Moving From Engagement to Partnership

Following years of public hearings and written submissions, Victoria's Royal Commission into Mental Health handed down sixty-five recommendations in February 2022. These recommendations cited a broken and fragmented system, which tended to operate from a place of crisis and failed to provide holistic, adequate and timely support to those experiencing mental distress and/or addiction and their families/supporters/carers/kin.

The need for the mental health system to undergo a complete rebuild was recognised, and a new way of engaging and collaborating with all stakeholders within the sector was required. As a result, the Victorian Department of Health (The Department) sought out recommendations on how the mental health system can move from an engagement to a partnership approach.

This document summarises the findings regarding **Accessibility, Engagement, Choice and Control, and Experience of Service** from fourteen community conversations inviting perspectives from people with lived experience of mental distress (LE) and/or alcohol and other substance addiction (AOD); families, supporters, and carers of those directly experiencing these challenges (FSC); and people working within the sector (Lived Experience Department, Community Peaks and Agencies). Some conversation participants additionally identified as a Young Person (YP), as part of the LGBTQ community, or having a Culturally and Linguistically Diverse (CALD) background. The framework for discussion and analysis was developed by First Nations people, using a First Nations partnership lens.

Accessibility and reasonable adjustments

Ensuring equity of access to partnership opportunities and participation in partnership processes, including reasonable adjustments, supports people's right to participate. Key points were:

> *To be able to have one's access needs listened to and respected - a good. (LGBTQ)*
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> *Reasonable adjustments for accessibility - information provided not just in written form, ahead of time, listening to the needs and doing the work to accommodate them. (LGBTQ)*
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> *Consider the extent of measures that are needed for all to be able to engage equally, regardless of needs. (LGBTQ)*
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> *What's the 'bottom line'? (LGBTQ)*
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> *What each individual needs to have equal partnership. (LGBTQ)*
>
> *Not having to navigate their own needs PLUS the actual subject of the partnership. (LGBTQ)*
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> *Essentially, if everyone has equal opportunity, participation isn't equitable - start with the individual and what they need to partner - navigating those needs. (LGBTQ)*

The emotional labour of asking for one's needs. (LGBTQ)

How exhausting it can be to reach a point where can participate on an equal basis, hard to sustain. (LGBTQ)

Exhausting to do all the extra to be 'okay' or to access that opportunity…. so exhausted form trying to be 'on the level'. (LGBTQ)

Recognising identity

This goes the same for gender identity and pronouns. Gender is fluid and can change over time. And such changes should be embraced as positive growth. (LGBTQ)

Experience of service

Experience of service as told by the families of people living with addiction – particularly spoke to the frustrations of lack of partnership (with people with lived experience and families) at the service delivery level. The connection/disconnection between AOD and Mental Health services (and lack of partnership between these two sectors) was also raised.

Engagement

All conversations explored the difference between engagement and partnership... we haven't included engagement as a domain because it was really used to distinguish partnership from less collaborative approaches (i.e., a point of difference).

Experiences of partnerships in the context of practitioner and client relationship and power dynamics:

Hard to think of the future but I have an experience of power-sharing with my GP - she lets me be me, this makes me feel heard and powerful. She respects my views and takes them on board - not as a threat to her authority or a questioning of their expertise [could translate to organisational partnership about the importance of respect, feeling heard and humility). (LE)

When doctors listen and take on board what people think, know, and suggest, and can admit not knowing. (LE)

[important that.] Doctors own it when they get it wrong. (LE)

Health professionals address people's concerns based on their lived experience, listen to these, and take them seriously. (LE)

There are a lot of barriers, when it comes to receiving diagnosis for certain experiences - concerns are getting dismissed, due to experts (doctors) thinking that they know everything. (Power sharing would require) Flipping the script and having health professionals listen to the people they are offering care to. (LE)

I think clinicians often go into these professions with the best of intentions, but become jaded by the system... If they're burnt out, stressed, not heard/supported by managers - how can they be expected to support us? (LE)

The move to the consent model is huge - instead of proving how unwell you are and proving why you need help; you can show your understanding of the help you're going to receive and why it will help you. Feels much less daunting and leaves you far less vulnerable. (LE)

In regional areas, waiting times and cost of accessing help were major barriers. More public and easily accessible services especially in areas that don't have as much - get left out. In schools as well - especially in the public system due to funding. (LE)

Greater transparency around clinicians who are culturally competent with different groups (POC, queer, etc.) (LE)

Importance of choice and control

I think choice of what service you can use is also vital. If you are forced into a service, you cannot possibly have power-sharing. (LE)

Greater control over your own treatment (informed consent model). (LE)

Non-financial resources (language, being able to describe experiences) solutions might include government funding for people to be safe in safe spaces to think and learn what they need, NDIS only covers permanent significant disability, misses a lot of people who are on 'milder' end of spectrums but also need support. (LE)

There needs to be more information about legal rights in plain language and how to make an informed choice - empowering people to choose! (LE)