



EQUALLYWELL

Quality of Life - Equality in Life

Development of the Call to Action: *Perspective from the 2024 Equally Well Forum*

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Embedding Lived Experience Forum

Content

- Panels, plenary speakers and workshops over two days
- Workshops had facilitators and scribes
- Sessions were recorded and reviewed after the event
- Content was summarised descriptively and:
 - Circulated to attendees
 - Reviewed by Equally Well Alliance
 - Presented in a webinar and feedback sought via questionnaire

Table 1. Profile of delegates.

| Self-reported identification | <i>n</i> |
|------------------------------|----------|
| Consumer | 71 |
| Carer | 22 |
| Clinician | 50 |
| Service Provider | 16 |
| Policy Maker | 20 |
| Researcher/Educator | 33 |
| Other | 28 |
| Total | 240 |



Where we need to be

Contextual and relational elements of connecting with community and supporting the social environment are essential

“We need to change the mindset of health professionals to see the whole person and the relationships and context of the person – we need systems change to recognise and value carers and family – not ignoring or excluding.”

If we don't understand the social determinants of health, we're not going to get it right.

The social emotional wellbeing framework (SEWB) was acknowledged as a guiding light

Structural adaptability is needed to tailor services and wrap around people to meet their needs

“We have 60,000 years of wisdom that never mentioned the word ‘mental’ in it.”

“It's very much about enabling the population to participate and asking them: what do you need for us to engage you in this process, where would you like to meet, what's the best time.”

Critical reform elements

Genuine **human rights** and **lived experience leadership** are the critical reform elements needed to push the system from where it is to where it needs to be.

“Human rights is the foundation of lived experience leadership – it helps transform personal stories and journeys into calls for justice and equality. Lived experience leadership is the heartbeat of human rights – it transforms abstract principles into tangible outcomes and meaning.”

The United National Convention on the rights of Persons with Disability (UNCRPD) was frequently cited as a guiding document that Australia has failed

“Despite Australia signing the UNCRPD at a federal level, we have largely failed to convert Mental Health Acts to be consistent with it, particularly in regard to issues of seclusion and restraint.”

Foundational components

1. *Respect and inclusion*

A systemic lack of inclusion can instil fear in those marginalised - this lack of inclusion often stems from a lack of understanding of diverse identities

“There’s a lot to say about intersectionality - the more open and diverse views we have particularly in lived experience, the more likely we’ll get it right.”

Respectful and inclusive practice can reduce/prevent potential harm from contact with services and facilitate better quality services that meet community needs.

2. *Co-learning and co-production*

Co-learning involves collaborative and reflective practices in a non-hierarchical manner; Co-production involves lived experience leadership in defining the problem, designing and delivering

“We need to learn from each other in the tripartite arrangement including consumers, families and clinicians.”

Foundational components

3. *Lived experience workforce*

The lived experience workforce can extend practice from clinically-oriented paradigms, pushing organisational culture toward more human-centred approaches.

“We should be co-facilitating with clinicians which is a good opportunity to educate clinicians about what works for people with mental health issues.”

Greater investment and development of peer-led services, frameworks, mentoring and supervision is needed.

“To do this properly we need to develop a specific framework for peer workers to work in this holistic way. We need to invest in clear guidelines and frameworks.”

4. *Strategic support*

Government support must add power to the voices of lived experience, enhancing capacity for lived experience led reform.

“The decision-making about how we spend taxpayers’ money on healthcare reform should be guided by people who understand the value of lived experience and mental health.”

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5. Societal shifts

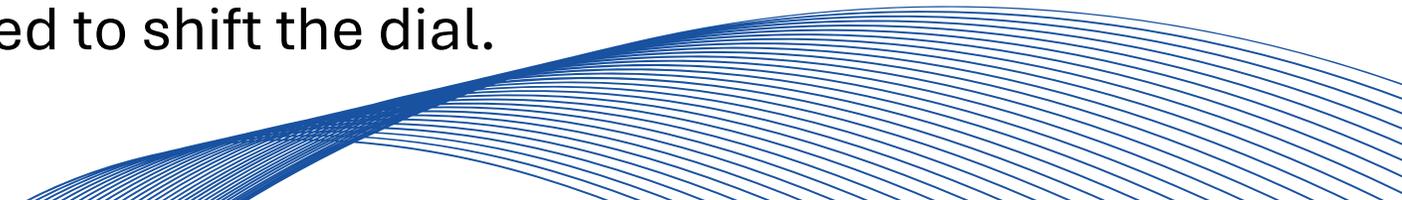
What people think and feel determines how they behaviour and treat others.

“The environment must change, so that things that are currently acceptable are no longer acceptable – that’s our vision for a better understanding and relationship with mental health and addiction.”

Misunderstandings, assumptions, and conceptualisations about mental ill-health fuels exclusion at a population level, which directly influences the experience of care.

“We need to call-out mistreatment for what it is – prejudice and discrimination. This places the lived experience movement more squarely into a rights-based framework”.

Policy environments and organisational culture reinforce the status quo – reform in service models and legislation is needed to shift the dial.



Call to Action



Actions for individuals

- Write to your state and federal members of Parliament to bring their attention to the current health disparity for 20% of their electorates.²
- Sign the Equally Well “Call to Action” ministerial letters and encourage others to sign.²
- Take every opportunity to advocate for physical health equality for people with mental health lived experience whenever and wherever you see an opportunity.

Actions for advocacy bodies

- Engage for coordinating training, human rights approaches, and lived experience leadership in the sector.
- Advocate for service integration to address the physical health of consumers to improve screening and early intervention.
- Measure and report on lived experience leadership, co-production, and holistic models of care embedded in the sector.

Actions for service providers

- Ensure training for the chronic care, primary care and mental health workforces on the increased risk of poor health and early death.
- Model human rights-based design of services to ensure the ‘highest attainable standard of health without discrimination’.³
- Embed lived experience at all levels of governance within the service.

Actions for government

- Commission an analysis of Mental Health Acts to ensure they comply with Article 25 (Health) of the United Nations Convention on the Rights of Persons with Disabilities.³
- Ensure people with mental health lived experience are provided with the same range, quality and standard of free or affordable health care and programs.
- Enhance research and monitoring to track progress towards health equity and reducing the life expectancy gap for people with mental health lived experience.

STAND WITH US:
CALL TO
ACTION

