

## Supporting Community Connection for People with Mental Health Conditions Outside of a Funded NDIS Package Webinar 3 – 10 June 2020, 10:30 to 11:30 AM

# WEBINAR REPORT AND TRANSCRIPT

### Presenters

- Tina Smith, Principal Advisor – Sector and Workforce Development, Mental Health Coordinating Council
- Mark Noble – Consumer Advocate and Lived Experience Representative (Co-design Working Group Participant – Dubbo)
- Susan Allan – Peer Worker and Lived Experience Representative (Co-design Working Group Participant, Advisory Group & Monitoring and Evaluation Working Group – Sydney)

### Participants

- 150 people registered to attend the webinar
- 50 people attended (30% attendance rate).

### **Welcome, acknowledgements and introductory comments**

TINA SMITH:

Hello, everyone, welcome. My name is Tina Smith and I work at the Mental Health Coordinating Council, MHCC. MHCC is the peak body representing community organisations that help people living with mental health challenges in New South Wales. Before beginning today's webinar event, I would like to acknowledge the Traditional Custodians of the land upon which the webinar is being convened, the Gadigal people of the Eora nation, and also their leaders past, present and emerging. I would also like to acknowledge people with lived experience, of recovery from a mental health condition and especially those that have contributed to the co-design elements of the project that this final of three webinars will be celebrating today. Finally, I would like to acknowledge the impacts of trauma - and especially colonisation and adverse childhood experiences - on people's health and wellbeing; including their social and emotional wellbeing.

Again, welcome. Before we kick off today, we have a poll that we've been doing across the three webinars and we'll repeat it again at the end of the webinar. We're curious to know at this point: How familiar are you with this MHCC project?: 'Not at all', 'a little', 'somewhat' or 'very'? I'm going to wait a minute or two for as many people to respond as possible. And while we're waiting, I'll introduce our panellists. So speaking with me today, we have Mark Noble, who is a mental health consumer consultant from the Dubbo area. And Mark attended all four of the co-design working group events that were held in the Western New South Wales / Dubbo area for the project. He's involved in numerous mental health reform initiatives that are too lengthy for me to list today. Welcome, Mark, how are you today?

MARK NOBLE:

Good morning, Tina. I'm doing well, thank you.

TINA SMITH:

Thank you. Thank you and we did have Mark's live video feed until two minutes before kicking off. So you'll just have to imagine him moving his arms around passionately which is how Mark tends to talk about mental health. We also have Susan Allen, Sue. Sue is also a person living with a mental health condition. And she attended an early co-design working group and subsequently went on to become involved with the Advisory Group, the evaluation group, and was in our videos. Also joining us today is Carmel Tebbutt. And Carmel is the MHCC CEO and will be doing the formal launch of the learning resources and opportunities that we will be telling you about. So before some brief opening remarks, I'm just looking for the web poll. OK, and it's telling me that just over 80% of people present have responded. The majority of people, 46% are saying, they're only a little familiar with the project, others, 25%, are not so familiar. Very few - well, about the same, 25% - are not familiar at all. So what we want to do is see that number shift more into the 'I'm more familiar' space, as the activity proceeds. I know that guy, that came on before me, encouraged you to use a button to send in questions and comments as we go along. And the interactive video of our event will really depend on you doing that so I encourage you to do that.

So, the Supporting Community Connection project was undertaken as a New South Wales Information Linkages and Capacity-building project to look at what services and supports might exist for people, outside of NDIS funding. And that's whether they have NDIS funding or not - but especially for those that don't. The ILC, - Information, Linkages and Capacity-building - part of the NDIS, is still in its infancy even more so than the funded packages bit, and it's very hard to explain. The easiest way I've found to explain it is that it's about people undertaking activities to improve community inclusion outcomes for all people with disabilities including people living with psychosocial disability. And here you see some of the people that we have worked with that appear in some of the videos we have made. The outcomes that we saw were to ensure that people participate in the same community activities as everyone else and have information they need to make decisions. We started off with a research question that was related to those outcomes that I just very briefly went over. And that morphed in plain English terms across the life of the project as co-design said, "talk about my life". "Don't talk about mainstream services, don't talk about community services, talk about my life and what's working and not working in my life". And what you're seeing on the screen here is some other elements of our final resources. And again, it is the videos where the question that we're putting out there for Community Workers and other supporters, both paid and unpaid, of people with mental health challenges living in the community is how can you help people in your community living with mental health challenges? Through co-design, we identified six topics that the learning resources are tied to. You can see the titles of those topics on this slide. I won't read through them; I'll just keep them up a little longer.

In our earlier webinars, we have focused on how we narrowed down to those subject areas and the evolution of the language even around the titles of those subject areas. I won't go through this diagram in great detail. It is a diagram that's frequently used in some form or another in publications about the mental health and the NDIS, and it is embedded into our learning materials as well. And I guess the take-home message that I would like to pull away from this diagram is that there are many Australians living with mental health conditions, mental challenges, mental illness, whatever language and meaning you might want to use to make sense of those experiences in people's lives, but only a few of them will get NDIS funding. Many, many others will not. And that's not a judgement about whether they should or shouldn't because I think in fact, if you've got a life where you've only got funded supports and services around you, then it's not as rich and fulfilling a life as most of us want for ourselves anyway. So MHCC undertook this ILC project to look at how can we increase community inclusion and access to a fuller range of mainstream and community service supports for people living with mental health conditions - again, whether they get NDIS funding or not.

## **Q & A Session**

So I'll move on to our first question of the day. And I can see that many of the close to 700 people that engaged with us across the life of the project are online. I'd like you to respond to this question

as well, if you can. Mark and Sue, and Sue first, I think perhaps, can you describe for us a moment or two across the two years of the project that had meaning for you?

**Can you describe for us a moment or two across the two years of the project that had meaning for you?"**

SUSAN ALLEN:

Well, even though I've had around 30 years' experience in the mental health field, I didn't put a lot of weight or importance into community engagement and it's not sort of you know... anyway, I came along to this project, as Tina said, on the second co-design group. And then after that, I was asked to join the advice group and evaluation group. So it was very... it hit points with me that I'd never thought of before which was unusual. And... I think with it being such strong co-design and with so many people with a diverse range in mental health field impacting on this, it's been interesting to be part of this.

TINA SMITH:

Yes, so we did work with a diverse range of people, as you said, across the two years of the project, people that had never engaged with mental health co-design or systems reform in any way, and some others that had considerably more experience - both in Dubbo and Sydney. So you said earlier that across your 30-year lived experience of a mental health condition that you'd never really given a lot of thought to what role community played in your recovery? I know from getting to know you that you've been able to spend the last 18 months without having a hospital admission. Congratulations on that achievement. It's a massive achievement without going into your history - for you, it's massive. How has a sense of community connection helped you to do that? If it has, I guess, I'm assuming it has.

SUSAN ALLEN:

Well, I think this study has given me ideas and links of how to link in with the community, as opposed to your psychiatrist and your psychologist and whatever. And for me, personally, I've got a richer life now, because I put a lot of work in to try and develop the community... development community support aspect of it. So, you know, that includes to me, people, like, you know, walking up to the chemist and they know your name and, you know, getting to appointments but also... yeah, no, sorry, I've lost my train of thought.

TINA SMITH:

No, I think that's a very rich answer. What the take-home message for me was that: As important as psychologists, psychiatrists, hospitals, medication have been in your recovery, that learning that it was about more than just that has been part of keeping you well and out of hospital.

SUSAN ALLEN:

Absolutely, absolutely. And I wouldn't have stayed out of hospital if I hadn't've put the work into developing those in community engagement type situations that this project has suggested.

TINA SMITH:

Yeah, and boy, have you flown in your advocacy role across these two years! The MHCC team have loved watching that happen. How about you, Mark? Can you describe a moment or two across the project that had meaning for you?

MARK NOBLE:

Yes, of course, well, my mind immediately goes to an occasion where Yvette (from MHCC) was talking... we were talking about recovery and I just drew up a little diagram indicating the impact of the opportunity for personal growth on recovery and while the mental health condition may remain the same size or have the same dimensions, the development of the individual in terms of personal growth made a huge difference on their capacity to function, to live a good life, to contribute to the community, and to their own needs, you know. And one of the major things that I think I take out of this is that if we look at traditional roles and traditional understanding of mental illness - for want of a better expression - it's typically been a very narrow definition and I mean narrow by virtue of the fact that the treatment is limited. It's limited to medication only or hospitalisation with medication.

And you don't get well, you don't have the opportunity to improve because everyone knows that mental illness is a lifelong condition. Well, the reality is it isn't. It isn't a lifelong condition. It's a...the recovery process - sure, it's long, it's hard. It's a process of reconnecting with self but also reconnecting with the community and with the support of the community and all you've got to do, really, and all I did was, was put myself out there and say, you know, here I am, OK, I don't talk necessarily the same as you do. But I still have a sense of humour, I can still have a joke. So you know, these things are...it's about building a person. It's not about just trying to take a medication to suppress symptoms.

TINA SMITH:

Thank you, Mark. Thank you very much. I will move us along. I'm not seeing many comments and questions coming in at all. I would like to encourage viewers and I know that many of the...50 or so co-design participants are viewing the production today. But if you have a question or a comment about anything at all that's being said, please let us know. Just give me a moment to look at these questions. We have one co-design participant, Anne, who's saying that face-to-face contact with other lived experience people and professionals in the country area of Dubbo was fabulous. Also seeing the practical aspects of country and city and diverse backgrounds in the learning materials was super. And that she enjoyed the co-design and being part of the bigger picture of reform - very kind words, Anne, thank you. Thank you very much. Someone else is asking me to elaborate on the learning materials. And I did realise that I'd skipped a slide in my opening remarks. So I'll just go back to that.

**Could you please describe the learning materials developed by the project?"**

I mentioned the videos a couple of times, and there are six videos of under five minutes' duration that align with those key topics that I mentioned earlier. They've been hugely popular. We had the trial draft videos up on our website, and we know that people have started using those in various locations already to generate conversations about the importance of community connection and community inclusion in recovery. But for each of the six topics, there's also a PowerPoint presentation, a facilitator or trainer guide. They've been designed for sort of like one-hour deliveries, not necessarily face-to-face. But these documents are unlocked so they can be adapted for use in other ways, they're all free. Did I mention they're all free?

There's also a project report that describes the co-design and activities that we undertook across the two years, but equally importantly, a 'Good Practice Guide' that talks about ways that people and especially Community Workers outside of mental health setting but all other supporters, both in paid and unpaid roles, might consider using the learning materials to create opportunities, to help others understand that it's not all just about crisis, psychiatric responses or NDIS funding for that matter. It's about living a life and having a life that's joyful and fulfilling.

I've got some comments from John Manzone about numbers of people accessing the scheme against targets. And I just want to acknowledge, John, your concerns and comments. And we will talk about elements of that a little later. Josh, sorry, not John, you please come back and hold me accountable if that doesn't happen. Thank you, Josh. OK, moving right ahead. Panel question number two. Mark, what have been the most interesting parts of the learning materials for you? And by parts, what I mean is the content development, the products themselves or any other element that comes to mind?

**Q1 - What have been the most interesting parts in developing and finalising the learning materials for you?.**

MARK NOBLE:

Yep. Yeah, look, it's all interesting. The way that the information has been put together works extremely well across the three aspects, learning guides, the PowerPoint presentations and the videos. I suppose, from an interest perspective, the videos are my personal favourite - that simply because you get the distillation of lived experience coming forward and it gives you real-life words and feelings expressed.

TINA SMITH:

Very early in the piece, someone said to me, well, you know, can't you just write the resources? And I thought, well, yeah, we could. But I don't think they would end up being as relevant or rich as I like to have...like to think they've become as a result of that. So thank you for validating that perspective. Sue, yourself, what have been the most interesting parts of the learning material for you?

SUSAN ALLEN:

I think also the videos that were mentioned, been mentioned previously, because they are talking to you and asking questions of people from a broad range of mental health solutions and situations. And they're interesting as well. They're short and to the point, and I think they were really well-edited and put together. So yeah, and I think also that there was truly co-design working in developing these resources, you know, not tokenistic co-design, not ticking a box co-design but actual real co-design (INAUDIBLE), you know, with people with mental health conditions, and so that really touched my heart and yeah I was impressed by that. (CROSSTALK)

TINA SMITH:

Mark, go ahead.

GO AHEAD. MARK NOBLE:

Yeah, Tina. I would like to very much echo Sue's thoughts on that. You know, I've been working in mental health, in advocacy and in advising bodies and giving advice...into organisations and I've been doing that for over 10 years now. Now, I've heard talk about co-design, but to be honest, developing this particular set of materials, this project was the first time I'd actually seen it in action. And at the very beginning, it was hard to see how that was going to take place. But I think when we, as contributors to the program, actually saw you change things and say to us, "Look, you don't think this is the way it should be. And, and so we've put it this way". Then we understood that this was in fact a real co-design process. And we were actually... our opinions and our experiences were valued by the MHCC in its development. And I thank you very much for that.

TINA SMITH:

Thank you, Mark. Co-design's sort of the word of the moment, isn't it? What is it? There's a lot of publications that (INAUDIBLE), and I think we're all learning what it is as we go along, and developing some best practice standards, but at the end of the day, it is about listening to people and their lived experience and responses - even if you don't necessarily share that viewpoint or agree with that viewpoint. Taking it on board. The National Mental Health Consumer and Carer Forum put out an advocacy statement on co-design that we used as a touchstone from the beginning of the project. And there were some very powerful words in there that said, "It's not co-design unless people with lived experience say it is".

MARK NOBLE:

Yeh, and that's ultimately true, my experience and the experience of many mental health consumers, users of services have had over the recent five, 10 years has been that any attempt at collaboration with consumers from the traditional sources of treatment have been that you're one person in a room with 20 other people who are sitting on the opposite side of the fence, shall we say? Whereas in this case, there was three people from the MHCC in a room of about 20, 25 consumers and carers providing their experience into the program. This is a real direction changer.

TINA SMITH:

Yes. Thank you, Mark. I will move on to our second question. Oh! Someone else has commented: Yes, I agree. It was real co-design, real people with real lives. It's so much more than information coming... It's so much more informative coming from the actual person with lived experience. Thank you, Robin. Panel question 2. And please keep your comments and questions coming in. We do want this to be as interactive as possible. Our learning has not ceased about co-design and the project, even though the project is coming to a conclusion. Question 2: What would you suggest to encourage people, Mark, to use the learning materials?

## **Q2 - What would you say to encourage people to use the learning materials?.**

MARK NOBLE:

Look, anyone that...this is going to be useful for many different groups across the community, and even traditional medicine can actually learn something from this. It's a benefit to carers, for people caring with a person with lived experience or someone who's just been diagnosed with a mental illness and to get an understanding of the sorts of needs that such a person has. I would encourage community groups, even individuals with experiencing their own mental health concerns to have a look at this program and utilise the tips and the information that comes from it to enhance their own journey.

TINA SMITH:

Are you aware of any examples of where the learning materials have been used, or would you like to make specific suggestions, without putting you on the spot as to what, what people might use what resources in what ways?

MARK NOBLE:

Well, I'm not aware of it being used specifically in Dubbo as yet. I'm actually considering using it and I'm talking to our local church ministers about presenting it to them to get... because we do have a number of people come into the church, looking for the help and church members who are living with a mental illness but not really coping particularly well. So I'm going to use it to inform the church leaders and potentially the body of the church itself. The other options or other areas that we're considering are the rotary club here and the tennis club which I've been involved in. So, the variety of people that can be informed and the community in general...we need to move people from this idea that it's an illness which is lifelong, which can't be treated, can only be medicated. We need to move people from that idea to the idea that, hey, when we engage with these people, when we actually move us into the community and start building relationships, building an understanding that, hey, these are normal people. They just have a problem and they've been damaged. And if you talk to them, hey, they talk like everyone else. So I would encourage school groups, as I said, Rotary Clubs, people across the population that generally to engage with this and even just sit and have a listen to the videos or watch the videos and see what they get out of that before perhaps they make the decision to present it themselves.

TINA SMITH:

Thank you, Mark. And Andy's commenting that the videos are very practical and can be adapted for anyone in any situation - that they're very accessible. Also we've had a request to close caption, put written words on the videos which we're in the process of doing. And we thank the person, that asked us to do that, for that opportunity to respond. Sue, what would you suggest to encourage people to use the learning materials?

SUSAN ALLEN:

Well, I think, they're very user-friendly from 18 to 80 kind of, and they're straightforward without being patronising. They are very user-friendly, such as... well now you're going to get the closed captions up, that'll be good...that they show...(SOFTLY TO HERSELF) the learning materials...I would suggest that you're getting a broad range of people and ideas about something that's a bit ground breaking, in my mind, the fact that we're moving away from the medical model and hospitals and medications and getting into this community support instead. So, the learning materials help to develop that idea. They're also very user-friendly.

TINA SMITH:

So, Sue, you had an experience of seeing the videos used in your workplace - even though these were designed for outside of mental health settings, they could have relevance in mental health settings. Would you be comfortable sharing a bit about that use of the videos?

SUSAN ALLEN:

Yes. Well, I'm not sure with my Local Health District who was in charge of putting those videos in my workplace, but, yes, as a Peer Support Worker in a hospital setting, they were showing those

videos - well, in the hospital setting and community mental health - to waiting rooms, etc. And I think a lot of people were tuning into that and getting something out of it and that we now need to work towards where else we can broaden the exposure of these learning materials to society because it's such an important move.

TINA SMITH:

Yeh, I was thrilled to see the request to use the videos in psychiatric emergency departments and community mental health team waiting rooms. And that actually is where the request to closed caption them came from because those environments can get quite noisy, from time to time, but you could certainly see them being used in doctor's waiting rooms, reception areas for drug and alcohol services, housing and homeless services, drop-in lunch environments, so on and so forth. (CROSSTALK) Sorry, Sue, please.

SUSAN ALLEN:

I was just going to say even possibly in some high schools.

TINA SMITH:

Yeh. Yes.

SUSAN ALLEN:

It's the language used and the way it is presented is not too... it can broaden to younger people as well.

TINA SMITH:

Yeah, I think that's really, really true. I was thinking about you saying 18 to 80, and we did develop these videos for what exists outside of NDIS funding for adults. And I know that some people came along to our trial of the learning resources that work with young people saying, well, you know, what's available for them if they don't get NDIS funding? And I kinda went that's a whole another product and resource, again, and probably one that's very much needed along with many, many other things to help reduce reliance on psychiatric crisis responses and increase a better understanding of social determinants, of poor social and emotional wellbeing. OK, I'll move us along. Question number three. And please keep bringing your comments and questions over. We will be looking at them very closely even if we don't speak to them. Sue, what has been your experience of co-design of the learning materials? Now you've kind of already spoken to that a bit, I think. Would you like to add to that?

### **Q 3 - What has been your experience with co-design of learning materials?.**

SUSAN ALLEN:

Yes, we have spoken about it a bit. And for me, I'd like to say that it's been very fulfilling and rewarding to be, you know, to be involved in such a true co-design rather than, you know, I have been in experiences where I've been, you know, the tokenistic 'tick a box to the mentally-ill person on the committee'. So this is not like that. It's also validated my new career direction. You know, sort of two years ago, I decided that I did want to work in mental health, as well as just be around it, and these videos and this whole package has really cemented that idea that I want to work in mental health and I think I can make a difference with resources such as this from the MHCC.

TINA SMITH:

You are working in mental health and you are making a difference.

SUSAN ALLEN:

Thank you.

TINA SMITH:

Sorry, was someone trying to say something then? OK, Mark, how about you? What's your personal experience been of the co-design of the learning materials? Again, you've spoken to it quite a bit 'cause it was such an important element of what we did. But is there more that you'd like to add there?

MARK NOBLE:

Well, you know, I think the after the first, or let's say at the beginning of the second meeting that we had, getting together and actually developing the materials, when we realised the power that we had over how this program was going to be developed, and we saw the MHCC take what we said and develop learning and education in response to that and change things, and we realised that we had a real voice. Then that changed the game for pretty much everyone who was engaged with the programs development, certainly in Dubbo anyway. And so, one of the things that I noticed and I have this habit of sticking my hand up to answer question after question, which I've got to get out of but, you know, you use the experience of everyone pretty much in the room and it didn't matter whether the person was highly functional and capable of answering the question or was in a situation where they could only offer a very small level of input. But what I noticed was that all of the input was treated equally. And that was a real surprise. It's very easy to ignore the people that don't have a lot to say. But often the people that don't have a lot to say, when they say what they have to say, it's a real distillation of a lot of complex ideas and it's actually highly meaningful to them and to the rest of us. So I'd say the experience was, well, it was one that kept me coming back - let's put it that way.

TINA SMITH:

Thank you, Mark, that caused me to reflect on how right from the very beginning of our project, there was a lot of encouragement of MHCC, from both Being the peak body in New South Wales representing mental health consumers and Mental Health Carers New South Wales, who were on board as partners in this work, and others, but a lot of encouragement of us to reach out to the people that needed this help the most, (INAUDIBLE; not those that) were the easiest to work with around their participation and engagement and ability to articulate their experiences. And we did that. And we used a lot of fun games and creative arts processes along the way to help them find their voice...(AUDIO DISTORTS)...that, guys.

MARK NOBLE:

I missed the question.

TINA SMITH:

That the games, the lemons, the cutting and pasting.

MARK NOBLE:

Yes, well, I remember when we got to the last session, at least one person stuck up their hand and say, hey, I've still got my lemon. So, no, the process made it enjoyable, made it inclusive and made it interesting and made you want to come back and do more, you know, it was good.

TINA SMITH:

I'm just thinking about the drumming that we did at the beginning of co-design one, like, you know, marching to our own beats and all coming into unison. To have some sharing, some individuality and some sharing of views and that drumming task that we did. You weren't there for that, Sue, sorry about that.

SUSAN ALLEN:

No, that's alright.

MARK NOBLE:

Yeah, please, I've got to admit the drumming was, well I found a bit off-putting (TINA LAUGHS) but that's because I'm fairly conservative. And I'm not necessarily used to drumming in public. But it did work and it did engage everyone in the room. And that was good, that was of benefit to everyone and particularly, I think, the people that were a little unsure as to what they could say, when they could say it, and how much to say and you know that's... For people who have had poor experiences or bad experiences with services in the past, in mental health the level of trust required to engage with an organisation like the MHCC when they don't really have a clear understanding of what it does or what its power is...the level of trust required can be very high and the way in which this process was introduced and administered, (CLEARS THROAT) excuse me,



on the ground was such that it actually encouraged them to contribute and they felt reasonably comfortable in doing so. And I think the program is the richer for it.

TINA SMITH:

Yeah, and even people that were invited to use their voice but just participated, prefer to participate mostly by being present and in other ways, everyone's views should be welcomed and especially those that need help the most. So we are getting close to the end of our event, this is our final question. Sue, do you think that co-design helped to improve the quality of the learning materials?

**Q 4 - Do you think that co-design can help improve the quality of the learning materials?**

SUSAN ALLEN:

Definitely, definitely, it makes them more accessible to a whole other range of people because people with mental health conditions have been really well-considered in the development of this package. The co-design has really helped, I think, broaden the experience and broaden the materials and make more people want to partake in them, does that make sense?

TINA SMITH:

Yeah, absolutely. And Mark, do you think that co-design improved the quality of the learning materials?

MARK NOBLE:

Well, if you mean by quality, understandability, validity in the real-life situation, usability in the real-life situation, non-academic spectrum, grass roots, this is the way it really is, then definitely. I can only, you know, reiterate Sue's comments. This is the way that mental health services need to be delivered going forward. We must have an understanding within the community, within mental health service delivery that there is more to mental health than taking a medication. It's about, you know, being part of a community, doing the things you want to do, you know, not being afraid to express an opinion. It's all about building and reconnecting with self and with the people around you that are there to support you or even just to engage with you.

TINA SMITH:

Thank you, Mark. Just two comments before I hand over to Carmel, for our launch component of this event, Claudine says, I like the sound of this and using this in churches as a support within our communities. Yeah, and I would encourage you to speak with viewers, churches, spiritual groups, civic social groups, arts and recreations groups, sporting and social clubs, things that we all engage with in different ways in different times to have rich, fulfilling lives as best we can. I do have a comment from Sheridan and I just want to acknowledge Sheridan that I am reading your comment. I'm not going to read it out loud. Sheridan's kind of saying, that is this going to help people that don't want help? And I think we all know that dynamic reasonably well. And Sheridan, what I'd like to say about that is, I truly believe it will.

Within the mental health sector, we're becoming more recovery-oriented trauma-informed and rights-based in our practice approaches. It's taken time for that shift to occur. But I don't think there's been a parallel shift necessarily outside of the mental health sector and that's why Mental Health Coordinating Council put up our hand and applied to do this project that within the broader community, and especially places where people living with mental health challenges do go for help with common problems in their life, housing, homelessness, emergency services, food, money, substance misuse issues, that there's still very much an over-reliance on medical model thinking, and not enough thinking about social determinants in terms of how people respond. As Reenie, one of the people we engaged with from the Royal Flying Doctor Service says, you know, and she's a nurse, she says, doctors and nurses are great and they're really wonderful and helpful people, but everyone out there in our communities can be a supporter and be helpful. So Sheridan, good luck with that 21-year-old young person that you're talking about, and I may contact you offline to chat a little bit further. I would like to hand it over to Carmel Tebbutt, MHCC's CEO, thank you. Thank you, guys.

## **Launch of final learning materials on new webpage, 'Good Practice Guide' and 'Final Report'**

CARMEL Tebbutt:

Thanks very much, Tina, and great to join with everyone here today and wonderful to know that we've got so many people listening in to this webinar, which is the third of a series of webinars, as part of this project. So I want to begin by acknowledging the Traditional Owners of the land (BACKGROUND NOISE) that will be...depending on where you are in New South Wales, but here it's the Gadigal people of the Eora nation. I also want to acknowledge people with a lived experience, and the contribution that they have made to mental health reform in Australia, but, in particular, to this project. And can I thank, Mark and Sue, in particular for joining us at the launch. I just found that a really fascinating discussion and I'm sure others did as well, and the insights are really, very, very valuable.

So we are here today. We are launching the learning materials and 'Good Practice Guide' for the community engagement education package. It's a really exciting day because this has been a project that has been underway for more than two years now. And I do really want to congratulate everyone who's been involved in the project. I know going back some two years ago, when Tina and I were first discussing the grant that we received from the NDIA as part of the ILC project or stream to undertake this project, it really was very conceptual. And I do really want to acknowledge and congratulate the work that Tina has done as the Project Manager to really turn the grant, that we received, into an opportunity to co-design practical resources that I think are going to make a real difference - both to people living with mental health conditions but more importantly probably for the broader community sector - because they're resources that they can pick up and use, and help them better understand how they can work with and support people with mental health challenges.

So, Tina, well done. Well done to everyone else. I know it's a team effort but it's been a project that you've really put your heart and soul into, and I thank you for that. So I'll make my comments fairly brief. But we do know that one in five people will experience a mental health condition in their lifetime. We also know that the current mental health service system is stretched to be able to provide support to all of the people who need it. And even with the NDIS, which does provide a significant enhancement for those people who access a package through the NDIS, it's still not going to be enough for everyone who needs support and services - and nor was the NDIS intended to. It was always intended to provide support for people with a psychosocial disability but there was always the role of the ILC in terms of ensuring that community organisations are more receptive and responsive to people with a disability including a psychosocial disability.

So we really do know that we have to strengthen our knowledge about the broader community support system. We need to make sure that people with mental health conditions have that knowledge and understanding. But we also need to make sure that those community services outside the mental health sector understand and can provide support to people with mental health conditions, and that they have access to resources to be able to enable them to do that as effectively as possible. And that's exactly what these resources are aimed at doing. And I think in listening to Sue and Mark, they really underscored, or underlined in their comments, just how important it is to be a part of a community that's welcoming and inclusive, and in order for community organisations and the broader community to be able to do that, they need to understand mental health. And it can be complex and it can be challenging. And there are some really important concepts such as recovery and psychosocial disability, understanding the impact of trauma - these are important things to understand, but they are not simple, they are not straightforward. And I think what these learning resources do is make them really accessible in a very inclusive way. And I think that's just the great value and contribution of the co-design process because they have been co-designed, because they really are people's stories, people's voices, people's experiences, being encapsulated into learning resources that everyone can pick up and use. And I think that's been the great value of this project.

The learning resources include the PowerPoint presentations, the trainer guide, the videos, which I really would encourage people to have a look at. They are really, I think, a beautiful sharing of experiences. And there's also additional resources. And, of course, the 'Good Practice Guide' wraps it all up so that people can look at that and understand how they can use the different resources and understand how they fit together, gives them some practical tips, some links to further resources - so it really brings it all together for people. So I think this is a great project. I think that MHCC, in leading this project, is really making sure that we are broadening the understanding, the awareness, and the ability for the community sector to work with people with a mental health condition and support people with a mental health condition and be inclusive in the way they go about the work that they do. And I think through that, we're really going to be able to ensure that people with mental health conditions can access the supports and services they may need at different points in their life, at different points in their recovery journey so that they can live full and contributing lives.

So I'm very proud to launch this. I don't know if you're going to be able to see, but I do have the Good Practice Guide up on my iPad. So I'll hold it up there and proudly launch this project, congratulate all who've been involved in it, thank the NDIA for the funding and support that they've provided because without that, we wouldn't have been able to undertake the project. And just really encourage people to use the resources and promote the resources to others. We really want people to find these resources, use them and spread the word. So well done to the team, well done to Tina, and thanks for inviting me to be a part of it.

### **Next steps & closing remarks**

TINA SMITH:

Alrighty, Carmel, thank you very much for all of those kind words. Thank you, Mark and Sue, for your contributions across the two years and today. And thank you to our many, many, many project partners who you can see listed on this slide. A moment ago, I did put up, on the screen, the slide for our post-webinar poll. And we are at the end of our time. I'm hoping people took a moment to complete that poll. I'll just go up and get those results and then we can move forward with our day. So at the moment, I'm seeing that possibly the post-webinar poll was not launched in a timely way to allow people to respond. I'll ask Redback to just keep that up. Oh, no! Here we go, here come the results. So yeah, we've got 63% of people saying, very familiar, 18% saying 'somewhat familiar', very, very few saying 'not familiar' at all. So we've got 70 to 80% of viewers saying they know more now than they did before. All of the resources we've discussed are on the MHCC web page. I do encourage you to look at them and use them. And please let us know, if you're doing that, how you're doing that. And if we can help you to do that in any way. Thank you all, enjoy your day. Bye!