



SERVICES AND PROGRAM ENTRY

CATEGORY: Lived Experience Leadership

ENTRY TITLE: Lived Experience leadership - whole of organisation approaches to innovation and reform

NAME OF APPLICANT: Katie Larsen

ORGANISATION: Mind Australia

Additional Information about Entry

Mind's Lived Experience Strategy 2021-2024 launched in December 2021 with a clear set of deliverables for Mind to achieve over the three-year period. Our commitment in this strategy is to help re-imagine a system that is directly responsive to and informed by the needs of communities and the insight and expertise of lived experience.

We rely on evidence-based, best practice principles regarding the discipline of lived experience, and our expertise and long-standing commitment to developing lived experience approaches places us in a unique position to lead system change. We are moving into a maturing process within the delivery of the Strategy which is enabling us to not only achieve what we proposed, but also to conceptualise new opportunities for innovation, growth and leadership. To retain this position and leverage the opportunities it holds, we are taking bold steps in new directions, that can support radical and transformative change for not only lived experience leadership and activities, but more broadly for mental health services in Australia.

Achievements to date

Some highlights of the program of work to date are as follows.

- Appointed as lead provider for the Stage 2 Co-design of Victoria's first lived experience led residential service, in partnership with Alfred Mental and Addiction Health. This is a significant piece of reform work for Mind, engaging government, consumer leadership and other key stakeholders in a collaborative process to establish a first of its kind service in Victoria.
- Continued development of the ConnectSA and LGBTIQ+ Aftercare programs as models for lived experience led innovation.
- The Executive level partnership of Dr Louise Byrne who has identified gaps and necessary responses to ensure a systemic, organisational wide approach to lived experience workforce development – which is now in the implementation stage.
- Appointment of Mind as the lead provider for the Family and Carer Centre in Loddon Mallee, in partnership with Mallee Family Care. This is one of eight new centres to be developed and delivered across Victoria in partnership with government and Tandem.
- Mind's Peer Work Program successfully being delivered as a provider for the Department of Health's Lived and Living Experience Workforce program.
- Development and appointment to a range of new Lived Experience systemic and leadership workforce roles including Lived Experience Team Leaders and Peer Led innovation roles.
- An independent gaps analysis assessing Mind's Peer Work Program against the National Guidelines for Lived Experience (Peer) Workforce Development Guidelines.
- Delivery and continuity of the Peer Cadet Program funding for a second year confirmed, along with delivery of first year program.

- Development work for better integration of consumer and carer representatives into governance processes.
- Strong partnership work is occurring with lived experience leaders and organisations across the sector including Dr Louise Byrne, VMIAC, Tandem, LELAN, Simon Katterl and Athena Consulting.
- Appointment of Lived Experience Researcher to develop and lead a Lived Experience Research Strategy and deliver evaluation and research projects that are co-designed with consumers, the peer practitioner workforce and lived experience academics.
- Implementation of a Lived Experience PhD scholarship in conjunction with lived experience academics from the University of South Australia, due completion in 2023. This project, led by PhD candidate Heather McIntyre, examined the lived experience of NDIS participants with a psychosocial disability in the Emergency Department.

Address the following Criteria

1. Evidence of a significant contribution to the field of mental health on a local, state or national level.

The development and growth of lived experience approaches is central to Mind's work and core to our values. Throughout Mind's 40-year history, lived experience has influenced the way we work with clients, families, carers and supporters, and the community. Mind believes in the value and expertise of those with lived experience of mental illness, distress and recovery and strives for the inclusion of these perspectives across our workforce. Mind is an innovative leader in the development, implementation, and utilisation of lived experience workforces.

The Lived Experience Strategy 2021-2024 guides our whole of organisational approach to lived experience across the areas of leadership and culture, design and decision-making, workforce development and innovation and influence. Mind's commitment to delivering a whole of organisation strategy for lived experience reflects our understanding that to effect meaningful change, we need to continue to innovate and advocate across and beyond the organisation, engage different voices and experiences and deliver across multiple platforms to meet new targets for growth and development.

The Strategy clearly outlines the rationale and evidence for a whole of organisation approach. It provides definitions of both lived experience and lived expertise – as well as clear examples of how both influence and shape our work. It offers a set of principles to guide our approach along with demonstrating how culture and mindsets can and must influence change. Critically, it provides a set of deliverables under four pillars: leadership and culture; design and decision-making; workforce development and innovation and influence. These pillars of work shape our action and approach and have given structure, leadership and focus for our lived experience leadership

and innovation. The implementation of the Strategy is led by staff with lived experience and supported and monitored at both Board and Executive level, as well as being reviewed to ensure alignment with the National Lived Experience Workforce Development Guidelines.

Lived experience roles are built into the structure of Mind as an organisation from Board level, through management and advisory structures, service delivery and support roles. Mind has more than 140 designated lived experience roles, equating to nearly fifteen percent of our workforce (an increase of 5% since the strategy was launched) – and our target is to achieve 20% of our workforce by 2024 delivered through our Lived Experience Workforce DEvelopment Project. We also have more than twenty family and carer engagement and practice roles. More than fifty percent of Mind staff have a personal lived experience of mental illness or distress, and nearly twenty percent identify as being a carer. Most of Mind’s lived experience roles are consumer peer work roles, guided by Mind’s Model of Peer Work. Mind has a strong commitment to employing peer practitioners across all service models, and in research, policy, workforce development and leadership roles. Mind also employs people in designated lived experience roles across different divisions of the organisation that recognise lived expertise as an attribute of the role and require the person to work systemically to contribute this expertise. These include roles in carer and family, participation, peer research and systemic lived experience.

Mind has lived experience representation on its Executive and senior leadership team, as well as in advisory structures. Dr Louise Byrne joined Mind in 2022 in the role of an independent Executive Advisor, Lived Experience. Louise is recognised internationally as a thought leader in lived experience mental health workforce development. Louise has been awarded several times for outstanding contributions to research and teaching, held expert/advisory roles with state and national Mental Health Commissions and led policy development at state and national levels, including the National Lived Experience (Peer) Workforce Development Guidelines. Dr Byrne’s role is vital in holding our leadership to account and questioning status quo processes that can be improved and transformed through lived expertise.

Mind is developing new evidence, systems of lived experience governance and leadership and radical processes for peer led innovation through:

- the development of the ConnectSA Program in partnership with LELAN who enable an innovative model for lived experience informed program design, delivery and evaluation;
- the LGBTIQ+ Aftercare Program – a queer and peer led model for life affirming responses to thoughts and experiences relating to suicide; and
- the co-design work for the Healing Place – Victoria’s first Lived Experience Residential Service.

These programs not only provide critically needed community-based alternatives to care, they are also contributing to a broader knowledge base that can and will support peer led developments at a national level going forward.

Mind acts as a consultant to other organisations on lived experience leadership and workforce development, utilising the Lived Experience Strategy and the learnings and innovation it is driving to shape advice and support across and beyond the sector on systemic implementation of lived expertise. This includes to:

- Clinical mental health services
- Community health organisations
- NGOs across disability, homelessness and family services

2. Evidence of innovation and/or recognised best practice.

The perspectives and voices of people with lived experience have long been underrepresented in decision-making and leadership relating to the development, delivery, and governance of mental health services. To achieve representation of voice and influence of lived experience, issues of power, privilege and bias must be addressed within decision-making and leadership. Incorporating the principles of participation and co-design can enable greater access, representation, and voice of people with lived experience in decisions that affect them – a recognised universal human right. Across the mental health sector, there remains significant gaps in achieving this in real terms, e.g., through proportionate representation across leadership, government, organisations, and service providers. As we deepen our work through delivery of the Lived Experience Strategy, Mind is developing two projects of critical importance that will drive innovation and best practice.

Mind's approach to Peer Led Healing

The foundations of the Lived Experience Strategy have created a platform to achieve one of the key deliverable areas outlined within it – innovation in peer led service models. Through the Healing Place project, and existing peer led innovations such as LGBTIQ+ Aftercare and Connect, Mind is providing national leadership in the development and delivery of genuine, authentic and consumer informed peer led models. The Healing Place particularly, will guide new and profoundly different approaches to areas including: design of healing spaces and environments; safety and risk policies and processes – including non-coercive options and alternatives to care; leadership and governance structures; workforce development and training; and foundational consumer-led principles and practices for supporting healing.

Mind has commenced the development of a national approach to peer led services, founded on a 'philosophy of healing' and delivered through lived experience led governance structures. This work will be critical in the development of the Healing Place model and governance, as well as LGBTIQ+ Aftercare and other peer led innovation within Mind. Mind is working in partnership with LELAN on the development of this work to leverage their national leadership in lived experience governance and leadership.

This development work is designed to ensure a 'peer led' way of working that is resistant to peer drift and founded on self-determination, consumer leadership and human rights. This will contribute to new lived experience research, evidence and advocacy for peer led innovation and transformation.

The Lived Experience Workforce Project

In partnership with Louise Byrne, and to deliver on the workforce development deliverables of the Strategy, we are investing in evidence-based recruitment and workforce development practices that ensure clarity and integrity of peer roles, appropriate levels of peer supervision and mentoring and broader workforce development in recruiting and supporting peer roles.

An informal gap analysis undertaken by Louise has indicated that while Mind has philosophical agreement and ad hoc investment into lived experience leadership, there are steps that need to be taken to achieve a goal of '*Lived Experience accepted by all staff as central to all aspects of business: long term, sustainable investment*'. Louise has identified and is working in partnership with Mind to develop responses to critical gaps that will ensure we are delivering a fully evidence informed workforce development and support model. These approaches are aligned with the National Lived Experience (Peer) Workforce Development Guidelines and will drive continued innovation in our lived experience workforce development that will offer national leadership on best practice approaches.

3. Evidence of participation of mental health consumers in the planning, implementation and evaluation of mental health service delivery. Evidence of prioritising increased level of engagement and influence of consumers and where higher level participation such as authentic co-design is highly favoured.

There may be exceptions to the involvement of mental health consumers. Some entries may reasonably explain any particular circumstances where the involvement of mental health consumers is different or limited.

The development of the Lived Experience Strategy and Practice Frameworks

Mind developed its lived experience strategy to amplify lived expertise as a knowledge base, create a platform for change, to deepen and refine service provision and, to support us to lead best practice. The strategy was based on empirical evidence on lived experience workforce development, leadership and governance with an emphasis on Lived Experienced-led research and its development was led by Mind's Senior Manager Inclusion and Participation (a designated lived experience role within Mind's senior leadership team).

The strategy was developed in consultation with other people with lived experience within Mind's services, designated lived experience staff and lived experience leaders across the sector. These included Mind's lived experience workforce, Lived

Experience Advisory Team, lived experience advocates within the organisation, as well as lived experience leaders external to Mind who shared ideas and feedback (including Dr Louise Byrne, Kerry Hawkins, and representatives of the National Mental Health Commission). The development of this strategy centred lived experience language, perspectives, and knowledge. The strategy has been reviewed and commended by VMIAC, Tandem and Lived Experience Australia.

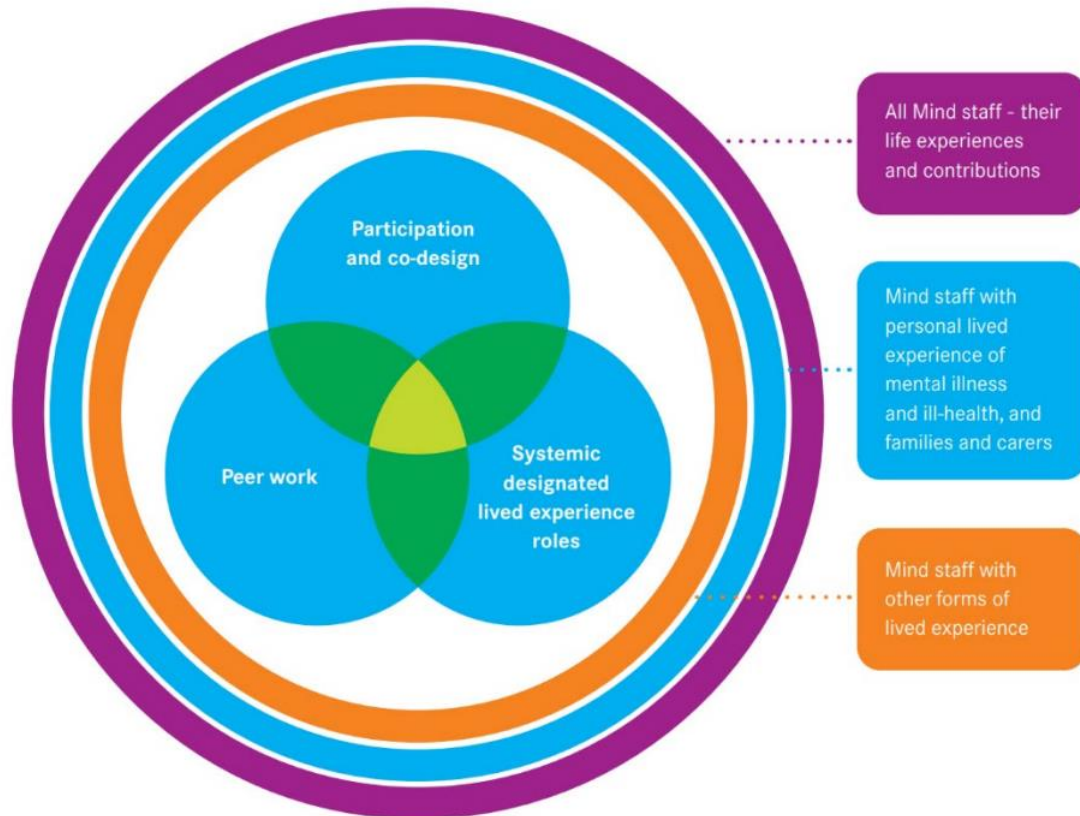
Mind's Lived Experience Strategy is supported by two practice frameworks that were developed with substantial input from consumers, family, carers, and supporters.

1. Mind's Participation and Co-design Practice Framework presents Mind's position and understanding of participation and co-design to support and design innovative and effective channels for consumer, family, carer and supporter participation and engagement. Alongside the history and context, this framework steps through how services can create the conditions for successful collaboration with the Mind community. This practice framework was developed by Mind's dedicated Participation and Co-design Team, which sits within the Inclusion and Participation Division, and is an example of participation and co-design itself. Most of the framework's content was developed with direct input from Mind's LEAT and practitioners across the organisation and is influenced and informed by innovative and leading work from within Australia and internationally. The framework provides a template of ideas, opportunities, and considerations to empower Mind employees to authentically engage communities in decision-making with confidence.
2. Mind's Peer Work Framework guides the way we develop and support our peer workforce. Included in this framework is Mind's Model of Peer Work, which articulates the knowledge, values and practice principles that inform peer work at Mind. The framework establishes peer work as a discipline at Mind and guides consistent practice within peer practitioner roles across the diverse services at Mind. This document was developed in consultation with consumers, families, carers and supporters, peer practitioners, other lived experience staff, community mental health practitioners, managers, and Mind's executive team.

All of our major projects and work in delivering the Strategy are led by people working in designated lived experience roles within the Inclusion and Participation team – a dedicated lived experience and inclusion function delivering both strategic and operational leadership. This team boasts a range of lived experience leaders with decades of experience among them. The team works to the principles of consumer leadership primarily (with some dedicated family and carer streams) and as such, co-design and co-production occurs as an active process centring power analysis, self-determination, human rights and intersectionality.

4. Evidence of partnerships and linkages with all key stakeholders (collaboration for continuity between organisations).

The diagram below identifies the components of Mind’s approach to lived experience. It demonstrates how we engage all staff and also, the specific activities we undertake to engage lived expertise.



In addition to this work internally, we work in partnership with lived experience leaders nationally. This includes the work with Dr Louise Byrne and LELAN, but also, we regularly engage independent consumer and family and carer advisors to provide feedback and assess our approaches for fidelity and integrity. We have strong relationships with the state-based consumer and carer peaks.

We focus on approaches and activities that ensure we are hearing a diverse range of consumer and family and carer voices and perspectives. Drawing from the principles of co-design and co-production, this is focused on those ‘closest to the problem’ or ‘most impacted by’ the issue or need we are responding to.

Mind draws from our practice expertise alongside connections with partners and community to ensure culturally appropriate and safe service experiences for Aboriginal and/or Torres Strait Islander, LGBTIQ+ and migrant and refugee communities, and people living with disability.

5. Verification of effectiveness (quality improvement activity, data collection and its use, including graphs and tables, achievement of performance indicators, e.g. attendance figures, outcome measures, number of document downloads, page views, click through rates etc).

Mind's lived experience leadership approaches

Mind acts as a consultant to other organisations on lived experience leadership and workforce development, utilising the Lived Experience Strategy and the learnings and innovation it is driving to shape advice and support across and beyond the sector on systemic implementation of lived expertise. This includes to:

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Mind's Lived Experience Strategy and Practice Frameworks were made freely available on our website to provide access to our thinking and approaches. The document downloads below show the uptake of access – with the Peer Work Framework showing more than 2000 downloads.

Lived Experience Strategy: 504 (November 2021 to April 2023)

Peer Work Framework: 2115 (February 2021 to April 2023)

Participation and Co-design Framework: 187 (December 2021 to April 2023)

Impact of peer led programs to date

LGBTIQA+ Aftercare

Research has consistently documented that the LGBTIQA+ community possess disproportionately higher rates of self-injury, suicidality, and mental health difficulties than the general population (King et al., 2008; National Suicide Prevention Adviser, 2020). These experiences are contextualised within everyday and systemic institutionalised experiences of discrimination, violence, and stigma on the basis of their sexuality and gender (Perales, 2019). Previous negative experiences of health services and historical instances of institutional abuse contribute to LGBTIQA+ people not seeking assistance when they need it, compounded by a lack of community trust (Worrell S et al., 2021).

Mind Australia's Aftercare addresses this key gap in the broader health system, which is the lack of affirming and community-based suicide services for people who are LGBTIQA+. Based in Melbourne, Aftercare is a co-designed peer-led community intervention. Support includes both connection with peer workers and clinical care provided by psychologists from the LGBTIQA+ community. Aftercare also has a group program which provides ongoing care to previous participants, informed by an Alternatives to Suicide model.

The Aftercare model focuses on:

- Reducing isolation and disconnection through building relationships, solidarity and empowerment

- Developing the tools and stories for a life that is meaningful rather than trying to “force people to live”.
- Reducing stigma, increasing self-efficacy and self-connection.
- Support that feels representative, safe, accessible and responsive to the self-determined needs of community members.
- Safety and practical living skills

Over 120 participants from 14 to 64 years with a diverse range of sexual and gender identities have been assisted at Aftercare since February 2020, attending an average of 17 sessions. An external evaluation demonstrated that Aftercare reduced thoughts of suicide and provide culturally safe care (Impact Co., 2022).

The Program achieved the following outcomes:

- o Reduced suicidal ideation
- o Improved mental health and wellbeing
- o Building the resilience and capacity of clients to manage suicidal ideation more effectively
- o Strengthening connections with other LGBTIQ+ people

At the system level, it was able to:

- o Increase collaboration and integration between service providers
- o Increase the capacity and capability of the system to more effectively support people who are LGBTIQ+

Recently implemented outcome measures indicate significant reduction in psychological distress between entry and exit to the program ($t=4.46$, $df=11$, $p=0.001$).

Aftercare meets the specific needs of LGBTQIA+ Australians with an innovative peer led model with demonstrated positive impact on mental health, thoughts of suicide, and genuine healing.

ConnectSA

Connect SA is a proof-of-concept, peer-led model providing crisis support for people experiencing mental distress and/or suicidality initially delivered in North Adelaide and now in Mt Gambier. Lived experience has been integrated into every aspect of the service model in the Connect program, from its governance structures, staffing arrangements, design thinking, service promotion, evaluation and day-to-day operations, supported by working in partnership with LELAN. As a result, the service is truly designed, led, and operated by people with lived experience. The model also includes a co-designed evaluation tool that centres the principles and practices of lived experience in the interpretation of outcomes.

A 2021 evaluation of the North Adelaide program found that consumers demonstrated observable improvements in average rating scores from pre- to post-service in nine out of 12 life areas. 100% of people felt listened to, heard, and validated during their time in Connect, and 89% of people felt they learnt new ways of keeping track of their own mental health. 88% of people felt their progress was directly related to support being provided in a peer-led model. The evaluation of the

Connect program also demonstrated positive outcomes for carers. According to the evaluation, carers strongly believed that the positive changes in the lives of their loved ones was a direct result from the program's ability to provide support to carers and consumers at the same time, through parallel support.

The program demonstrated a range of learning that can continue to drive peer led innovation. It showed:

- Peer workers in mental health care and crisis settings supports the reduction of emergency and hospital presentations in crisis situations
- Peer models work and actively contribute to better outcomes related to consumer and carer outcomes and demand management
- Clinical/non-clinical, government and non-government agencies can work together to address systemic barriers leading to improved help seeking, greater efficacy and uptake of mental health services
- How a proof-of-concept peer-led and lived experience-driven service delivery model can be implemented.

Mind's lived experience workforce

Mind's Lived Experience Strategy has a pillar dedicated to workforce development, which outlines our deliverables and success measures for lived experience staff. This includes a growth target for lived experience designated roles to comprise of 20% of Mind's workforce by 2024, the development of leadership roles for peers, and further development of specialisations of peer work (for example LGBTIQ+, AOD etc.)

The appointment of Dr Louise Byrne as Mind's Executive Advisor – Lived Experience was implemented to ensure that we meet the workforce and leadership deliverables of the Lived Experience Strategy in line with the National Lived Experience (Peer) Workforce Development Guidelines and the breadth of empirical lived experience workforce literature.

Current structures and supports that are available for lived experience workers include:

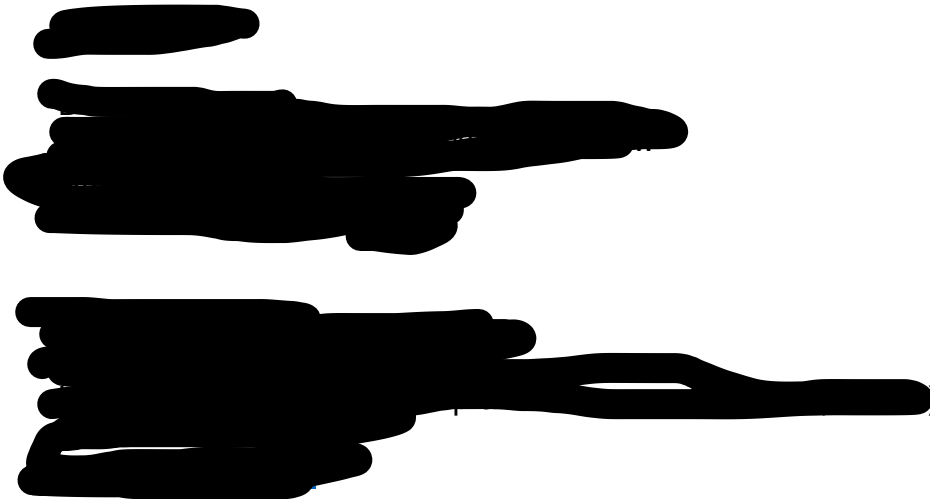
- Dedicated peer orientation
- A specialised peer work training program to develop confidence and competency
- A peer community of practice, training and resources for staff and managers on working effectively with peer practitioners
- Manager supervision, involving a two-way 1:1 conversation on a minimum monthly basis to discuss the peer practitioners' wellbeing, growth, performance, and development. Training is also available for managers of people in lived experience roles.

Mind undertakes an annual evaluation of its peer work program to track the benefits and challenges of implementing the learnings of the program for peer practitioners, the clients they work with, and their team. A recent participant noted: "The peer work program helped me find my peer identity" (Peer Practitioner, 2022). Previous reporting on our lived experience workforce has shown lower turnover and lower rates of personal leave taken by peer practitioners than average rates.

Conclusion

Mind is deeply committed to driving lived experience leadership and innovation. The launch and delivery of the Lived Experience Strategy has moved above and beyond its original hopes of a clear action plan and framework, to support deeper more profound ways of working from lived experience perspectives. This has driven innovation in peer led service development and governance, as well as understanding areas for improvement and undertaking evidence informed and best practice models to achieve this. The Strategy, and corresponding practice frameworks, have become widely known and drawn from for use across and beyond the mental health sector.

The outcomes to date demonstrate our progress, leadership and opportunities to continue shaping change. We are committed to continuing this journey, to drive lived expertise and leadership within our organisation and beyond in ways that are authentic and shaped by the movement, knowledge base and rich contribution of lived experience.



Appendix of Support Material

Lived Experience Strategy -

https://www.mindaustralia.org.au/sites/default/files/Mind_Lived_Experience_Strategy.pdf

Peer Work Framework -

https://www.mindaustralia.org.au/sites/default/files/Mind_peer_work_framework.pdf

Participation and Co-design Framework -

https://www.mindaustralia.org.au/sites/default/files/Participation_and_codesign_practice_framework.pdf

Aftercare Evaluation - <https://nwmpnh.org.au/wp-content/uploads/2022/05/Mind-Australia-Aftercare-Evaluation-Report-FINAL.pdf>