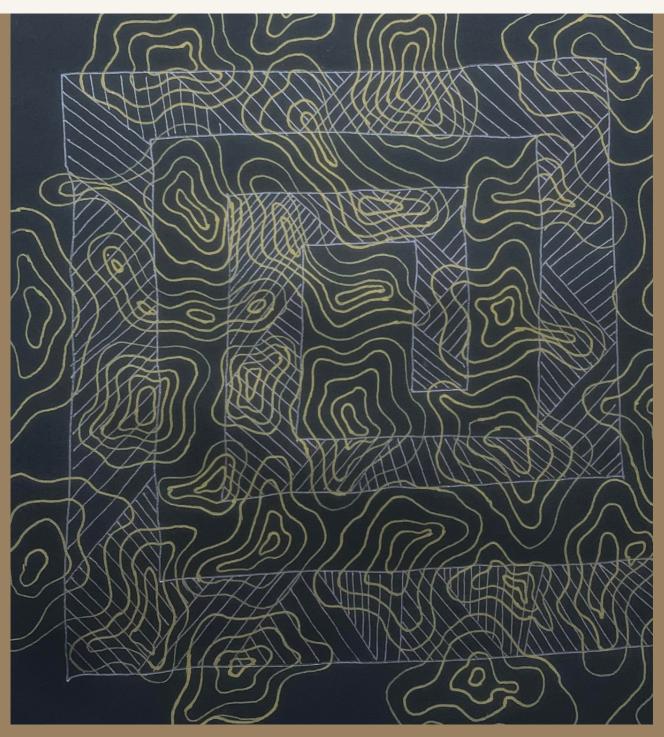
Q2Sept 2023

Lost in TRANSLATION

A ZINE FOR MENTAL HEALTH RESEARCH TRANSLATION



This front cover piece is an original artwork that has been drawn by the Aboriginal Co-Design Lead in The ALIVE National Centre, Muruwori Gumbaynggirr man Phillip Orcher.

Medium: Black craft paper gold and pink pigment ink pen

This piece represents pockets of gold within the structure of systems with shared spaces of symmetry and culture existing as one. The directive line within a linear structure represents the institutional frame that wellbeing is supposed to accommodate individuality. The gold meeting spaces are adding individuality to the linear space and occupying the empty middle with organic layers of energy.

Lost in Translation ZINE Q2 September 2023

Cover Image Mr Phillip Orcher

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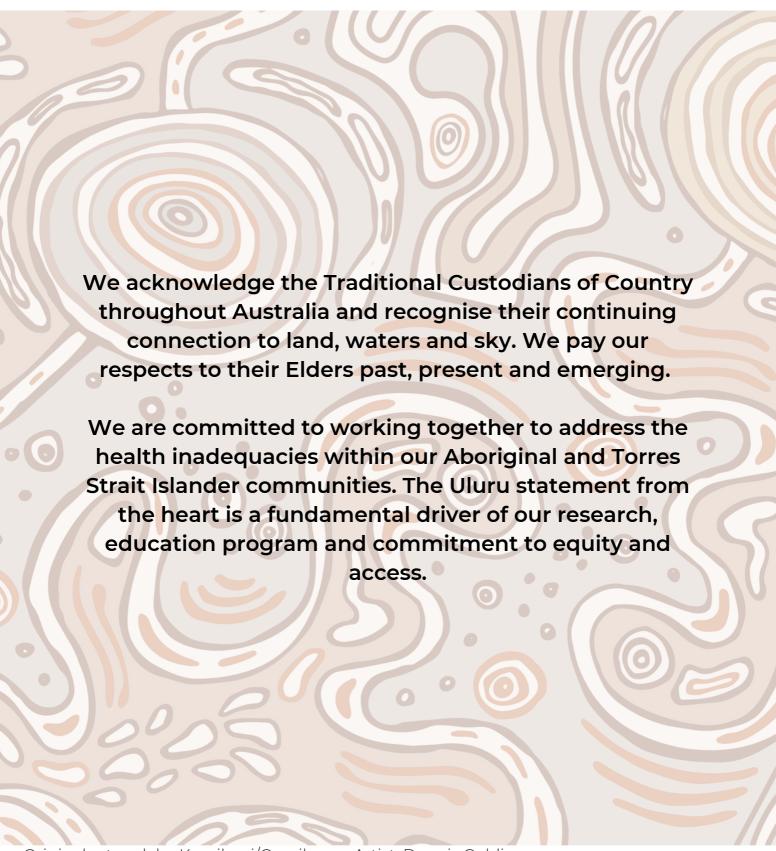












Original artwork by Kamilaroi/Gamilaraay Artist, Dennis Golding

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Co-Directors, Sandra,
Michelle and Victoria
introduce our brand new
zine to provide a space
for discussion about
what's new and making
an impact in mental
health research
translation.

FEATURE CONTRIBUTORS

Meet the people behind this issue's feature articles

A NATIONAL STRATEGY FOR LIVED-EXPERIENCE IN MENTAL HEALTH RESEARCH

Co-Directors Michelle
Banfield and Victoria
Palmer explain why a
having a National
Strategy is an important
next step towards
embedding livedexperience in mental
health research and
what it means for the
sector.

NEW: LOST IN TRANSLATION PODCAST

A new podcast, produced by Alan Brough. The podcast aims to build a new community and offer a new way of talking about the many different ways translation happens and its importance for improving experiences of care and addressing unmet needs.

THE OPPORTUNITIES THAT LIE WITHIN THE GREY

We are revisiting
Writer-in-Residence, Dr
R Tindall, who discusses
the importance of
building tolerance and
readiness to sit within
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WELCOME

Dear Readers,

Welcome to the first edition of *Lost in Translation*, a new zine for Australian Mental Health Research Translation. Previously known as the ALIVE Community Update, we have undergone a massive redesign for spring with the aim of bringing you the latest in mental health research in what we hope is an engaging and dynamic format.

Each quarter we will release this zine with feature articles about key translational activities in the sector. This issue's feature article is written by Co-Directors Michelle Banfield and Victoria Palmer on why a national strategy for lived-experience in mental health research is needed. We provide information on the process and next steps and encourage you to get involved.

We would also like to announce that the ALIVE National Centre for Mental Health Research Translation is a partner of the Victorian Collaborative Centre for Mental Health along with 17 other organisations. We look forward to working with our new partners to improve people's wellbeing through innovative recovery programs and translational research initiatives.

Finally, there is a lot of debate about a constitutionally enshrined voice to Parliament. Our Co-Directorship is committed to the First Nations People of Australia being recognised in our Constitution and the establishment of an advisory body to liaise with government on matters relating to Aboriginal and Torres Strait Islander people. Our position is YES. Some people will still be deciding or feel that more is needed for treaty but this first step will ensure the oldest living culture of First Peoples is recognised constitutionally. That matters to us.

We hope you enjoy our new zine for the sector and consider how your work might contribute in the future too.

Victoria, Michelle & Sandra

FEATURE CONTRIBUTORS



VICTORIA PALMER

Co-Director ALIVE National
Centre for Mental Health
Research Translation

Victoria trained in the humanities and arts, and is a participatory design, experience co-design and mixed-method research practitioner. They are also the head of the Co-Design Living Labs program. Together with Co-Directors Michelle and Sandra, they lead a team for an MRFF funded flagship in ALIVE National, PEACE to cocreate preventative, experiential, arts, cultural evidence models for bigaagarri, a Gumbaynggirr word used with permission meaning danger/threats to well-being.

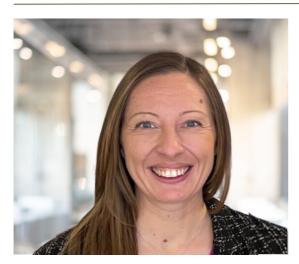


MICHELLE BANFIELD

Co-Director ALIVE National Centre for Mental Health Research Translation

Michelle researches effective services and policy for improving care and outcomes in mental illhealth. Michelle is the head of the Lived-Experience Research Unit at the Centre for Mental Health Research, which aims to increase the involvement of mental health consumers and carers in the research process and conduct research relevant to their needs. Michelle leads the Safe Space peer-led evaluation and livedexperience research.

FEATURE CONTRIBUTORS



RACHEL TINDALL

Director of Nursing and Program Implementation Manager, Barwon Health Mental Health, Drugs and Alcohol Services

Rachel is a mental health nurse and Program Implementation Manager at Barwon Health Mental Health Drugs and Alcohol Services. They have extensive clinical, research and project management expertise and is a strong advocate for livedexperience participation at all levels of mental health service reform, design and delivery. Rachel was our inaugural Writer in Residence and has contributed this issue's article



ALAN BROUGH

Actor, comedian, television and radio presenter, writer, director, singer, musician and author.

Alan has appeared in four feature films, is a regular presenter on ABC radio, has guest starred in numerous television shows and is a knowledgeable team captain on the popular music quiz show, *Spicks and Specks*. Adding to this, Alan will now be producing and co-interviewing with Muruwori Gumbaynggirr man, Mr Phillip Orcher for our very own podcast. Turn to page 22 to find out more.



NEXT GENERATION RESEARCHER NETWORK

ANNUAL FUNDING GALAXY Q&A EVENT

Delving into the Early Career Cosmos

Securing research funding as an early career researcher (ECR) in mental health is no easy feat. It can be difficult to know where to start and where to turn to for help. In order to support our ECRs, each year the Next Generation Researcher Network (NGRN) holds an Annual Virtual Funding Q&A event where ECRs are given an opportunity to ask the experts all their burning questions.

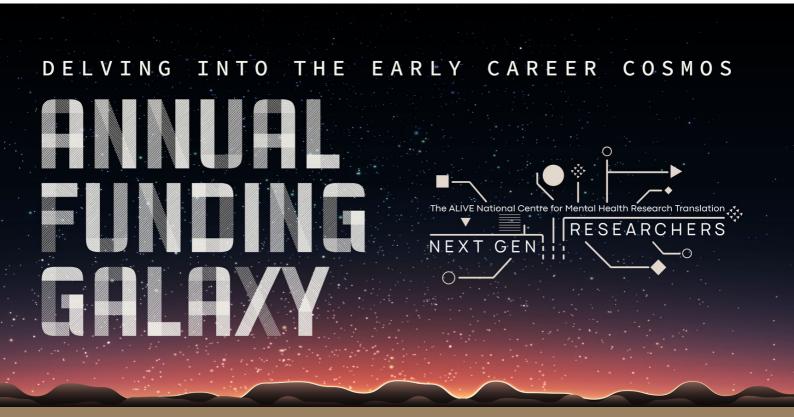
The event theme is "Hitchhikers Guide to the Galaxy", premised on the fact that the funding universe is enormous and we could all do with a guide to help us through it.

After each event, insights gained from the experts are compiled into a trusty "guidebook", a continually updated, live-resource for ECRs to use whenever they feel the need. We are pleased to announce that as of 2023, this invaluable resource will also be made available to the public.

This year's event was held on the 30th of August and the panel comprised of six experts in the field, all with recent grant successes and who kindly gave up their spare time to share their brilliant insights with us.

EXPERT PANELISTS

A/Prof Gregory Armstrong A/Prof Carly Johnco A/Prof Miriam Forbes Dr Justin Chapman Dr Catherine Brasier Dr Lou Farer The University of Melbourne
Macquarie University
Macquarie University
Griffith University
La Trobe University
Australian National University



The NGRN co-leads hosted the event with Dr Caley Tapp providing the opening address and a recognition of lived-experience from Ian Muchamore. Amy Coe and Bec Cooper led question time and Dr. Vicky Stewart provided the closing words. Dr Lou Farer, was our "intergalactic panellist" and shared an insightful recording about her career trajectory as well as many useful tips.

Click here to watch the event and view other ALIVE National videos



TOPICS

Questions were submitted both in advance and during the session via SLIDO. Themes that arose this year included:

- Building a track record with minimal resources
- Staying hopeful and persistent
- How to find out about opportunities such tenders, contracts and consulting work
- How to meaningfully collaborate and include livedexperience researchers
- Maintaining work-life balance

Watch this space for the release of our 2023 guidebook. A link to a recording of the event will also be included in the guidebook, in case you missed it.

If you're not yet a member of NGRN, join **here** and keep up to date.



LOST IN TRANSLATION



Welcome to the first edition of the Lost in Translation ZINE. This ZINE is dedicated to bringing you the latest news in mental health research translation. Each issue will contain a variety of articles and insights from the across the mental health research, policy and practice sectors through a central theme, giving you the opportunity to skim through for a quick network update or linger a bit longer and find out more about a topic of interest.

This zine is for you. It's about elevating and amplifying the conversations about translational research in Australia. Within the ALIVE National Centre we're changing conversations and putting new practices into evidence. We do not accept that research translation should take 17 years to reach policy and practice (what's called T3), and we want to see community translation (what's called T4) as the highest priority for setting research agendas for action.

We welcome short submissions from livedexperience researchers, researchers, educational institutions, policy makers, service professionals, industry organisations, peak bodies and relevant associations.

If you are interested in contributing to the next edition of the zine, please contact the editor for further details on how to submit your article.



editor_alivezine@unimelb.edu.au



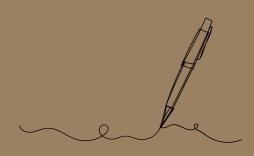
A NATIONAL STRATEGY FOR LIVED-EXPERIENCE IN MENTAL HEALTH RESEARCH

MICHELLE BANFIELD AND VICTORIA J PALMER

WHAT IS IT AND WHY DO WE NEED ONE?

Over the past two decades, we have seen a slow but noticeable increase in the active involvement of people with lived-experience in mental health research.

There is no question that this is necessary and very positive but it does come



GET INVOLVED

Click **here** to help shape the Nationa Strategy for Menta Health Research Translation with some unique challenges. As we bring lived-experience into formalised knowledge creation processes, we need to tease out and pay specific attention to the issues this may create or enhance.

Research, particularly in academic settings, comes with a set of well-known challenges in power structures, job insecurity, isolation and constant critique.

These are ongoing challenges to confidence and self-esteem faced by all researchers. We support our early career researchers to develop and thrive in this environment through

capacity-building schemes such as the ALIVE Next Generation Research Network.

However, what about the needs of people with lived-experience, who may have careers as lived-experience researchers, but alternately may be contributing to research in other ways such as codesign or advisory groups?

We need to ensure that all of these contributors are supported to navigate the challenges of the research environment, acknowledging that there may be additional sensitivities whilst not being patronising or paternalistic.

The National Strategy will provide structure and quidance to research sectors, who are lagging in providing solid conditions, career pathways and models for integrated approaches.

A National Strategy for Lived-Experience in Mental Health Research

OCT 2022-26 The Long Conversation Identifying the who, what, where and how of lived-experience research

A Flagship Research Project

Feb 2023-24 Consensus Statement Phase 1 Short Horizon 2023 Implementation Actions

Priorities for Mental Health Research
July 2022-23 Pocket Map
Lived-Experience
informs all aspects
of research

A Tailored Capabilities Strategy Dec 2022-26 i-LEARN Integrating Lived-Experience Applied Research Nationally

Shift perceptions

Grow capabilities

Remove structural barriers Implement Embed

Establish impacts

Translate

Integrate

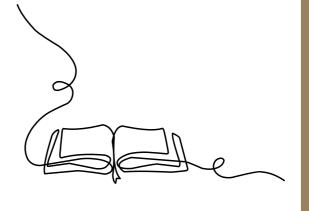
In particular, open identification as someone with lived-experience is designed to reduce stigma but paradoxically, it can actually increase the risk of discrimination and undermine perceptions of competence.

Broad lived-experience guidelines, such as those developed for the peer workforce in services, provide some principles on which this balance may be based but they are not specific enough to the research environment to provide the necessary structure and guidance to the government, policy and all research sectors.

The National Strategy for Lived-Experience in Mental Health Research will fill this gap. The aim is to co-create the principles and processes that are needed to progress embedded livedexperience in mental health research. This will ensure that there is clarity on capacity building needs and career pathway development of livedexperience researchers and others engaging in research design and translation.

The process and time frame for the development of the Strategy is detailed on the following page. We will be working with members of the ALIVE Lived-Experience Research Collective and with lived-experience and research communities more broadly to scope the landscape and co-design the Strategy over the next 18 months.

If you are interested in playing an active role in shaping the National Strategy, click the link on page 13 to participate.



Mapping Landscape Jul 2023 - Jan 2024

- Review of published literature on lived-experience in mental health research (processes, practices and principles)
- Review of policies at national level relevant to supporting growth and development of lived-experience in mental health research
- The Long Conversation Flagship

 the who, what, when and how
 of lived-experience researchers
 nationally (survey and creative
 outputs)

Public Co-Design Feb 2024 – May 2024

- Typology sharing and expansion of the principles, processes, practices for lived-experience in mental health research
- Public Co-Design with people
 with lived-experience of mental
 ill-health, carer and family
 kinship group members
 engaged in research processes,
 and lived-experience
 researchers to expand the
 preliminary typology (types) of
 researchers identified in the
 first stage.
- Findings from The Long
 Conversation survey inform
 co-design and typology
 development

Strategy Development May 2024 – Sep 2024

- Draft to Final Strategy Release Nov 2024
- Engagement with organisations and people working with lived-experience researchers, organisations, funders, and people using a variety of methods (exploring the challenges, barriers and enablers to fostering lived-experience research workforce) across research settings.
- What is the state of play nationally for support of lived-experience researchers in universities/research institutes and centres and in organisations engaged in research? Where are the gaps, what are the barriers and what capabilities development is needed at the macro (policy), meso (organisational) and micro (community/individual) levels?

- Draft strategic framework for community consultation
- Updated framework
- Refinement of strategy and implementation guide
- Final strategy released for implementation



LIVED-EXPERIENCE RESEARCH COLLECTIVE

THE LONG CONVERSATION PROJECT

The Long Conversation is a nation-wide flagship project of the ALIVE Lived-Experience Research Collective. In this project we aim to explore:

- Who are the researchers that are using lived-experience to conduct research?
- Where they are located (geographically and in which types of research organisations)?
- What principles, values and methods guide their work?

Essentially, we want to know the **who**, **what**, **where and how of lived-experience mental health research in Australia**.

Click here
if you
would like
to
participate
in the
survey or
learn more
about the
TLC
project

Our first survey was recently launched in July and by the time this zine was released, more than 100 people have helped start the conversation to locate Australian mental health or suicide prevention researchers who use lived-experience to inform their work and/or are currently in identified, lived-experience research roles.



NATIONAL STRATEGY FOR LIVED-EXPERIENCE IN MENTAL HEALTH RESEARCH

During July, we also announced the development of a National Strategy for Lived-Experience in Mental Health Research.

You can read more on pages 13 - 17 on how the strategy will fill the gap that exists between current lived-experience guidelines and the structure and processes that are necessary for integrated and embedded lived-experience mental health research.

i-LEARN SERIES

We've also been busy building the capacity of our Lived-Experience Research Collective by progressing plans for the second module of the i-LEARN series.

i-LEARN is a three-part, virtual learning studio that introduces people across Australia with an interest in integrated lived-experience and applied research to principles, practices and processes to support mental health research translation.

Module 1 explored practices, models and principles. Module 2 will look at processes, power and decision-making. Module 3 will provide research workforce training and guidance. Stay tuned for more updates.

click here
to help
shape the
National
Strategy
for LivedExperience
in Mental
Health
Research.

ORIENTATION TO APPLIED RESEARCH FOR LIVED-EXPERIENCE RESEARCHERS

We recently held a one-day course on the Orientation to Applied Research for Lived-Experience Researchers. A total of 77 people attended the course, which was delivered as a hybrid event at The University of Melbourne with 31 people participating on campus and 45 people joining virtually via Zoom.

Our team of presenters included: A/Prof Michelle Banfield, Prof Victoria Palmer, Dr Jennifer Bibb, and Dr Julia Dray from ALIVE, and partners Dr Katie Lamb and Fiona from the Safer Families Centre of Research Excellence (CRE).



- Ethics and privacy principles
- Agency and choice
- Language
- Safe data storage
- The different types of research methodology where lived-experience can be embedded and how to do it well
- What is peer review and how does it happen?
- Critical appraisal versus review what is the difference?
- How to critically appraise a research paper







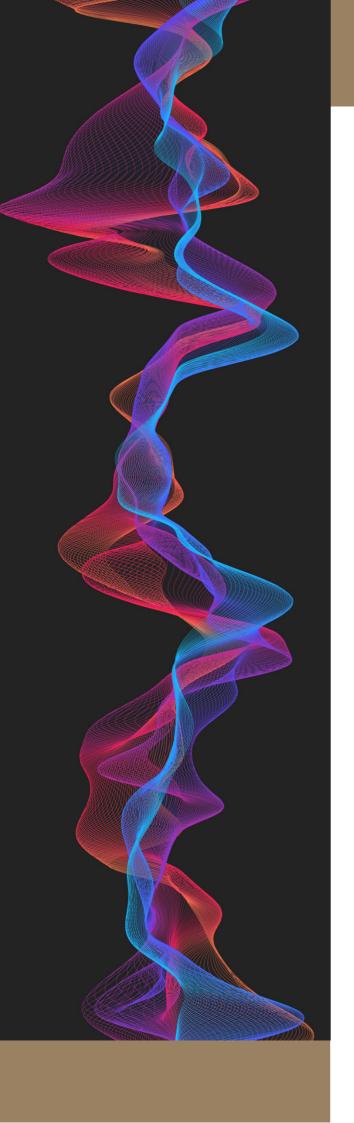
Katie and Fiona also walked us through the new Family Violence Experts by Experience Framework and explained the processes they took to coproduce the framework with victim survivors from the WEAVERs lived-experience group and researchers from The University of Melbourne's Safer Families Centre.



Top take-home messages:

- Remember to check the mindset and safety
 of both researchers and co-design
 participants. Self-reflection questions for
 researchers are important.
- Rigour, respect and accountability are important privacy principles to apply in research and are embedded within most organisation's Codes of Conducts.
- Don't force your research into a design
 where it doesn't belong. Quantitative and
 qualitative designs can be about creating
 meaning as well as collaborative processes.
- Lived-experience involvement should be considered a critical ingredient across all stages of research.
- Sometimes the only way to learn how to critically appraise research is to give it a go.





LOST IN TRANSLATION PODCAST

ALAN BROUGH AND VICTORIA J
PALMER

"The word 'translation' comes, etymologically, from the Latin for 'bearing across'. It is normally supposed that something always gets lost in translation; I cling, obstinately to the notion that something can also be gained."

Salman Rushdie, Imaginary Homelands: Essays and Criticism 1981-1991

No matter how hard we try, whenever we strive to connect with another person or group of people, we risk losing something between the idea we have in our head and the communication of that idea.

It's the same in research, we try to identify the ideal model of care or approach to changing the course of people's health outcomes or preventing mental ill-health, and somewhere along the way, things get lost in translation. Maybe it is as Rushdie says, that they can also be found.

Somewhere between the trial ideal that followed all the gold standard protocols and procedures, and the messy realities of complex lives and service settings, something inevitably gets lost in translation.

How do we go about finding a greater language, a shared language? A language in which we can have greater conversations and devise a greater plan? A way to recognise that translation is all around us - not just bearing over information and evidence for people to stick into practice.

Let me introduce you to the "Lost in Translation" podcast. A new series curated by the ALIVE National Centre for Mental Health Research Translation and produced by me, Alan Brough with co-interviewing by Phillip Orcher.

The Lost In Translation podcast aims to build a new community around translational research for implementation of holistic well-being. In lots of ways this will be very [un]podcast like!

Through the podcast, we will listen to the stories, advice and lived-experience of the world's oldest continuous culture.



If we will listen "with our ears wide open" to the First People of this land, we might just be able to translate some of that ancient knowledge into some of our contemporary solutions, while following appropriate processes.

Join us on World Mental Health Day 10th October 2023 for the unique launch of the Lost in Translation Podcast and its sister Zine!

LAUNCH DETAILS

When 10 October 2023

Where Brunswick Town Hall

233 Sydney Rd,

Brunswick

Time 12:30pm - 3:30pm

What Click to see the

<u>exciting events</u> and activities

planned





Click or scan here



IMPLEMENTATION AND TRANSLATION NETWORK

IMPLEMENTATION BRIEFS - SERIES ONE: STIGMA

Implementation Briefs are developed by a team in the Implementation and Translation Network (ITN) within The ALIVE National Centre. These briefs are short, practical documents that aim to inform at-scale delivery of mental health care through implementation science.

Implementation Briefs are developed on the priorities from the ALIVE National - ANU Lived-Experience Annual Survey 2022. The first brief focuses on the link between mental health stigma and physical health and is now available. Click the link on the left to read the brief.

Click
here to
read
Part
One
of the
Stigma
Series.

WRITERS IN RESIDENCE

Meet our newest writers to be invited for the Writers in Residence program - a capacity building and career development initiative supporting the next generation of mental health research leaders.



SCOTT FITZPATRICK

Research Fellow, Lived Experience Research Unit at the Centre for Mental Health Research, The Australian National University.

Scott's research focusses on the social and political determinants of health, suicide and lived-experience. Scott seeks to broaden the contemporary ethical discussion of suicide and its prevention within the fields of research and health practice and policy by examining the intersection between knowledge, practice, ethics and politics.



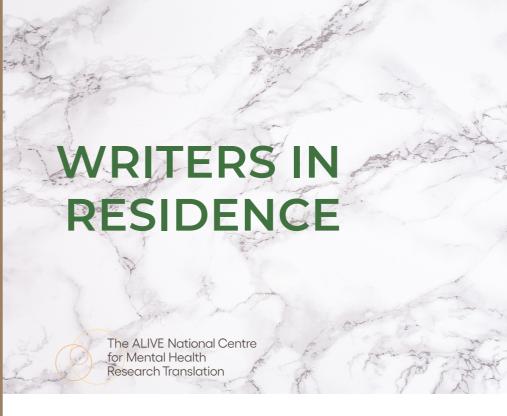
MATTHEW JACKMAN

Founder/Principal
Consultant of The
Australian Centre for LivedExperience

As a Mad person and global mental health activist, Matthew promotes human rights, social justice and lived-experience perspective from a public health and Mad Studies discipline. Matthew consults the World Health Organisation on lived-experience mental health perspective and peer work practice.

"The grey areas of co-design are where the magic happens."

R. Tindall et al. 2021



THE OPPORTUNITIES THAT LIE WITHIN THE GREY Building better conditions for co-design

RACHEL TINDALL

As an active and passionate co-designer in the public mental health arena, I enjoy having conversations with diverse groups of people around how to build better conditions for co-design. A recurring theme over the last six-months has been how to build a tolerance and readiness to sit within the grey.

KA McKercher describes the grey as the discomfort of not knowing, recognising and grappling with complexity (McKercher 2020). As humans, most of us cannot tolerate high levels of ambiguity and discomfort for long periods of time, and we drift back to our (perceived) safe places of certainty. But the grey areas of co-design are where the magic happens (Tindall et al. 2021).



In co-design practice, I often see this as the space that sits between the experiences of all involved. A space where all co-designers are repeatedly called into and a space where innovation can occur. This is where the hard, robust conversations happen, primarily about how and why the opinions and ideas of the co-designers are influenced by their experiences, perspectives, and knowledge.

When the grey is embraced, and the how and why behind opinions and ideas are shared. I have witnessed the creation of solutions that transcend one person. The process of having these conversations can often have more meaningful impact than the final design outcomes (Cataldo et al. 2021) but it requires high levels of vulnerability. When done well, these types of conversation can facilitate the cultural change that is nearly always required to sustain design and change. When done poorly, they can lead to distress and the potential for harm.

So, how do we best embrace the grey? From my experience, the three key requirements for facilitating the grey are: trust, curiosity and supportive structures.



TRUST

Co-designers require the opportunity to build trust with each other before they embark on the conversations that require vulnerability. Brene Brown (2021), in her recent podcast and her Dare to Lead work states: "Trust is not built in big sweeping moments. It's built in tiny moments every day". This makes me reflect on the time that is needed to establish good conditions before any design activities occur.

From my experience in the public sector, this is very difficult when time frames are tight and the process of finding the best people for any project reduces opportunities for extensive team building. However, overlooking this formative stage poses the risk of real harm to codesigners, and is therefore essential. Some of the strategies I use to promote early trust within the codesign teams I participate in and lead include: linking co-designers early, embarking on non-design related activities that allow the opportunities for connection, and facilitating spaces where codesigners get to know each other beyond their work personas. We drink a lot of coffee, eat a lot of cake, and laugh a lot.



CURIOSITY

Being in the grey requires participants to enter with a high degree of curiosity as well as a desire to learn. Ideas and solutions emerge through dialogue and there needs to be an appetite for more questions than answers. If codesigners enter with a sense of certainty or defensiveness, there is no space for creativity.

In my experience, and informed by KA McKercher's work, the role of a 'provocateur' is very beneficial for facilitating this (McKercher 2020, Tindall et al. 2021).

The provocateur enters codesign without specific content knowledge or experience, allowing them to question assumptions and norms. Their core role is to be a questioner and this opens a space for others to question each other and themselves.

I have found that this role also shifts conversations away from dichotomies, allowing nuances to be noticed and discussed. However, if someone is unable to specifically undertake this role, any person within a codesign process can model these behaviours, and in doing so, facilitate a safe place for curiosity.

SUPPORTIVE STRUCTURES

Whilst the grey is ambiguous, it needs to exist within a framework of safety. Co-designers benefit from clearly understanding the value they bring to the design process, their role and purpose, and who they can escalate any concerns to (McKercher 2020). It is helpful to have dedicated, named people to escalate these concerns to. These people generally sit outside of the immediate team but remain known and accessible to the co-designers. I have also found it useful to have regular spaces where the process of co-design itself can be reflected on, for example through communities of practice, coaching or supervision.

What other strategies do you have for building your (or your teams) tolerance for sitting in the grey?

REFERENCES

Brown, B. (2021). Braving trust part 1-of-2, viewed 9th July 2022, https://brenebrown.com/podcast/braving-trust-part-1-of-2

Cataldo, M.L., Street, B., Rynehart, S., White, C. and Larsen, K., 2021. Remembering radical roots: Lived experience participation movements and the risks and responsibilities of co-design in community-led change. *Parity*, 34(6), pp.13-16.

McKercher, K.A. (2020). Beyond sticky notes: co-design for real: mindsets, methods and movements. Sydney, Australia: Beyond Sticky Notes.



through dialogue" R. Tindall

"Ideas and solutions

emerge

Tindall, R.M., Ferris, M., Townsend, M.,
Boschert, G. and Moylan, S., 2021. A first-hand
experience of co-design in mental health
service design: Opportunities, challenges
and lessons. International Journal of Mental
Health Nursing. 30(6), pp.1693-1702.

NETWORK UPDATE



CO-DESIGN LIVING LABS NETWORK

We have recently welcomed seven new coleads to our team, bringing the total to 15 Co-Design Living Labs Network members who are co-leading our national network! This has been an exciting time as we continue to take on the diverse contributions and leadership from our network members. Meet our new members:



Kris



Dani



Brenton





Sam



Joanne



TomCia



Amit

CO-DESIGNING A NEW MODEL OF CARE FOR FAMILIES IN SOUTHERN MELBOURNE

Our work continues with the local community in southern Melbourne to co-design the new *Infant, Child and Families Health and Wellbeing Hub,* in partnership with Monash Health.

More than 235 people contributed to a variety of co-design approaches conducted with children, parents and caregivers, community partners, local primary schools and Monash Health staff. The final model of care was delivered in July 2023 and staff at Monash Health are working to implement this.

Over the next few months we will continue to meet with staff on how they are implementing the new model. Stay tuned for more updates.

OPEN HOUSE EVENT

The inaugural Co-Design Living Labs Network Open House Event was held in June and the second in September. Six members attended in-person with three others from QLD, SA and NSW joining virtually. It was a great opportunity to meet, have a cup of tea and get to know each other. Co-designers contributed reflections to our new shared mural about what matters to them in being a member of the network.

Contributions included:

- Feeling welcome
- Knowing the plans ahead of time
- Meeting with others who know and understand
- Trusting one another



One of the co-design artefact installations set up in the local community.



Shared mural contributions

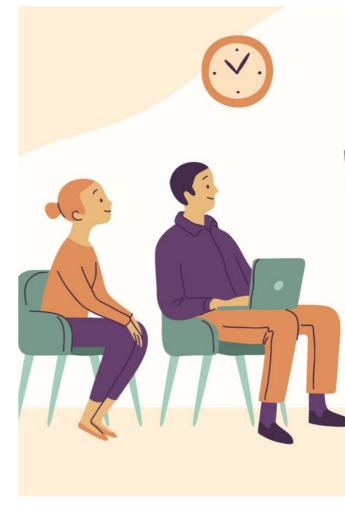


Inaugural Open House Event in Carlton, June 2023.

THE 2023 ALEX MCLEOD CO-DESIGNER TRAINING AWARD PROGRAM

The Alex McLeod Designer Training Award Program provides yearly support for Co-Design Living Labs members to be appointed to a training position to develop their codesign skills and grow the capabilities within the network's membership base.

Our new 2023 co-designer trainees, Josie, Rose and Gregor, recently attended the Lived-Experience Research Collective's one-day short course "An orientation to Lived Experience Applied Research: context, method, process and practice".



One of the most distinctive and enriching aspects of this experience was the chance to learn from other lived-experience researchers.

A critical part of their individual learning journeys is to reflect on how they can bring their unique lived-experience to mental health research.



ALIVE NATIONAL CENTRE ROADMAP

INTRODUCTION

Welcome to a new section of the eZine. Each issue will now feature an update on the progress being made in the implementation of the ALIVE National Centre Roadmap. Recently, the pocket map was updated, which is designed to let you see at a glance the priorities for people. Below is some information on how the roadmap was started.

THE ROADMAP ORIGIN STORY

July 2020

Our Origin Consensus Statement was formed from priorities that were shared by 115 Co-Design Living Labs Members. These priorities became *Nick's journey* in the submission for the Special Initiative in Mental Health and shaped the vision of the ALIVE National Centre

Mar - Oct 2021

The Consensus Statement set the Centre's research objectives based on members priorities. These priorities were combined with the 2017 ANU ACACIA results and organised across three topic areas: mental health research, improvements to mental health care and experiences and the impacts of social determinants on mental ill-health. A total of 52 priorities were created.

Feb - Mar 2022

88 people conducted emotion mapping with the 52 priorities, identifying areas where there were shared strong feelings. These strong feelings were then grouped to establish five key priorities in each topic area.

Mar - Aug 2022

The blueprint for the co-design of the ALIVE National Roadmap for Mental Health Research Translation was shared at our first symposium. Prioritised areas and emotion maps were used to co-create the Phase 1 Consensus Statement Short Horizon Implementation Actions.

Oct 2022 -Feb 2023

The Phase I Consensus Statement Short Horizon Implementation Actions were launched to guide research goals and integrated knowledge translation strategies across the Centre and its network.

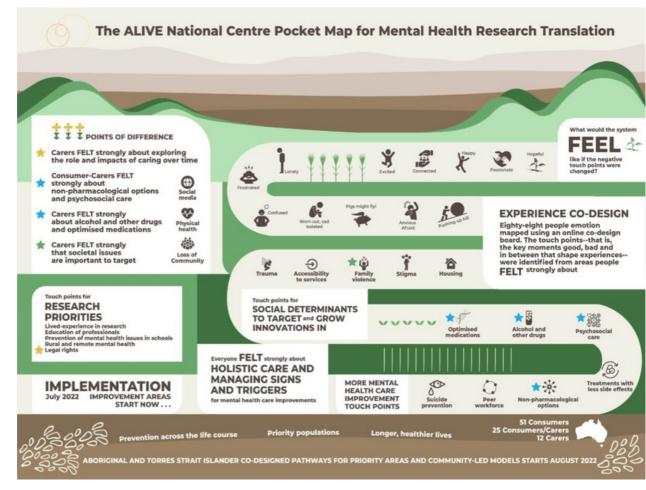
Mar 2023 -NOW

The Annual Lived-Experience Priorities Survey 2022 analysis has confirmed that priorities need to be updated and noted where consensus remains. This informed the renewal of the wording alongside the discussions at the Annual Symposium and review of progress for the Pocket Map Edition 2023.

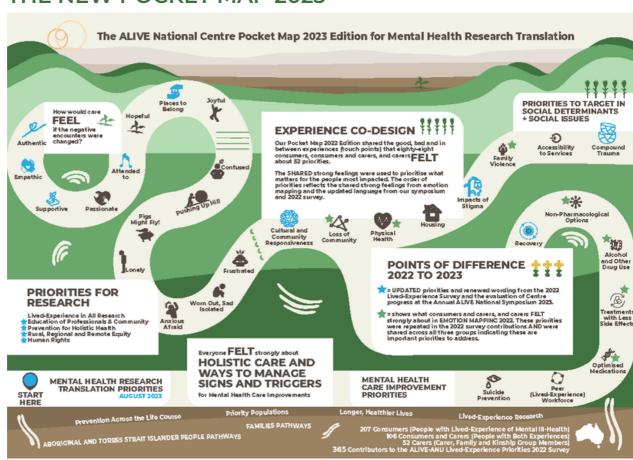
THE ROAD AHEAD

We have completed public co-design for the Phase 2 Consensus Statement Intermediary Horizon 2023 Implementation Actions for the Family Pathway in the Roadmap. STAY TUNED.

POCKET MAP 2022



THE NEW POCKET MAP 2023







VICTORIAN COLLABORATIVE CENTRE FOR MENTAL HEALTH AND WELLBEING

Victoria's new Collaborative Centre for Mental Health and Wellbeing research partnership will be led by The University of Melbourne and the Royal Melbourne Hospital.

The centre will have a strong focus on improving people's experience of the mental health system by providing best practice treatment and support, as well as listening to the voices of lived-experience, including people who use mental health and wellbeing services, their loved ones and people who work in the sector.

Members of the new Collaborative Centre include:

- Barwon Health
- Deakin University
- Northern Health

- The Bouverie Centre, La Trobe University
- Western Health
- Victoria University
- Forensicare
- Swinburne University
- St Vincent's Hospital
- Australian Catholic University
- Grampians Health Service
- Royal Melbourne Institute of Technology
- Goulburn Valley Health
- The ALIVE National Centre for Mental Health Research Translation
- Cohealth
- Mind Australia
- Uniting Vic, Tas
- Dardi Munwurro

Over the next six months, the Collaborative Centre, will identify and begin work on early priorities for research and service delivery opportunities.

FEATURED EVENTS



LOST IN TRANSLATION PODCAST AND ZINE LAUNCH

Brunswick Town Hall 233 Sydney Rd, Brunswick Oct 10, 2023

Time: 12:30pm - 3:30pm

Join us for the exciting launch of our new podcast and zine. This is an experience not to miss.

Register <u>here</u> to attend.



CHRISTOPHER DOWRICK

CREATIVE ARTS - AN ANTIDOTE TO EXISTENTIAL DESPAIR

Melbourne Town Hall Oct 31, 2023 Hybrid event, 12:00pm - 1:00pm

Christopher Dowrick from The University of Liverpool in the UK will be sharing how literature, poetry and music may ameliorate our personal and vicarious experiences of existential despair and how the creative arts can broaden our approach to mental health promotion and suicide prevention.

31 OCT 2023 11:40 AM - 1:15 PM (AEST)

MENTAL HEALTH IS A UNIVERSAL HUMAN RIGHT

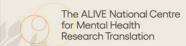
CHRISTOPHER DOWRICK University of Liverpool, UK



REGISTER
go.unimelb.edu.au/vm4s



CREATIVE ARTS: AN ANTIDOTE TO EXISTENTIAL DESPAIR



Event Schedule:

- 11:40am
 Arrival, seated by 11:50am
- 11:50am
 Introductions by
 Prof Jane Gunn
- 12:00pm 12:45pm Talk
- 12:45pm 1:15pm
 Panel discussions and Q&A with audience on the same topic moderated by
 Prof Jane Gunn

Chris will explore how creative arts (specifically literature, poetry and music) may ameliorate our personal and vicarious experiences of existential despair. He will consider how creative arts enable us to acknowledge the deeply inconsolable, to 'think' reality when ordinary human thought falls short, to allow for the possibility of imagining the 'shabby, confused, agonised crisis which is the common reality of suicide' and to develop empathy towards individuals who seek it. With the help of Leo Tolstoy, Gerard Manley Hopkins, Ludwig van Beethoven and Bruce Springsteen, he will explain how creative arts can broaden our approach to mental health promotion and suicide prevention.

Hosted by:



Prof Jane Gunn
Dean, Medicine,
Dentistry &
Health Sciences

Panellists:



A/Prof Beth Driscoll
Publishing,
Culture and
Communications



Mr Alan BroughComedian and
Media
Personality



Dr Donna LyonFilm Producer,
Researcher and
Senior Lecturer

MELBOURNE TOWN HALL
90/130 Swanston St, Melbourne VIC 3000



HAVEN HOMES - LONG-TERM HOUSING WITH SUPPORT FOR PEOPLE WITH SIGNIFICANT MENTAL HEALTH AND WELLBEING CONCERNS

PRESENTED BY: LAURA HAYES AND NICOLA BALLENDEN
Hosted by the Next Generation Research Network

The Haven Foundation was first started in 2005 by a group of carers and families and became a subsidiary company of Mind Australia in 2019. Mind is one of the largest providers of community managed social services in Australia. The Haven Model is a unique, integrated social support service for people with significant mental health and wellbeing concerns and is and is comprised of two main components:

- **1. The Haven Residence** long term social housing where residents can feel safe and secure.
- **2. The Mind Model** focused on recovery-oriented supports.

The service operates through the National Disability and Insurance Scheme (NDIS). There are currently six residences in the following areas: South Yarra, Frankston, Geelong, Laverton, Mooroopna, and Epping with five more being built.



Epping

THE RESIDENCES

The residences are a co-designed, built environment with independent apartments as well as shared spaces to promote community and peer learning. Mind provides support into the homes which includes 24/7 support, a family hub and opportunities for peer connection.



Geelong

RESEARCH

In 2019, Mind and the Australian Housing and Urban Research Institute (AHURI) led new research called "Trajectories" on housing and mental health. The key findings were that being diagnosed with mental illness increases the likelihood of a forced move by 39% and the likelihood of financial hardship for people experiencing psychological distress increased by 89%. These findings reinforce the importance of a support service such as the Haven Homes



Laverton

EVALUATION

To evaluate the effectiveness of the service, Mind conducted a mirror design study, assessing the changes in hospitalisation of 29 participants 12 months before and after moving into the haven homes. The study found a statistically significant reduction (of 86%) in days hospitalised (pre move to Haven Homes 53.1 days, post move in to 7.4 days). Reduced hospitalisation represents better mental health, stronger community connections and more time cost offsets.

Although housing and support is important for recovery, there is a mismatch between the needs of people with psychosocial disability and how the NDIS recognise this, making it sometimes difficult to obtain the funding. A review of the NDIS is currently under submission to reform the process.

The Haven Homes service stands as a compelling example of an integrated support model for individuals facing significant mental health challenges, offering not only secure housing but also fostering recovery-oriented supports and strong community connections.

Click <u>here</u> to watch the full presentation or to access their website, click <u>here</u>.

Images courtesy of The Haven Foundation.



Mooroopna



Frankston



South Yarra

CALENDAR

SEPT

26

READY... SET... TRANSLATE

Presenter: Maia Caryn Olsen **Hosted by:** Lived Experience

Research Collective **Location:** Online

Time: 10:00am - 11:00am (AEST)

28

MAD KNOWLEDGES & USER-LED RESEARCH WITH DIANA ROSE & MICHELLE BANFIELD

Location: Australian National University Research School of Social Sciences

Auditorium

Time: 5:30pm - 7:30pm (AEST)

OCT

31

SPECIAL WORLD MENTAL HEALTH MONTH EVENT

Presenter: Chris Dowrick

Hosted by: Prof Jane Gunn and Mental Health Care at Scale

program

Location: Melbourne Town Hall **Time:** 11:40am - 1:15pm (AEDT)

NOV

23

READY... SET...
TRANSLATE

Presenters: Rob Whitley

Hosted by:

Implementation and Translation Network

Location: Online

Time: 10:00am - 11:00am

(AEDT)

29

SPECIAL CONVERSATION

Speaker: Rob Mills **Location:** Science Gallery Melbourne

Time: 3pm - 4pm (AEDT)

DEC

6

READY... SET...
TRANSLATE

Presenter: Sandra Eades

Hosted by: Stream A

Work in Priority

Populations Program

Location: Online

Time: 12:00pm - 1:00pm

(AEDT)

42

DEC

7

QUARTERLY FORUM #3

Research Updates

Location: Online

Time: 12:00pm - 2:00pm

(AEDT)

2024

FEB

7

QUARTERLY FORUM #4

Research Updates

Location: Online

Time: 12:00pm - 2:00pm (AEDT)

MAR

13

ANNUAL E-NETWORKING

Hosted by: Lived-Experience Research Collective and Next Generation Researcher Network

Location: Online

Time: 9:00am - 4:00pm (AEDT)

MAR 14-15

ANNUAL SYMPOSIUM

Theme: Holistic Formation -

What are the policy and practice and ecosystem arrangements of primary care and community settings that are essential to embed and deliver holistic care?

Location: Australian National University, Canberra / Online

Time: 9:00am - 4:00pm

(AEDT)

16

ALIVE NATIONAL & BIG ANXIETY RESEARCH CENTRE PARTNERSHIP EVENT

Location: Australian National University,

Canberra **Time:** TBA



OUR MISSION

Transforming mental health and well-being through primary care and community action.

OUR VISION

Vibrant communities that support mental health and promote well-being to enable people to thrive.

OUR VALUES

Lived Expertise

We value lived-experience as a unique expertise that is central to transformation

Practice Wisdom

We value practice experience as a form of wisdom that can inform change

Outcomes Driven

We value making a difference by being data-driven and using evidence for sustained change and impact

Inclusive

We value co-created spaces that are inclusive, equitable and respectful of difference

Authentic

We value collaborations where trust, respect and connection support honouring all expertise

Brave

We value curiosity to grow together, and to be courageous in what we do collectively



