



Mental Health  
Council of Australia

# WORKSHOP REPORT

National Mental Health Consumer  
Organisation Establishment Project

National Stakeholder Workshop  
7 March 2014

*Mentally healthy people, mentally healthy communities*

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## BACKGROUND

The project to establish the new national mental health consumer organisation commenced in July 2012. Informed by the Scoping Study *Establishment of a New Peak National Mental Health Consumer Organisation*<sup>1</sup> and the Australian Government Response<sup>2</sup>, the primary objective of the project is to establish a robust, sustainable and independent national mental health consumer led organisation. The Consumer Reference Group (CRG) is advising the Mental Health Council Australia (MHCA) on all aspects of the project, ensuring that the voices of people with lived experience of mental illness are central in informing the establishment of the future mental health consumer organisation.

Currently there is no national mental health consumer peak representing the interests of people with lived experience of mental health issues (mental health consumers). Over the last 18 months the CRG and the MHCA Project Team have worked to build good governance processes to support a robust and sustainable national mental health consumer peak. It is anticipated that through this work the new Organisation will position itself as the key national peak body governed by and for people with lived experience of mental health issues.

The CRG and the MHCA understand that the emergence of a new national peak will have implications for many existing consumer and mental health organisations in Australia. In turn, the success of the new organisation will be impacted by the degree of support provided by these same organisations. It makes sense then for the CRG and MHCA to consult with, and seek advice from established mental health consumer peak bodies, in the establishment of the new consumer organisation.

On 7 March 2014 MHCA and the CRG held a workshop in Melbourne to discuss the future of the national mental health consumer peak organisation. MHCA staff and CRG members were joined by representatives of national, state and territory mental health or consumer peak bodies who contributed their wealth of knowledge of the consumer sector. The attendance list is included as Annexure A.

The workshop was informed by an MHCA briefing paper<sup>3</sup>.

## WORKSHOP APPROACH

In developing the workshop program MHCA worked closely with the CRG. The program was designed to promote participant engagement, to acknowledge the value and validity of participants' experiences and perspectives and to update participants on important developments in an accessible way. Opportunities to engage CRG members in the design and delivery of the workshop were exploited.

The goals of the workshop were to:

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Scoping Study- Establishment of a New Peak National Mental Health Consumer Organisation. Craze. March 2010

<sup>2</sup> Australian Government Response to the Scoping Study: Establishment of a New Peak National Mental Health Consumer Organisation. November 2011

<sup>3</sup> Draft Briefing Paper, National Mental Health Consumer Organisation Establishment Project, Mental Health Council of Australia, February 2014

- discuss the positioning of the new organisation within the context of the mental health consumer sector
- identify gaps where the new organisation can support and increase capacity and add value to national mental health reform activity
- identify areas for engagement and communication with other national, state and territory mental health consumer peaks
- identify and recommend key work areas for the new organisation in its first twelve months.

The workshop agenda is included as Annexure B.

## OPENING SESSIONS

The workshop began with a welcome to country by a representative of the traditional Aboriginal owners of the land on which the workshop was held. After this warm welcome participants were invited to briefly introduce themselves.

CRG Chair Ian Watts and MHCA CEO Frank Quinlan welcomed participants to the workshop and proceeded to summarise a range of relevant and significant developments to date. The process by which the CRG and MHCA came to be involved in the National Mental Health Consumer Organisation Establishment Project was outlined.

The Scoping Study to Inform the Establishment of the New National Mental Health Consumer Organisation<sup>4</sup> and the Australian Government response<sup>5</sup> to this scoping study have significantly shape to the establishment of the national consumer organisation. The constitution for has been drafted and includes recommendations from the CRG and endorsed by the MHCA Board, such as organisation type and structure, membership and Board composition.

Having clarified what is already 'known' about the new consumer organisation, Ian and Frank invited participants to give more shape to the organisation by addressing some of the 'unknowns'. Specifically, to identify and recommend key work areas, and communications and engagement activities for the new organisation.

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<sup>4</sup> Craze, L. et al, 2010, <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-s-nmhcorep-toc-mental-pubs-s-nmhcorep-int>

<sup>5</sup> Response to the scoping study for a new peak national mental health consumer organisation, 2011, Commonwealth of Australia <http://www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-r-nmhcores#res>

## MEMBERSHIP ISSUES

This workshop session was conducted by CRG member Keith Mahar. Participants were offered ideas about how the new organisation might work with existing peaks to enhance the overall mental health response in Australia.

Keith highlighted that collaboration between organisations at the local, state/territory and national levels is the only way to achieve maximum mental health reform progress. He noted that these organisations should not be in competition with each other for membership, because of the synergy that exists from working together to meet shared objectives for people with mental health problems. Using an example from the American civil rights movement, Keith discussed how success at the national level is highly dependent on collaboration between local, state and territory organisations, and not merely on campaigns and the presence of a national body itself

Participants were asked to reflect on how the new mental health national consumer organisation might assist other organisations, and vice versa, to build synergistic relationships, which would avoid competition for funding or membership.

It was suggested the new organisation could play a useful role in:

- undertaking policy work on national issues and at national level
- sourcing or identifying funding opportunities for itself and existing peaks
- obtaining funding to enable greater consumer participation in mental health forums and discussions
- promoting better communication and information flows between different stakeholders
- acting as a clearinghouse in sharing information between states and territories
- linking people from different jurisdictions who may have an interest in similar issues
- coordinating activities across states and territories
- adding to the resources available nationally to mental health consumers, helping to build the overall capacity and legitimacy of the consumer response.

Participants observed that the new organisation would need to back up its claims to national representative status by being able to deliver for its constituents. It cannot just claim to provide national leadership, but must actually *provide* quality leadership at national level.

Participants noted the new organisation should not set itself up to compete with state and territory consumer peaks for members.

Participants commented that the new organisation will need to think about how to effectively and genuinely collaborate with other stakeholder organisations, including state and territory consumer peaks. It will need to be capable of exercising political influence, while still being a grass roots organisation to which constituents can relate. It will need to consider how it can build linkages between national perspectives on the one hand, and grass roots organisations and individuals on the other.

Representatives of peaks thought they could help the new organisation in a range of ways:

- Distributing information via their existing communications channels
- Canvassing their members to determine local perspectives on national issues
- Promoting the organisation within their jurisdictions, including with state and local governments
- Sharing their expertise.

Collaboration could potentially be limited, however, by factors such as:

- perceptions that the national organisation does not properly reflect and represent all jurisdictions in an equal way
- conflicts between national and state/territory perspectives and priorities – what is best at national level might not always be what is best at state/territory level
- resource limitations meaning state and territory organisations have insufficient resources to expand their work beyond local issues.

Participants noted the importance of the new organisation's Board and CEO in shaping the organisation's culture. It was observed that the Board and CEO would need a commitment to collaboration and partnership.

## THE NATIONAL SCAN

The workshop included brief presentations from all participants on the nature of their organisations' work, particularly any aspects that impact on the national mental health response. Participants were asked to describe their contributions at the state and national levels and to indicate whether the new national consumer peak might be able to complement this work. Participants subsequently shared stories of their work, their achievements and their primary challenges.

The purpose of this session was to generate a national picture of work currently being done. The new national peak will not operate in an organisational vacuum – many other organisations are already doing work with implications for the new peak's role. In generating a shared understanding of what is currently being done, and what is not being done, the potential role for the new organisation became a little clearer.

All participants agreed that, given the limited nature of resources available to the mental health sector, it was important to limit duplication of effort and to coordinate efforts as far as practicable. Several participants also noted that the mental health field can sometimes feel a little crowded, with multiple agencies pursuing similar goals, sometimes via similar programs.

The national scan helped clarify who is currently doing what, usefully making clearer those things that are currently *not* being done. Representatives of state/territory peaks indicated they found value in hearing, sometimes for the first time, what their interstate colleagues are doing. Opportunities for interstate learning and collaboration were identified.

## TYPES OF WORK TO BE PRIORITISED (MODALITIES OF WORK)

This session was conducted to give participants the opportunity to comment on what sort of work they thought the new organisation should prioritise.

Participants were asked to discuss the types of work that the new organisation should prioritise in its first 1-2 years. Participants were asked to keep in mind that the organisation would have limited resources and, in all likelihood, a constituency with high expectations. They were asked to keep in mind what they had learned during the previous sessions, particularly in relation to the types of work currently being undertaken around the country.

Participants were divided into five small groups with each group including a mix of CRG members, state/territory mental health or consumer peak representatives, and MHCA staff. Groups discussed the various types of work the new organisation might prioritise and returned to the broader group with a range of suggestions. The following types of work were suggested multiple times:

- provision of national leadership
- consumer engagement
- community engagement
- building of membership base
- media work/generating a media profile
- building of relationships with relevant stakeholder organisations
- development of communications strategies
- development of a strategic plan
- establishment of infrastructure/setting up of office/recruitment of CEO.

The following types of work were also suggested:

- systemic advocacy
- research
- identification of key current national issues.

The new organisation was encouraged to under-promise and over-deliver.

## AREAS OF WORK TO BE PRIORITISED (ISSUES/CONTENT)

Again in (five) small groups, participants were asked to identify what areas of work the new organisation should prioritise. Clearly the new organisation cannot be expected to cover every issue, but did participants think some were so important as to be non-negotiable?

Again participants were asked to reflect on what they had learned during the previous sessions, particularly in terms of what other organisations are currently doing.

The notion of 'peer' was prominent amongst responses. Four groups suggested either a focus on the peer workforce, demonstrating the value of lived experience and the important role of consumers as experts, or showcasing best practice, including in relation to the value and benefits of a peer workforce.

Groups also suggested:

- activity-based funding
- NDIS
- emphasising social determinants of mental health over narrow medicalised approaches
- focus on factors that provide stability for consumers: income support, housing and employment
- human rights
- National Mental Health Commission review
- media commentary.

Some groups suggested preliminary steps needed to be taken before priority issues could be identified. One group suggested undertaking a gap analysis of national policy work. Two groups suggested doing an analysis of work being done currently by mental health consumer peaks with a view to either identifying ways to add value to this work or generating national outcomes from this local activity.

One group suggested doing a needs analysis with consumers.

One groups suggested a reasonable first step might be to determine the appropriate resource split between internal issues (like policies and procedures) and external programs (like media campaigns). Once the new organisation had made this decision, it would be better placed to determine its priority areas of work.

One group suggested that in determining its priority areas of work the new organisation should look for ways to demonstrate its commitment to inclusion, relationships building and evidence gathering. Another group said these decisions should be shaped by the goal of making the organisation look attractive to funders and constituents.

## ENGAGEMENT AND COMMUNICATION

The small group also contemplated how the new organisation should engage with other stakeholder bodies (including the existing peaks) if it is to promote collaboration and manage potential conflicts. Participants were asked to describe the sort of collaboration they hoped to see pursued by the new national organisation.

Groups identified a range of principles that should apply to communications. Two groups said engagement should be genuine and meaningful. Two said engagement should be built on respect for each other's autonomy and another said there should be partnerships of equals.

Groups also suggested that engagement should:

- be transparent and open
- be collegiate
- accommodate and enable vigorous debate
- acknowledge potential for conflict in relation to tendering, grant-seeking and fundraising
- ensure the national body does not become the default body for consumers
- acknowledge that different bodies will have different priorities.

Several groups made observations about the style of communication that would best promote meaningful partnerships. Two groups emphasised that information flows need to be two-way and a third emphasised that the new organisation should ask, not tell. Groups also recommended timely and proactive communications, recognition of the value of face-to-face communication and the use of language and tone that is transactional in nature.

Groups also suggested some specific strategies that might promote effective collaboration, including:

- regular high-level meetings between organisations
- steps to find out what other people are already doing and then using this knowledge to establish a point of difference for the new organisation
- an issues workshop to identify gaps and avoid duplication
- signing of formal partnership agreements
- negotiation and clarification of roles with regards to state/territory and national organisations
- commitment to not replacing peak body influence with national organisation influence e.g. don't substitute a single national representative for seven state and territory representatives
- ensuring national recommendations reflect local recommendations and vice versa

- recognition of the critical role of the CEO and Board in establishing an organisational culture of respect and understanding
- a. focus on mission and vision
- provision of regular updates to members/potential members
- mutual promotion of organisations, resources permitting.

## WHAT FURTHER INFORMATION DO PEAKS REQUIRE?

Peak representatives were asked whether they required any further information from MHCA or the CRG in order to report back to their constituents.

Representatives requested further information on the process to develop the new organisation's constitution, information on timelines for the establishment of the new organisation and a report of the workshop.

MHCA agreed to provide the final constitution once completed (anticipated by end April 2014), together with a summary of feedback received on the earlier draft and an explanation as to why subsequent changes had been made or suggestions for change not taken up. Within a month or so MHCA will upload a revised project timeline to its website. A short report of the day's proceedings would also be provided.

## CLOSING

The MHCA CEO and CRG Chair offered some closing comments. Each paid tribute to participants for their generous, candid and collaborative contributions. The workshop provided very useful advice on the future direction and priorities of the new consumer peak. There seemed to be some tension between proposed roles – some participants hope the new organisation will fill the gaps in the current mental health response, others want it to support state and territory initiatives already underway, some want it to focus on building the capacity of state and territory peaks, and some look forward to a kind of national leadership across all areas. To some extent these roles may be complementary, but there is also potential for role confusion and contradiction. The new organisation will need to address these challenges in its first years.

It is clear the new organisation will need to focus on building collaborative relationships with sector stakeholders, and the workshop offered some very useful advice as to how this goal might be most effectively achieved.

## ADDITIONAL INFORMATION

An evaluation of the workshop was conducted by MHCA and a summary of the evaluation findings is included at Annexure C.

## ANNEXURE A

### PEAKS WORKSHOP – GUEST LIST

#### Attending

First Name	Surname	Organisation
Peri	O'Shea	NSW Consumer Advisory Group
Miranda	Ashby	Flourish Mental Health
Tony	Salter	Victorian Mental Illness Awareness Council
Michael	Cousins	Health Consumers Alliance of South Australia
Amanda	Davies	ACT Mental Health Consumer Network
Noel	Muller	Queensland Voice for Mental Health
Grenville	Rose	Mental Illness Fellowship of Australia
Clare	Guilfoyle	GROW National
Lyn	English	National Mental Health Consumer and Carer Forum (NMHCCF)
Amy	Baker	Mental Health in Multicultural Australia
Shauna	Gaebler	Consumers of Mental Health WA
Norm	Wotherspoon	Private Mental Health Consumer Carer Network

#### Apologies

First Name	Surname	Organisation
None		

#### Invited

First Name	Surname	Organisation
		Northern Territory representative

# ANNEXURE B

## NATIONAL STAKEHOLDER WORKSHOP – PROGRAM

Facilitator: Tim Leach

Session	Purpose	Facilitator/s
<b>Welcome Morning Tea</b> 9.30-10.00am		
Welcome to Country 10.00am – 10.10am	Welcome to Wurundjuri Country by the traditional owners.	Wurundjuri Elder (TBC)
Welcome and Introductions 10.10am – 10.15am	Introducing the facilitator, Consumer Reference Group and MHCA Project Team.  Overview of the program and expected outcomes for the day.	Tim Leach <i>Facilitator</i>
Setting the Scene 10.15am – 10.40am	The project to establish the new mental health consumer peak: <ul style="list-style-type: none"><li>• History and Background</li><li>• What been achieved and what's to come?</li><li>• Expectations - what's in it for all of us</li></ul>	Ian Watts <i>Chair</i> <i>Consumer Reference Group</i>  Frank Quinlan <i>CEO Mental Health Council of Australia</i>
National Scan 10.40am – 12.00pm	Participant presentations: <ul style="list-style-type: none"><li>• Contributions to the national mental health agenda</li><li>• How could the new mental health consumer organisation complement/add value to this work?</li></ul>	Tim Leach <i>Facilitator</i>
Membership 12.00pm – 12.30pm	The importance of collaboration and mobilisation for a social movement.  How can the national organisation progress the mental health movement by supporting national, state/territory peaks (including increasing membership, sharing specific resources, collaboration, coordinating campaigns, and developing stronger networks)?	Keith Mahar <i>CRG Member</i>

<b>Lunch</b> 12.30pm – 1.15pm		
Programs and Priorities 1.15pm – 2.45pm	<b>Small Groups</b>  What are the priorities program and work areas for the new organisation?  Small groups to consider: <ol style="list-style-type: none"> <li>1. Any gaps the new organisation might address and how they could be addressed.</li> <li>2. What <i>types</i> of work should be prioritised by the national mental health consumer peak?</li> <li>3. What <i>areas</i> of work should be prioritised?</li> <li>4. What needs to be included in engagement and communication with other national, state and territory mental health consumer peaks, including issues where potential conflict or disagreement may arise?</li> </ol>	Tim Leach <i>Facilitator</i>
<b>Afternoon Tea</b> 2.45pm – 3.00pm		
Priorities for the first 12 months 3.00pm – 3.45pm	<b>Group activity</b>  Pinning down the priorities: What does the new organisation need to focus on in the first 12 months?  <ul style="list-style-type: none"> <li>• What does the new organisation need to do to get early runs on the board?</li> </ul>	Tim Leach <i>Facilitator</i>
Wrap up 3.45pm – 4.00pm	<b>Overview of workshop outcomes and next steps</b>	Ian Watts and Tim Leach
<b>Workshop Close</b> 4.00pm		

# ANNEXURE C

## NATIONAL PEAKS WORKSHOP – EVALUATION SUMMARY REPORT

On 7 March 2014 the Mental Health Council of Australia (MHCA) and Consumer Reference Group (CRG) held a workshop in Melbourne to discuss the future of the soon-to-be-established national mental health consumer peak organisation. MHCA staff and CRG members were joined by representatives of national, state and territory mental health or consumer peak bodies.

At the conclusion of the workshop all participants were invited to complete an evaluation (Attachment A). 16 people responded to the evaluation and all evaluations were de-identified. Overall feedback was very positive, with a majority of participants indicating that they enjoyed all elements of the workshop. Only one respondent indicated that they were less than satisfied.

Fifteen participants agreed or strongly agreed that the pre-reading helped prepare for the workshop, although two people commented that they did not have enough time to read all documents before attending. Fifteen stated that they thought the workshop objectives were clear, with one not sure. All agreed the workshop followed a logical and coherent pathway and produced good outcomes, only two were unsure.

All but one participant felt the workshop identified important strategic priority areas for the new Organisation. Responses were more diverse when asked if the small group activity allowed for robust discussion leading to agreed outcomes, with one not sure and another disagreeing. One comment indicated that participants “ran out of time for prioritisation which may have led to more robust discussions.”

All participants agreed that the workshop was well facilitated, with an “excellent choice of facilitator”. An independent consultant was recruited to facilitate the event.

In an open response format, participants were asked what the most important outcomes for the day were. They included;

- Hearing from organisations around the country about what they do, getting to know the representatives.
- Networking and sharing the same space, sharing information and knowledge.
- Importance of working together with a common purpose, demonstrating shared views.
- Group discussions and prioritisation of the focus of the new organization, including areas and types of work.
- General discussions i.e. creative ideas for outreach, good ideas for communication strategies.
- Increased information on and understanding of the National Consumer Organisation, and having the opportunity for other organisations to talk to CRG and Project Team directly.
- The recognition the new organisation needs to have one clear early run on the board.
- The simplicity of expectations.

- Trying to ensure that the consumer voice is encouraged and that the new group is cohesive, truly reflective, cost efficient.

Participants were asked to provide their three highlights and insights from the workshop. From the responses received a number of themes emerged, these were;

### **INFORMATION SHARING**

- Hearing about everybody's work in the space of consumer participation.
- Opportunity to discuss issues with other organisations.
- Gaining ideas for my own practices.

### **NETWORKING AND ATMOSPHERE**

- It was a pleasure working with such a terrific bunch of people.
- Open and collegiate atmosphere.
- Willingness of participants to join in actively.
- Respect shown between participants.
- Just the personal and professional stimulation of ideas – many workshops I have found to be as stimulating as cold pizza – not this one.
- Being able to share diverse ideas and views in a respectful caring environment; Can only come up with two but a great day!

### **CHALLENGES OF SETTLING ON A PRIORITY/ PRIORITIES FOR THE ORGANISATION**

- Seems as if a broader purpose might be a way to get started, otherwise there is a danger in becoming too specific too soon.
- Discussion of bigger picture.
- The importance of the new organisation reaching out to consumers from the beginning.
- Agreement on importance of first steps,
- Set up and leadership/governance

### **GETTING INFORMATION ON THE NATIONAL MENTAL HEALTH CONSUMER ORGANISATION**

- That this is happening at all.
- It's not funded.

Participants were asked how the workshop could have been improved, comments and suggestions included:

## **NATIONAL SCAN**

- The organisation presentations were a bit boring. Don't we all know the sector?
- The start was a bit messy.
- Tim could have introduced himself more fully.
- Too many people talking at me.
- A quick break during the morning session may have been useful – at one point we had less than half the room in attendance.

## **BRIEFING MATERIAL**

- More info/ transparency in invite/pre-materials re processes such as what's happening with the constitution, boards etc.

## **TIMING**

- Tried to do too much in limited time;
- Maybe a little longer;
- Own group wasn't given time to present our ideas after lunch. Sob!

## **OTHER**

- Report back on timelines.
- Most of the things were addressed.
- I think it was a terrific workshop.

Respondents were asked to indicate if their organisation would become a member of the new national mental health consumer organisation, with reasons. The following answers were supplied;

- Nine indicated 'yes' they would be a member of the new Organisation. Comments included;
  - Assuming we are re-funded as it is important that the perspectives of diverse populations are included.
  - A national consumer voice would help us provide better support.
  - I'm a CRG members (in another role) and I believe I would become a member.
  - Based on information from today.
  - Unity; committed its consumer engagement participation and empowerment at all levels.

- Two people stated that they were not **sure**, commenting that;
  - Will depend on the extent to which our members consider it valuable and representative of grass roots mental health consumers.
  - Depends on cost.

The evaluation asked people to suggest ways the new Organisation could best support individual members, from a national perspective. The following general themes emerged.

## **CONSUMER VOICE/ ADVOCACY**

- A strong consumer voice to help us with our programs and funders.
- Advocating for those who least have the ability to advocate for themselves (e.g., I think of SANE Australia's successful 'Media Watch' program as an example of how everybody can have the opportunity to be involved to help make living with a mental illness a little bit easier).
- By being a strong, loud, proud consumer voice challenging the dominant paradigm.
- Be truly representative of consumers and peaks – ensuring that our voice is heard strong and loud.
- I do not think this organisation should provide any individual support to any individual members.

## **SYSTEMIC CHANGE**

- At a systematic level; better services, better life, decrease in discrimination included in my communities.
- Systemic advocacy and individual advocacy and discrimination.

Getting involved in national issues and national level activities/policy and helping state members to support individuals on that level.

Other comments included;

- A way of connecting people who experience mental health issues (I would hope this would assist in further de-stigmatising mental illness).
- Provide information on what's out there, including what's available in states/territories; by listening and sharing information and ideas.
- Be very clear about what it is and what it does and does not do; by clear communication with all stakeholders.
- State branches.
- Have an open door policy, Nothing about us without us. People over politics.

An opportunity to provide comments was provided to close off the evaluation. Overall, participants indicated that they found the workshop useful and enjoyable, one commenting that *'the workshop was a great to come together for a national outcome'* and another expressed hope that the *'new organisation would hold an annual forum of state and territory peaks'*.

In summary, the evaluation indicates that the workshop was a success. The workshop provided an innovative opportunity for key national, state and territory mental health consumer organisations to participate in a consultation process to help guide the future direction of the new mental health consumer peak. The outcomes of the workshop will inform the CRG's advice to the Board of the new Organisation, particularly in relation to potential strategic priorities in the first 12 months of operation.

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*Mentally healthy people, mentally healthy communities*