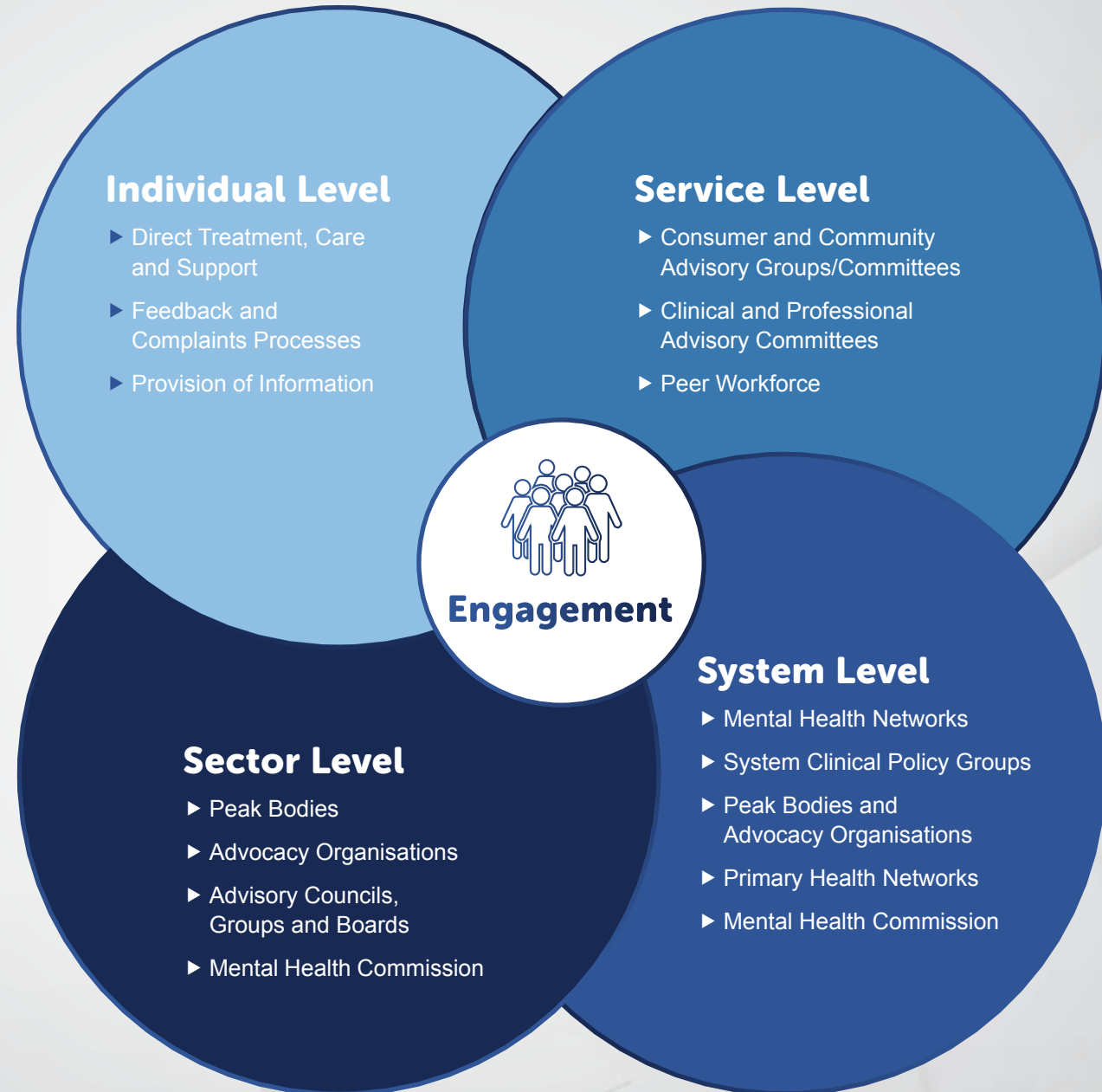
» TABLE 1: Levels at Which Engagement Can Occur

Ways to Engage

Examples of ways to engage that occur in Western Australia at individual, service, sector and system levels, to contribute and shape the mental health and alcohol and other drugs sectors.

More information about these groups and organisations is detailed on the next page.

» **DIAGRAM 3:** *Ways to Engage*



Ways to

Engage cont.

Advocacy organisations and peak bodies advocate, and provide independent advice to state and national governments on behalf of organisations, communities and groups of individuals. Organisations that advocate for service, sector and system level reform include (but are not limited to):

- ▶ Western Australian Association for Mental Health
- ▶ Western Australian Network of Alcohol and other Drug Agencies
- ▶ Consumers of Mental Health WA
- ▶ Carers WA
- ▶ Peer Based Harm Reduction WA
- ▶ Health Consumers' Council
- ▶ Mental Health Advocacy Service
- ▶ Helping Minds
- ▶ Mental Health Matters 2
- ▶ Ethnic Disabilities Advocacy Council
- ▶ People with Disabilities WA
- ▶ Youth Affairs Council of WA

National level, peak bodies which drive and support mental health and alcohol and other drugs reform through partnerships include:

- ▶ National Mental Health Consumer and Carer Forum
- ▶ National Private Mental Health Consumer and Carer Network
- ▶ Australian Injecting and Illicit Drug Users' League
- ▶ Community Mental Health Australia
- ▶ Mental Health Australia
- ▶ National Mental Health Commission

Key commissioning bodies of mental health, alcohol and other drug services in Western Australia are the Mental Health Commission and the WA Primary Health Alliance which also facilitate stakeholder engagement in the development, implementation and oversight of policy, programs and services.

The System-wide Mental Health Clinical Policy Group is responsible for the development and review of WA Health mental health system-wide clinical policies which are to be or have been issued as policies within the Mental Health Policy Framework. The group comprises senior representatives from the Health Service Providers, Consumers of Mental Health WA and Carers WA.

Advisory Boards, Councils and Groups provide independent advice to organisations and agencies. They comprise a variety of members from a diverse range of disciplines that hold knowledge and skills relevant to the advice being sought. Examples of advisory boards, councils and groups include (but not limited to):

- ▶ Consumer Advisory Groups
- ▶ Community Advisory Councils
- ▶ Clinical Engagement Committee
- ▶ Mental Health Advisory Council
- ▶ Ministerial Council for Suicide Prevention

The Mental Health Network aims to improve health outcomes for people with mental health issues by building engagement, co-operation and consensus between consumers, family and carers, health professionals, hospitals, health services, community managed organisations, the Mental Health Commission and the Department of Health. The aim is to inform mental health policy and reform, and to strengthen and increase coordination of mental health care and support across the State. The Mental Health Network has several sub networks that more specifically focus on key mental health issues, priority groups and/or locations.

The Five Guiding

Principles

The principles of Safety, Authenticity, Humanity, Equity and Diversity that underpin the Engagement Framework have been identified by key stakeholders⁹ as fundamental to establishing best practice approaches to meaningful and effective engagement with consumers, families, carers and their support persons.

These five principles and strategies outline attitudes and actions for genuine engagement that will naturally lead to co-design and co-production approaches. The Toolkit provides a guide to implementing these five guiding principles.



The Five Guiding

Principles cont.



1. Safety: Start Here

Developing cultural, physical, moral, ethical and emotional safety for everyone involved.

Safety is creating an environment where everyone feels comfortable to share their experiences, perspectives and opinions in an inclusive, respectful space.

While cultural safety can tend to be associated more with Aboriginal and Culturally and Linguistically Diverse communities, it is important to work across other differences influenced by culture such as age or generation, gender, sexual orientation, occupation and socio-economic status, refugee and migrant experience, religious or spiritual belief and disability.

In the mental health and alcohol and other drug sectors it includes people feeling comfortable 'in the room' or 'at the table' with others who may or may not have similar experiences to their own. People with a personal experience that may include traumatic experiences, mental health diagnosis, involuntary hospitalisation, addictions, homelessness and criminal activity and/or record, need a safe space for active participation and leadership.

"I would like to acknowledge those affected by mental health issues. Through my words and my actions, I will respect your experience and seek to do you no harm."

» Speaker at the Western Australian Mental Health Conference 2017.

Strategies

- ▶ Assume that people are impacted by trauma of some type and approach engagement through this lens.
- ▶ Establish shared values and ground rules from the outset (e.g. disclosure and protecting confidentiality).
- ▶ Engage people where they feel safe, including culturally and physically safe spaces.
- ▶ Co-produce the activity with consumers, families, carers and their support persons, for example use co-facilitators, co-presenters and co-chairs.
- ▶ Have skilled facilitators who can facilitate sensitive and respectful discussion.
- ▶ Have clear processes in place for responding to and supporting people experiencing distress.
- ▶ Ensure people have the opportunity to debrief.

The Five Guiding

Principles cont.



2. Authenticity: Be Real

Being reliable and trustworthy, with a real motivation to work together to improve things.

Authentic engagement means working with people in an open, honest and trustworthy way. People can then work together in genuine partnership.

"It's about learning together, learning from each other, seeing each other as knowledgeable."

» Participant, Statewide Engagement Framework Workshop One.

Strategies

- ▶ The engagement process is well planned, and engagement starts early in the process.
- ▶ Have the courage to co-design, co-produce and let others share the lead.
- ▶ Be creative and flexible about engagement approaches and pathways.
- ▶ The objectives of engagement are well-defined with clear expectations of roles.
- ▶ Be transparent and clear about who is ultimately accountable and the scope of responsibility(ies).
- ▶ Discuss expectations, authority and people's ability to influence outcomes.
- ▶ Refrain from committing to any actions that cannot be achieved.
- ▶ Keep in contact and keep people informed about what is happening on a regular basis.

The Five Guiding

Principles cont.



3. Humanity: People First

Showing empathy, kindness and graciousness in our relationships and understanding what happens affects all of us.

Humanity is about showing compassion for the human condition and valuing people's experiences, perspectives, knowledge and beliefs.

"I've learned that people forget what you said, people will forget what you did, but people will never forget how you made them feel."

» *Maya Angelou, American poet.*

Strategies

- ▶ Recognise that humanity is shared by every stakeholder and is a powerful lever.
- ▶ Consider the impact of engagement on the people's wellbeing.
- ▶ People may want to attend with a friend or peer worker for support.
- ▶ Ensure a warm and welcoming environment where people feel supported.
- ▶ Deeply listen to people and their unique journeys.
- ▶ Recognise the impact of trauma, stigma and discrimination.
- ▶ Acknowledge the difficulties and challenges people experience.
- ▶ Be considerate, supportive and understanding in interactions with others.
- ▶ Take the time to grow together and build genuine relationships.
- ▶ Respect the roles people hold in their workplaces, communities and families.

The Five Guiding

Principles cont.



4. Equity: Equals Fairness

Treating people with equal worth and value, therefore sharing power, resources and knowledge.

Equity is about fairness, it is about making sure people get access to the same opportunities. In order to achieve equity, it is important to recognise people's needs and value their culture, unique diverse strengths and perspectives. This includes addressing inequalities and barriers to ensure all people are able to engage in an equal and fair way.

Co-production recognises and seeks from the outset to address power differentials within partnerships.

» *Adapted from Co-production - Putting principles into practice in mental health contexts. Cath Roper, Flick Grey & Emma Cadogan (2018).*

To ensure full collaboration, the co-production process should achieve equality and parity between all those involved. Change happens during the process of co-production as well as being a consequence of it.

» *Practical Guide: Progressing transformative co-production in mental health. The National Development Team for Inclusion (2016).*

The Five Guiding

Principles cont.



4. Equity: Equals Fairness



Equality = SAMENESS

Equality is about SAMENESS. It promotes fairness and justice by giving everyone the same thing. BUT it can only work IF everyone starts from the SAME place, in this example, equity only works if everyone is the same height.



Equity = FAIRNESS¹¹

Equity is about FAIRNESS. It's about making sure people get access to the same opportunities. Sometimes our differences and/or history can create barriers to participation, so we must first ensure EQUITY before we can enjoy equality.

Strategies

- ▶ Factor in time, thought, effort and planning at all stages of the partnership for the purposes of noting, voicing, tabling and addressing power differentials¹⁰.
- ▶ Information and material is provided in a timely manner to be well prepared for the engagement activity.
- ▶ All information is written in plain English and is free from jargon, including acronyms.
- ▶ Information is presented in alternative formats to assist in understanding, for example pictorial aides, audio, braille, multimedia and interpreters.
- ▶ Engagement activities are held at a variety of times and days to respect the needs of people with work and family responsibilities.
- ▶ Be aware that not everyone has access to reliable mobile or internet connection nor the skills to use them.
- ▶ Implement and support a paid participation and out of pocket expenses policy.

The Five Guiding

Principles cont.



5. Diversity: Everyone In

Valuing uniqueness as a strength and ensuring ways of belonging.

Diversity includes acceptance and respect of all people involved. It means understanding that each individual is unique, and recognising our individual differences. These include differences such as race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs and political beliefs. It is the exploration of these differences in a safe, positive, and nurturing environment¹².

“The best part was the participation in respectful collaboration from diverse representatives, sector workers and management.”

» *Compulsory Alcohol and Other Drug Treatment Legislation Community Advisory Group Member.*

Strategies

- ▶ Be open minded and not shy away from unfamiliar opinions and experiences.
- ▶ Identify and connect with community leaders/elders prior to and during any engagement.
- ▶ Partner with organisations that have established relationships within a community.
- ▶ Meet with people in places where they feel comfortable.
- ▶ Engage broadly using a range of strategies and approaches to enable the inclusion of diverse groups; for example social media platforms or one on one personal meetings.
- ▶ Some people may not be confident speaking in a group. Make time for comments during breaks and/or have options to record comments and views in a variety of ways.
- ▶ Seek to understand and respect the constraints of people’s roles and their workplaces, including management and governance arrangements.

Engaging with

Diverse Groups

Identifying, understanding and engaging with diverse population groups is essential to improving outcomes for all people experiencing mental health, alcohol and other drug issues in the community. In order to ensure that the diversity of the community is reflected in the voices and opinions being heard, engagement with specific population groups needs to be supported through targeted and appropriate engagement approaches and opportunities¹³. Specific strategies for engaging with diverse groups are outlined in the Toolkit.

Diverse groups in the community often face barriers to accessing health care, and are possibly less likely to engage in activities through traditional engagement methods.

The tone, language, tools, timing and means of engagement used should be tailored and targeted to each stakeholder in order to get the most benefit from that engagement. This includes culturally appropriate communications and engagement specific to levels of education, life experiences and demographics. The following table outlines strategies to support effective engagement including specific strategies for Aboriginal and Culturally and Linguistically Diverse communities.

In addition, [You Matter: A Guideline to support engagement with consumers, carers, communities and clinicians in health](#) outlines specific strategies and practices to support engagement with other diverse groups, including children and young people, people with disabilities, people from lesbian, gay, bisexual, transgender and intersex (LGBTI) communities, people experiencing homelessness and people living with mental illness.



DIAGRAM 4: Diverse Groups Word Cloud¹⁴

Ten Key Strategies for Engaging with Diverse Groups

Ten key strategies to enable effective engagement with diverse groups relevant to the mental health, alcohol and other drug sectors are outlined below¹⁵.

Strategy	Definition
1. Allow time	Allow time to build respect and trust, encourage the participation of community members, and to allow discussion and decision making.
2. Recognise diversity within communities	Recognise that there are differences within communities and language groups. It is important to take the time to understand the uniqueness of the community or group and their diverse needs to enable effective engagement. Connect with community champions and leaders.
3. Partner with other organisations	There are many associations and organisations that have existing relationships with diverse groups. Partnering with these organisations is an effective way to support engagement; this can include requesting these agencies to lead the engagement process on behalf of the service or organisation.
4. Use preferred engagement methods	Seek guidance from the community regarding the preferred method for engagement, this can include the time and location and the method of engagement for example forums, attendance at community meetings, face to face discussions, online surveys or social media.
5. Build capacity	Build capacity of people to foster participation by ensuring people have access to appropriate training and support.
6. Address language issues	Provide materials in different languages and formats and recognise specific community, cultural and age appropriate language and concepts relating to mental health alcohol and other drug use.
7. Provide adequate resources	Resources should minimise barriers. Ensure a budget for the engagement activity or program is identified and approved. Consider costs associated with remuneration, interpreters, transport and catering.
8. Respect confidentiality and privacy	Develop and discuss rules around protecting confidentiality and identity.
9. Avoid over-consultation	Plan well, review previous consultations and liaise with others who are looking to engage the similar diverse groups or communities.
10. Understand power dynamics	Recognise that some diverse groups have formal and informal leadership structures and processes. Some community members may be uncomfortable being involved in decision making and speaking on behalf of their community.

Ten Key Strategies for Engaging with

Diverse Groups cont.



The **Toolkit** that accompanies this Engagement Framework provides specific considerations regarding engaging with Aboriginal Peoples, Culturally and Linguistically Diverse communities, children and young people and people with an intellectual disability. There are further practical resources regarding engaging with diverse groups, including:

- ▶ **Aboriginal Cultural Security Guide for Human Service Organisations - First Edition** has been developed as a guide to help Australian human services organisations to improve their capacity to deliver culturally secure services to Aboriginal people and their communities.
- ▶ **The Minditj Kaart-Moorditj Kaart Framework: Open Hearts, Open Hands: A Spiritual Journey of Change** is handbook in a conversational style as a way to guide understanding about the complexities and uniqueness of working with Nyoongar peoples.
- ▶ **The Commissioner for Children and Young People** has **guidelines** and **checklists** for involving children and young people. These guidelines are designed to assist organisations, whether government, non-government or private, to involve children and young people in decision making about services and activities.
- ▶ The Office of Multicultural Interests provides a wealth of information including a list of ethnic organisations and networks as well as resources including **Tips for Engaging Culturally and Linguistically Diverse Communities**. This straightforward guide assists service providers to connect with their diverse communities and make sure their programs and services are relevant and culturally appropriate.
- ▶ **The Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery** assists organisations and individual workers to evaluate their cultural responsiveness and enhance their delivery of services for culturally and linguistically diverse communities.
- ▶ **The National Lesbian, Gay, Bisexual, Transgender and Intersex Mental Health and Suicide Prevention Strategy** aims to provide strategies for action that will ensure that targeted responses adequately and appropriately support the needs of LGBTI people and communities as a priority.
- ▶ **A Practical Guide for Working with Carers of People with a Mental Illness** assists staff across service settings, in recognition and support of carers, to enable them to continue in their role as partners in recovery.
- ▶ **Straight from the Source** is a practical guide to alcohol and other drug consumer participation in the Victorian alcohol and other drug sector.
- ▶ **Intellectual Disability Mental Health Core Competency Framework: A Manual and Toolkit for Mental Health Professionals** describes specific skills and attributes required by professionals who provide mental health services to people with an intellectual disability. The Manual and Toolkit are also useful for people who work in service management, service development, education of mental health professionals and quality improvement.

Supporting the

Principles

Inclusivity and Flexibility

Inclusivity and flexibility go hand in hand across all engagement approaches.

Inclusivity deliberately attempts to involve all people, that is, create an environment where people feel welcomed, valued and respected and can access the same opportunities. Inclusivity is not just about involving all people impacted or affected in the decision making process but ensuring they have *genuine access* to the decision making process. People can be unintentionally excluded when decisions regarding who, what, when and where to engage do not reflect their needs.

If inclusivity is to be realised, then engagement practices must ensure cultural safety. Cultural safety is described as an environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and truly listening¹⁶. Cultural safety requires a good measure of flexibility.

Flexibility is the willingness and ability to readily respond to changing circumstances and expectations. Engagement strategies that are drafted from start to finish without thoughtful planning and preparation with stakeholders are often short sighted and may be ineffective.

Co-design, co-production, consumer and community led approaches in particular require more time to build in flexibility so decisions can be made in a collaborative way as the engagement process unfolds.

Good practices that reflect culturally safe, inclusive and flexible engagement that meets people where *they are*, at *their* preferred times, places and ways, include:

- ▶ Working with relevant organisations, community groups and partners, elders and leaders to foster participation and ensure cultural safety;
- ▶ Giving plenty of notice prior to the engagement activity so people can make necessary arrangements (for example child care, carer respite, time off work and rescheduling of important appointments);
- ▶ Sharing information and resources well ahead of time and in a manner that people can easily understand and access so people can be prepared;

- ▶ Being clear about the reasons for engaging;
- ▶ Communicating the benefits and offering incentives to be involved;
- ▶ Engaging on days and at times that consider people's cultural, health, family, social, study and/or work commitments;
- ▶ Identifying suitable venues and/or locations that are respectful and reflect the preferences of the people, including transport and parking options and disability access; and
- ▶ Creating a variety of opportunities and enough time for people to be meaningfully involved.

Accountability and Transparency

Accountability means not only being responsible for something but ultimately being answerable for actions.

While responsibility can be shared, accountability cannot. The transparency of a process, situation, or statement is reflected in its ability to be easily recognised or understood by everyone involved. Transparency implies openness, good communication and accountability.

Supporting the

Principles cont.

Being clear and transparent from the beginning will result in a purposeful and worthwhile engagement process. It requires all stakeholders to have an understanding of:

- ▶ desired outcomes;
- ▶ what can be achieved;
- ▶ the timeline and stakeholder involvement;
- ▶ the amount of influence people can have on decisions;
- ▶ the constraints of different stakeholders;
- ▶ the responsibilities of different stakeholders; and
- ▶ who is ultimately accountable for decisions made.

Communicating this information as early as possible in the process and during the process, ensures that all stakeholders are better informed and can choose how much involvement they want.

In many circumstances, an individual or organisation will have ultimate responsibility for engagement outcomes and decisions including those that have been co-designed or co-produced. This is particularly so where funding has been provided and outcomes agreed between stakeholders. It is important to communicate, understand and respect the role of accountable individuals and organisations

in decision making processes made through genuine engagement processes.

By way of an example, at an individual treatment level, while consumers, families and carers are the experts of their own experience, health care professionals are bound by codes of conduct, duty of care and legislation which may impact shared decision making around treatment, care and support.

Service providers have financial and contractual obligations to their boards and funding bodies regarding the type and amount of services they provide. While there may be flexibility in how and when the services, programs and projects are delivered, ultimately the service is accountable to their stakeholders, including funding bodies. Sound governance and organisational structures provide clear lines of responsibility and support good working relationships that ultimately aim to provide more efficient and effective services.

On a strategic, sector and system level all stakeholders including consumers, families, carers and community members can be involved in:

- ▶ assessing community needs;
- ▶ identifying options and outcomes;

- ▶ service design and delivery;
- ▶ conducting research;
- ▶ workforce development, recruitment and training;
- ▶ policy and strategy development;
- ▶ commissioning frameworks;
- ▶ procurement of services; and
- ▶ monitoring and evaluation.

The Government is responsible for state and federal laws, with government agencies assisting Ministers to administer acts and legislative changes. For example, the Mental Health Commission is the agency principally assisting the Minister in the administration of the *Mental Health Act 2014* and the *Alcohol and Other Drugs Act 1974*.

It is important to understand that government agencies may be constrained by State Government priorities, legislation, policies, confidentiality and a range of other accountabilities that govern the public sector. Similarly, individuals may be constrained by considerations of disclosure, privacy and cultural security.

Engagement

Approaches

Consumer, family, carer and community engagement offers a pathway toward better quality health care, more efficient health care and service provision, and improved population health.

Applying the guiding principles outlined in this Engagement Framework will naturally lead

from doing *to* (**informing, educating**), and doing *for* (**consulting, involving**) to doing *with* (**co-designing, co producing**) as outlined in **Diagram 5**¹⁷. Aiming for approaches that will maximise engagement opportunities for more equal and reciprocal relationships, the sharing of roles and responsibilities, including decision making, is likely to result in positive changes.

Processes thrive when boundaries are flexible and silos are broken down, when real listening and dialogue can occur across unlikely alliances.

» *From Madhouse to Co-design, Ingrid Burkett (2016).*

DIAGRAM 5: Types of Engagement Approaches¹⁸



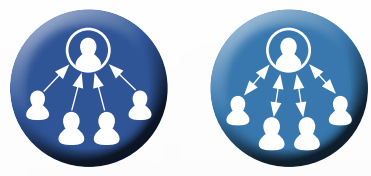
Engagement

Approaches cont.



Inform and Educate

Informing and educating involves providing opportunities for people to understand and be informed about something that may affect and impact them. Promotion and prevention campaigns such as **Alcohol Think Again**; **Drug Aware**; **Act, Belong, Commit** and **Strong Spirits, Strong Minds** are examples of Western Australian government strategies. Techniques and tools may include (but are not limited to) fact sheets, reports, announcements and statements made available through media, social media, newsletters, brochures and websites. Launches, open houses, and presentations provide for face to face engagement and an opportunity to answer questions and clarify important points. Offering the information or education in multiple formats, channels and languages to improve access and understanding is key to ensuring quality engagement with this approach²⁰.



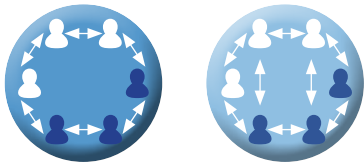
Involve and Consult

Involving and consulting allows stakeholders (from the broader community through to experts in their fields) to provide feedback, express their concerns and suggest alternatives. Opportunities to provide advice, make recommendations, discuss options and formulate solutions may be sought. Techniques and tools for this approach may include (but are not limited to) one on one or small group meetings, forums, workshops, focus groups, surveys, public comment and large meetings, stakeholder advisory groups and steering committees²¹.

With this approach, it is important that the level of influence stakeholders can have is clearly outlined early in the engagement process. If the way in which feedback can and will be taken on board is not clearly outlined, stakeholders may feel that they are not seeing positive outcomes about decisions that impact them, and may perceive that 'too little too late' has been done²².

Engagement

Approaches cont.



Co-design and Co-production

Co-design and co-production are not models but approaches to transforming how services are designed and delivered. It differs from consultation and involvement, but may incorporate some of the techniques and tools used in these approaches.

The real difference is how co-production deliberately sets out to create a culture that values all expertise and knowledge, particularly the expertise and knowledge of the people that are most affected by the problem and solution. Co-production recognises and seeks to address power differentials within partnerships²³. A co-production approach sees consumers, families and carers involved in defining the problem, designing and delivering the solution, and evaluating the outcome²⁴.

Co-production takes time. It takes time and care to establish trusting respectful relationships. It takes time and care to identify, discuss and address inequalities.

» *Co-production - Putting principles into practice in mental health contexts. Cath Roper, Flick Grey & Emma Cadogan (2018).*

The National Mental Health Consumer and Carer Forum defines co-design and co-production as:

- ▶ Co-design: identifying and creating an entirely new plan, initiative or service that is successful, sustainable and cost-effective, and reflects the needs, expectations and requirements of all those who participated in, and will be affected by, the plan; and
- ▶ Co-production: implementing, delivering and evaluating supports, systems and services, where consumers, carers and professionals work in an equal and reciprocal relationship, with shared power and responsibilities, to achieve positive change and improved outcomes²⁵.

Engagement

Approaches cont.

Core Principles²⁶ include:

1. Consumers, families and carers are partners from the outset:

In co-production consumers, families and carers are involved in setting the priorities and agenda and making decisions from the very beginning. Consumers, families and carers are engaged for their thought leadership, experience and expertise and then throughout the activity, program, project or enterprise. Consumers can also be engaged to lead projects.

2. Power differentials are acknowledged, explored, and addressed:

Within groups that involve consumer and non-consumer expertise, affirmative actions need to be taken to ensure consumer, family and carer knowledge and expertise is privileged, otherwise the more powerful group members will influence decisions.

3. Consumer leadership and capacity is developed:

The utilisation and development of consumer, family and carer leadership is a feature of co-production in mental health. Consumers, families and carers are thinkers and doers, not passive recipients of care, and they are holders of wisdom and knowledge no one else has.

Co-production enables people to have roles in delivering the services that they have designed. In practice this can take many forms, from peer support and mentoring to running everyday activities or making decisions about how the organisation is run.

With co-production, people's assets and capabilities are recognised and nurtured, there are shared roles and responsibilities to run the service, and all stakeholders work together in equal ways, respecting and valuing each other's unique contributions²⁷.

When power differentials are not acknowledged or addressed, individuals, groups or organisations with the most power will have the greatest influence, regardless of the quality of their ideas or skills. When governments and organisations work with consumers there will be significant and obvious power differentials. There may be some power differentials that are less obvious, but still important to explore and address. Co-production is a way to genuinely shift and distribute power more evenly amongst partners, giving those with less power in the partnership more space to contribute and more influence than they would have in usual circumstances. This can be achieved through affirmative action, for example, proactively introducing consumer leadership and decision-making opportunities²⁸.

Engagement activities undertaken as co-design and/or co-production, without any actual change in the policies, activities or processes of engagement, are not being run in the spirit of co-design and/or co-production. This is merely tokenism. It is only when everyone involved, and especially consumers, families and carers, agree the activity labelled as co-design and/or co-production - that it is²⁹.



Co-production – Putting Principles into Practice in a Mental Health Context is an Australian resource that aims to inform and support understanding, planning, and implementing co-production and includes practical tools and co-production case studies.

The Western Australian Council of Social Service has developed a **Co-Design Toolkit** that includes ten toolkits starting with an agreed set of definitions and principles, the kit includes tools for ensuring co-design is the right model in the circumstances, guidance for government and the community sector preparing for co-design and advice on the co-design process.

Engagement

Approaches cont.



Citizen Led

Citizen led approaches involve consumer, family, carer, consumer individuals, groups and/or communities leading their own decisions, solutions and activities. Citizen led groups may also invite others to collaborate on initiatives for mutual benefit, including co-design and co production initiatives, or seek support from others to advance common aims. Community led approaches are a form of community development or community action that is driven by community priorities, leadership and solutions. Consumer led approaches (such as peer support and mutual advocacy) are important for healing from stigma, discrimination and disempowering circumstances, and can contribute to cultures of self-direction in services.

By building knowledge, skills, networks and experience, citizen led approaches can strengthen the readiness of individuals, groups and services for co-production and co-design within services, sectors and system. These approaches create environments where people can feel safe, drawing strength from their identity and culture to effect the change they want to see.

This approach is sometimes more appropriate in engaging groups that are underrepresented and/ or have multiple unmet needs. It is often better for groups to lead this process themselves and be supported to do so, at times where the involvement of service or government staff in design and engagement activities would hinder trust, rapport, safety and disclosure.

The Recovery Library at the University of Melbourne includes a Growing Consumer Leadership domain that has a number of links to consumer led alternative approaches, consumer leadership articles and websites, consumer led peak organisations, peer workforce and organisational resources.

The Effectiveness of Services Led or Run by Consumers in Mental Health: Rapid Review of Evidence for Recovery-Oriented Outcomes³⁰ analyses of a number of literature reviews through the question, “For mental health services that are or include components which are consumer run and/or consumer led, what is the evidence base for effectiveness with respect to recovery-oriented outcomes?”

Key functions of groups, organisations and peak bodies that are Citizen Led

- ▶ Citizen engagement (research, consultation, projects/programs);
- ▶ Peer support;
- ▶ Developing, coordinating and/ or supporting consumer groups, networks and organisations for example at service, sector or system levels;
- ▶ Advocacy to address consumer issues;
- ▶ Advocacy for effective engagement;
- ▶ Consumer capacity building including mentoring, education and provision of information;
- ▶ Consumer engagement advice, expertise and training to services and government;
- ▶ Independent representation of consumer views to services and government; and
- ▶ Independent consumer evaluation of services.

Evaluation of the

Engagement Framework

As the Engagement Framework and Toolkit (and implementation) are actions contained within the Plan, their review and evaluation will form part of the Plan's processes including a:

- ▶ two yearly review to ensure that the documents reflect current practices and up to date information; and
- ▶ mid-term review in 2020.

The reviews will include the impact of the Engagement Framework and Toolkit including:

- ▶ fostering co-production and co-design of policy, planning, service delivery, evaluation and research; and
- ▶ the way that services are developed and delivered to meet consumer, family and carer needs.

Conclusion

Meaningful engagement with consumers and their supporters is about much more than an individual's participation in decisions about their own care and support. It is about partnering with people in the decisions that impact them: consumers; their support persons; and the broader community to develop a mental health, alcohol and other drug system that delivers the right support at the right time and in the right way.

The Engagement Framework provides an overarching set of principles and practices to support government, non-government organisations and the community to work constructively together and effectively. The Toolkit provides a guide for the practical application of those principles.

Everyone has a role to play regarding implementing the principles and practices outlined in the Engagement Framework and Toolkit across the individual, service, sector and system levels. By working together we can all make a difference to achieve better health outcomes for people whose lives are affected by mental health issues and/or alcohol and other drug use.

Appendix 1

Glossary

The following terms have been used throughout the Engagement Framework and Toolkit and are defined below.

Term	Definition
Carer	A person who provides ongoing care, support and assistance to a person with disability, a chronic illness (which includes mental illness) or who is frail, without receiving a salary or wage for the care they provide ³¹ .
Co-design	Identifying and creating an entirely new plan, initiative or service, that is successful, sustainable and cost-effective, and reflects the needs, expectations and requirements of all those who participated in, and will be affected by, the plan ³² .
Consumers	Consumers are people with a personal experience of mental health, alcohol and/or other drug issues, irrespective of whether they have a formal diagnosis or have accessed services and/or received treatment. <i>*Note: we acknowledge that many people may prefer to use the words personal or lived experience, experts by experience, community members, clients, service users, patients, residents, customers, peers, or survivors.</i>
Co-production	Implementing, delivering and evaluating supports, systems and services, where consumers, carers and professionals work in an equal and reciprocal relationship, with shared power and responsibilities, to achieve positive change and improved outcomes.
Cultural safety	An environment that is spiritually, socially and emotionally safe, as well as physically safe for people; where there is no assault challenge or denial of their identity, of who they are and what they need. It is about shared respect, shared meaning, shared knowledge and experience of learning, living and working together with dignity and truly listening ³³ .
Engagement	Engagement with consumers and their support persons refers to people actively participating in their own health care and in health policy, planning, service delivery and evaluation at individual, service, sector and system levels.
Lived Experience	Any person who identifies as having a current or past personal experience of psychological or emotional issues, distress, mental health and/or alcohol other drug issues, irrespective of whether they have a diagnosed mental illness and/or AOD issue and/or have received treatment. This definition also extends to family and friends who have personal experience of providing ongoing care and support to a person who has a lived or living experience as outlined above. <i>*Note: we acknowledge that these terms may be uncomfortable and some people may prefer to use other terms to describe their experiences.</i>

Appendix 1

Glossary cont.

Term	Definition
Mental health	A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to their community.
Mental illness	A clinically diagnosable disorder that significantly interferes with an individual's cognitive, emotional or social abilities. The diagnosis of mental illness is generally made according to the classification systems of the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD).
Participation	Participation refers to practices that directly engage people. Examples include community forums, advisory groups and online surveys.
Peer workers	People who are employed in designated roles (either paid or volunteer) to use their personal lived experience of mental ill health and/or alcohol and other drug issues (including family and carer roles) to inform their work. Peer work roles include (but not limited to) support workers, representatives, advisors, academics, consultants educators, trainers, evaluators and researchers.
Recovery	Recovery is a term with different meanings in the mental health and alcohol and other drug sectors. Recovery is personal and means different things to different people. Personal recovery is defined within the National Framework for Recovery-Oriented Mental Health Services as 'being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues'. In regards to alcohol and other drug use, it may or may not involve goals related to abstinence.
Social and emotional wellbeing	Aboriginal people have a holistic view of mental health and prefer a social and emotional wellbeing approach to mental health. The domains of wellbeing that typically characterise Aboriginal definitions of social and emotional wellbeing include connection to: body, mind and emotions, family and kinship, community, culture, language, country, spirit, spirituality and ancestors.
Support Persons	Refers to a family member or significant others impacted by someone else's mental health and/or alcohol and other drug use. A large proportion of support persons are carers as defined in the Western Australian <i>Carers Recognition Act 2004</i> , the Australian <i>Carer Recognition Act 2010</i> and the Western Australian <i>Mental Health Act 2014</i> . In this document, the term "support persons" includes carers, families, significant others, friends and advocates.
Stakeholders	Stakeholders are any individual, group of individuals, organisations, or political entity with a stake in the outcome of a decision ³⁴ .
Trauma	A deeply distressing or disturbing experience that may result in mental health issues or emotional problems.

Appendix 2

How the Engagement Framework was Developed

In 2015, the former Drug and Alcohol Office commissioned the Health Consumers' Council to develop the *Principles and Best Practice Strategies for Consumer Engagement in the Alcohol and Other Drugs Sector in Western Australia*³⁵ (*AOD Engagement Strategy*). This document outlines a common set of guiding principles, strategies, and practices to support engagement with consumers across the alcohol and other drug sector. In 2015, the Drug and Alcohol Office amalgamated with the Mental Health Commission and in line with the actions outlined in the Plan, the Mental Health Commission committed to develop this Engagement Framework and Toolkit. The AOD Engagement Strategy has provided a sound basis for the development of this Engagement Framework and Toolkit which encompasses all people involved in both the mental health, and alcohol and other drug sectors.

The Engagement Framework and Toolkit has been designed in conjunction with the Statewide Consumer, Carer and Family Engagement Framework Steering Committee, hosted by the Mental Health Commission. The Steering Committee was Co-chaired by a family member and included representation from people with a personal experience of mental health, alcohol and other drug issues and their support persons; Consumers of Mental Health WA; Carers WA; Health Consumers' Council of WA; the WA Primary Health Alliance; the Western Australian Network of Alcohol and other Drug Agencies; the Western Australian Association for Mental Health; the Aboriginal Health Council of Western Australia and Mental Health Commission representatives.

The Steering Committee met from March 2017 to March 2018 to oversee the development of the Engagement Framework and Toolkit.

The Mental Health Commission, in conjunction with the Steering Committee, conducted three workshops, with 70 attendances, over June and July 2017 to ensure that the Engagement Framework and Toolkit reflected a broad range of perspectives. Attendees at the workshops included representation from government agencies, and non-government organisations, consumer and support person peak bodies and a broad range of individual lived experience perspectives.

In the first workshop, participants identified the purpose of the Engagement Framework, and key principles to assist in effective engagement with consumers and their support persons. The second workshop identified strategies and practices to put the principles into action across the individual, service, sector and system levels of the mental health, alcohol and other drug sectors. The third and final workshop reviewed the principles, strategies and practices identified at the first two workshops, identified evaluation measures for each of the principles, strategies and practices, and strategies for successfully implementing the Engagement Framework and Toolkit.

Following the release of this draft Engagement Framework (and subsequent Toolkit) for consultation, the Steering Committee met again to discuss and incorporate feedback from the broader community.

Appendix 2

How the Engagement Framework was Developed cont.

The project to develop this Engagement Framework and Toolkit was led by Mental Health Commission representatives who have a personal lived experience of mental health, alcohol or other drug issues. In forming the Steering Committee and facilitating the workshops, the Mental Health Commission ensured that:

- ▶ people were remunerated in line with the Mental Health Commission's Consumer, Family, Carer and Community Paid Partnership Policy;
- ▶ people with personal lived experience were elected as Co-chairs of the Steering Committee;
- ▶ a person with personal lived experience co-facilitated the workshops;
- ▶ Steering Committee and workshops participants consisted of people with a broad range of experiences and perspectives; and
- ▶ Steering Committee members had the opportunity to provide feedback throughout the development of the Engagement Framework and Toolkit.

Steering Committee:

Margaret Doherty

Co-Chair, Lived Experience Member

Louise Howe

Co-Chair, Consumer Advisor,
Mental Health Commission

Lorraine Powell

Western Australian Consumer
Representative, National Mental Health
Consumer and Carer Forum

Virginia Catterall

Lived Experience Member

Kathryn Day

Lived Experience Member

Representation from:

Aboriginal Health Council of
Western Australia

Carers WA

Consumers of Mental Health WA

Health Consumers Council of WA

Mental Health Commission

Next Step

Peer Based Harm Reduction WA

Western Australian Network of Alcohol
and other Drug Agencies

Western Australian Association for
Mental Health

WA Primary Health Alliance

Appendix 2

How the Engagement Framework was Developed cont.

Workshop Participants:

In the development of the Engagement Framework and Toolkit, a series of three workshops accommodated 70 attendances, representing 28 different organisational and/or personal lived experience perspectives, including the above Steering Committee members, independent mental health and/or alcohol and other drug consumers, family and carers and representatives from:

- ▶ Child and Adolescent Mental Health Service
- ▶ Helping Minds, Integrated Services
- ▶ WA Council of Social Services
- ▶ Patient Safety and Clinical Quality, Department of Health
- ▶ Commissioner for Children and Young People
- ▶ Statewide Specialist Aboriginal Mental Health Service
- ▶ Involving People in Research
- ▶ Mental Health Advocacy Service
- ▶ Quality, Policy, Consumer Engagement, Royal Perth Bentley Group, East Metropolitan Health Service.

Appendix 3

Current Policy Context

The need to actively involve consumers and their support persons, including families and carers, in decision making processes has been recognised internationally and nationally.

Australia has agreed to uphold and respect the Universal Declaration of Human Rights³⁶ and Convention on the Rights of Persons with Disabilities³⁷. These human rights instruments allow people to have the opportunity to be actively involved in decision making processes about policies and programs, including those directly concerning them.

The Goa Declaration³⁸ which was published in early 2008 by the Asian Network of People Who Use Drugs (ANPUD), refers to the need “to empower drug using communities to advocate and protect their rights and to facilitate meaningful participation in decision making on the issues that affect their lives”. Building on the principle of “nothing about us without us,” ANPUD now has over 250 members across 11 countries in the Asian region and continues to actively advocate on a global scale. More locally, the Peer Based Harm Reduction WA

(formerly the Western Australian Substance Users’ Association) has incorporated the Goa Declaration in their Strategic Plan 2016 – 2019, as a guiding principle reflecting participation.

The Gayaa Dhuwi (Proud Spirit) Declaration³⁹ was developed by National Aboriginal and Torres Strait Islander Leadership in Mental Health (NATSLMH) in collaboration with national and state Mental Health Commissions in 2015. It states that Aboriginal and Torres Strait Islander leaders should be supported and valued to be visible and influential across all parts of the Australian mental health system.

Legislation including the Western Australian *Mental Health Act 2014* and the Western Australian *Carers’ Recognition Act 2004* actively promotes and requires (where possible) the engagement of the consumers and support persons during decision making processes.

Appendix 3

Current Policy Context cont.

The Engagement Framework and Toolkit is aligned to and or complements, relevant national and state strategies and standards that include a commitment to greater engagement with consumers, support persons and the broader community, including:

- ▶ Fifth National Mental Health and Suicide Prevention Plan⁴⁰
- ▶ National Standards for Mental Health Services 2010⁴¹
- ▶ National Drug Strategy 2017 – 2026⁴²
- ▶ National Alcohol Strategy 2018 – 2026⁴³
- ▶ National Alcohol and other Drug Workforce Development Strategy 2015 – 2018
- ▶ National Aboriginal and Torres Strait Islander Peoples' Drug Strategy 2014 – 2019
- ▶ National Cultural Respect Framework for Aboriginal Health 2016 – 2026
- ▶ Aboriginal Cultural Security Guide for Human Service Organisations - First Edition
- ▶ National Safety and Quality Health Service Standards⁴⁴
- ▶ Chief Psychiatrist's Standards for Clinical Care
- ▶ Western Australian Alcohol and Drug Interagency Strategy 2017 – 2021
- ▶ Mental Health, Alcohol and other Drug Workforce Strategic Framework 2018 – 2025
- ▶ Standard on Culturally Secure Practice (Alcohol and Other Drug Sector)⁴⁵
- ▶ Mental Health Promotion, Mental Illness and Alcohol and Other Drug Prevention Plan 2018 - 2025⁴⁶
- ▶ You Matter: A Guideline to support engagement with consumers, carers, communities and clinicians in health⁴⁷

Appendix 4

References

1. See Appendix 1 for Steering Committee members.
2. See Appendix 1 for Steering Committee members and workshop participants.
3. Consumer and Carer Participation Framework. Australian Capital Territory Health Directorate. (2011).
4. Consumer and Community Engagement Health Services: A Literature Review to Support the Development of an Evidence Based Consumer and Community Engagement Strategy for the Women's and Children's Health Network at South Area, Dr Anne Johnson. (2015).
5. Identified in Engagement Framework Workshop 1, and adapted from You Matter: A Guideline to support engagement with consumers, carers, communities and clinicians in health. Perth, Western Australia, Department of Health. (2017).
6. Consumer and Community Engagement Framework. Health Consumers Queensland. (2017).
7. Recovery is a term with different meanings in each sector. It is acknowledged recovery is personal and means different things to different people. Personal recovery is defined within the National Framework for Recovery-oriented Mental Health Services as 'being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental health issues'. In regards to alcohol and other drug use, it may or may not involve goals related to abstinence.
8. Quote from Ms. Lorraine Powell, Western Australian Consumer Representative, National Mental Health Consumer and Carer Forum. (2017).
9. Statewide Consumer, Carer and Family Engagement Framework Workshops 1, 2 and 3.
10. Co-production - Putting principles into practice in mental health contexts. Cath Roper, Flick Grey & Emma Cadogan. (2018).
11. Image downloaded from /www.sollis.co.uk/tag/population-health-management/ downloaded 09/04/2018.
12. Celebrate Diversity at Queensborough College. Queensborough Community College, N. Y. 18/08/2017.
13. Celebrate Diversity at Queensborough College. Queensborough Community College, N. Y. 18/08/2017.
14. Participants at the Statewide Consumer, Carer and Family Engagement Framework Workshop 3 were asked to identify diverse and/or underrepresented groups in relation to developing strategies for implementing the Engagement Framework.
15. Adapted from Consumer and Community Engagement Framework. Health Consumers' Queensland. (2017) and You Matter: A Guideline to support engagement with consumers, carers, communities and clinicians in health. Quality Improvement and Change Management Unit, Western Australia Department of Health. (2017).
16. Adapted from R Williams, 'Cultural Safety – what does it mean for our work practice?' Australian and New Zealand Journal of Public Health. (1999).
17. Consumer, Family and Carer Engagement - Interim Policy. Western Australian Mental Health Commission. (2014).
18. Adapted from Arnstein's Ladder of Participation, the Spectrum of Public Participation, International Association for Public Participation (2004) and the Working definition of co-design and co-production, New Economics Foundation 2013, and further refined through discussion with the Steering Committee (2017).
19. From the Madhouse to Co-design. Burkett, I. (2016).
20. Consumer, Family and Carer Engagement - Interim Policy. Western Australian Mental Health Commission. (2014).
21. Consumer, Family and Carer Engagement - Interim Policy. Western Australian Mental Health Commission. (2014).
22. Consumer, Family and Carer Engagement - Interim Policy. Western Australian Mental Health Commission. (2014).
23. Co-production - Putting principles into practice in mental health contexts. Cath Roper, Flick Grey & Emma Cadogan. (2018).
24. Adapted from Co-producing services – Co-creating health. Spencer, M., Dineen, R., & Phillips, A. (2013).

Appendix 4

References cont.

25. Advocacy Brief. Co-design and Co-production. National Mental Health Consumer and Carer Forum. (2017).
26. Adapted from Co-production - Putting principles into practice in mental health contexts. Cath Roper, Flick Grey & Emma Cadogan. 2018.
27. Advocacy Brief. Co-design and Co-production. National Mental Health Consumer and Carer Forum. (2017).
28. Putting principles into practice in mental health contexts. Cath Roper, Flick Grey & Emma Cadogan. (2018).
29. Advocacy Brief. Co-design and Co-production. National Mental Health Consumer and Carer Forum. (2017).
30. Evidence Check: The Effectiveness of Services Led or Run by Consumers in Mental Health. Sax Institute for the Mental Health Commission of New South Wales. Grey F and O'Hagan M. (2015).
31. A summary of the Carers Recognition Act 2004, as defined by the Department of Local Government and Communities.
32. Advocacy Brief. Co-design and Co-production. National Mental Health Consumer and Carer Forum. (2017).
33. R Williams, 'Cultural Safety – what does it mean for our work practice?' Australian and New Zealand Journal of Public Health. (1999).
34. Definition sourced from the International Association of Participation Australasia.
35. Principles and Best Practice Strategies for Engagement in the Alcohol and Other Drug Sector in Western Australia, Health Consumers Council (2016) and, Consumer and Community Engagement Framework. Health Consumers Queensland. (2017).
36. Universal Declaration of Human Rights. The United Nations General Assembly. (1948).
37. Convention on the Rights of Persons with Disabilities. The United Nations General Assembly. (2006).
38. Asian Network of People Who Use Drugs (ANPUD). The Goa Declaration: Issued at the First Asian Consultation on the Prevention of HIV Related to Drug Use, Goa, India (2008).
39. Gayaa Dhuwi (Proud Spirit) Declaration, National Aboriginal and Torres Strait Islander Leadership in Mental Health.
40. The Fifth National Mental Health and Suicide Prevention Plan. 2017. Commonwealth of Australia as represented by the Department of Health (2017).
41. National Standards for Mental Health Services 2010. Commonwealth of Australia (2012). Available from www.health.gov.au.
42. National Drug Strategy 2017-2026. Commonwealth of Australia as represented by the Department of Health (2017).
43. National Alcohol Strategy 2018–2026. Department of Health (2018).
44. National Safety and Quality Health Service Standards Australian Commission on Safety and Quality in Health Care. Version 2. (2016).
45. Standard on Culturally Secure Practice (Alcohol and Other Drug Sector). Western Australian Network of Alcohol and Other Drug Agencies (WANADA) (2012).
46. The Mental Health Promotion, Mental Illness and Alcohol and Other Drug Prevention Plan 2018 – 2025. Western Australian Mental Health Commission.
47. You Matter: A Guideline to support engagement with consumers, carers, communities and clinicians in health. Quality Improvement and Change Management Unit, Western Australia Department of Health. (2017).



www.mhc.wa.gov.au

A Level 1, 1 Nash Street
Perth WA 6000

P (08) 6553 0600

