Working Together:
Mental Health and Alcohol and Other Drug Engagement Framework 2018-2025
We would like to acknowledge the traditional owners of this land, past and present on which we live and work today.¹

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 services².

¹ Words and Image provided by Aboriginal Health Council of Western Australia. Inapaku Dreaming, Malcolm Maloney Jagamarra
² 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.
Executive Summary

Involving people in the decisions that impact them is important. Genuine and effective engagement can result in services being developed and delivered in a way that meets the needs of consumers, support persons and the broader community. Working Together: Mental Health and Alcohol and Other Drug Engagement Framework 2018-2025 (Engagement Framework) aims to assist government, non-government organisations (including private enterprise), and the community in effectively engaging and working together to achieve better outcomes in the mental health and alcohol and other drug sectors.

The co-designed Engagement Framework explains what engagement is at individual, service, sector and system levels and describes different types of approaches. Furthermore, the Engagement Framework explains the benefits of meaningful and genuine engagement and what works and what doesn’t work, particularly in the mental health and alcohol and other drug sectors. In addition, the Engagement Framework outlines a set of interrelated principles and strategies to enable best practice engagement (Diagram 1).

Applying the principles outlined in the Engagement Framework will naturally result in moving from a doing to (informing, educating), and doing for (consulting, involving) approach to a doing with (co-designing, co-producing, consumer or community co-leadership) approach. Co-design, co-production and community co-leadership encourages the development of a vibrant community working together to achieve better outcomes in the mental health, alcohol and other drug sectors: the goal of the Engagement Framework.

The Engagement Framework also provides strategies for engaging with diverse groups including Aboriginal Peoples, Culturally and Linguistically Diverse and Refugee Communities. There are also practical examples of how Western Australian government and non-government organisations have positively actioned the five principles across a variety of projects and programs. The Engagement Framework also includes a Good Practice and Internal Assessment Checklist, a tool for organisations to monitor and evaluate their progress in implementing the Engagement Framework.

The Engagement Framework is designed to be used at individual, service, sector and system levels and is intended to be accessible and easy to use 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 principles and their application are considered universal and transferrable across other sectors.

It is hoped the Engagement Framework is not just adopted but fully incorporated, lived and breathed as part of organisational culture.
GOAL of the ENGAGEMENT FRAMEWORK

A vibrant community working together to achieve better outcomes for the mental health, alcohol and other drug sectors.

THE PRINCIPLES

SAFETY: Start Here
Developing cultural, physical, moral and emotional safety for everyone involved.

Authenticity: Be Real
Being reliable and trustworthy with a real motivation to work together to improve things.

Humanity: People First
Showing empathy, kindness and graciousness in our relationships.

Diversity: Everyone In
Valuing uniqueness as strength and ensuring ways of belonging.

Equity: Equals Fairness
Treating people with equal worth and value therefore sharing power, resources and knowledge.

SUPPORTED BY

Inclusivity
Flexibility
Accountability
Transparency

ACROSS THESE LEVELS

Individual
Service
Sector
System

USING A RANGE OF APPROACHES

Informing
Educating
Consulting
Involving
Co-designing
Co-producing
Consumer/Community
Co-Leadership
Introduction
Involving people in the decisions that impact them is important. Genuine and effective engagement can 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 mental health, alcohol and other drug outcomes.

Engagement with consumers and their support persons (families, carers, significant others, friends and advocates) 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, there has been a lack of clarity about how to do this and how to do it well to achieve better health outcomes.

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

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

Support Persons
Refers to a family member or significant others impacted by someone else’s mental health and/or alcohol and other drug use.

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 document, the term “support persons” includes carers, families, significant others, friends and advocates.
Purpose

Working Together: Mental Health and Alcohol and Other Drug Engagement Framework 2018-2025 (Engagement Framework) is a co-designed framework that outlines principles and strategies to enable best practice engagement.

The goal of the Engagement Framework is to develop a vibrant community working together to achieve better outcomes in the mental health, alcohol and other drug sectors (Diagram 1). To attain this goal, the Engagement Framework is underpinned by the key principle of Safety: developing cultural, physical, moral and emotional safety for everyone involved. In addition, the Engagement Framework outlines four interrelated core principles of Authenticity, Humanity, Equity and Diversity. These principles have been identified by key stakeholders as fundamental to establishing best practice approaches to meaningful and effective engagement with people. Applying these principles, strategies and practices will support the development of strong partnerships to drive change and deliver better outcomes for people experiencing mental health, alcohol and other drug problems in the Western Australian community.

The Engagement Framework will assist government, non-government organisations and the broader community to maximise opportunities for reciprocal relationships and the sharing of roles and responsibilities, including decision making that will result in positive change.

This Engagement Framework is intended to be accessible and easy to use 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. It is hoped the Engagement Framework is not just adopted but fully incorporated, lived and breathed as part of organisational culture.

Current 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 Rights¹ and Convention on the Rights of Persons with Disabilities². 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 Declaration³ 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 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) Declaration 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.

The requirement to identify and include consumers and support persons to the extent possible in decision making processes, has also been enshrined in Western Australian legislation, including the Western Australian Mental Health Act 2014 and the Western Australian Carers’ Recognition Act 2004.

Additionally, the Engagement Framework is aligned to, and or complements, relevant national and state policies and strategies, including the Fifth National Mental Health and Suicide Prevention Plan, the National Mental Health Standards 2010, the National Drug Strategy 2017 - 2026, the National Safety and Quality Health Service Standards, the Standard on Culturally Secure Practice (Alcohol and Other Drug Sector) and You Matter: A Guideline to support engagement with consumers, carers, communities and clinicians in health. These strategies include a commitment to greater engagement with consumers, support persons and the broader community.

Following extensive community consultation, actions 70 and 71 in 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 Mental Health Commission is currently also involved in assisting the National Mental Health Commission to develop a national Engagement Framework.

How was the Engagement Framework 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 (AOD Engagement Strategy). This document outlines a common set of 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. The AOD Engagement Strategy has provided a sound basis for the development of this Engagement Framework which encompasses all people involved in both the mental health, and alcohol and other drug sectors.

The Engagement Framework has been co-designed by 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 of a person with a lived experience of mental health, alcohol and other drug issues and included representation from people with a lived experience of mental health, alcohol and other drug issues and their support persons; Mental Health Commission representatives; the Western Australian Primary Health Alliance; the Western Australian Network of Alcohol and Drug Agencies; the Western Australian Association for Mental Health; the Aboriginal Health Council of Western Australia, Carers WA; Consumers of Mental Health Western Australia; and the Health Consumers’ Council of Western Australia. The Steering Committee met from March to December 2017 to oversee the development of the Engagement Framework.

In addition, 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 reflected a broad range of perspectives. Attendees at the workshops included representation from government agencies, community mental health and alcohol and other drug agencies, consumer and support person peak bodies and a broad range of individual lived experience perspectives.

At the first workshop, attendees 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. Following release of this draft Engagement Framework for consultation, the Steering Committee will meet again to discuss and incorporate feedback from the broader community.

In forming the Steering Committee and facilitating the workshops, the Mental Health Commission:

- remunerated Steering Committee members in line with the Mental Health Commission’s Consumer, Family, Carer and Community Paid Partnership Policy;
- included a person with a lived experience as a Co-chair of the Steering Committee;
- ensured the Steering Committee consisted of people with a broad range of experiences and perspectives; and
ensured Committee members had the opportunity provide feedback throughout the development of the Engagement Framework.

The project to develop this Engagement Framework was led by Mental Health Commission representatives who have a lived experience of mental health, alcohol or other drug issues.

What is Engagement All About?
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.\(^{12}\)

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 doesn’t work for them. In seeking support for their recovery 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 levels.\(^{13}\)

Providing person centered health care and community development processes that are respectful and responsive to the individual and community indicates the ‘system’ is working well. Partnerships at all levels are necessary. While consumers, families and carers have their own lived experience expertise, clinicians, allied health and support workers also have professional lived experience expertise. This is particularly so at service and sector levels where healthcare professionals have extensive knowledge and experience 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 below in Table 1.

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3 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.
<table>
<thead>
<tr>
<th>Level</th>
<th>Area</th>
<th>Explanation</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Individual</strong></td>
<td>Individual care</td>
<td>Engagement at the individual level focuses on people as partners in their own health, support, and treatment decisions.</td>
</tr>
<tr>
<td><strong>2. Service</strong></td>
<td>Program and service delivery</td>
<td>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.</td>
</tr>
<tr>
<td><strong>3. Sector</strong></td>
<td>Statewide Mental Health and Alcohol and Other Drug sectors</td>
<td>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.</td>
</tr>
<tr>
<td><strong>4. System</strong></td>
<td>Local, State and Federal Government</td>
<td>Engagement at the system level is about collaboration and partnerships that impacts on policy, reform, and legislation at the system level across local, state and Commonwealth jurisdictions.</td>
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</table>
**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 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 2 (on page 15). Aiming for approaches to engagement that will maximise opportunities for more equal and reciprocal relationships, the sharing of roles and responsibilities, including decision making, is likely to result in positive changes.

**Informing and Educating**

Informing and educating involves providing opportunities for people to understand and be informed about something that may affect and impact them. 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.

**Involving and Consulting**

Involving and consulting allows stakeholders 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 committees.

With this approach, it is important that the level of influence stakeholders can have be 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 to late’ has been done.

**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 National Mental Health Consumer and Carer Forum has defined co-design and co-production as follows:

- Co-design as 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 as 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.\textsuperscript{15}

Co-production enables people to play 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 contributions.\textsuperscript{16}

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 and support persons, agree the activity labelled as co-design and/or co-production - that it is\textsuperscript{17}

**Consumer/community Co-leadership**

The consumer/community co-leadership approach (doing \textit{by}) is an additional and beneficial engagement approach, and involves consumers/community identifying and co-leading the development of supports, systems and services in collaboration with other stakeholders. This Engagement Framework focuses on assisting government, non-government organisations, and the community in working together (doing \textit{with}). While the benefits of consumer/community led engagement are recognised, and the approach is encouraged, it is not specifically expanded upon in this document.
Engagement Approaches

Diagram 2: Types of Engagement Approaches

**Informing**
Providing information to people and letting them know what has been decided and what is going to happen.

**Educating**
Providing opportunities to learn more about plans, proposals and processes to assist people in understanding problems, alternatives and solutions.

**Consulting**
Obtaining feedback on plans, proposals and processes that may influence current and future decisions and assist developing alternative solutions.

**Involving**
Working with people throughout a process to ensure their concerns and opinions are included in the decision-making process and in developing alternative solutions.

**Co-Designing**
Identifying and creating a plan, initiative or service, that meets the needs, expectations and requirements of all those who participated in, and will be affected by the plan.

**Co-Producing**
Implementing, delivering and evaluating supports, systems and services, where consumers, carers and professionals work in an equal and reciprocal relationship.

**Consumer/Community Co-Leadership**
Consumers/Community take a leadership role in the decision-making process in collaboration with other stakeholders, government and agencies.

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

In working together to achieve better outcomes in the mental health and alcohol and other drug sectors, it is important to be transparent and clear regarding final decision making and accountabilities.

In many circumstances, an individual or organisation will have ultimate responsibility for outcomes that have been co-designed and co-produced with stakeholders. It is important to recognise and respect the role of accountable individuals and organisations in accepting and approving recommendations made through these genuine engagement processes.

By way of an example, at an individual treatment level, while consumers and families are the experts of their own experience, health care professionals are bound by legislation, codes of conduct and a duty of care 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; policy and strategy development; commissioning frameworks and procurement of services; and monitoring and evaluation. For government departments it is important to understand that the level of involvement may be constrained by State Government priorities, legislation, policies, confidentiality and a range of other accountabilities that govern the public sector. For example, restrictions in relation to the procurement of services including the composition of tender panels.

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.

Being transparent from the beginning regarding the desired outcomes, the amount of influence people can have on decisions, and being clear regarding the constraints and responsibilities of different stakeholders, will result in a purposeful and worthwhile engagement process. Communicating this information as early as possible in the process, ideally prior to any engagement (for example including information in an
Expression of Interest process) ensures that all stakeholders are better informed and can choose if they want to be involved.

**Stakeholder Engagement Pathways in Western Australia**

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. Diagram 3 Engagement Pathways below provides examples of engagement pathways that already occur in Western Australia at individual, service, sector and system levels, to contribute and shape the mental health and alcohol and other drugs sectors.

The Western Australian Mental Health Commission and WA Primary Heath Alliance as key commissioning bodies of mental health, alcohol and other drug services also facilitate stakeholder engagement in the development, implementation and oversight of mental health, alcohol and other drug policy, programs and services. These engagement pathways include working with organisations which represent consumers, support persons and clinicians that advocate for reform at service, sector and system levels in relation to mental health and alcohol and other drugs services.

Diagram 3: Engagement Pathways
Advocacy Organisations and Peak Bodies
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):

- The Western Australian Association for Mental Health;
- The Western Australian Network of Alcohol and other Drug Agencies;
- Consumers of Mental Health WA;
- Carers WA;
- Western Australia Substance Users’ Association;
- Health Consumers’ Council;
- Mental Health Advocacy Service;
- Helping Minds; and
- Mental Health Matters 2.

Advisory Boards, Councils and Groups
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;
- The Alcohol and Other Drugs Advisory Board;
- The Mental Health Advisory Council; and
- Ministerial Council for Suicide Prevention.

Mental Health Networks
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/carers, health professionals, hospitals, health services, community managed organisations, and 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 System Wide Mental Health Clinical Policy and Planning Group
The System Wide Mental Health Clinical Policy and Planning Group provides broad-based expert clinical opinion and policy advice around statewide mental health services. The sixteen member group draws on people from a range of:

- clinical disciplines including doctors, nurses and the allied health professions;
- care settings from rural and metropolitan, inpatient and community; and
- areas of practice such as youth mental health, forensics and older adults.
At a National Level
Peak bodies which drive and support mental health and alcohol and other drugs reform through partnerships at a national level include:

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

Engagement Methods
Engagement at an individual level may include shared decision-making; developing treatment and support plans, suggestion boxes, feedback surveys, forms and interviews, fact sheets, brochures, booklets, social and electronic media.

At the service level, engagement methods may include 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.

At sector and system levels, engagement may include co-commissioning and procurement of services, policy development, implementation and review and encompass evaluation panels, representative advisory groups and committees, ongoing networks, public forums, community consultations, surveys and public comment.
**What Are the Benefits of Engagement?**

There is significant evidence both nationally and internationally regarding the benefits of increasing consumer, family and carer [support persons] participation in their own health care and in the broader health care system\(^\text{20}\).

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 consumers\(^\text{21}\).

At a series of workshops with stakeholders and the Steering Committee, stakeholders involved in the development of the Engagement Framework identified a number of benefits of genuine and meaningful engagement practices for individuals, services, and the broader community.

**Diagram 3: Benefits of Engagement\(^\text{22}\)**

<table>
<thead>
<tr>
<th>Consumers, family, carers and community members:</th>
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<tbody>
<tr>
<td>✓ Increased confidence and skills for self and for engaging with health care providers.</td>
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<tr>
<td>✓ Are informed, valued and empowered.</td>
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<tr>
<td>✓ Receiving services that are more responsive.</td>
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<tr>
<td>✓ Improved long-term health outcomes.</td>
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<tr>
<td>✓ Greater knowledge and understanding of health and community services.</td>
</tr>
<tr>
<td>✓ Opportunity to be involved in a partnership to ensure that what matters most to consumers, families and carers is being addressed.</td>
</tr>
<tr>
<td>✓ Services that meet the diverse needs of the community.</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Common Benefits:</th>
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</thead>
<tbody>
<tr>
<td>✓ A mental health, alcohol and other drug system that is effective, and responsive to the needs of our diverse community.</td>
</tr>
<tr>
<td>✓ Shared ownership of input, process and outcomes.</td>
</tr>
<tr>
<td>✓ The development of innovative health care.</td>
</tr>
<tr>
<td>✓ Improved resolution of conflict and complaints.</td>
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<table>
<thead>
<tr>
<th>Service providers, organisations and agencies:</th>
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<tbody>
<tr>
<td>✓ Improved collaboration with consumers, families, and carers.</td>
</tr>
<tr>
<td>✓ Increased focus on the development of services and programs that meet local needs.</td>
</tr>
<tr>
<td>✓ Service delivery is more responsive to the needs of consumers and the broader community.</td>
</tr>
<tr>
<td>✓ Increase in staff understanding of the service requirements of consumers.</td>
</tr>
<tr>
<td>✓ Improved accreditation outcomes.</td>
</tr>
<tr>
<td>✓ Improved efficiency and cost effectiveness in how services are provided.</td>
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What Works?
Local, national and international organisations have identified key factors which contribute towards effective engagement:

- The objectives of engagement are well-defined with clear expectations of roles;
- The engagement process is well planned, and engagement starts early in the process;
- Adequate information and material is provided in advance of the discussion;
- Discussions are well managed, with group debate encouraged as part of the process: “I may not get my way but I get my say”;
- People may feel more comfortable discussing issues with an external facilitator, who is seen to not be biased;
- Communication is ongoing and transparent, and every effort is made to keep individuals involved in the loop; and
- Time is taken to listen and build relationships with contributors.

The Principles and Strategies outlined in the Engagement Framework provide practical guidelines to assist organisations to implement practices to ensure effective engagement with consumers and support persons.
## What Could Go Wrong?

Agencies, organisations and services identified four main areas that affect the quality of engagement approaches:

<table>
<thead>
<tr>
<th>Time and Resources</th>
<th>Barriers</th>
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|                    | • Timelines too tight for meaningful and inclusive engagement processes.  
|                    | • Insufficient budget allocated for genuine and effective engagement.  
|                    | • Difficulty accessing people with the specific experiences, skills and knowledge required.  
|                    | • Lack of time to manage, develop and support engagement processes and practices.  
|                    | Results in  
|                    | • Limited opportunities for meaningful engagement to influence decisions being made.  
|                    | • People feeling their input is not valued and their efforts not supported.  
|                    | • People feeling disappointed and frustrated.  
|                    | • People being left out of pocket due to lack of remuneration and/or reimbursement of out of pocket expenses.  
|                    | • People may not have the relevant skills, knowledge, or experience for roles they are involved in.  
|                    | • The same people are engaged again and again.  
|                    | • Lack of training, support and resources available for people to be able to fulfil their roles.  
|                    | • People opt out of engagement as they feel overwhelmed, under supported and become disenchanted.  

<table>
<thead>
<tr>
<th>Understanding and Attitudes</th>
<th>Barriers</th>
</tr>
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|                            | • Lack of understanding of the benefits of engagement.  
|                            | • Unaware of rights and responsibilities around decision making.  
|                            | • Resistant and defensive attitudes, which may be due to previous negative experiences.  
|                            | • Attitudes around superiority, power and control i.e. “What do they know anyway?”  
|                            | • Feelings of inadequacy e.g. “What do I know?”  
|                            | • Fear of change and accountability.  
|                            | • Equity and accessibility issues around engagement not understood and addressed.  
|                            | Results in  
|                            | • People experience stigma, discrimination and prejudice e.g. identifying as a former or current illicit drug user (‘outing’) or perceived as not being able to cope.  
|                            | • An unproductive and antagonistic ‘us and them’ culture.  
|                            | • Fear that people’s views and input could negatively impact on their current or future treatment, care, and support.  
|                            | • Power imbalances around decision making and effecting change.  
|                            | • The rights of people to be involved in decisions that affect them not being addressed.  

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22
Barriers
- Individuals and organisations don’t understand the rights and responsibilities that affect them.
- People don’t know how to engage effectively to ensure equality, inclusivity and diversity.
- Policies and procedures are not in place and/or implemented to support genuine engagement that effects change.
- Lack of access to training, support and development to engage effectively.

Results in
- Ad hoc and inconsistent (and sometimes harmful) approaches to engagement.
- Lack of skills and confidence to engage effectively.
- Poor engagement practices with people feeling disrespected.
- Not being heard or supported to engage effectively.
- Lack of clarity about the purpose of engagement, the context, stakeholders and their influence.
- Risk of legal and/or organisational requirements not being met.
- Risk to individual and/or organisational reputation.
- Poor communication including:
  - Potential breaches in confidentiality in regards to sharing personal information or views;
  - Too much or too little information provided about the subject matter to effectively participate;
  - Information not provided in a timely manner to allow for informed engagement;
  - Information difficult to understand because of use of jargon, medical/technical words or acronyms; and
  - Not knowing how information provided or gathered will be used or stored.

Quality of Leadership

Barriers
- Genuine engagement not prioritised and/or supported by senior management and executive.
- The organisational culture to engagement is not conducive to positive and productive engagement practices.
- Structures not in place to ensure engagement processes are consistent through funding and management changes.
- Policies and processes that support ‘person centred’ health care are not imbedded into the organisation.
- Roles and responsibilities regarding engagement and support across the organisation are not clearly identified.

Results in
- Tokenistic participation with little or no payment.
- Lack of clarity about ‘who does what’.
- Ineffective changes and lack of quality improvement.
- Poorer health outcomes.
- Inefficient services that don’t meet the needs of the community.
- Negative attitudes towards engagement and increasing dissatisfaction.
- Higher stress levels, high turnover, and low participation levels of consumers, families, and carers.
At the Engagement Framework Workshops, consumers, support persons, and organisations also identified a number of areas that may impact their involvement:

- fear, stigma, discrimination and prejudice;
- lack of communication with individuals involved in the engagement;
- the organisational culture is not supportive of engagement with consumers and support persons;
- concerns about their ability to influence the outcome; and
- personal circumstances and accessibility.

**Personal circumstances** and **accessibility** are not unique to people experiencing mental health, alcohol and other drug issues and can impact any member of the community. They may include:

- level of wellbeing and health status;
- lack of confidence in self and/or knowledge and skills;
- family, work, study or other commitments;
- timing of engagement i.e. day of week and time of day;
- location is too difficult to access due to distance or transport options;
- lack of funds, for example for transport;
- not having the skills or knowledge to participate effectively;
- cultural barriers for Aboriginal people and people from culturally diverse backgrounds;
- the individual’s first language is not English; and
- unable to access engagement opportunities due to impairment or disability.

**The Five Principles**

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

These five principles outline attitudes and actions for genuine engagement that will naturally lead to co-design and co-production approaches.

<table>
<thead>
<tr>
<th>PRINCIPLES</th>
<th>STRATEGIES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Safety: Start Here</strong></td>
<td>• Assume that people are impacted by trauma of some type and approach engagement through this lens.</td>
</tr>
<tr>
<td></td>
<td>• Establish shared values and ground rules from the outset (e.g. disclosure and protecting confidentiality).</td>
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<tr>
<td></td>
<td>• Engage people where they feel safe, including culturally and physically safe</td>
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4 Statewide Engagement Framework Workshops 2 and 3.
5 Statewide Engagement Framework Workshops 1, 2 and 3.
<table>
<thead>
<tr>
<th>PRINCIPLES</th>
<th>STRATEGIES</th>
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<tbody>
<tr>
<td>experiences, perspectives and opinions in an inclusive, respectful space.</td>
<td>spaces.</td>
</tr>
<tr>
<td>“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”.</td>
<td>• Have skilled facilitators who can facilitate respectful discussion.</td>
</tr>
<tr>
<td></td>
<td>• Co-produce the activity with consumers, families, carers and their support persons, for example people with a lived experience of mental health, alcohol and other drug issues as co-facilitators and co-presenters.</td>
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<tr>
<td></td>
<td>• Have clear processes in place for responding to and supporting people experiencing distress.</td>
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<td></td>
<td>• Ensure people have the opportunity to debrief.</td>
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<tr>
<td><strong>Authenticity: Be Real</strong></td>
<td>• Have the courage to take a co-design, co-production approach and learn together.</td>
</tr>
<tr>
<td>Being reliable and trustworthy, with a real motivation to work together to improve things</td>
<td>• Develop policies, procedures and processes that outline mutual responsibilities, expectations and accountability.</td>
</tr>
<tr>
<td>Authentic engagement means working with people in an open, honest and trustworthy way. People can then work together in genuine partnership.</td>
<td>• Be transparent and clear about who is ultimately accountable and the scope of responsibility(ies).</td>
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<tr>
<td></td>
<td>• Discuss expectations, authority and people’s ability to influence outcomes.</td>
</tr>
<tr>
<td></td>
<td>• Keep in contact and keep people informed about what is happening on a regular basis.</td>
</tr>
<tr>
<td><strong>Humanity: People First</strong></td>
<td>• Recognise the impact of trauma, stigma and discrimination.</td>
</tr>
<tr>
<td>Showing empathy, kindness and graciousness in our relationships and understanding what happens affects all of us.</td>
<td>• Acknowledge the difficulties and challenges people experience.</td>
</tr>
<tr>
<td>Humanity is about showing compassion for the human condition and valuing people’s experiences, perspectives, knowledge and beliefs.</td>
<td>• Be considerate, supportive and understanding in interactions with others.</td>
</tr>
<tr>
<td></td>
<td>• Take the time to grow together and build genuine relationships.</td>
</tr>
<tr>
<td></td>
<td>• Respect the roles people hold in their workplaces, communities and families.</td>
</tr>
<tr>
<td><strong>Equity: Equals Fairness</strong></td>
<td>• Implement and support a paid participation policy.</td>
</tr>
<tr>
<td>Treating people with equal worth and value, therefore sharing power, resources, and knowledge.</td>
<td>• Ensure people have access to information in a timely manner.</td>
</tr>
<tr>
<td>Equity is about fairness, it’s about</td>
<td>• Ensure all information is written in plain English and is free from jargon, including acronyms.</td>
</tr>
<tr>
<td>PRINCIPLES</td>
<td>STRATEGIES</td>
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<tr>
<td>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 diverse strengths and perspectives. This includes addressing inequalities to ensure people are able to engage in an equal and fair way.</td>
<td>• Provide information in alternative formats.</td>
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<td></td>
<td>• Provide access to resources to assist in understanding of information, for example interpreters.</td>
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<tr>
<td></td>
<td>• Schedule engagement activities at a variety of times and days to respect the needs of people with work and family responsibilities.</td>
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<tr>
<td></td>
<td>• Be aware that not everyone has access to reliable mobile or internet connection.</td>
</tr>
</tbody>
</table>

**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 race, ethnicity, gender, sexual orientation, socio-economic status, age, physical abilities, religious beliefs, political beliefs, and other ideologies. It is the exploration of these differences in a safe, positive, and nurturing environment.\(^{26}\)

|                                                                           | • 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. |
|                                                                           | • Engage 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 in person meetings. |
|                                                                           | • Seek to understand and respect the constraints of people’s roles, their workplaces including management and governance arrangements. |
Identifying, understanding and engaging with diverse population groups is essential to improving outcomes for all people experiencing mental health, alcohol and other drug problems 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 opportunities.

Diverse groups, particularly groups in the community who are viewed as vulnerable or harder to reach, often face barriers to accessing health care, meaning they are less likely to volunteer to engage in activities through commonly used engagement methods. The following section outlines strategies to support effective engagement with diverse groups, including specific strategies for enabling engagement with Aboriginal and CALD 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.

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6 Participants at the Statewide Engagement Framework Workshop 3 were asked to identify diverse and/or underrepresented groups in relation to developing strategies for implementing the Engagement Framework.
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 drug sectors are outlined below.

<table>
<thead>
<tr>
<th>Allow time</th>
<th>Allow time to build respect and trust, encourage the participation of community members, and to allow discussion and decision making.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Recognise diversity within communities</td>
<td>Recognise that there are differences between communities, within groups 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.</td>
</tr>
<tr>
<td>Partner with other organisations</td>
<td>There are many associations and organisations that have existing relationships with diverse groups. Partnering with these organisations is an effective way to support engagement with diverse groups; this can include requesting these agencies to lead the engagement process on behalf of the service or organisation.</td>
</tr>
<tr>
<td>Use appropriate engagement methods</td>
<td>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.</td>
</tr>
<tr>
<td>Build capacity</td>
<td>Build capacity of people to enable participation through ensuring people have access to appropriate training and support.</td>
</tr>
<tr>
<td>Address language issues</td>
<td>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.</td>
</tr>
<tr>
<td>Provide adequate resources</td>
<td>Ensure a budget for the engagement activity or program is identified and approved. Consideration should be given to remuneration, interpreters, transport and catering costs.</td>
</tr>
<tr>
<td>Respect confidentiality and privacy</td>
<td>Develop and discuss rules around protecting confidentiality and identity.</td>
</tr>
<tr>
<td>Avoid over consultation</td>
<td>Review previous consultations and check who might also want to engage the same community.</td>
</tr>
<tr>
<td>Understand power dynamics</td>
<td>Recognise that some cultures and communities 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.</td>
</tr>
</tbody>
</table>
Engaging with Aboriginal Peoples

The development of respectful and honest relationships is central to successful engagement with Aboriginal peoples.29

When planning engagement with Aboriginal communities, it is important to understand there are differences between communities and within language and family groups. While there may be commonalities, each group will have their own unique needs, experiences, and perspectives. Recognition and respect for identity and culture, including respect for cultural protocols, is essential for developing successful relationships to enable effective and successful engagement.

It is also important to 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 engaging with Aboriginal peoples is important, and needs to be considered in all aspects of the design and delivery of health services.

Strategies30 to support effective engagement with Aboriginal peoples include:

- Identifying and connecting with community leaders prior to and during any engagement activities;
- Partnering with Aboriginal Community Controlled Services which are owned and managed by an elected board of Aboriginal people from the local community; and
- Providing access to cultural awareness training for staff and volunteers that includes an understanding cultural protocols and perspectives, and intergenerational trauma.

Practices31 may include flexibility with appointment and meeting times, 'yarning', and flexibility around location and venues for discussions.

For further information, the following resources provide good information:

- National Strategic Framework for Aboriginal and Torres Strait Islander Peoples’ Mental Health Social Emotional Wellbeing 2017-2332
- National Cultural Respect Framework for Aboriginal Health 2016–202633
- Western Australian Aboriginal Health and Wellbeing Framework 2015–203034 and

7 Within Western Australia, the term Aboriginal is used in preference to Aboriginal and Torres Strait Islander, in recognition that Aboriginal people are the original inhabitants of Western Australia. Aboriginal and Torres Strait Islanders may be referred to in the national context and Indigenous may be referred to in the international context.
Engaging with Culturally and Linguistically Diverse and Refugee Populations

Engaging Culturally and Linguistically Diverse (CALD) and refugee communities requires an understanding of the cultural diversity within the community.

As Australia’s cultural diversity grows, so does the need for mental health, alcohol and other drug services to be more responsive in their local communities ensuring greater access and equity in service delivery for CALD communities. It is important that opportunities for the participation of CALD communities are developed in consultation with CALD communities, elders and leaders.

Strategies and practices to support effective engagement with CALD and refugee communities include:

- Acknowledging community protocols, beliefs and practices;
- Holding engagement activities in culturally appropriate venues, convenient times and engage in ways that are comfortable for that community;
- Considering important cultural days, events and ceremonies;
- Providing materials in ways that will help people to understand the issues and express their views such as different language formats, easy English, audio visual and pictorial communication and bi-cultural and interpreters if required;
- Connecting with community networks; and
- Partnering with organisations/existing programs that engage with CALD and refugee populations.

For further information, the Mental Health in Multicultural Australia: Towards culturally inclusive service delivery framework provides information on strategies for engagement with CALD communities.
Examples of the Five Principles in Action

Development of the Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025

The Western Australian Mental Health, Alcohol and Other Drug Services Plan 2015-2025: (the Plan) outlines a comprehensive package of reforms to reshape the delivery of services to Western Australians with mental health, alcohol and other drug problems. A first of its kind for the State, the Plan sets a bold agenda to create a more connected, high quality and person-centered system focused on the provision of holistic care and support.

The Plan provides a targeted and phased approach to investment over the 10 years to deliver the optimal mix and level of services to meet the needs of the current and future population. This includes an increase in hospital beds and specialist care, a shift towards the provision of more services in the community and enhanced programs and strategies that prevent mental illness, reduce drug and alcohol-related harm, and that intervene early to reduce the development of serious illness.

The engagement process in the development of the Plan was comprehensive, involving over 2,300 individuals and organisations. Expert Reference Groups were formed and online surveys, consultation forums and individual meetings were undertaken to ensure all stakeholders has an opportunity to contribute their experience, thoughts, opinions and ideas. In developing the Plan, the Mental Health Commission:

- Held a forum specifically aimed at receiving advice and recommendations from consumers and support persons;
- Held nine forums in regional Western Australia, eight targeted forums in the metropolitan area, and one large public forum;
- Published reports from the forums and the online survey on the Commission website for transparency;
- Provided presentations to key stakeholders, including to peak consumer and carer bodies;
- Held numerous individual meetings; and
- Used the feedback provided during the consultation period, including feedback on the draft Plan to inform the revision of the final Plan.

Mental Health Act 2014 Implementation

The Mental Health Act 2014 (the Act) provides for the treatment, care, support and protection of people who have a mental illness, the protection of the rights of people who have a mental illness, and the recognition of the role of families and carers. Prior to the Act’s proclamation on 30 November 2015, an extensive 12 month implementation process took place. The Mental Health Commission developed and led the implementation planning process in collaboration with other relevant stakeholders.

The Mental Health Bill Implementation Reference Group (the Reference Group) was established and included consumers, families and carers, the Chief Psychiatrist, the
Head of the former Council of Official Visitors (now Mental Health Advocacy Service), the President of the former Mental Health Review Board (now Mental Health Tribunal), and representatives from the Department of Health, Area Health Services, the Royal Australian and New Zealand College of Psychiatrists, the Australian College of Mental Health Nurses, and non-government organisations.

The Reference Group received ongoing input from numerous working groups, including the Non-government Organisations Roundtable, Aboriginal Advisory Group, and a Lived Experience Advisory Group (LEAG), amongst others. The role of the LEAG was to liaise within their network of people who experience mental illness and their families and carers, including those who have had experience of involuntary treatment, and use this network to provide the consumer, family, carer perspective to inform the work of the advisory group. Key points regarding the establishment and work of the LEAG included:

- A comprehensive selection process with the criteria ensuring there was representation from people who had lived experience of being an involuntary patient.
- There were equal numbers of both consumer and family/carer representatives on the LEAG.
- Meetings were co-chaired with a person with lived experience who was also selected through a formal selection process.
- The LEAG Terms of Reference was developed and approved by the LEAG members.
- Their agreed purpose was to provide a consumer, family and carer perspective to the Reference Group regarding strategies and priorities to optimise the implementation of the Act.
- Two consumer and two carer LEAG members were integral members of the Reference Group. Most other Bill Implementation Working Groups included two LEAG representatives, being a consumer and a carer representative.
- LEAG members met every two months to review documentation associated with the implementation of the Act including the Clinicians’ Practice Guide and eLearning materials.
- LEAG members developed the Consumer Handbook and a Family and Carer Handbook.
- Through their involvement in other Working Groups, the LEAG members also assisted with the establishment of the Mental Health Advocacy Service and the content of the Act’s brochures.

Development of Draft Compulsory Alcohol and Other Drug Legislation

In the development of draft compulsory alcohol and other drug treatment legislation and associated summary model of service, the Mental Health Commission used a range of strategies to ensure close and regular engagement with a Community Advisory Group. Practices outlined below demonstrate how the process aligned with the five core principles.
A broad expression of interest was circulated and the selection panel included a person with a lived experience of mental health, alcohol and other drug issues.

The Advisory Group consisted of people with a broad range of experiences and perspectives, including regional, Aboriginal, youth, sexuality, gender and bodily diverse orientation and culturally and linguistically diverse people.

For those members who were based regionally, the Mental Health Commission provided an opportunity for them to attend a meeting in Perth so that they could meet the other Advisory Group members in person.

Advisory Group members were included from the beginning of the process, and the organisation was clear with the Advisory Group about their ability to influence the draft legislation.

The Advisory Group was Co-chaired by a family member of a person with a lived experience of mental health, alcohol and other drug issues.

The Lived Experience Co-chair was also a member of the Project Steering Committee, which was recognised to have equal influence with the Advisory Group in relation to the development of the draft legislation.

Advisory Group members were remunerated in line with the Mental Health Commission’s Consumer, Family, Carer and Community Paid Partnership Policy.

Meetings were held at a location with easy access to public transport.

Prior to meetings, Advisory Group members were provided with information and issues for discussion.

Members were provided with access to free counselling via the organisation’s employee assistance scheme, if required.

During the meeting, respectful discussion and debate was encouraged and well facilitated.

The organisation demonstrated how and where Advisory Group recommendations had been reflected in the draft legislation. Where final outcomes were not the same as Advisory Group recommendations, these were transparently outlined and explained to the Advisory Group.

Feedback from Advisory Group members regarding the process of the development of the draft legislation included:

“The group was respectful in listening to various opinions and everyone had opportunity to express their views and debate the issues.”

“The respect with which our input was treated by the Commission’s staff… left me feeling that my time was well spent and my lived experience was actually of value, as I hoped it would be.”

“The organisation, support, knowledge and cooperative approach was a very worthwhile experience for all stakeholders.”

“Respect for lived experience input was evident in the Commission’s attention to detail: making name tags available for all meetings; furnishing hard copies [of documents]; ensuring payment forms were processed quickly; timely sending out of papers before meetings; seeing the Advisory Group’s input in the
documents as they progressed and in the feedback from the Commissioner and Steering Committee.”

The Western Australian Mental Health Network

The Western Australian Mental Health Network aims to improve health outcomes for people with mental health issues by building engagement, co-operation and consensus between consumers, support persons, health professionals, hospitals, health services, community managed organisations, the Mental Health Commission and the Department of Health, to inform mental health policy and reform, and to strengthen and increase coordination of mental health care and support across the State.

The Network has facilitated a strong partnership between consumers, support persons, service providers and Government organisations by:

- Appointing two Co-Leads: one with clinical experience and knowledge, and one representing the views of the community;
- Including two lived experience presentations as part of the launch of the Network, followed by a series of workshops that allowed the two newly appointed Network Co-Leads to listen to and understand consumers and support persons’ views on the broad range of issues and future aspirations for the mental health and wellbeing of Western Australians.
- Including consumers and carer representatives in the Network Executive Advisory Group’s membership, together with representatives from Government agencies and peak bodies.
- Open meetings held by the Sub networks, included people with a lived experience, families, carers, mental health advocates, health professionals, university academics, service providers and organisations. At the meetings, participants were asked to consider how services and systems could be improved.
- Expressions of interest were requested for individuals to join a steering group to drive each of the sub networks. Each Mental Health Sub Network Steering Group was required to have representation from: consumers and support persons, non-government and government service providers, government agencies and peak bodies. In addition, the Sub Networks aimed to have representation from a wide range of perspectives including regional remote, Aboriginal, and a range of different age cohorts.

“Being able to express my opinion from a consumer perspective and [be] seen as a valued person”

“The opportunity to share my opinions and experience in a context that could influence future mental health outcomes for WA”.

“The structure of the Mental Health Network launch allowed everyone to have their say and to identify the main priority issues”.
Looking Forward Aboriginal Mental Health Project 2011-2015

The Looking Forward Aboriginal Mental Health Project aims to change the way mental health and alcohol and other drug support services respond to the needs of Nyoongar families living in the south-east Perth metropolitan corridor (Armadale to Bentley).

Twelve organisations worked in partnership with a research team and 18 Nyoongar Elders to develop and implement a framework for developing culturally accessible and responsive services to Aboriginal people. Together, they designed and implemented an engagement framework to create organisational change, called Minditj Kaart-Moorditj Kaart, meaning ‘from a sick head to a good head’.

Processes below demonstrate how the project aligned with the five core principles:

- The governance structure included a Project Steering Group, a Project Reference Group and an Aboriginal Community Steering Group.
- A number of events and activities were held by the Project Team and Nyoongar Elders with service providers to develop an understanding of, and respect for, Nyoongar culture and its centrality to mental health and wellbeing. Activities included damper and bush medicine making, storytelling, community days and walks on country. These activities helped to build much needed trust and establish relationships that were meaningful and sustainable.
- Nyoongar consultants were engaged at various phases of the project to ensure compliance with Nyoongar cultural protocols.
- Nyoongar Elders provided cultural advice and guided executives and staff of the mental health and alcohol and other drug services in:
  - developing a better understanding of an Aboriginal (Nyoongar) worldview;
  - working more effectively with the needs and aspirations of the community; and
  - building service capacity so staff can more confidently and competently work in a culturally safe and secure way with Aboriginal (Nyoongar) families.

Through the co-design process, the project harnessed the cultural leadership of Nyoongar Elders to create effective systemic change. Project findings revealed the importance of working within the local context, based on the principles of kinship, Eldership and country.

“Relationships are the foundation for this work and the two stakeholder groups have spent much time and effort building and deepening their relationships in order to be prepared for the next phase, that is, to co-design a culturally safe systems change innovation, shaped by this relationship-based approach.”

Families 4 Families Western Australia

Mental Health Matters 2, a community advocacy action group, established the Families 4 Families Western Australia (F4FWA) program. F4FWA is a recovery based, peer led, support group for consumers, families, and carers who support someone with co-occurring mental health, alcohol and other drug issues. F4FWA is run by families, for families and recognises the lived experience and expertise which comes from listening to and honouring that perspective. It has since evolved into an award winning partnership with a drug and alcohol organisation.
Practices outlined below demonstrate how the process aligned with the five core principles.

- Families and support persons identified experiencing stigma and discrimination in the community around co-occurring issues that included mental health, alcohol and other drug and criminal justice involvement.
- Consumers and families were involved in developing the program from the beginning in line with co-production principles.
- An accessible, safe space focusing on peer support and mentoring and based on recovery principles led to F4FWA being created.
- A no cost, accessible venue, close to public transport and available in the evenings was offered by Helping Minds.
- Clear guidelines and support have been developed by people with lived experience in order to build capacity, support volunteers, and create sustainability.
- Peer volunteers are involved in running every aspect of the program.
- Cyrenian House, an alcohol and other drug rehabilitation and support organisation, partners in the delivery of the F4FWA program by providing a specialist co-occurring counsellor who attends the bi-monthly evening groups. The counsellor provides individual support and advocacy regarding access to services.
- Cyrenian House ensures a specialist clinician is available in the evenings, and for reflection and debriefing with the group facilitator within 48 hours of the group meeting. They also provide insurance for the volunteers and ad-hoc financial assistance.
- F4FWA has taken a strong ‘on top, not on tap’ approach in the partnership which has ensured that peers continue to lead, organise, and deliver the program.
- The program includes education around service and system navigation and opportunities to provide input into research and feedback into service and system evaluation.
- A co-designed and co-delivered paper on the F4FWA program was positively received at a national mental health services conference.

Mental Health Matters 2 was proud to be announced winner of the Equal Opportunity Commission Award for human rights, equity and diversity at the 2015 Mental Health Good Outcomes Awards.

“Families of lived experience, comparing experiences, engaging in reflection and gaining insight, within a thoughtful and inclusive environment, strengthening ourselves in pursuing inclusion within mental health services.”

“Compassion, feelings of not being alone. Togetherness.”
Review, Monitoring and Evaluation
As part of the development of the Engagement Framework, Steering Committee members and workshop participants identified approaches for evaluating the success of the strategies and practices to ensure engagement with consumers, families and carers is aligned with the Engagement Framework principles.

The evaluation of engagement activities is essential to measuring outcomes, informing future engagement, and improving engagement practices. An evaluation form has been developed to gauge participants’ experiences at the conclusion of engagement activities (Appendix 2). The collection of this information will assist in evaluating the success of the engagement process.

A good practice and internal assessment checklist (the Checklist) uses the approaches identified by those involved in the development of the Engagement Framework (Appendix 1) and has been designed for use by organisations to support the inclusion of best practice approaches to engagement in their day to day work.

Outcomes and Key Performance Indicators
Key Performance Indicators may assist services, organisations and agencies to monitor and evaluate their progress in meeting consumer, family and carer engagement targets as set out in State and National Standards:

- The National Standards for Mental Health Services, Standard 3: Consumers and carers are actively involved in the development, planning, delivery and evaluation of services;
- National Safety and Quality Health Service Standards, Standard 2: Partnering with Consumers - consumer and community involvement in the planning, design, delivery and evaluation of health services; and
- Standard on Culturally Secure Practice (Alcohol and Other Drug Sector), Expectations 1.1, 2.1, 2.2, 3.1 and 3.2 regarding consumer needs, rights and involvement.

Ideally, organisations will have a range of strategies and methods in place that engage consumers, families and carers at individual, service, operational and governance levels that ultimately result in better mental health, alcohol and other drug outcomes.

Every organisation or group will likely have different outcomes and key performance indicators based on the service they provide, and the mission of the organisation.

- **At an Individual Level:**
  
  **Outcome:** Engage and give people control in decision-making about their own health care and support.

  Example of a Key Performance Indicator for engagement at an individual level:
  
  - Individual plans developed in partnership with the consumer and their families and carers.
• **At a Service Level:**  
  **Outcome:** People are engaged in the planning, delivery and evaluation of the services.

Examples of Key Performance Indicators for engagement at the service level:
- Co-design and co-production approaches are used;
- Peer workers are employed to support engagement;
- Ongoing lived experience advisory group;
- Focus groups for specific projects;
- Consumer and support person members of working groups and committees; and
- A variety of feedback processes are in place.

• **At an Operational Level:**  
  **Outcome:** People are engaged in processes that impact the functioning and quality improvement of services.

Examples of Key Performance Indicators for engagement at an operational level:
- Peer workers employed in supervisory, consultant and advocacy roles;
- Consumer and support person members of working groups and committees;
- Consumer and support person participation on staff selection and recruitment panels and staff training; and
- Training, support and mentoring is provided to ensure all people are competent in their roles.

• **At a Governance Level:**  
  **Outcome:** People are engaged in roles around decision making, accountability and authority.

Examples of Key Performance Indicators for engagement at a governance level:
- Consumer and support person members of the governance committee or board;
- Budget allocation for consumer and support person engagement;
- Co-designed and co-reviewed policies and procedures; and
- Consumer and support person participation in strategic planning.

Ideally to support Engagement Key Performance Indicators qualitative and quantitate measures will include:

- The number of activities held to engage with consumers and support persons.
- The number of individual consumers and support persons engaged across individual, service, organisation and governance levels.
- The number of different engagement methods used such as forums, advisory groups, surveys, planning days, membership on committees,
- The level of satisfaction, the quality and effectiveness of the engagement through the use of the feedback tools such as complaint and compliment mechanisms, feedback tools and evaluation forms (see Appendix 2).
Evaluation of the Engagement Framework
The Mental Health Commission via an independent process, will review the Engagement Framework every two years to ensure that it reflects contemporary practices and up to date information.

In addition, the Engagement Framework forms part of the actions contained within the Plan and the implementation of the Engagement Framework will form part of the bi-annual review of the Plan. Further, the Plan is due to be reviewed after five years of operation, and the outcomes of this will incorporate the impact of the implementation of the Engagement Framework.

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. Working Together: Mental Health Alcohol and Other Drug Engagement Framework 2018-2025 provides an overarching set of principles and practices to support government; non-government organisations (including private enterprise) and the community to effectively engage and work collaboratively and constructively together.

Everyone has a role to play regarding implementing the interrelated principles and practices outlined in the Engagement Framework across the individual, service, sector and system levels. By working together we can all make a difference to achieve better health outcomes across the mental health, alcohol and other drug sectors.
## Good Strategies: Practices and Internal Assessment Checklist

### Good Strategies:

<table>
<thead>
<tr>
<th>Strategies that Support Engagement</th>
<th>Activities and Comments</th>
<th>Met</th>
<th>Part Met</th>
<th>Not Met</th>
<th>Reasons if part or not met</th>
<th>Assessment Date</th>
<th>Next Assessment Date</th>
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<tbody>
<tr>
<td>There is a commitment from executive and board levels to genuine engagement at every level throughout the organisation</td>
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<td>A culture that supports genuine engagement is encouraged and modelled through the organisation, from top down</td>
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<td>People who are considerate, supportive and understand the impact of stigma and discrimination are employed</td>
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<td>The development of an Organisational Engagement Framework Strategy</td>
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<td>The allocation of a specific budget for engagement that includes paid participation, training and support</td>
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</table>
| Staff induction and training includes:  
  - a lived experience component  
  - benefits of genuine engagement  
  - the importance of engaging to the organisation  
  - the rights of people to be engaged  
  - equality, inclusivity and diversity in the workplace  
  - confidentiality  
  - cultural awareness training (including the impact of trauma) | | | | | | | |
### Strategies that Support Engagement

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<tr>
<th>Activities and Comments</th>
<th>Met</th>
<th>Part Met</th>
<th>Not Met</th>
<th>Reasons if part or not met</th>
<th>Assessment Date</th>
<th>Next Assessment Date</th>
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<tbody>
<tr>
<td>There are solid structures and mechanisms in place to ensure people can be engaged and influence decisions at all levels on an ongoing basis</td>
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<td>There is a variety of roles around engagement across the organisation including peer workers</td>
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<td>Policies are implemented and actioned that provide support to people in their roles and engagement practices</td>
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<td>A Paid Participation Policy that is fair and respectful is developed and actively implemented</td>
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<td>Processes are in place to ensure the timely payment and reimbursement of expenses</td>
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<td>Training and support is available and accessible for all people involved</td>
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<td>Access to resources including work spaces, computers, libraries, research tools is provided to all people involved</td>
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<td>Strategies are in place to support engagement with diverse groups including Aboriginal people, CalD, children and young people, people with disabilities etc.</td>
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### Good Practices:

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<th>Actions that Support Engagement</th>
<th>Activities and Comments</th>
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<th>Part Met</th>
<th>Not Met</th>
<th>Reasons if part or not met</th>
<th>Assessment Date</th>
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<tbody>
<tr>
<td>The context and purpose of engagement is outlined and clearly communicated</td>
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<td>Lines of authority, remuneration and accountability are clearly outlined</td>
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<td>The level of influence people will have on decisions and outcomes is clear and transparent</td>
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<td>Consumers and support persons are identified as individual groups who experience different issues and require specific representation</td>
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<td>Early engagement and preparedness takes place so a co-design and/or co-production approach can occur</td>
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<td>Identify a variety of times and days to engage to meet people’s work, family and health responsibilities (e.g. school times, sorry business, cultural and religious events and holidays, important appointments, effects of medication etc.)</td>
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<td>Variety of engagement approaches (e.g. forums, workshops, meetings, social media, yarning circles) across every stage of the program or project are identified and planned</td>
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<td>Actions that Support Engagement</td>
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<td>Approaches to address equity and diversity have been considered including:</td>
<td>safe, welcoming and comfortable spaces for engagement to take place</td>
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<td></td>
<td>ensuring accessibility to venues (location, transport, disability access day and time)</td>
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<td></td>
<td>engaging an external, skilled facilitator</td>
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<td>engaging people with a lived experience as co-facilitators and/or co-chairs</td>
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<td>A budget for the engagement activity or program is allocated</td>
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<td>Time has been built in to build relationships and to support people in the engagement activity e.g. pre briefing, debriefing, talking one on one, additional phone and email time</td>
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<td>Plans have some level of flexibility to ensure equity and access for everyone e.g. changes to timing, location, catering and travel</td>
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<td>A clear process is in place to respond and support people who may experience distress (trauma free engagement)</td>
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<td>Everyone’s roles and responsibilities are clearly identified and outlined</td>
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<tr>
<td>Everyone’s lines of reporting and accountabilities are clearly identified and outlined</td>
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<tr>
<td>Actions that Support Engagement</td>
<td>Activities and Comments</td>
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<td>Engagement opportunities are promoted broadly through a variety of networks to ensure diversity</td>
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<td>A communications plan has been developed to ensure people are kept informed on a regular basis</td>
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<td>Established networks and resources are accessed especially to gain an understanding around diversity, equity and access issues</td>
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<td>Community leaders and/or elders have been contacted and their assistance sought</td>
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<td>People are provided with information in a timely manner in a way they can access and understand, this includes:</td>
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<td>➢ relevant background information including rights</td>
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<td>➢ their roles and responsibilities, including level of influence</td>
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<td>➢ time commitment</td>
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<td>➢ location/venue details</td>
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<td>➢ transport/parking options</td>
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<td>➢ payment and reimbursement details including tax and Centrelink implications</td>
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<td>➢ issues around confidentiality and disclosure</td>
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<td>➢ use and storage of information</td>
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<td>➢ a contact and/or support person training and support opportunities</td>
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<tr>
<td>Practices Actions that Support Engagement</td>
<td>Activities and Comments</td>
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<tr>
<td>People have been engaged using an open and transparent selection process</td>
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<td>The above information is discussed, further co-developed and refined face to face relevant to the engagement activity</td>
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<tr>
<td>Communications are clear and there is minimal use of jargon, acronyms, medical and technical words and where used these are clearly defined</td>
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<td>Hard copies of information are provided in recognition that people may not have reliable internet access and the costs of printing and data downloads</td>
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<tr>
<td>People are remunerated and reimbursed in a timely manner and provided with 'payslips'</td>
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<tr>
<td>People are acknowledged and thanked and next steps are communicated</td>
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<td>People are kept informed about the progress and outcomes of next steps</td>
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<td>Engagement is evaluated and people are provided with feedback</td>
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<td>People have been informed about the outcome of the engagement and how their involvement influenced decisions and the changes that resulted</td>
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<td>Everyone is included in a variety of events to recognise success across the life of the engagement activity</td>
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<tr>
<td>Practices Actions that Support Engagement</td>
<td>Activities and Comments</td>
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<td>There is ongoing engagement, monitoring and evaluation by consumers and support persons of the organisation’s programs and projects</td>
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Appendix 2
Engagement Evaluation Form
This evaluation form has been designed to capture information about the diversity of people engaged, their level of satisfaction and the organisation’s progress against the five principles outlined in this engagement framework. The evaluation form is a template and can be modified and tailored to suit specific engagement activities.

-------------------------------------------------------------------------------------------------------------------

Thank you for your participation in this engagement opportunity. We would appreciate your feedback about your experience so we can continually improve.

1. Do you identify as (you can select more than one):
   □ A person with a lived experience of mental health, alcohol and other drug issues (a consumer)
   □ A support person (a family, carer, friend, significant other)
   □ A community member
   □ Working in the mental health, alcohol and other drug sector
   □ Working in another sector
   □ Something else

2. Do you live:
   □ In the metropolitan area
   □ In a regional, rural or remote area, please state

3. Do you identify as (you can select more than one):
   □ Aboriginal or Torres Strait Islander
   □ Culturally and Linguistically Diverse
   □ A person with a Disability
   □ A person from the LGBTIQ+ Community
   □ A person with Justice or Forensic experience
   □ A Child and Young Person
   □ A group not mentioned

4. Are you: less than 18 years □ 18 – 24 □ 25 – 39 □ 40 -59 □ 60+ □

5. Gender: ......................

6. How did you find out about this engagement opportunity?

..............................................................................................................................................................................
7. The questions below reflect progress against the principles of safety, authenticity, humanity, equity and diversity.

With your engagement experience, how satisfied were you with the following:

<table>
<thead>
<tr>
<th></th>
<th>Not applicable</th>
<th>Very satisfied</th>
<th>Satisfied</th>
<th>Neutral</th>
<th>Unsatisfied</th>
<th>Very unsatisfied</th>
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<tbody>
<tr>
<td>The application and/or selection process for this engagement opportunity</td>
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<td>The information provided to you beforehand</td>
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<td>The day and time of the engagement</td>
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<td>The location of the venue</td>
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<td>The venue itself</td>
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<td>Comment:</td>
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<td>The engagement method or style used</td>
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<td>The welcome, housekeeping and introduction</td>
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<td>Comment:</td>
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<td>The information was communicated in a way you understood</td>
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<td>Comment:</td>
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<td>The context and purpose of the engagement was clearly explained</td>
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<td>Explanations around disclosure and confidentiality</td>
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8. What did you like best?

9. What did you like least?

10. Do you have any further comments or suggestions for improvement?

Thank you.
Appendix 3
Steering Committee

Margaret Doherty  Co-Chair, Lived Experience Member
Louise Howe  Co-Chair, Consumer Advisor, Mental Health Commission (MHC)
Lorraine Powell  WA Consumer Representative, National Mental Health Consumer and Carer Forum
Virginia Catterall  Lived Experience Member
Kathryn Day  Lived Experience Member
Robbie Sleight  Lived Experience Member
Shauna Gaebler  Chief Executive Officer, Consumers of Mental Health WA (CoMHWA)
Rhianwen Beresford*  Policy and Development Coordinator, CoMHWA
Russell Butler  Prevention & Early Intervention Officer, MHC
Helen Jackson  Integrated Services Manager, Next Step, MHC
Michelle Gray  Senior Project Officer, Alcohol Other Drugs Prevention Services, MHC
Stephanie Fewster  Program Manager, Carers WA
Pip Brennan  Executive Director, Health Consumers Council Western Australia
Allison Barrett  Stakeholder Liaison Officer, MHC
Hannah Harbinson  Project Officer, Western Australian Association of Mental Health
Rhonda Clarke**  Outreach Services Project Officer, Aboriginal Health Council of Western Australia
Jane Harwood  Program Lead, Community Engagement WA Primary Health Alliance
Jill Rundle  Chief Executive Officer, Western Australian Network of Alcohol and Drug Agencies

*Proxy
**Co-opted
**Workshop Participants:**
In the development of the Engagement Framework, 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 4
GLOSSARY

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

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.

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

*Note: we acknowledge that many people may prefer to use the words lived experience, experts by experience, community members, clients, service users, patients, residents, customers, peers, or survivors.

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.

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 lived experience of psychological or emotional issues, distress, mental health and/or alcohol other drug problems, irrespective of whether they have a diagnosed mental illness and/or AOD issue and/or have received treatment.

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 identify as having lived experience of mental ill-health and/or AOD problems who are employed (either paid or volunteer) in designated roles within the public or non-government sector who use their common experience to support and inspire hope and recovery in others.

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 Carers Recognition Act 2004, the Australian Carer Recognition Act 2010 and the Western Australian Mental Health Act 2014. 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.

Trauma: A deeply distressing or disturbing experience that causes someone to have mental or emotional problems usually for a long time.
References

4 Gayaa Dhuwi (Proud Spirit) Declaration, National Aboriginal and Torres Strait Islander Leadership in Mental Health
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21 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).


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