National Mental Health Commission’s

Participation and Engagement Framework
PARTICIPATION & ENGAGEMENT FRAMEWORK

INTRODUCTION

Everything the National Mental Health Commission does is aimed at helping people live contributing lives: to drive and influence mental health reform, and to promote understanding and a culture which recognises people's strengths, capabilities and contributions.

Engaging with people - and with their experiences of wellbeing, mental health, mental illness and suicide – is at the heart of why we exist and everything we do.

We couldn’t do our job without the participation of individuals and organisations representing people with lived experience of mental health problems and suicide, their families and support people. Many of these people have helped us develop this framework to ensure that engagement and participation remains central to our work.

Because many factors contribute to good mental health and recovery - from something meaningful to do, to access to good support and treatment, a secure and stable home, good relationships and financial security – real progress needs a wide range of people and organisations and different sectors to work together towards a common goal. In this way, the Commission’s role is to harness and promote mutually-reinforcing efforts to support the mental health and wellbeing of all people living in Australia. To do this, it also needs to work constructively with:

- people from across our communities
- organisations which help people live in secure, safe and stable homes, connect with family and community and have something meaningful to do
- organisations which provide support, care and treatment
- the people who work in these organisations
- the peak bodies who represent them
- researchers and academics
- other mental health commissions in Australia and internationally
- state and territory government agencies
- Commonwealth Government agencies.
The National Mental Health Commission is an independent body reporting directly to the Prime Minister to increase accountability and transparency in the mental health and suicide prevention sectors – so that all people in Australia achieve the best possible mental health and wellbeing.

Our mission is to give mental health and suicide prevention national attention, to influence reform and to help people live contributing lives through our reporting, advising and collaborating.

Our main task is to produce the annual National Report Card on Mental Health and Suicide Prevention. We take a whole of life and person-centred view to highlight how the Australian system can achieve better outcomes.
PURPOSE OF THIS FRAMEWORK

This Participation and Engagement Framework will guide the activities of the National Mental Health Commission to ensure that diverse and genuine engagement with all stakeholders supports their inclusion and participation in our efforts to help all people in Australia achieve the best possible mental health and wellbeing.

The framework sets out principles to guide the way the Commission and its stakeholders engage and work together.

It describes a spectrum of types of participation with an increasing level of involvement, and sets out what we will do to ensure our participation and engagement efforts fulfil the guiding principles. It shows how we will always work to maximise the meaningful involvement of stakeholders in our work, taking into account our small size, resource constraints and the timeframes we need to meet. Part of the nature of our job is working with groups who have different perspectives or competing priorities, and our participation strategies need to allow for that.

A National Standard

Through developing this framework in partnership with people with lived experience, their families and support people, we have endeavoured to set a national standard for engagement and participation – one that supports and builds on other guides and codes, such as the Australian Government’s Code of Best Practice for Engagement with the Not-for-Profit Sector and those being developed in our partner organisations.

We hope that this framework will guide and influence other organisations – non-government and private sector, representative bodies and government agencies – in the genuine inclusion and participation of all stakeholders in their strategies, policies and above all, implementation.
PRINCIPLES GUIDING PARTICIPATION & ENGAGEMENT

We will involve stakeholders in our work in ways that ensure our engagement and participation is:

**Active:** The Commission will actively seek participation by a **broad range of stakeholders** - and in particular by people with lived experience, their families and support people - by integrating a variety of engagement techniques and opportunities into all aspects of its business, including joining in stakeholder-run events.

**Two way:** Engagement and participation is a **two way street** and can be initiated and directed by stakeholders as well as by the Commission – the Commission will be receptive to stakeholders.

**Independent:** The Commission is **independent** and ensures that the way it engages with its stakeholders is consistent with these principles and its vision and mission, and is beyond influence or interference.

**Equal:** All stakeholders will participate - and be actively listened to - as **equal, respected and responsible partners** in the Commission’s business.

**Essential:** Stakeholder engagement and participation is **essential** for the Commission’s **accountability** to the Australian public, and for it to achieve its intended **impact**.

**Empowering:** All people, including people with lived experience of mental health problems and suicide risk, their families and support people have the **right** to participate in decisions that affect their care and the conditions that enable them to live contributing lives. Nothing about us without us.

**Valuable:** Stakeholder engagement and participation adds value to decision-making by providing **direct knowledge** about the actual needs of the community and results in better targeted and more responsive services and initiatives.

**Transparent:** The Commission will conduct its business with **transparency**:

- providing clear and comprehensive information in plain English
- making available critical information, to support meaningful participation in a project or process, such as resourcing and financial information
- allowing sufficient time for stakeholders to consult with networks and to participate within the constraints of our Work Plan and commitments
- supporting paid participation, where people are eligible, as clearly defined in our Paid Participation Policy
- whenever possible, letting people know how their input has affected the outcome
- setting out explicit and measurable success factors for participation and engagement.

**Inclusive:** The Commission will seek to **overcome barriers** to participation by actively opposing discrimination, and valuing the diversity of views among stakeholders. We will endeavour to engage those stakeholders who are hard to reach, including Aboriginal and Torres Strait Islander peoples, young people, particularly through traditional means and culturally and linguistically diverse communities.

**PRINCIPLES OF HOW WE WORK**

- Two-way
- Transparent, Inclusive, Independent
- Empowering & Valuable
- Equal Partnership - respect and responsibility
- Accountability
HOW WE WORK TOGETHER

Starting points

Every event we hold starts with someone with lived experience of mental health difficulties or suicide, a family member or support person – speaking directly or sharing their experience on video.

Personal stories from people with lived experience of mental illness and as family and carers introduced the inaugural National Press Club address by our Chair, Professor Allan Fels AO, last year. One person spoke of their life caring for several family members with mental illness and another spoke of how critical conversations with friends and family were to seeking support. Allan also spoke about his own experiences caring for his daughter.

At formal events and Commission meetings, we always acknowledge the Traditional Owners of the land on which we are meeting and also, the work of those who have gone before and fought to get us where we are today. We also include these references in every speech and public appearance, each Commissioner makes.

“We acknowledge the Traditional Owners on whose land we are hosting this important event and pay our respects to elders past and present.

We would also like to pay our respects to people with lived experience of mental health issues, their families and other supporters. Particularly, we commemorate those who have been before us and travelled this journey. Through their courage and efforts, we and others are able to stand here more respected and with a strong voice.”

Community forums

At each and every Commission meeting we host a community forum, usually attended by at least 100 people. Forums are open and interactive, with participants sharing their perspectives and experiences and asking questions of Commissioners. Local networks help engage people with lived experience, their families and support people, local service providers, as well as community members from a diverse range of sectors.

We host at least three meetings a year in non-metropolitan areas and at least one is held in an Indigenous community. Following each meeting, a Communiqué sums up what Commissioners heard and how they will act on issues. The communiques and minutes of our formal meetings are published on our website. We also publish all of our major documents and formal pieces of advice.

At the Cairns community breakfast in March 2013, around 100 people spoke out on their concerns about mental health in Far North Queensland, and offered insights into the local system and services for Commissioners to weave into their future work – such as the need
for more children’s services, service continuity including families, and creative local collaborations with police and by peer-run services.

Workshops, forums and surveys

For each key task in our Work Plan, we consider how best to involve people including those with lived experience, their family and support people and other important stakeholders – so that all organisations who help people to live contributing lives are part of reform and genuinely inform the Commission’s thinking and decisions. The Commission recognises a broad range of stakeholders, emphasising the importance of the social determinants of mental health such as poverty, social isolation, discrimination, disability, joblessness, housing insecurity and homelessness, education and family functioning.

To develop this framework, we sponsored a full day workshop with over 50 members of the National Mental Health Consumer & Carer Forum and Australia’s National Register of Mental Health Consumers & Carers.

Reaching out

When planning initiatives, we investigate emerging evidence about effective engagement techniques specifically for supporting the participation of people or groups who may have had no previous involvement with the Commission, or who face cultural or structural barriers to participation. These techniques include:

- engaging community representatives and peak bodies
- undertaking targeted media engagement
- creating conversations through social media, such as the Contributing Life Conversations about what makes life meaningful uploaded to YouTube by people across Australia
- using peer support strategies
- providing interpreters and Auslan interpreters at major events within resource constraints
- working with relevant portfolios in each jurisdiction to implement suitable engagement initiatives, such as Departments of Education

Strong partnerships

We have formal partnership agreements and Memorandums of Understanding with key bodies that set out how we work together and involve important stakeholders in our thinking, prioritising and key tasks.
In 2013, we enjoyed partnerships in various forms with the following organisations representing stakeholder interests and perspectives: Mental Health Council of Australia, National Mental Health Consumer & Carer Forum, Young & Well Cooperative Research Centre, Batyr, Mental Health Commission of Canada, State and Territory Mental Health Commissions, Health Workforce Australia, Suicide Prevention Australia, Business Council of Australia, Australian Chamber of Commerce & Industry, and the Aboriginal and Torres Strait Islander Mental Health and Suicide Prevention Advisory Group.

Co-chaired expert groups

Our expert groups are set up to provide guidance and advice to the Commission on a range of strategic issues and projects. Each one is jointly chaired by a person with lived experience, a family member or support person, alongside a Commissioner or other expert, who may be engaged to provide advice or inquire into a specific matter.

Paid participation

The Commission’s Paid Participation Policy sets out its commitment to paid participation by people with a lived experience of mental health difficulties, their families and support people and sets a benchmark for other organisations.

Participation and engagement are included in the planning and budgeting for all our major activities and initiatives and are also part of our contract arrangements with third parties.

Lines of communication

We aim to keep our lines of communication open and transparent. Our Chair, Commissioners and Executive participate in as many community, sector and government events as possible, being mindful of the Commission’s resources. We publish a regular newsletter that aims to engage as many people as possible in our work. All our key documents including meeting minutes and our Work Plan are on our website. Members of the community are also encouraged to sign up for regular newsletter updates from the Commission via our website.

Our own report card

We commission independent external reviews of our work, to formally ask a range of stakeholders whether they believe we are delivering on our Strategies and Actions, and what they think of the way we work – including how effectively we are engaging with stakeholders.

The first external review will report on feedback from members of the public and representatives of bodies ranging from health departments, social and welfare peaks and human rights organisations to business groups.
Whenever we work together with our stakeholders, we will:

1. ensure that relevant stakeholders are engaged and can participate in a way that is consistent with our guiding principles, taking into account contextual issues and practicalities
2. consider who may require specific engagement strategies and investigate through research and consultation how best to reach them, within available resources
3. be transparent about the purpose of the participation and the contextual issues – to ensure that the most applicable type of participation occurs, at the right time
4. work to resolve any complaints that may arise fairly, promptly and professionally, in accordance with the Commission’s Complaints Management Policy and Process
5. collect the information we need to know if our engagement and participation efforts have been successful
6. provide feedback to stakeholders (whatever form this takes).
Overcoming barriers such as isolation and discrimination

We asked representatives of people with lived experience of mental health illness or problems and suicide risk, their families and support people who we need to make an extra effort to engage with. They told us these people are:

- Aboriginal or Torres Straits Islanders
- from culturally and linguistically diverse backgrounds
- lesbian, gay, bisexual, transgender, intersex
- children aged under 12 or their representatives
- people with a physical or intellectual disability
- people with dementia
- refugees or asylum seekers
- in the forensic system
- homeless, at risk of homelessness or in unstable or inappropriate housing
- living in remote areas of Australia
- diagnosed with borderline personality disorder
- people with psychosocial disability.
Groups we work with, across the spectrum of different types of participation:

**We consult, involve and collaborate with:**  
- people with lived experience, their families and support people
- other like minded organisations such as the National Mental Health Consumer and Carer Forum and other Commissions

<table>
<thead>
<tr>
<th>We consult and involve:</th>
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<tbody>
<tr>
<td>the mental health and health workforce</td>
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<td>a broad range of service and support providers and peak bodies</td>
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<tr>
<td>the business sector and other employers</td>
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<td>non-government organisations, philanthropic sectors and service clubs</td>
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<tr>
<td>Local government</td>
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<td>researchers and academics</td>
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<td>State and Commonwealth government agencies</td>
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<td>State mental health commissions</td>
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**We inform:**  
- the media
Our participation techniques across the spectrum of participation types:

Theoretical frameworks set out different types of participation\(^3\), such as the International Association of Public Participation’s (IAP2) spectrum\(^4\). The Commission uses various participation techniques to engage stakeholders at the different IAP2 levels of involvement:

<table>
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<tr>
<th>Type of engagement</th>
<th>Inform</th>
<th>Consult</th>
<th>Involve</th>
<th>Collaborate</th>
<th>Empower</th>
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<tr>
<td>Purpose</td>
<td>To provide stakeholders with information to help understand the issue</td>
<td>To obtain feedback on an issue, options or decisions</td>
<td>To work directly with stakeholders to understand and consider their concerns and aspirations</td>
<td>To partner with stakeholders in developing options and making decisions</td>
<td>To place final decision-making in the hands of stakeholders</td>
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| NMHC Techniques | Fact sheets | Website | Events | Media releases, statements and reports | Public comment | Public meetings | Community forums | Focus groups | Surveys | Website | Workshops | Forums | Specific reach out techniques | Stakeholder reviews | Paid Participation | Expert Advisory Groups | Partnerships | MOUs | Contracts | As an example, at least two Commissioners are appointed because they have lived experience or are a family member or support person |

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\(^1\) Gregory, J. Consumer Engagement in Australian Health Policy, Conceptualising consumer engagement: A review of the literature Australian Institute of Health Policy Studies, 2007

\(^2\) Sarrami Foroughi J, Travaglia J, EitliM, Braithwaite J. 2012 Consumer and community engagement: a review of the literature. Centre for Clinical Governance Research, Australian Institute of Health Innovation, Faculty of Medicine, University of New South Wales, Sydney, NSW 2052 and the Agency for Clinical Innovation, New South Wales

\(^3\) Gregory, J., A framework of consumer engagement in Australian health policy: Developing a framework for the AIHPS study, Australian Institute of Health Policy Studies, 2006

\(^4\) http://www.iap2.org.au/
MEASURING SUCCESS

We want to continually improve the way we engage with our stakeholders and how we work together.

We will track our engagement and participation activities and ask participants to measure our success.

We will know we have been successful when:

- more stakeholders participate in our key projects
- we reach people who may be isolated by distance, discrimination, lack of resources or other barriers
- people working with us receive comprehensive information in plenty of time to review and consult with peers
- people working with us understand how their input was taken into account and whether it affected the outcome
- people working with us believe our participation and engagement processes are responsive and fair
- other organisations adopt our Participation & Engagement Framework
- we have influenced the implementation of genuine engagement and participation at all levels.