

BUDGET 2020-2021

**NATIONAL MENTAL HEALTH LIVED
EXPERIENCE ADVICE AND ADVOCACY**

‘Moving Forward’



Lived Experience
A U S T R A L I A

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Submission
January 2021

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18 January 2021

Dear Treasurer

I am pleased to provide Lived Experience Australia 2019-20 pre-Budget Submission. Our vision is to promote effective consumer and carer advocacy as the driving force behind all changes in mental health services.

Lived Experience Australia Ltd (LEA) formerly the Private Mental Health Consumer Carer Network (Australia) Limited was formed in 2002 and currently operates as the recognised peak body for private sector mental health consumers and carers across Australia.

LEA became a public company (company limited by guarantee) in June 2016, making LEA an autonomous entity, while also being recognised as a charity by ACNC and a Health Promotion Charity by the ABR. All board members and staff of LEA have a lived experience of mental ill-health as either a consumer, carer, or both.

The Productivity Commission Inquiry into Mental Health recommended the government fund two separate national peak bodies, one for consumers and one for carers. As an alternative view, LEA proposes that the strength of consumer and/or carer systemic advocacy comes from our organisation continuing to provide a 'one combined voice' focus. A 'one stop shop' if you like, for representation, advice, systemic advocacy etc as a fully independent organisation that equally represents both consumer and carer voices.

We provide lived experience perspectives, and the leadership that is essential to drive change at the national level. We propose that with an expanded capacity, LEA will be a national organisation of greater significance and would act as the entity to which consumer and carer related governance, projects or other required activities should be directed in the future.

Appointing LEA as the sole national organisation will enable lived experience perspectives to guide the Australian Government's mental health reform processes including policy, service development, implementation and evaluation across the whole spectrum of services, from the 'grass roots' to governments, the National Mental Health Commission, primary care, PHNs, NDIA and other relevant entities.

LEA is in the unique position to offer the Government a cost-effective solution that streamlines and embeds both consumer and carer lived experience engagement, representation, research, advice and perspectives at national, state, and local levels, across the mental health system in Australia which can be implemented immediately with required resourcing.

LEA will provide the leadership needed to drive mental health lived experience perspectives at the national level.

We ask that you consider the model we propose within this Pre-Budget Submission and provide the necessary funding going forward.

Yours faithfully,



Janne McMahon OAM,
Founder and Executive Officer

1 Strengths of a combined 'one voice' organisation

At the very beginning of national consumer and carer advocacy, a project was initiated under the National Mental Health Strategy (1995/1996) and 'The Kit, A guide to the advocacy we choose to do' was created and released in 1998. Some of the values articulated then are just as relevant today, noted on Pg. vi:

- *The pursuit of rights, justice and equality of opportunity is critically important for consumers and carers*
- *Collective advocacy activity (engaged in by consumers, by carers and by consumers and carers working together) has greater potential for achieving significant outcomes than uncoordinated individual actions.*

It is important to ensure the voice of consumers and carers are equally heard, however it is equally important that these voices are combined and work together to support Government with recommendations on mental health reform, policy decisions, evaluation and opportunities to improve the mental health system for both consumers and carers across Australia. LEA offers this 'one combined voice', and with both a consumer arm and a carer arm to operations we can ensure that **all** voices are heard and advocated for in a coordinated approach. Having a 'one combined voice' organisation supports efficiencies in operations through reducing duplication of overheads and administrative expenses and LEA is already positioned to undertake this role with limited risk or lead in time.

In terms of separate national organisations, one or the other may become a 'power base', may provide ad hoc or sporadic opinions, may differ in nature and advices and could be unconnected. This would be detrimental in LEA's view, to both the consumer and carer movement and to government's progress with mental health system reform and improving mental health outcomes in the community more broadly. Through the coming months and years, post COVID-19, a strong and united mental health consumer and carer voice is imperative to address the mental health of the Australian community, and LEA has the capacity to offer this.

2 Strengths and benefits of Lived Experience Australia as a combined 'one voice' organisation

This proposal highlights what LEA brings and the benefit for government in appointing LEA as the sole national 'one combined voice' organisation for consumers and carers.

1. **Independence** – LEA is a public company limited by guarantee since June 2016.
2. **Autonomy** – LEA provides the opportunity to the consumer and carer movement to speak unfettered on the issues and needs of consumers and carers.
3. **Timeliness** – The expanded capacity of LEA could be implemented immediately.
4. **Consolidation** – LEA is and has been a 'one combined voice' organisation of both consumers and carers since 2002. This gives strength to our representation, advice and systemic advocacy. Government engages with the one organisation for input into reform processes etc reassured there is agreement of both experiences and perspectives.
5. **Sustainability** – LEA has been in operation for the last 19 years, formed in 2002.
6. **Maturity** – LEA is at a level of maturity to have the know-how, skilled staff and years of consistently successful operation to undertake an expanded capacity.
7. **Demonstrated ability** – LEA has a long history of speaking to governments and at policy levels.
8. **Impact** – LEA has undertaken national projects, national research projects, and has multiple published papers translating this research into our systemic advocacy (detailed later under section 10). LEA has brought strong evidence from the voice of both consumers and carers which has led directly to system change.
9. **Professionalism** – LEA has a long history of operating in a professional manner, such that we have rightly earned a good reputation of a reliable and responsive organisation.

10. **Connection** – we have had a process in place for the last 19 years to hear at the grass roots level, the issues and needs for consumers and carers. We also have around 3,000 direct contacts (LEA ‘friends’ or members, and social media followers).
11. **Cost efficiency** - Our Secretariat is virtual and does not rent office space. This keeps LEA’s administrative costs quite low which is reflected in this proposal. We expect this to continue to be the case into the future, as our directors and staff are encouraged to work remotely.
12. **Accountability** – LEA takes accountability very seriously and we have established knowledge and experience of all reporting and auditing requirements. We see LEA as accountable to a number of areas; firstly, to both consumers AND carers to ensure we speak the truth of their experiences, secondly, to our funders and thirdly to the reporting agencies (ASIC, ACNC, ATO). We have strict reporting requirements to the Government, including numerous KPIs which we report against twice yearly.

Brief overview of deliverables

A review of deliverables and outcomes shows clearly that LEA is actively and successfully engaged in:

- systemic advocacy (submissions),
- representation (organisations including and beyond the Australian government),
- training (LEA training program for consumers, carers and clinical staff, webinars, online workshops),
- research (LEA research program, collaboration with universities - particularly Category 1 grants), plus national consumer and carer surveys (four landmark, first of its kind in Australia and internationally),
- webinars (‘Our Connection’ webinar series of six through the COVID 19 isolation provided connection to the lived experience community nationally),
- peer workforce (national scoping project for a national member-based organisation for the NMHC, sponsorships for 36 consumers or carers over 3 years to undertake Certificate IV in Mental Health Peer Work),
- strong support for government and the Minister for Health (8 media releases),
- collaboration with other organisations, and
- continue the development of tangible resources for consumers, carers, clinicians and service providers.

3 Consolidated Approach

LEA will establish a consumer arm, and a carer arm, maintained under the one organisation. Furthermore, our proposal features closer relationships with states and territories via employment of a part time lived experience liaison officer in each jurisdiction.

With a view to the consolidation of the lived experience organisations, as LEA expands our capacity to be the sole organisation to fulfil this national focus, a recruitment process will be undertaken which will offer paid, part time positions (detailed later) together with external engagement and representational roles. This opportunity will also be provided to interested members of other organisations. This makes good economic sense for the Australian Government as well as an established independent, professional, robust and significant organisation for representing the Australian lived experience community.

Strong governance is a key part of LEA. We operate with a full Constitution, Operating Guidelines, Governance Manual signed on appointment by our Directors, Work Plans (including KPIs) and Budgets. LEA has a strong reputation for a respectful, cooperative, and trustworthy approach.

At our core, we are advisors and advocates for systemic change in the delivery of mental health services and actively encourage and support the empowerment of consumers and carers in their own care. We promote engagement and inclusion of consumers and carers within mental health systemic reform processes. Importantly, we provide an avenue for consumer choice and family and carer inclusion.

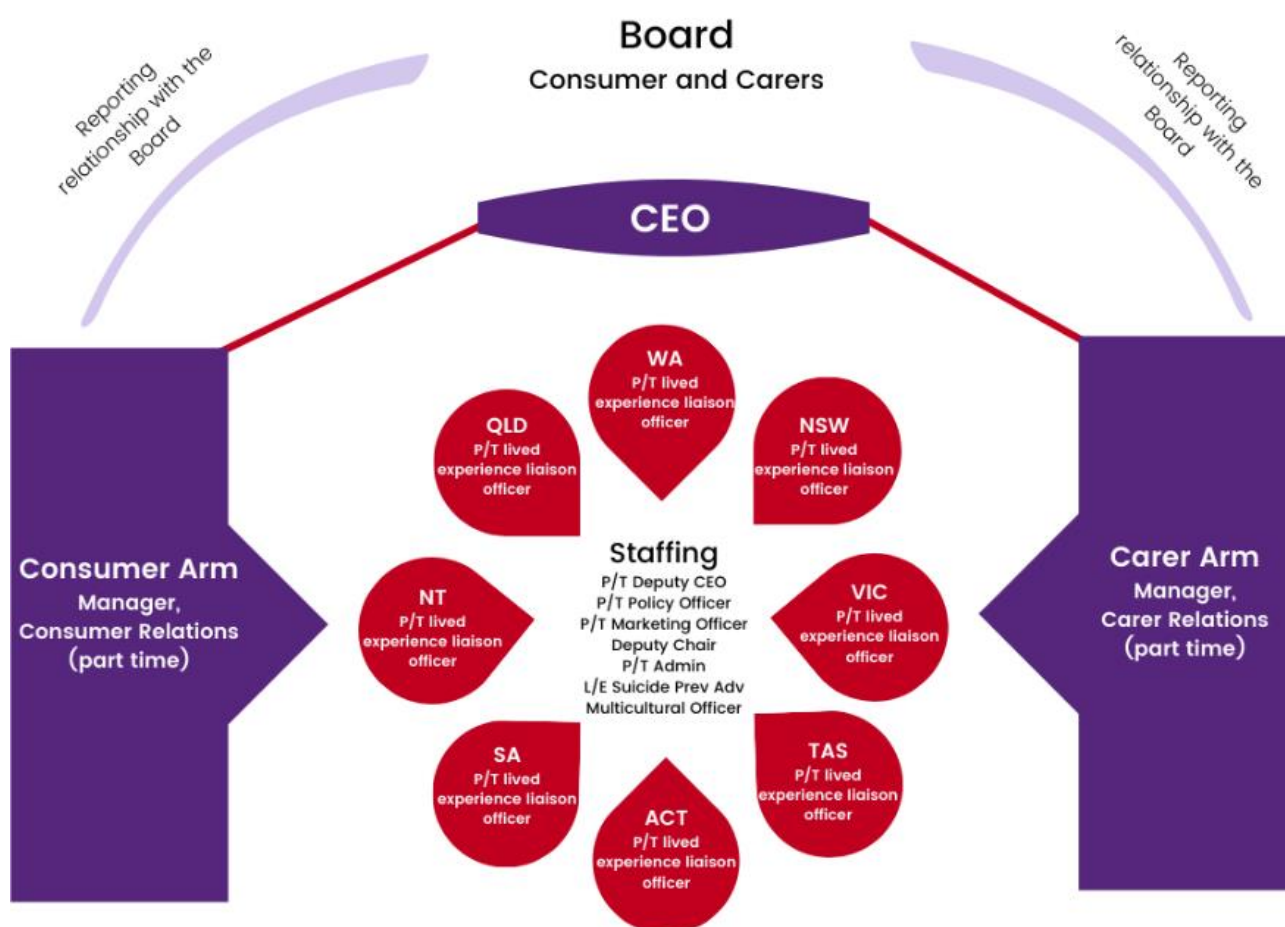
Our goal is to work with all levels of government, the private health sector, the community and other key organisations and stakeholders to influence decision making, support improved mental health service delivery, expand our existing partnerships, and develop new ones, and to seek and support innovation at the highest level.

4 Moving forward

LEA has a demonstrated track record of 19 years of successful advocacy, project management, training, research, and resource development. With this as our foundation, we are in the best position to expand operations as the sole peak mental health lived experience organisation in Australia, across all sectors.

LEA would be the 'go to' organisation for mental health lived experience advice, perspectives, representation, and experience in Australia. With collaboration as a key strategy, this will ensure better mental health outcomes for all Australians.

Visual interpretation:



5 Outcomes and strengths

LEA will build an expanded capacity to be the sole national organisation which will continue to be professional, respectful, stable, responsive, and informed by consumer and carer experiences.

- **LEA will do this** by increasing our infrastructure enabling us to undertake this additional focus and expand as needed, via an adjustment to staffing.

LEA will focus on working collaboratively and cooperatively with national, state and territory peak consumer organisations and peak carer organisations.

- **LEA will do this** by establishing a **Consumer Arm** and a **Carer Arm** within LEA's structure.

This will involve employing 2 part time staff; Manager, Consumer Relations and Manager, Carer Relations to oversee these parts of LEA's operations, for the purposes of engaging, collaborating, and coordinating activities, advice, representation etc that are either consumer focussed, or carer focussed.

LEA will strengthen connections with states and territories. Currently LEA holds State Advisory Forum meetings of consumers and carers twice per year to obtain the 'grass roots' information on what affects people in their specific jurisdiction. Strengthening and expanding these linkages to access this information is crucial.

- **LEA will do this** by employing a part time **Lived Experience Liaison Officer** in each jurisdiction. This officer will be responsible for:
 - establishing *Learning Communities*
 - expanding existing State Advisory Forums
 - engaging in discussions and liaison including developing formal linkages with existing state or territory organisations, community managed organisations, and consumer or carer specific organisations
 - Liaison with mental health commissions, PHNs, state and territory mental health directorates and Offices of the Chief Psychiatrist
 - Providing feedback and information to LEA with a full understanding across the spectrum of the Australian mental health system.

Learning Communities will provide a forum for discussing issues affecting people with a lived experience and to understand the landscape in which services are delivered. The *Learning Communities* will also provide mentoring to people engaged or looking to engage in representational activities and provide support to services and organisational staff involved in engaging lived experience people in advocacy roles.

LEA will conduct focus groups as part of the expanded State Advisory Forums and develop and distribute national surveys on specific issues to provide a consolidated consumer and carer voice to support governments in reform processes and evaluation of services.

Why do this? Engaging people at the 'grass roots' will enable important and critical issues to be raised thereby providing direct input into Government mental health reform processes, including but not limited to policies, system design, service planning and development, implementation and evaluation and advising and advocating for consumer choice and family and carer inclusion.

6 Additional capacity building - expansions

- LEA will provide additional capacity building via LEA's Training Program for consumers, carers, organisational staff, clinical staff, and peer workers.
- LEA will expand our Research Program where translational research will inform activities, advocacy, and submissions.
- LEA will strengthen its reputation as a vehicle to provide quick, efficient, and accurate responses and data to inform the federal Government and other key entities.
- LEA can provide skilled, competent, and informed representatives in a short time turnaround. LEA has a 'Representative Panel' of advocates with a range of experiences in specific areas which will be expanded.
- LEA will expand existing partnerships and develop others.
- LEA will continue to work with private mental health hospitals through Australian Private Hospitals Association, and establish stronger connections with Private Healthcare Australia, and the federal Department of Health, Private Health Industry Branch and the Australian Institute for Health and Welfare, particularly around data collection.

- LEA will expand existing relationships with public sector service providers, state/territory governments, Department of Health, and other key organisations and stakeholders.
 - LEA will actively seek and support innovation.
 - LEA will expand the capacity to develop high quality resources.
 - LEA will increase the focus on the peer workforce.
 - LEA will work with all levels of government and other key organisations and stakeholders, to influence decision making, supporting improved mental health service delivery.
- **LEA will do this** at the national level by liaison with the Office of the Minister for Health Mr Greg Hunt MP, through the Minister’s Senior Advisors in Mental Health, Private Health Insurance, Medical Benefits Schedule (MBS), Pharmaceutical Benefits Schedule (PBS) primary care, aged care and other relevant sections of the Minister’s office.

LEA will liaise with the relevant sections of the Australian Government Department of Health and Primary Healthcare Networks, Department of Social Services, Department for Housing, Department of Education, Skills and Employment, National Mental Health Commission, COAG Mental Health Principal Committee (should it continue), National Disability Insurance Agency, Australian Institute for Health and Welfare, Australian Commission on Safety and Quality in Health Care and other relevant entities as required.

LEA will write briefing papers as requested, submissions, etc. providing lived experience perspectives into key reforms such as, but not limited to:

- 5th National Mental Health and Suicide Prevention Plan
- Vision 2030
- National Mental Health Pandemic Response Plan
- Productivity Commission inquiry into Mental Health
- Peer Workforce
- National Workforce Strategy

LEA will establish closer ties with the Deputy Chief Medical Health Officer for Mental Health (Dr Ruth Vine) and the Prime Minister’s Advisor on Suicide Prevention (Ms Christine Morgan)

7 Staffing

Current staff

Executive Director: Full time: Ms. Janne McMahon OAM, is the Founder and Executive Director and is currently employed on a full-time basis. The salary for this position is included in the current funding grant until 30th June 2022. After this date, the salary is based on the Australian Public Service; Executive Level 2.7, the Australian Public Service Commission Enterprise Agreement 2018-2021.

Manager, Administration, Communications and Projects: Part time. Ms Christine Kaine is currently employed in this position three days per week and will move to become Deputy Chief Executive Officer: Part time. The salary is based on the Australian Public Service; EL 2.1, the Australian Public Service Commission Enterprise Agreement 2018-2021.

Marketing and Communications Officer: Part time: Ms Heather Smith is employed in this position 12 hours per week, however as LEA grows, this position will require additional time to two days per week. The salary is based on the Australian Public Service; APS 6.1, Australian Public Service Commission Enterprise Agreement 2018-2021.

Current appointments

Multicultural Officer: Mr Evan Bichara is engaged in this position and is paid in accordance with the Commonwealth Remuneration Tribunal rates.

Lived Experience Suicide Prevention Advisor: Ms Heather Nowak has recently been engaged and is paid in accordance with the Commonwealth Remuneration Tribunal rates.

Director of Research: Professor Sharon Lawn (Director)

Director of Training: Mr Darren Jiggins (Director)

Membership Officer: Mr Norm Wotherspoon (Director)

Additional Staff required

Manager, Consumer Relations: Part time: Recruitment of a part time Manager, Consumer Relations will be a crucial part of the capacity building. The salary is based on the Australian Public Service: AS 6.1, Australian Public Service Commission Enterprise Agreement 2018-2021.

Manager, Carer Relations: Part time: Recruitment of a part time Manager, Consumer Relations will be a crucial part of the capacity building. The salary is based on the Australian Public Service: AS 6.1, Australian Public Service Commission Enterprise Agreement 2018-2021.

Policy Officer: Part time: Recruitment of a part time policy officer will form part of the expansion. The salary is based on the Australian Public Service: APS 6.1, Australian Public Service Commission Enterprise Agreement 2018-2021.

Lived Experience Liaison Officer: Part time: Recruitment to eight part-time positions will be required. The Salary is based on the Australian Public Service; APS Level 5.1, the Australian Public Service Commission Enterprise Agreement 2018-2021.

Deputy Chair: Honorarium: The Deputy Chair Professor Sharon Lawn will take on several additional activities in relation to the strategic direction of LEA and an increase in the honorarium is considered necessary.

Administration Officer: Full time: Recruitment of an Administration Officer. The salary is based on the Australian Public Service: APS 3.1, Australian Public Service Commission Enterprise Agreement 2018-2021.

8 Funding required

One of the Draft Recommendations within the Draft Final Report of the Productivity Commission is the strengthening of systemic advocacy including extending the funding cycle for peak bodies to a minimum of five years to improve business planning and capability development and concluding contract renewals at least one year before expiry.

LEA offers a minimal cost investment for high reaching outcomes.

The amounts required from **1 January 2021 to 30th June 2022** additional to existing Grant is \$491,000, and new funding for **3 years to 30th June 2025** is \$2,958,000: **totalling: \$3,449,000 over the five-year period.**

Funding Summary appears on the following page.

9 Funding Summary

	2021/2022	2022/2023	2023/2024	2024/2025
Executive Director	0	149,195	152,179	155,223
Manager, Admin, Comms, Projects to Deputy CEO	17,026	79,622	81,215	82,839
Deputy Chair Honorarium	20,000	20,000	20,000	20,000
Marketing & Communications Officer (FTE.4)	34,112	34,788	35,484	36,194
Policy Officer (FTE.4)	34,112	34,788	35,484	36,194
Manager, Consumer Relations	34,112 (FTE.4)	43,494 (FTE.5)	44,363	45,250
Manager, Carer Relations	34,112 (FTE.4)	43,494 (FTE.5)	44,363	45,250
8 L/E Liaison Officers located in all jurisdictions	176,160 (FTE.3)	235,456 (FTE.4)	240,165	244,968
Administration Officer	58,231	59,396	60,584	61,796
Additional operating expenses				
• virtual office/s	20,000	20,000	20,000	20,000
• 2 F2F meeting of L/E Liaison Officers	60,000	60,000	60,000	60,000
• One off recruitment and associated costs	3,000			
Sub-Total	490,865	780,233	793,837	807,714
Core activities including expenses	Current funding	185,000	189,000	192,000
Totals - actual	490,865	970,233	987,837	999,714
Totals - rounded	491,000	971,000	988,000	999,000

To substantiate appointing LEA as the sole peak Australian national organisation representing both consumers and carers, we have outlined in Appendix One as follows, some of LEA's **current** activities.

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Appendix One:

Substantiating evidence for the appointment of LEA

At the time of writing, LEA has over 1,700 current 'friends' registered, 230 friends on LEA's Interest Register, 800 Facebook followers (as of the last month or so) totalling approx. 2730 and growing, providing direct links to people with lived experience. We also have direct links with other lived experience organisations across Australia who distribute our information, invitations, and surveys etc.

The below activities demonstrate LEA's capabilities for an organisation which is currently funded at a lower level to operate efficiently and effectively at the national level.

Current Core Activities

1. Advocating for the needs of private mental health consumers and carers.
2. Actively engaging in monitoring mental health delivery outcomes and policy announcements to create informed responsible positions.
3. Contributing to mental health policy discussion, development, and implementation.
4. Attending relevant meetings with stakeholders such as national bodies, non-government organisations and government entities.
5. Collaborating with other appropriate organisations to facilitate and expand activities.
6. Maintaining relationships with nominated Patron/s and 'Friends' of Lived Experience Australia.
7. Maintaining regular updates and communications.
8. Ensuring a presence at relevant conferences with a booth at the annual TheMHS Learning Network Conference.

Collaboration

LEA currently engages with the following stakeholders:

1. Australian Government, Department of Health
2. Office of the Minister for Health
3. National Mental Health Commission
4. Australian Commission on Safety and Quality in Health Care
5. Royal Australian and New Zealand College of Psychiatrists
6. Australian Psychological Society
7. Australian College of Mental Health Nurses
8. Australian Private Hospitals Association
9. State Mental Health Commissions in QLD and SA
10. Mental Health Australia
11. National Mental Health Consumer & Carer Forum
12. Mental Health Carers Australia
13. Carers Australia
14. MIND Australia
15. HelpingMinds
16. Beyond Blue

LEA is continuing to support and expand the stakeholders we are engaged with through communication and collaboration.

LEA is currently working closely with the Mental Health Commissions of South Australia and Queensland. With the expansion and employment of the Lived Experience Liaison Officers, greater engagement with the Primary Healthcare Networks will also be sought.

Advice

As advice and advocacy is a core focus, we have achieved the following over the last 12 months:

1. 14 Submissions to Government and other entities (since inception there has been 71 Submissions)
2. Representatives on 27 current committees/working groups
3. Attendance at numerous workshops and consultations
4. 8 national media releases thus far

Parliamentary Inquiries

LEA has been invited to appear before 10 parliamentary inquiries since inception to provide responses from the consumer and carer perspectives. We were contacted by the Productivity Commission Inquiry into Mental Health, to provide additional information they were seeking specific to lived experience and LEA offered to provide two additional Submissions.

Training Program

Our training program seeks to empower consumers and carers to participate in advocacy and encourage health organisations to engage people with lived experience to support better mental health outcomes.

These include:

1. Online training modules for lived experience *advocates* – “The advocacy we choose to do.”
2. Zoom Workshops for *advocates* based on the above
3. Zoom Workshops for *hospital/service staff* – how to engage lived experience advocates within your organisation – how to meet some criteria within the NSQHCS – Standard 2 – Partnering with Consumers
4. Mentoring of hospital/service staff, consumers, and carers
5. Online training modules for *clinicians* – collaboration, communication, and cooperation. CPD points for psychiatrists and mental health nurses.
6. Annual award for *RANZCP Registrars* who undertake LEA’s clinician online training and write a reflective piece about how their clinical practice has/is changing because of the information gained.
7. Online modules to support health services partnering with consumers and carers (i.e., *Practical Guide for Working with Carers of People with a Mental Illness*)

LEA is developing a Learning Management System which will better support online training.

Research Program

LEA is working with four universities on initiatives relating to lived experience as either a Chief Investigator, Associate Researcher, or member of the Advisory Group. These collaborations are predominantly associated with Category 1 grants through the NHMRC or MRFF. LEA is working with an additional 4 universities on significant issues for consumers and carers.

LEA also undertakes several national surveys, in its own right to maintain strong reach and consultation, which empower people with lived experience to have direct input into mental health reform. The data from these surveys is analysed and reports are generated and provided directly to government, other relevant entities, and the public through the LEA website. These results enable LEA to provide a translational research base into our advices and advocacy. Two of our most recent examples are the national survey for the Department of Health regarding the 8 Adult Mental Health Centres completed from distribution to distribution of the Report in just three weeks.

The second national survey was distributed in November, seeking lived experience data on the 'missing middle' aspect of the mental health system noted by within the Productivity Commission Report. This is an Australian landmark survey providing the first data to understand what lack of engagement or disengagement of consumers of mental health services across the system really means, why they don't engage or why they disengage, what happens after they disengage, and why they need to re-engage with services. This has provided an insight into an area that has previously been assumed, rather than having data to provide the actual information.

A further example of our work in translational research, is around borderline personality disorder. Two national surveys were conducted in 2011 and repeated in 2017 around the experiences of consumers with the diagnosis of BPD and the experiences of carers supporting someone with the diagnosis of BPD. These were a first nationally and importantly, internationally. The 2015 consumer experiences of BPD published report has been cited in 77 different publications by mental health researchers internationally and the experiences of carers published report has been cited in 50 papers.

Furthermore, LEA has been instrumental through the Executive Director Janne McMahon, in lobbying for better services for consumers and carers affected by BPD. This has seen the development of the NHMRC Clinical Practice Guidelines for the Management of BPD, and a \$10.2 million investment by the SA Liberal Government for a statewide clinical BPD service, BPD Co established 2 years ago.

Grant Applications

LEA is working with six universities through the grant application process. These are La Trobe, Macquarie, Monash, Newcastle, University SA and Charles Sturt, around significant issues including physical health and mental health, and addressing stigma and discrimination within care, suicide and self-harm, veteran mental health and wellbeing. If successful LEA will have a representative/s involved as a Chief Investigator, Associate Investigator and or Advisory Panel member for these significant research projects.

Project Management

LEA has successfully completed **11** national projects which developed resources and identified gaps with recommendations, within budget and timeline. LEA has had **7** peer reviewed publications and **5** published reports produced from these projects, which is a substantial achievement for LEA as a lived experience organisation.

Resources

We have a well-maintained website: www.livedexperienceaustralia.com.au which has a wide range of resources including training, publications, research, tip sheets and advocacy submissions. Here are *some specific* resources:

1. Practical Guide for Working with Carers of People with a Mental Illness
2. Website for the Guide which allows self-assessment against the 6 Standards accessed on PCs, Microsoft Surface Pros, and iPads.
3. Website for carer specific resources 'Carer Library' with around 150 articles currently for organisations, carers etc www.workingwithfamiliesandcarers.com.au
4. Website for people affected by BPD in SA www.bpdsa.com.au as a community service.
5. Tip Sheets – seven in total to support consumers and carers in their representational roles.
6. Tip Sheets – for the peer workforce regarding COVID-19.
7. External position statements.
8. Training modules for clinicians.
9. Training modules for consumers and carers.

Focus on the Peer Workforce

1. LEA completed an 18-month national project looking at the feasibility of a member based national organisation for the peer workforce. The Report is available on the LEA website.
2. LEA will continue to work with the National Mental Health Commission or federal government to establish a national organisation for the peer workforce and support the work of the Commission in its undertaking in this critical area.
3. We sought funding from the Australian Government, Department of Health and are currently providing 12 sponsorships per year (36 sponsorships in total) for people looking to undertake study of the Certificate IV in Mental Health Peer Work. This qualification will allow them to seek employment as peer workers. Six of the successful applicants in the first round (2019) and 8 in the second round (2020) are on Disability Support Pensions, jobseeker or carer benefits and this will offer them employment opportunities that they may not have had.
4. LEA has also developed 2 Tip Sheets for peer workers around COVID-19.

Communications

LEA provides a monthly eNews Alert, is active on Facebook and LinkedIn, and runs a series of webinars.

The “Our Connection Series” of webinars provided a means of connection for the mental health lived experience community during the height of the COVID-19 lockdowns. We continue to provide webinars to connect with and build the capacity of those with a lived experience.

Mentoring

LEA provides a mentoring program for consumers and carers who undertake representational roles. This will expand with the introduction of learning communities and delivery of the training workshops to those who undertake advocacy roles and may need support.

Position Statements

LEA has developed 12 external position statements on various issues.

Media

LEA has had numerous opportunities through the Executive Director, Janne McMahon to appear on television, radio and in print. She has advocated on behalf of both consumer and carer issues during these opportunities.

Contact

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