INNOWELL PTY LTD

s 47F



V1.0

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# About

The purpose of this document is to record the outcomes of a face to face engagement activity conducted on the 1st of May 2019 at the Brain and Mind Center in Sydney.

The engagement was designed by the working group and led and co-facilitated by s 47F supported by s 47F from Forth Design and s 47F (InnoWell) achieving a truly lived experience led approach to community consultation.

The intent of the activity was to listen to the stories and experiences of diverse individuals who had made attempts to access mental health services in the past 12 months.

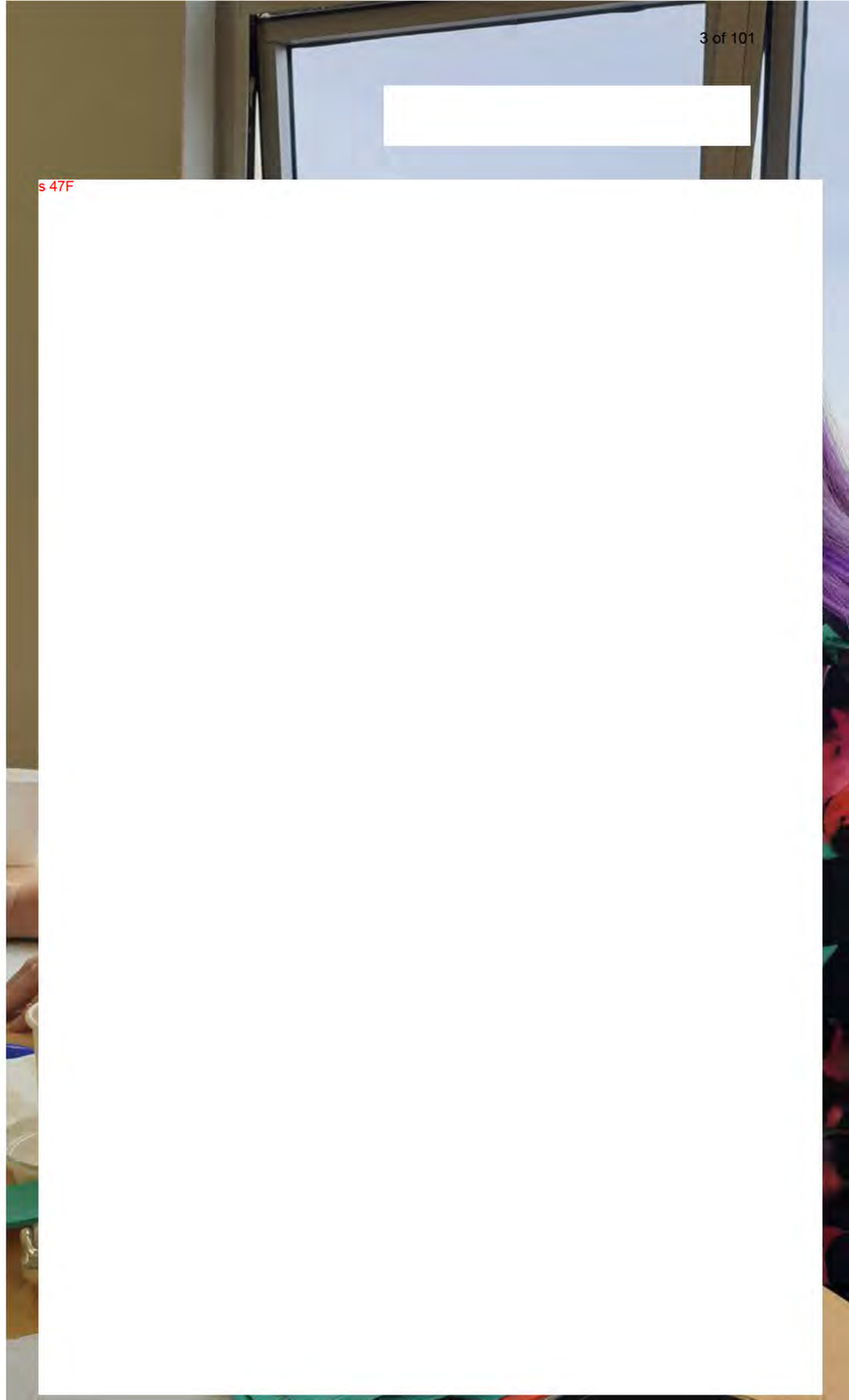
One of the barriers identified by the LEAF to accessing digital services is trust, therefore the focus for this activity was to understand how differing levels of trust in people, information, products and organisations impacted their experiences accessing services.

Develop a series of individual experience maps that articulate:

- The steps someone takes along their journey leading up to accessing services
- Who they engaged with (clinicians, service providers, friends and family, colleagues etc.)
- What technology they use/d
- What information they found/find useful
- What barriers they had
- Where they experienced success

Identify digital solutions, opportunities and concepts that could improve the point of entry experience of a person seeking mental health service.





# Where we went

Both focus groups were held at the Brain and Mind Centre in Camperdown Sydney.

# Who we spoke to

We engaged with approximately n=20 individuals across lived experience lived experience cohorts in 2 (two) focus group sessions in Sydney NSW, each running for approximately 3 hour period. (10 participants per focus group).

# What we did

Seek to gain an understanding of a persons' journey leading up to the moment where they access mental health services. With a particular focus on 'trust' – trust in information, trust in service providers, trust in their personal decision making processes (aka: "Am I doing the right thing, seeking help?"), the focus is to explore opportunities to overcome barriers like mistrust and develop concepts that could inform the re-design of the point of entry experience when accessing services.

# What we learned

**Mapping the journey of accessing mental health services**

The attached series of individual experience maps articulate:

- The steps someone takes along their journey leading up to accessing services
- Who they engaged with (clinicians, service providers, friends and family, colleagues etc.)
- What technology they use/d
- What information they found/find useful
- What barriers they had
- Where they experienced success

# What we learned

**A discussion around trust:**
Principles for designing the point of entry to a digital service

- Acknowledge the courage a person took to make contact and celebrate that small win
- Don’t overwhelm people with too much information at once,
- Use language that makes people feel in control,
- Walk people through the process and set clear expectations over what comes next,
- Don’t rush people through the process,
- Ask relevant questions to the person,
- Give people choice in what options they can take,
- Have an appointment set after the point of entry so there is something to look forward to,
- Follow up to check in on the person,
- Send useful links and information relevant to them.

# What we did with it

- Circulate the conversation tracker report at InnoWell and use it's outputs and findings to help optimise on boarding experience
- Tabled at June working group meeting to go to identify co-design for identity and potential stream
- Feedback forms were provided for further responses at the end of the workshop
- learning from evaluation forms - make sure we are clear on next steps at the end.

[redacted]

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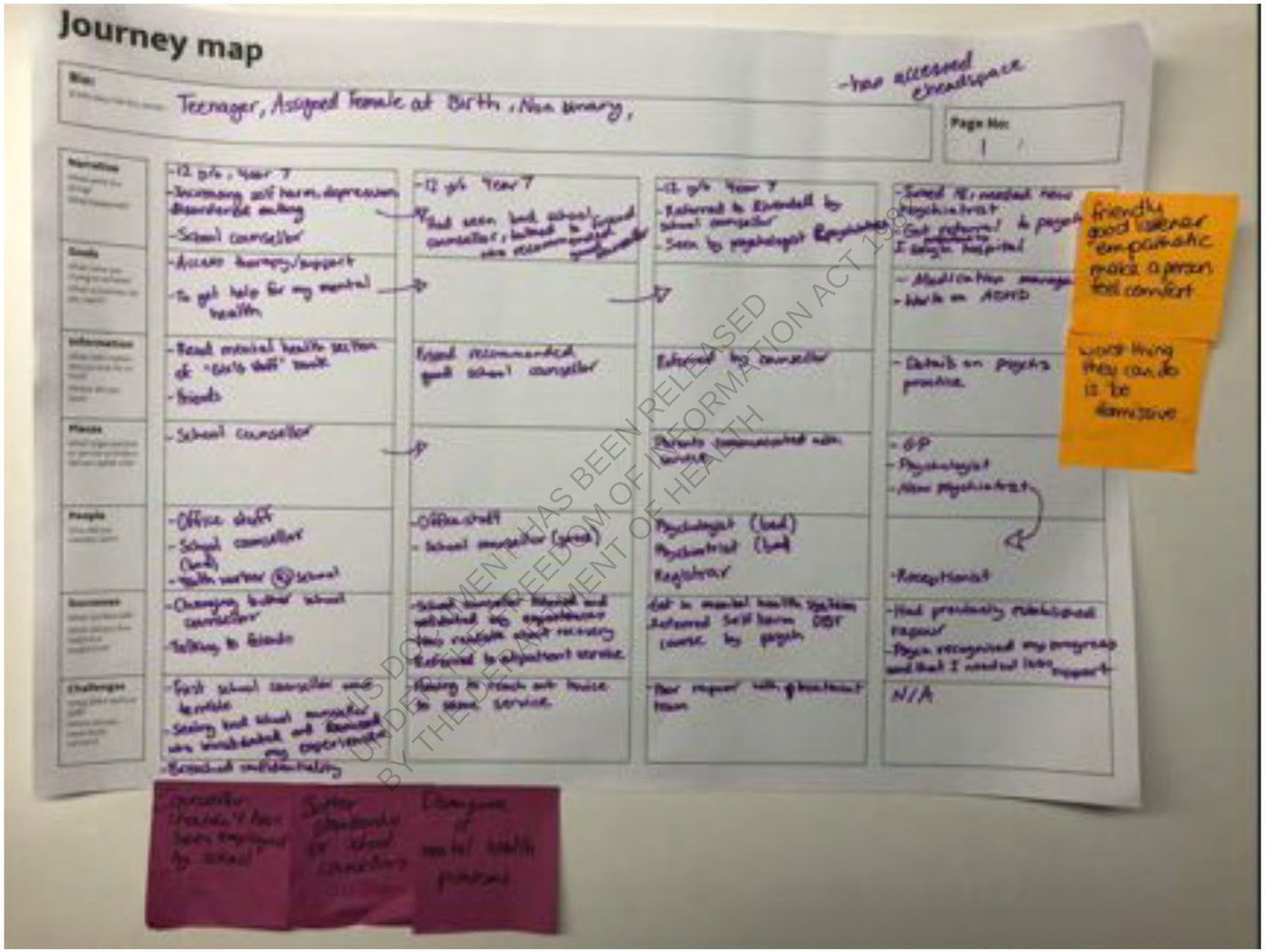
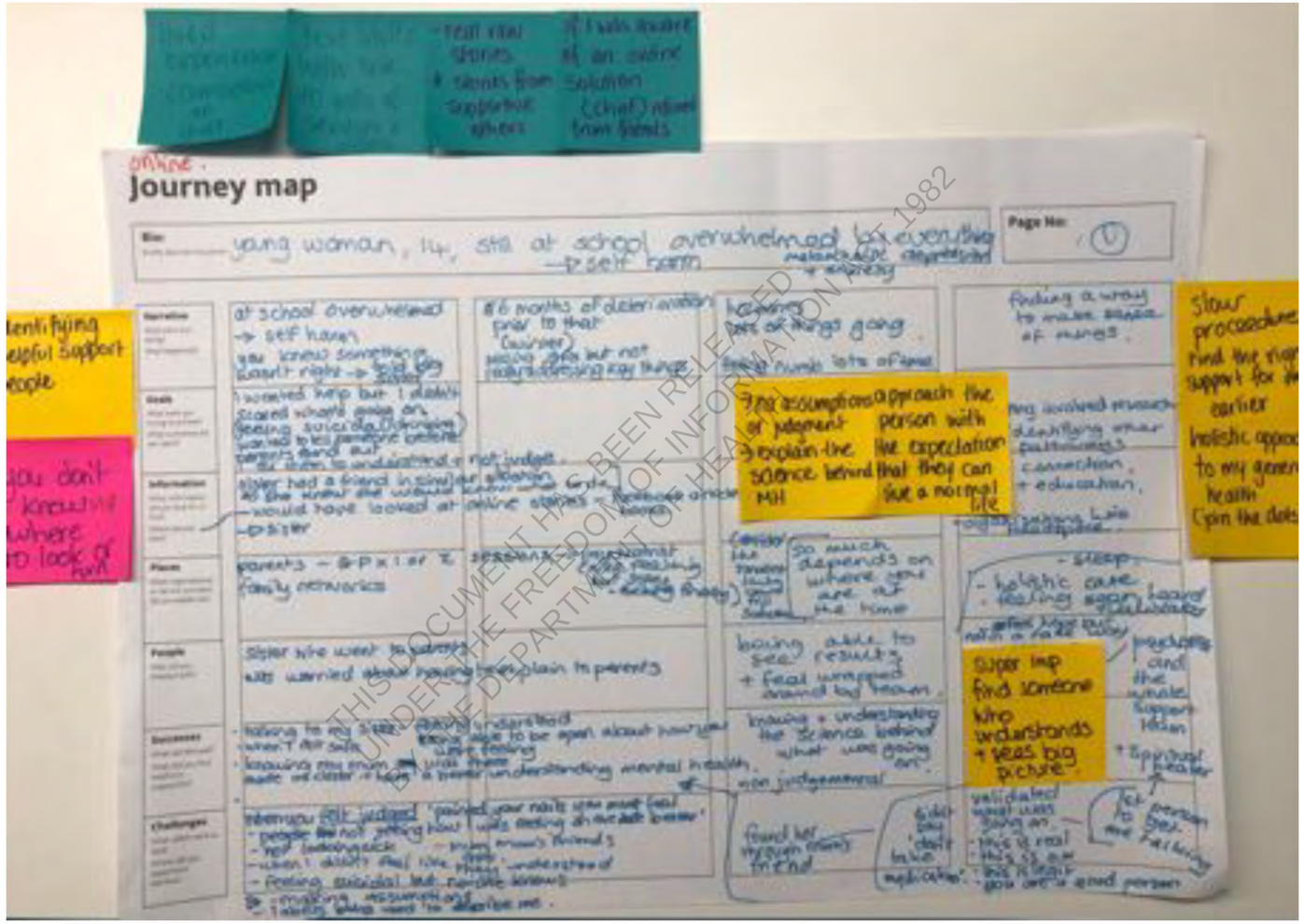
| WAITING FOR APPOINTMENT | HAVING THE APPOINTMENT | FOLLOWING UP WITH A PERSON |
|---|---|---|
| Send a friend reminder of their appointment | Clinicians should be aware of a persons story prior to the session— it can be frustrating having to repeat it (unless this is their first time) | If possible, maintain a consistent person to call (particular clinicians to particular front desk assistants) |
| Provide a direct contact to call during the time between booking an appointment and waiting for the appointment | Provide personalised service— make people seem comfortable | Provides debrief to patient after an appointment to gain feedback on the main areas to work on with tools to support them during their care |
| Provide links to resources and information for people to read in the meantime | Set clear expectations about the process and what happens next | Show people how they are progressing toward their goal |
| Provide a. Contact person if someone needs immediate help | Give the person a choice in how they. Want to approach the appointment | |
| Provide tools that people can use to assist them prior to the appointment (meditation, relaxation tools) | Be conversational | |

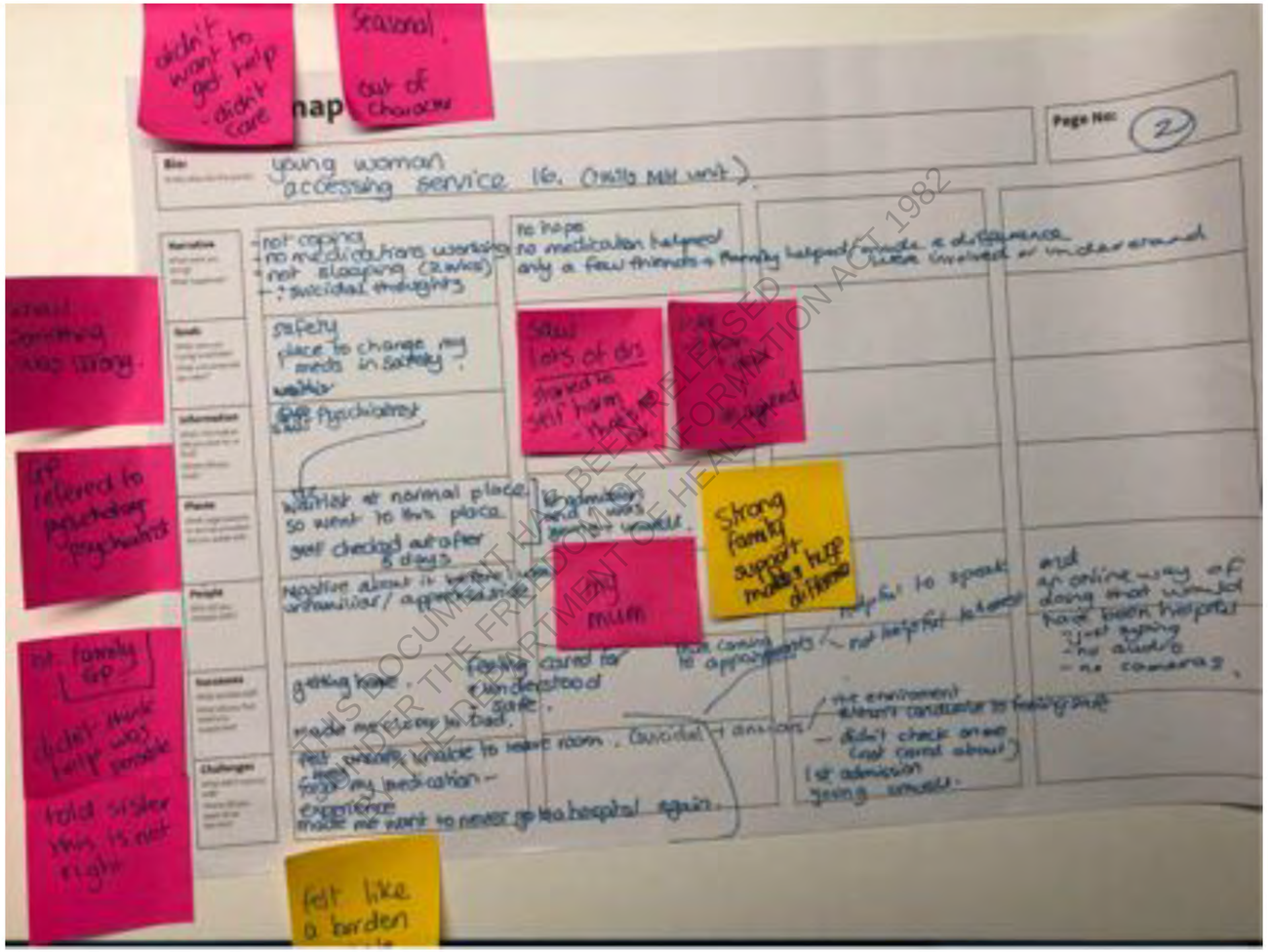
| TRUST IN PEOPLE | TRUST IN INFORMATION AND PRODUCTS | TRUST IN INSTITUTIONS |
|---|---|---|
| They are reliable | Information and content is connected to real people and their stories | Personal recommendations |
| Treated as an individual rather than being put into a general box | Non-generic statements | Trusted ally |
| Empowered to make decisions | Testimonials from people who have used it | Joined up with other services (government and non-government) |
| Conversational | Positive reviews that are publicly available | Qualified staff |
| They celebrate small wins | Personalised for the individual | Personal data is private and not shared with third parties |
| What is said is confidential | Validation that the responses given have been read by a clinician | No wrong door policy— warm referrals if service provider can't help |
| They have your best interest at heart | | Transparency incase process— what the next steps are |
| Reflective listening | | Choice in clinicians and access to their bio |
| They make you feel comfortable | | Authentic |
| No fear of retribution | | Accessible |
| They respond in a positive way | | Quality service model |
| Understanding | | |
| Genuine care | | |
| Non-judgemental | | |
| Safe | | |
| Relationships built on common ground | | |
| Reciprocal | | |
| Understanding that it takes time to disclose personal information | | |

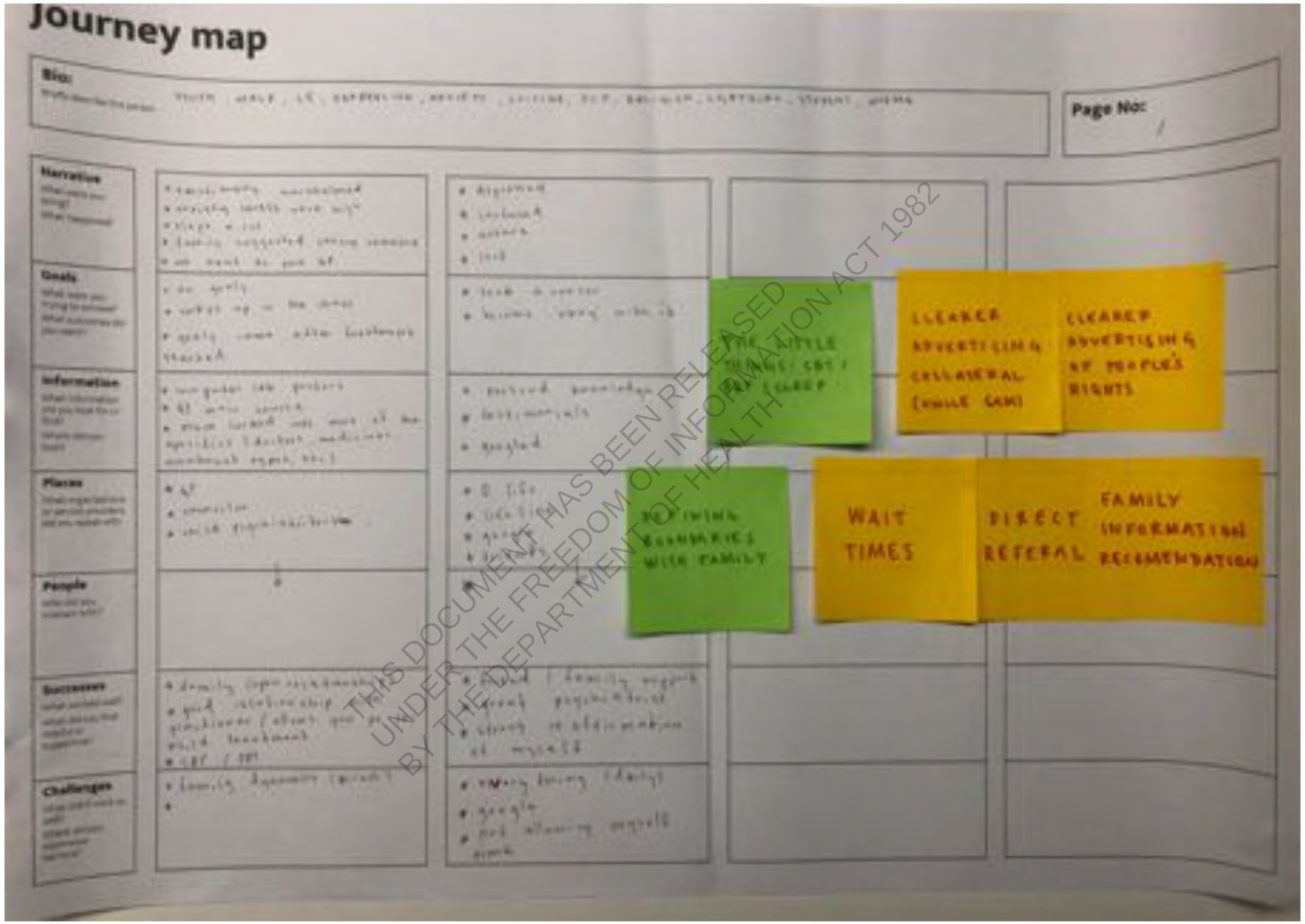





National Community Consultation; Face to Face Engagement: **Sydney V.01**



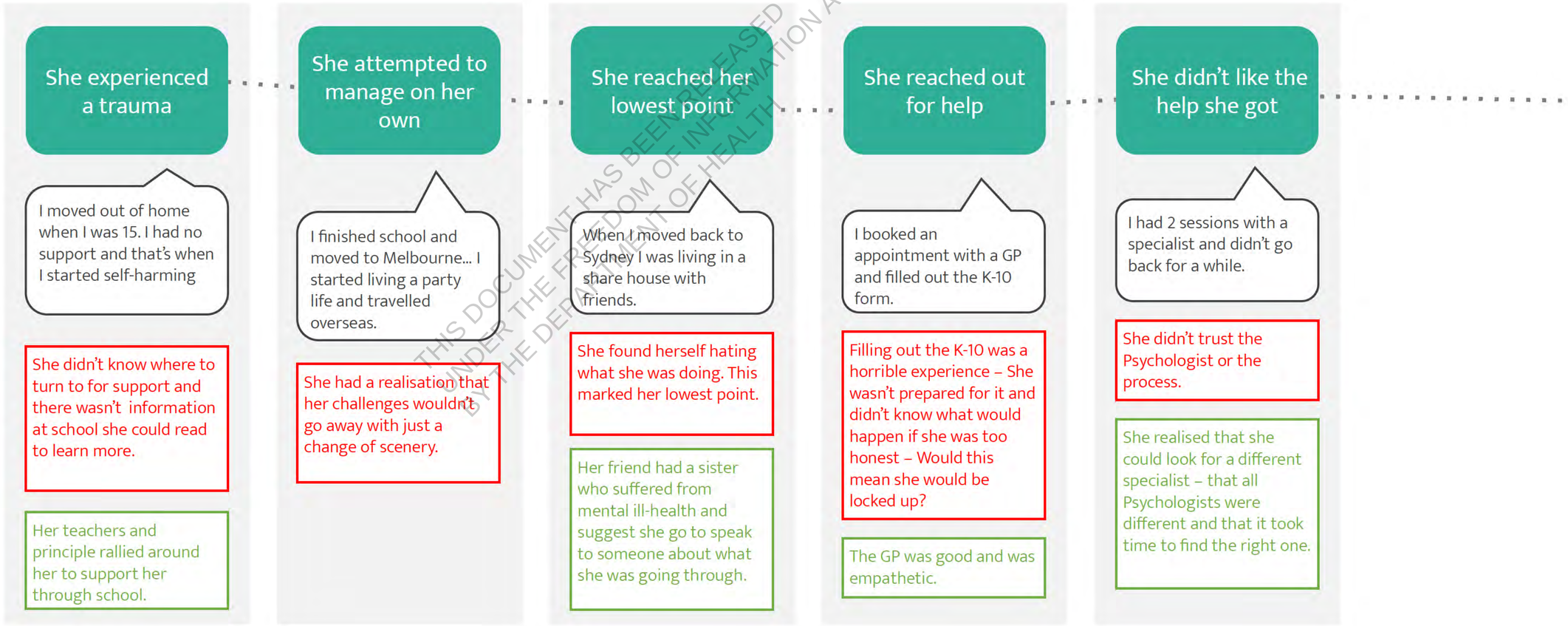




# Lived experience journey

## 30 year old female business owner.

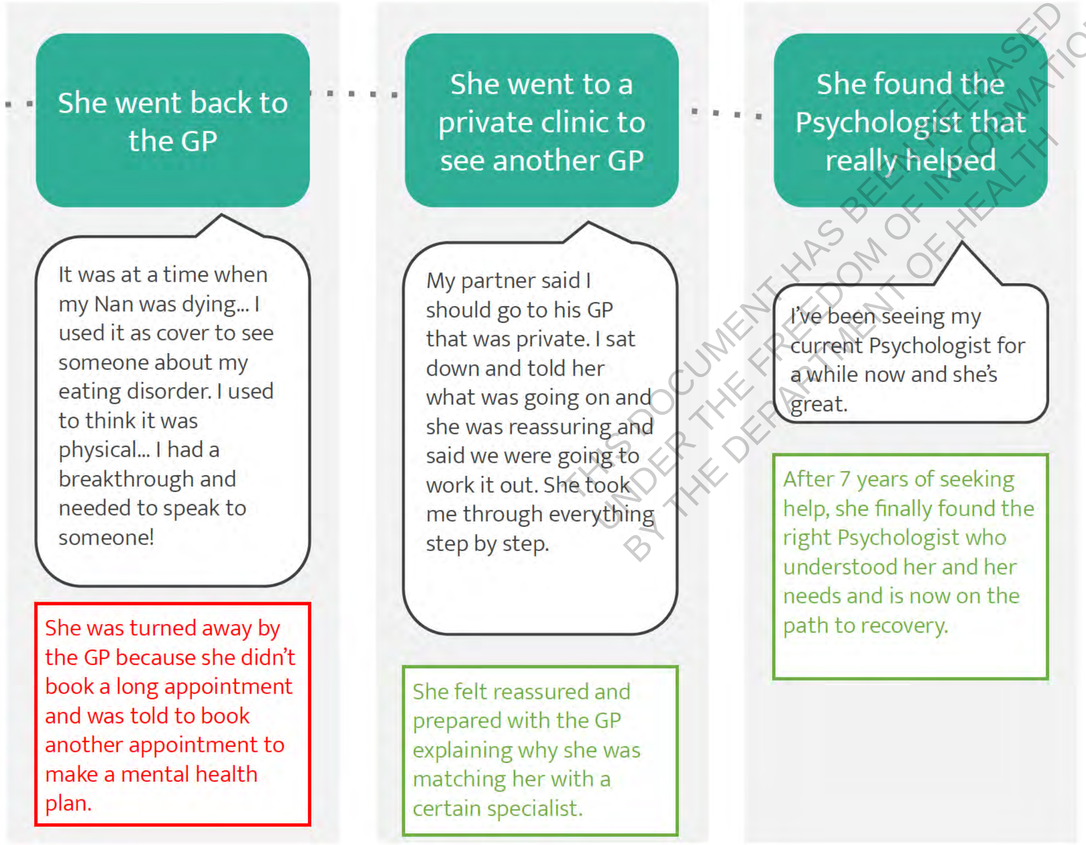
She came from an abusive childhood. Had an eating disorder for 13 years and is on the path to recovery.



# Lived experience journey

## 30 year old female business owner.

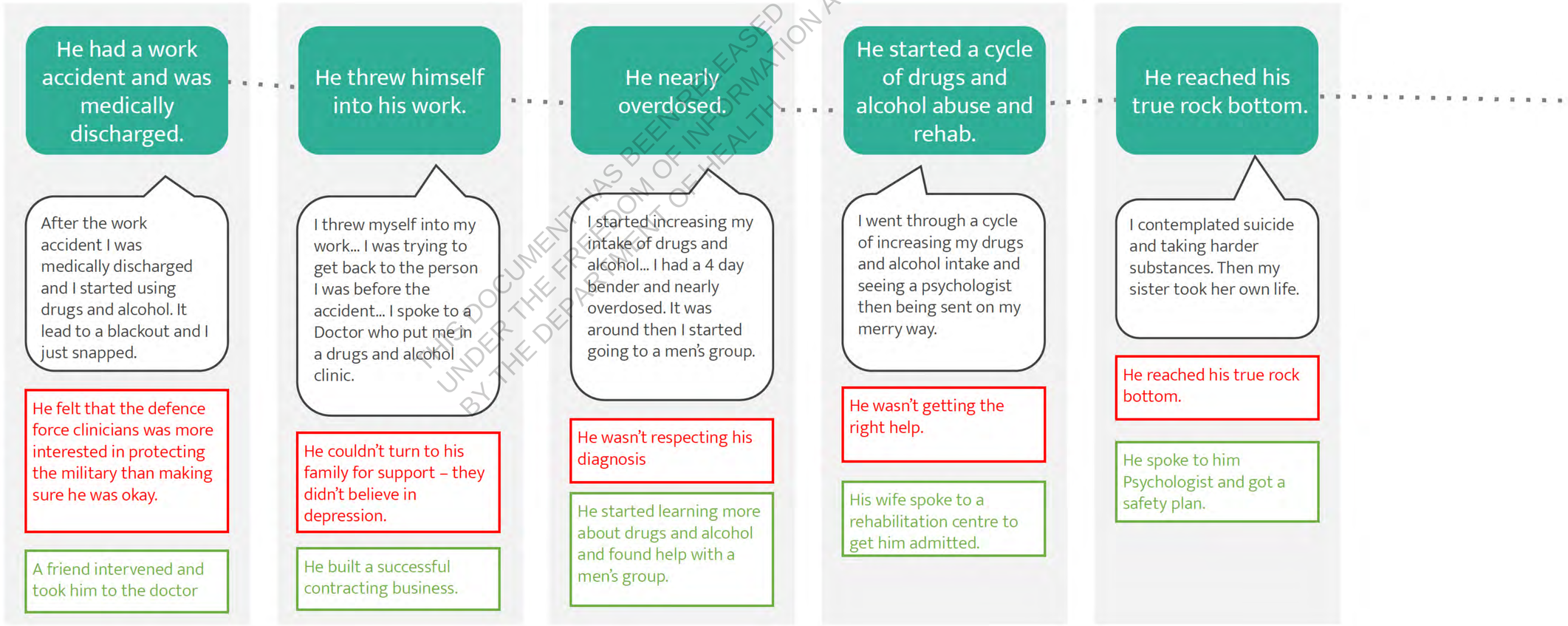
She came from an abusive childhood. Had an eating disorder for 13 years and is on the path to recovery. – **Continued**



# Lived experience journey

## 45 year old male Veteran

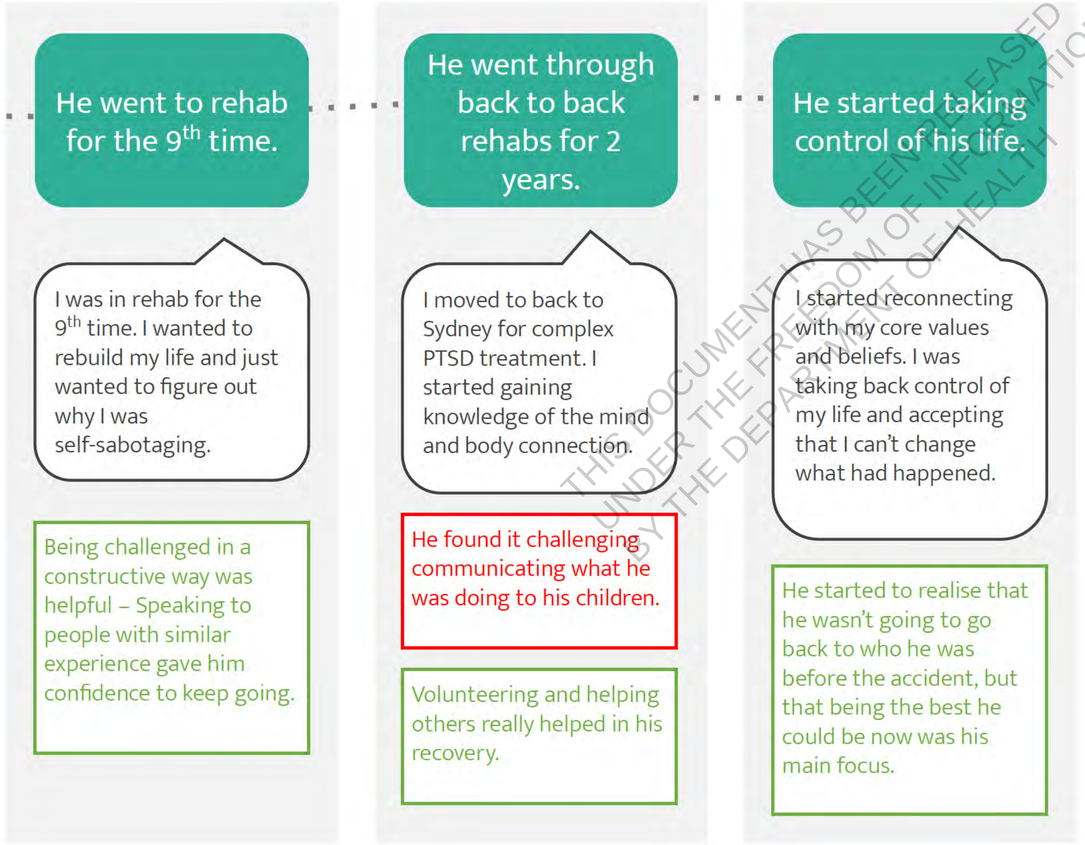
He was medically discharged after a workplace accident. He has complex PTSD and now works as a peer advisor.



# Lived experience journey

## 45 year old male Veteran

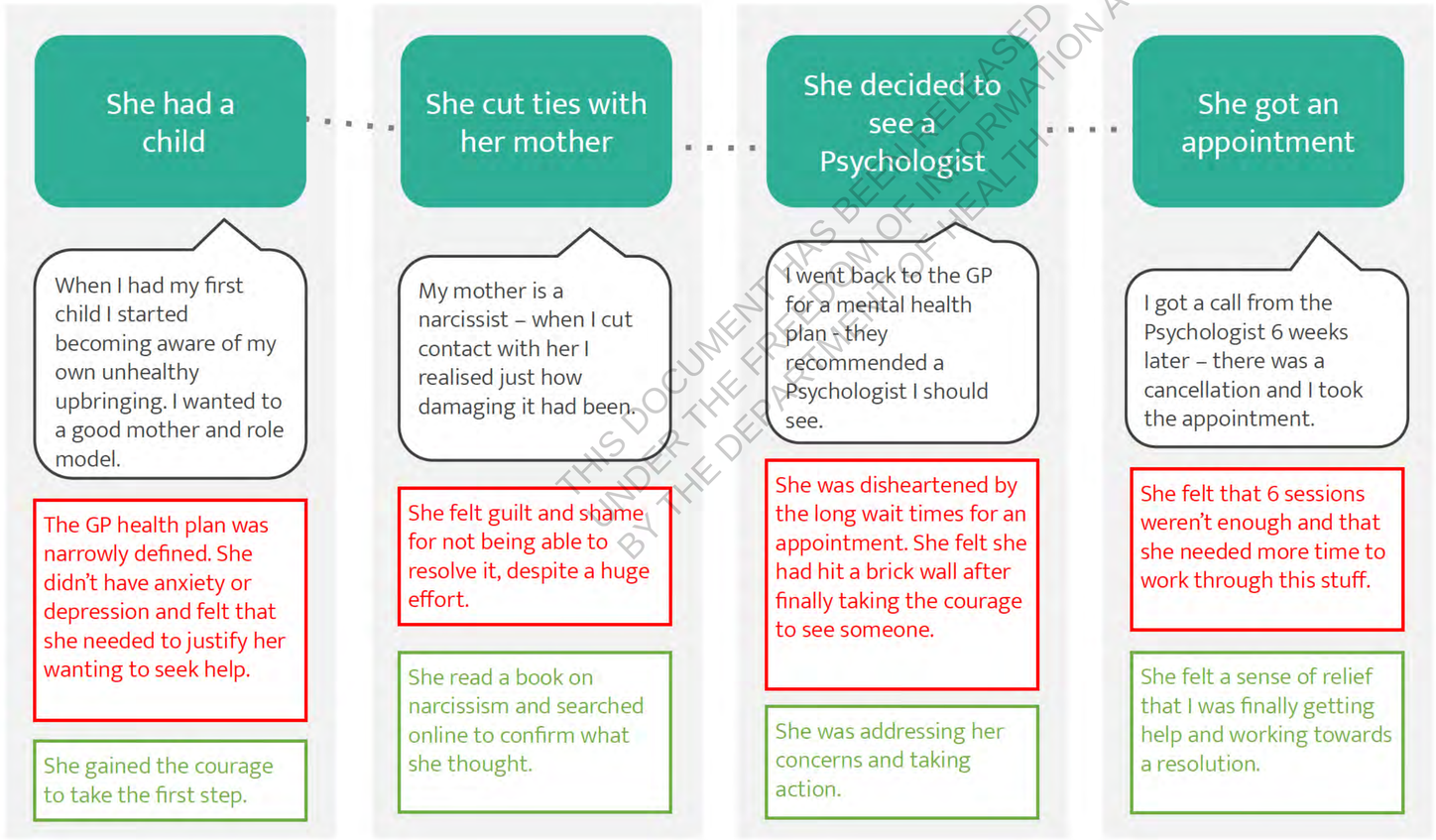
He was medically discharged after a workplace accident. He has complex PTSD and now works as a peer advisor. – **Continued**



# Lived experience journey

## 50 year old single mother.

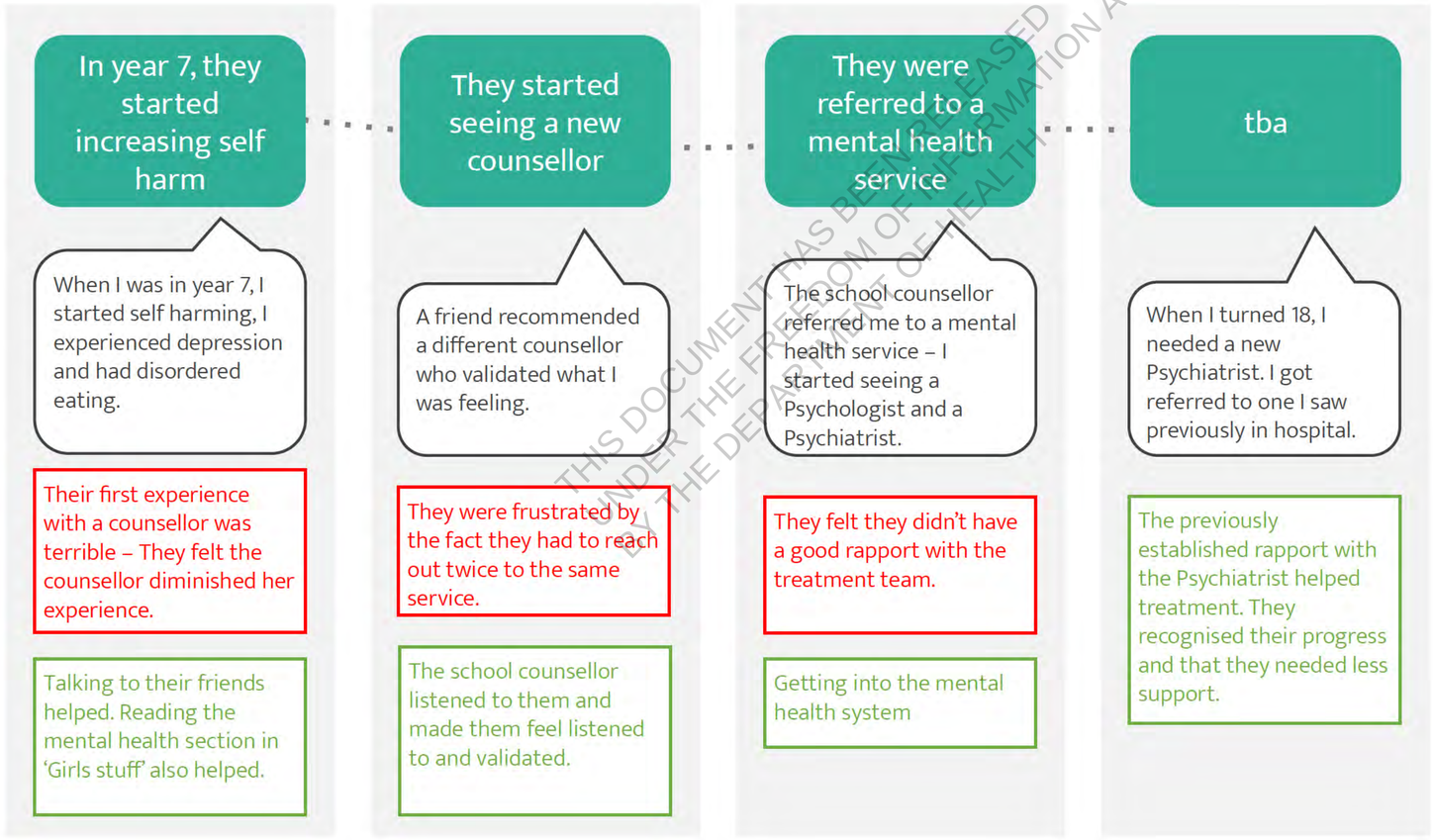
When she had a child, she started becoming aware of her own unhealthy upbringing



# Lived experience journey

## Teenager, non binary

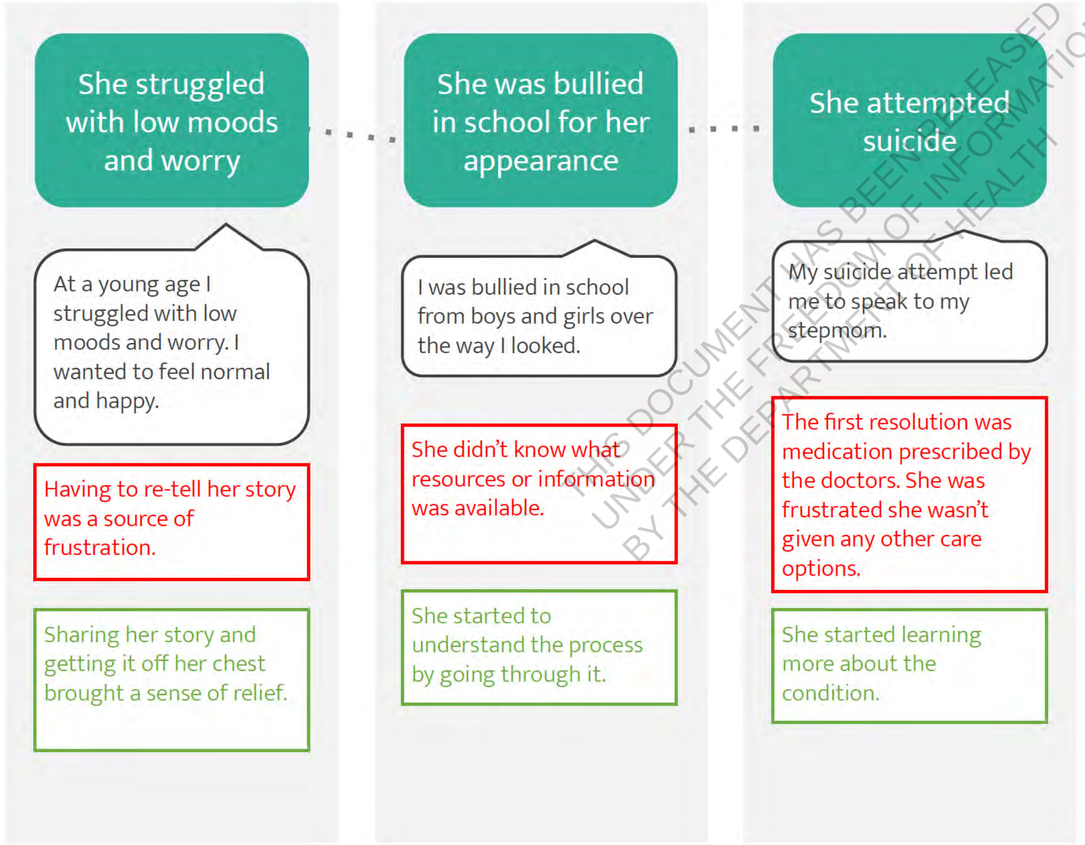
Started experiencing self harm and depression at 12 years old.



# Lived experience journey

## 23 year old female

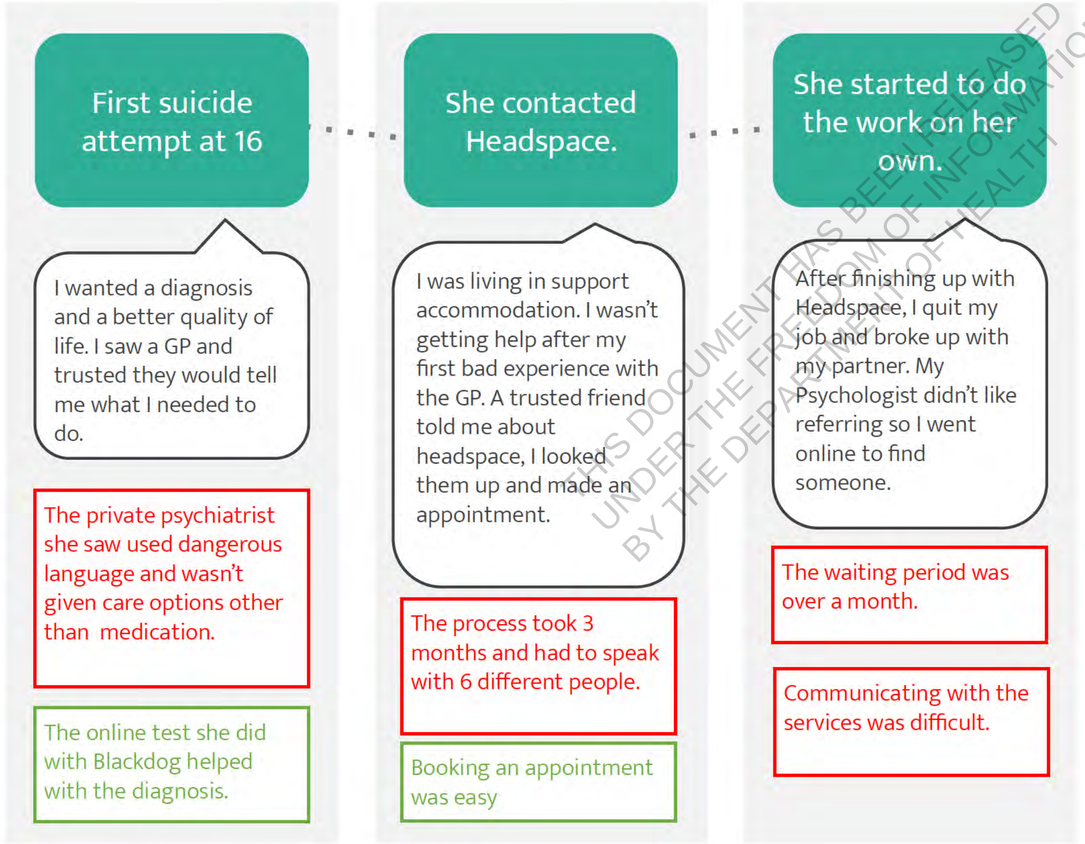
Experienced long term anxiety and depression.



# Lived experience journey

## 26 years old, living independently

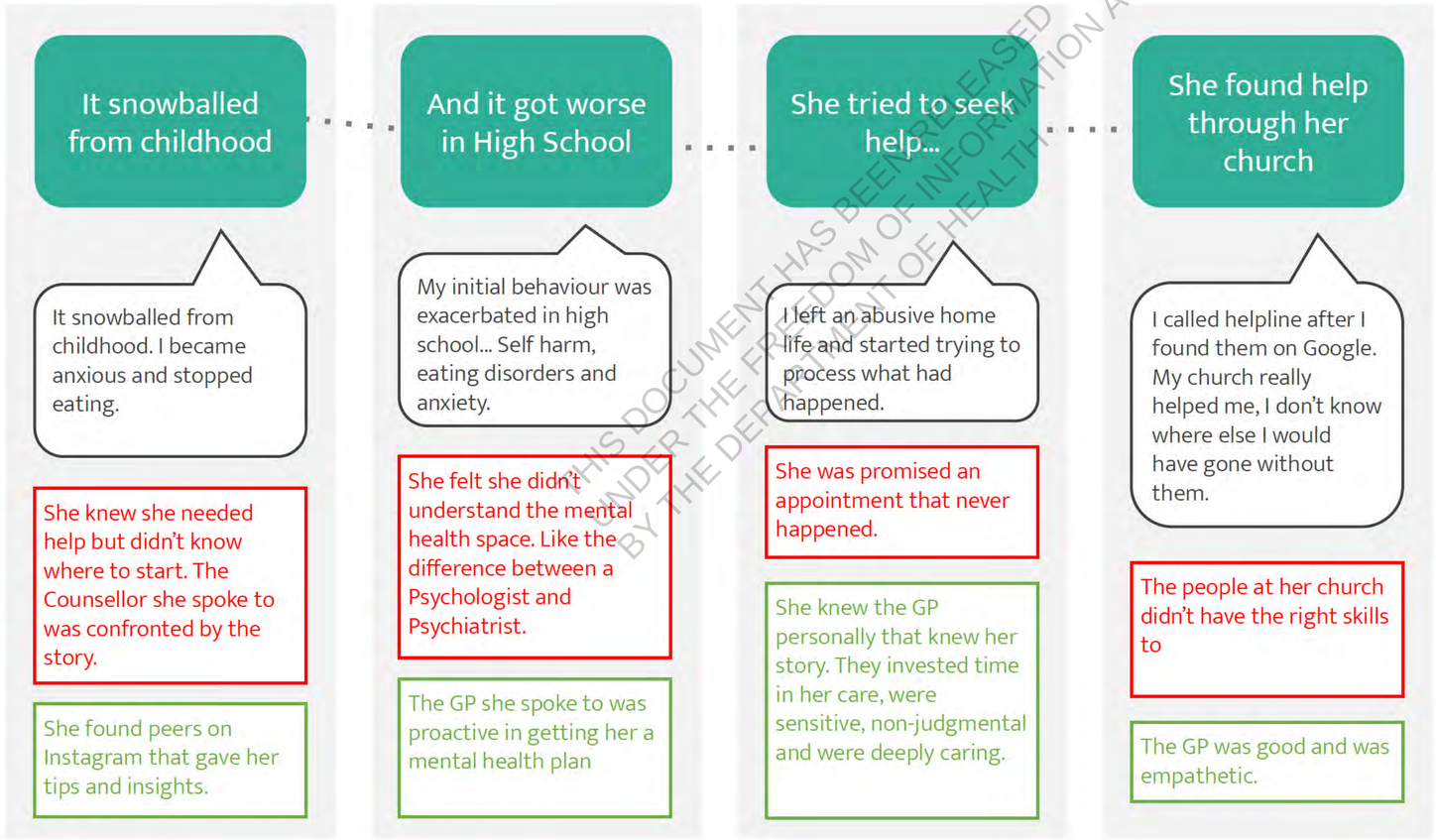
Worked in mental health project management



# Lived experience journey

## 27 year old female student

Recently moved from Wollongong to Sydney to study psychology and criminology at University.




# National Community Consultation

## Face to Face:

# Broome

**May 2019**

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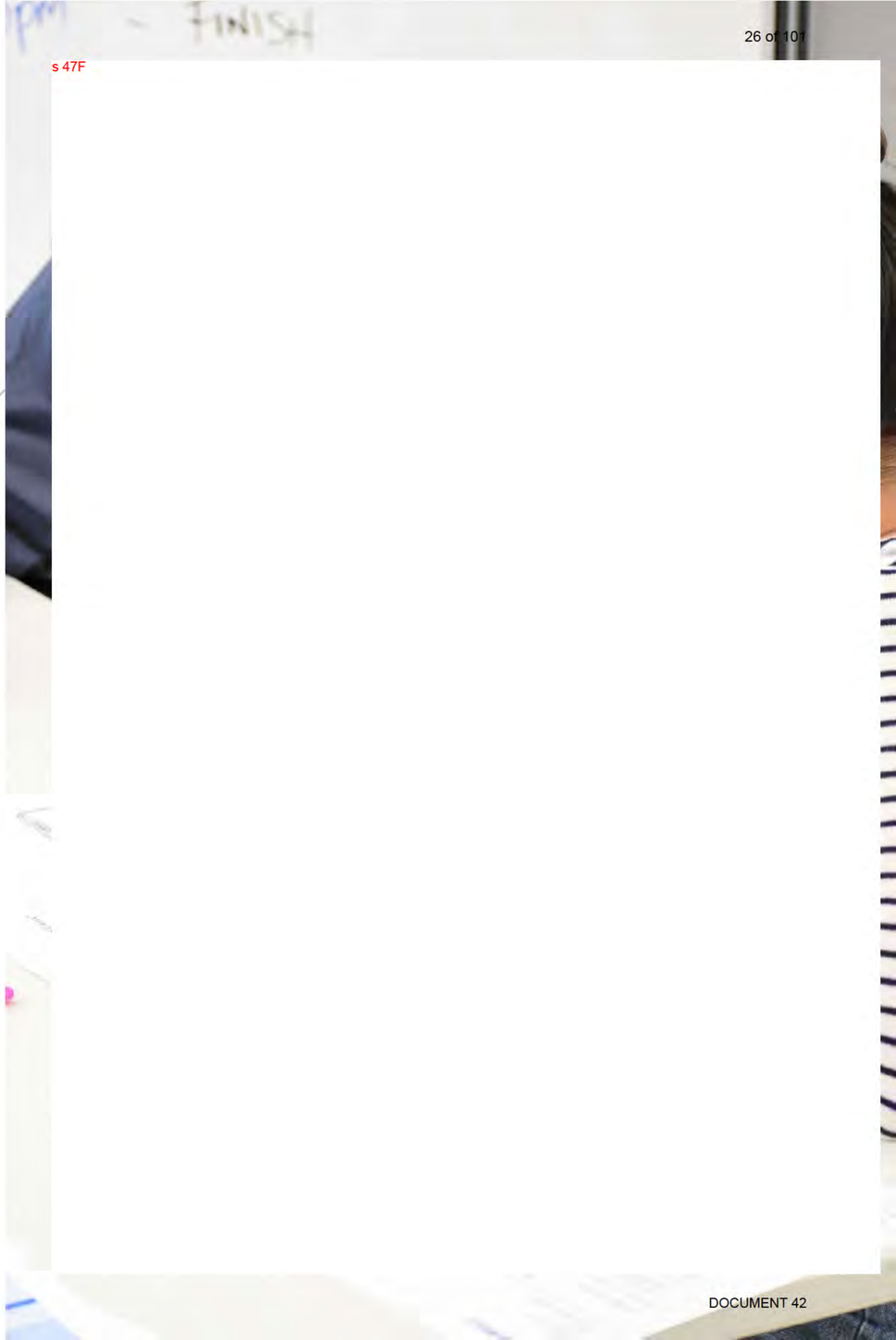


# About

The purpose of this document is to record the events and outcomes of a National Community Consultation Program (NCCP) face to face engagement conducted on the 28th and 29th of May 2019 in Broome, Western Australia.

This activity was led and facilitated by working group members s 47F and supported by s 47F (InnoWell) and s 47F from Forth Design, and made possible by the generosity and kindness of s 47F from the Kimberley Aboriginal Medical Services (KAMS) and members from the Broome and Derby communities.

One of the current known barriers to accessing digital services is accessibility, therefore the focus for this activity was to understand how people in remote and rural locations access mental health services and explore the question: How might digital products and engagement change the way people experience their mental health care and treatment? Over two days of meeting community leaders and members along with two community workshops we listened to the stories and experiences of diverse individuals who had made attempts to access mental health services in the past 12 months in the Broome and Kimberley region of Western Australia and explored how a digital solution might have improved their access to, outcomes or experiences of the mental health system.

Our time with this community increased awareness of the National Community Consultation and built relationships and networks with local community members and services. This will increase opportunities to contribute to digital engagements and solutions with the Broome Aboriginal community.

We worked together to build a shared resource with key learnings from the engagement activities. This resource will enrich the NCCP findings, is culturally appropriate, provides insight into for the local community about learnings during the engagement activities. The communities willingness to share their experiences in an open and honest way, provided invaluable insight and perspective of Aboriginal people located in rural and remote areas that we can continue to learn from.

s 47F

# Day one

## Where we went

On day one we met with 27 key community leaders and members across three community organisations. We were able to gain understanding and insight into the community, the access and barriers to mental health services and how a digital solution might add value.. or not. We raised awareness of the project and National Community Consultation along with options for community members to get involved.

During our time in the Kimberleys we spent time to build respectful and meaningful relationships with local community members. This allowed us to identify and recruit additional participants for our workshops to ensure maximum engagement.

## Who we spoke to

- KAMS (Kimberley Aboriginal Medical Services) Managers s 47F and a variety of other staff.
- Goolarri Media's CEO s 47F and associates.
- BRAMS (Broome Regional Aboriginal Medical Service) - 15 people including students, workers, nurses, aboriginal health workers and AHW managers.

s 47F

# About Kimberley Aboriginal Medical Services (KAMS)

KAMS is a regional Aboriginal Community Controlled Health Service (ACCHS), providing a collective voice and support for a network of member ACCHS from towns and remote communities across the Kimberley region of Western Australia. KAMS provides a wide range of services including:

- Financial and accounting
- Regional population health programs
- Social and Emotional Well Being Support
- Health Promotion
- Information Communication Technology Support
- Corporate Services
- Accredited health training and education
- Research
- Kimberley Renal Services, which manages the provision of regional renal support and dialysis services in Broome, Derby, Kununurra and Fitzroy Crossing.

While their major role is in regional advocacy and support for member services, KAMS also provides comprehensive primary health care services in the remote communities of The Kimberleys.

KAMS is a member of the Aboriginal Health Council of WA (AHCWA) and of the National Aboriginal Community Controlled Health Organisation (NACCHO).



***"You know - fair enough they want people to stop smoking; slogans like, 'give up the puff'. The thing is, when I'm talking to him and he's not in a good way – that smoke is the only thing keeping him alive."***

***— source, Broome workshop***

Source: https://kams.org.au/

# About Broome Regional Aboriginal Medical Service (BRAMS)

The Broome Regional Aboriginal Medical Service (BRAMS) is an Aboriginal Community-Controlled Health Service (ACCHS). BRAMS is committed to the core principles of Aboriginal self-determination, access, equity, empowerment and reconciliation; and is a part of the Kimberley Aboriginal Medical Service (KAMS).

**Services include:**
BRAMS Clinic aims to provide a culturally holistic model of healthcare encompassing not only the physical but emotional and social aspects of well-being. Primary providers of this care include GP's, Nurses, Aboriginal Health Workers and Practitioners, with visiting Specialists and Allied Health Practitioners complementing and supporting the healthy future they are working towards. Which also encompasses The Family Centre, Health Promotion, and Resources.

Source: http://brams.org.au

# About Goolarri Media

Goolarri Media is one of of Australia's most successful and diverse Indigenous media and communications organisations, assisting with the development of both Indigenous and non-Indigenous communications in the Broome and Kimberley region. They support the enhancement of Indigenous musicians throughout Western Australia, create/produce valuable event activities for the entire community, such as Kimberley Girl, and deliver nationally accredited training in media and events management.

Goolarri make a huge contribution to the community through media, health promotions, social marketing, training, events and overall service delivery to the community.

s 47F

Source: https://goolarri.com/

“ Kimberley Girl is about pathways and leadership. It is about giving young women the tools to realise their potential, to empower them in their endeavours, to give them the confidence to dream big and reach for the stars. Kimberley Girl is about giving participants the wings to fly.”

— s 47F , Program Founder and CEO at Goolarri Media

# Day two: Community Workshops

**What we did**

On day two, s 47F co-facilitated 2 community workshops, along with support from s 47F (Forth Design) and s 47F (InnoWell). We had an approximate of 19 participants on the day, with a youth focused session in the morning, participants ranged in age from 19 - 30 and there was a mix of male and female participants.

The afternoon session was open to all community members. There was an equal representation of male and female participants across the lifespan.

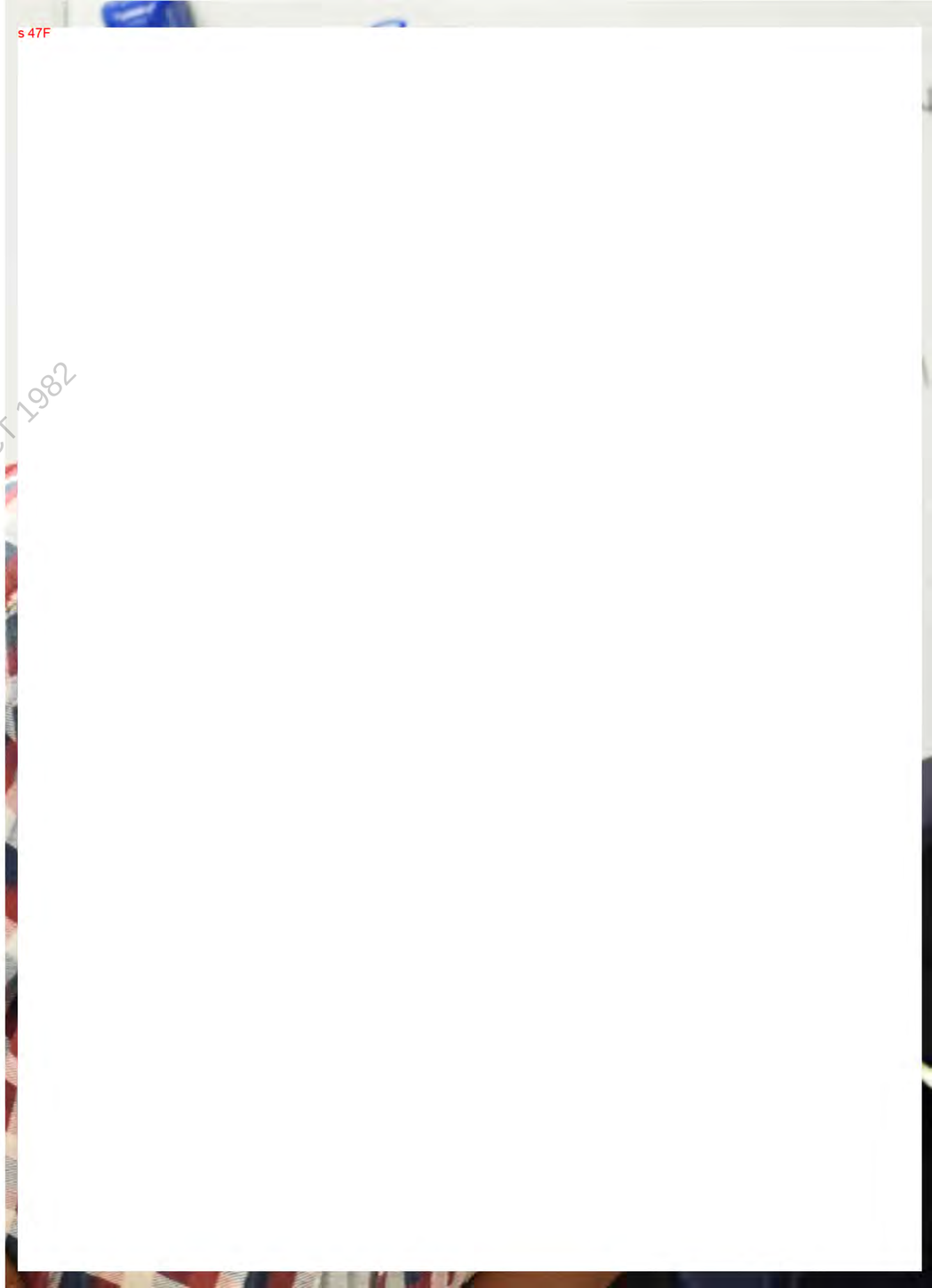
In the workshop we discussed various topics in small groups, including the following:

- current access to mental health services including the barriers
- what works well
- what tools and/or resources have been helpful in aiding access.

We talked about how people use digital tools now; whether they be online or app based, what devices they use most to access them, and the types of barriers or challenges they face when using digital tools.

Participants were given templates to creatively design digital mental health apps or websites that could support the youth and community members in Broome.





# What we learned

**We asked the question where do people go for support? And this is what we learned:**

When deciding on where to go for support, the most common theme was trust. People will not reach out to a service or engage with an individual unless they are known to the individual or someone they know.
Some of the common places people go for support are:

- Friends and family
- Trusted and known community leaders
- Headspace
- Broome Youth Family Hub
- Broome Regional Aboriginal Medical Service (BRAMS)
- Kimberley Aboriginal Medical Service (KAMS)
- Girls Academy
- Redcross

"Mainstream models of support can undermine the work done by community workers who are spending weeks and months engaging with people at high risk of suicide."

— source, Broome workshop

# What we learned

**We asked what the barriers to accessing services are:**

- With limited resources and access to healthcare professionals there can be 2-3 month wait times for securing appointments
- Mainstream models of support can undermine the work done by community workers who are spending weeks and months engaging with people at high risk of suicide
- People in Broome avoid hospitals and other mainstream services. These services are renowned for being culturally insensitive and lacking skills for engaging with Aboriginal people
- People don't know where to go unless they've been there before
- High rates of community stigma around mental health
- Suicide, substance abuse and violence has become normalised which means family and friends are unaware of changes in behaviour that may otherwise cause concern. Healthcare professionals describe this as a rapid shift from 'a person feeling fine' to ' being acute' with no progressive stages between them.
- Terms like 'anxiety' don't readily translate and need to be contextualised
- The historical approach of the referral system has now left people not wanting to seek support and it can be confronting for some being given a referral to a counsellor
- People don't use call services and prefer to engage with people from the Kimberley region who understand them and know their community
- There is a shame factor in speaking out
- Clinicians are too quick to prescribe medication
- Healthcare professionals in the region are quite transient and it takes time for a person to feel comfortable engaging with a psychologist and building a relationship. When that healthcare professional leaves the region, it means the individual has to start all over again with someone new. In some cases, people do not reach out again for support.

# What we learned continued

**General themes around access and barriers to access were raised:**

- Support from local community to bring people in for help
- No good just coming in at pointy end
- Previous mental health services – Due to that, I wouldn't try again
- Don't want to call, call centres and talk to someone down south
- Lack of person centred approach
- People not wanting people talking about them in the community
- When someone is unwell and they keep coming back until they tell you they need help
- Too much waiting waiting waiting
- ER– no choice or options given – you get them there only to get them further traumatised
- People wouldn't access anything online (or by phone) anything in crisis especially as first point of call
- Preference is always a face to face
- Speak to people in a way that's relatable – Simple language, short words, customise to local content and imagery



National Community Consultation; Face to Face Engagement: **Broome V.01**

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# Imagining a digital future

**We identified the following principles for digital mental health tools:**

- Foster community centred health delivery
- Use videos to explain themes and content rather than relying on text and explainer paragraphs
- Connect people to the community and community members (peer to peer support models)
- Be age and gender appropriate
- Be conversational
- Contextualise everything – Words like anxiety don't translate
- Use powerful visuals and local imagery that help to orient people
- Explore the well-being component of mental health as a way to encourage engagement
- Access will not happen in a crisis – people prefer face to face in these moments
- Early intervention is felt as the best use case for digital in providing better mental health care outcomes.
- Work with community leaders and champions to implement new digital tools.

National Community Consultation; Face to Face Engagement: **Broome V.01**

# Learnings and Next Steps

**Our learnings and experiences in Broome will inform project synergy and the National Community Consultation in these ways:**

1. Identified areas where the platform or the project itself could be improved by applying these learnings
2. We colated these learnings into a resource than can be shared with the Broome and Kimberley communities. We also shared all images taken during the engagement for KAMS to utilise.
3. We asked all participants and community members we spoke to the baseline questions and their responses will be represented on the final report
4. Added all participants to our NCCP database thank you note with how their inputs would be utilised. This included a link to our engagement platform where they can register to have their say, for updates and access to all future digital engagements. This will enable participants to keep talking to us and continue to inform the Project and the NCCP.



Thank you to s 47F for co-facilitating and to the Broome and Kimberley community for your kindness, generosity, and willingness to participate.

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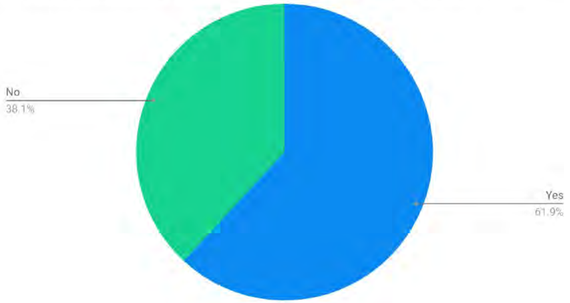
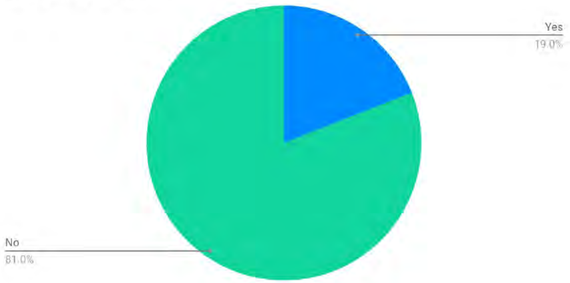
*Collated from conversation tracker developed by Forth Research and Design.*

# Workshop participant postcard survey responses

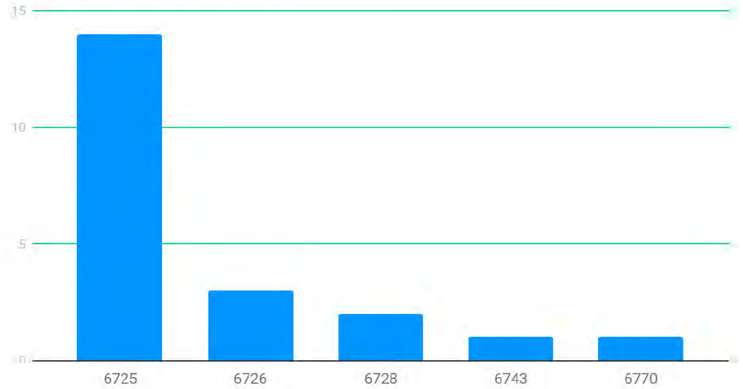
Are you comfortable sharing your mental health experience online?



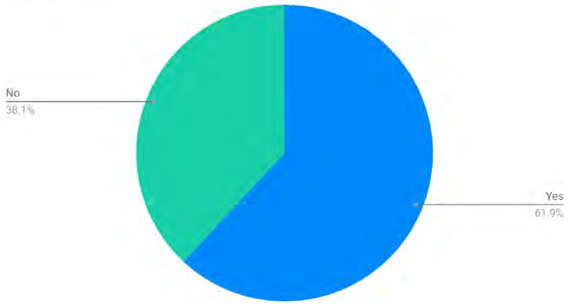

Have you seen or spoken to anyone about your social and emotional well-being online?



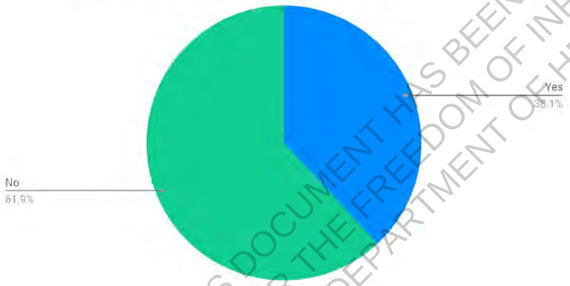

What is your postcode?



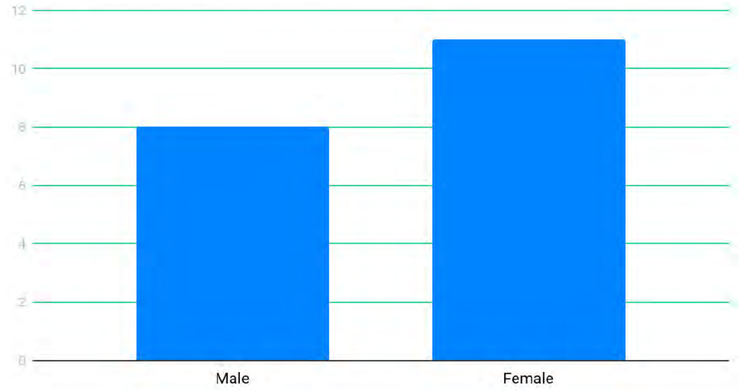

Have you searched online to learn about mental health?



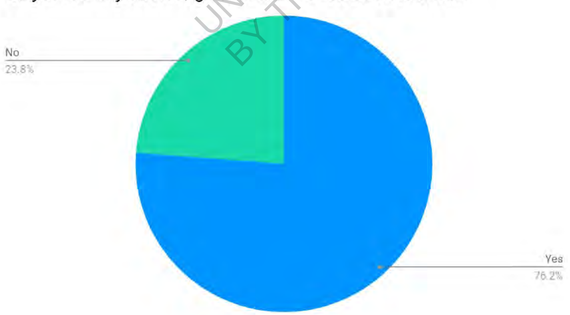

Has anything stopped you seeing or speaking to someone about your mental health or well-being?




What gender do you identify as?




Do you identify as Aboriginal and/or Torres Strait Islander?





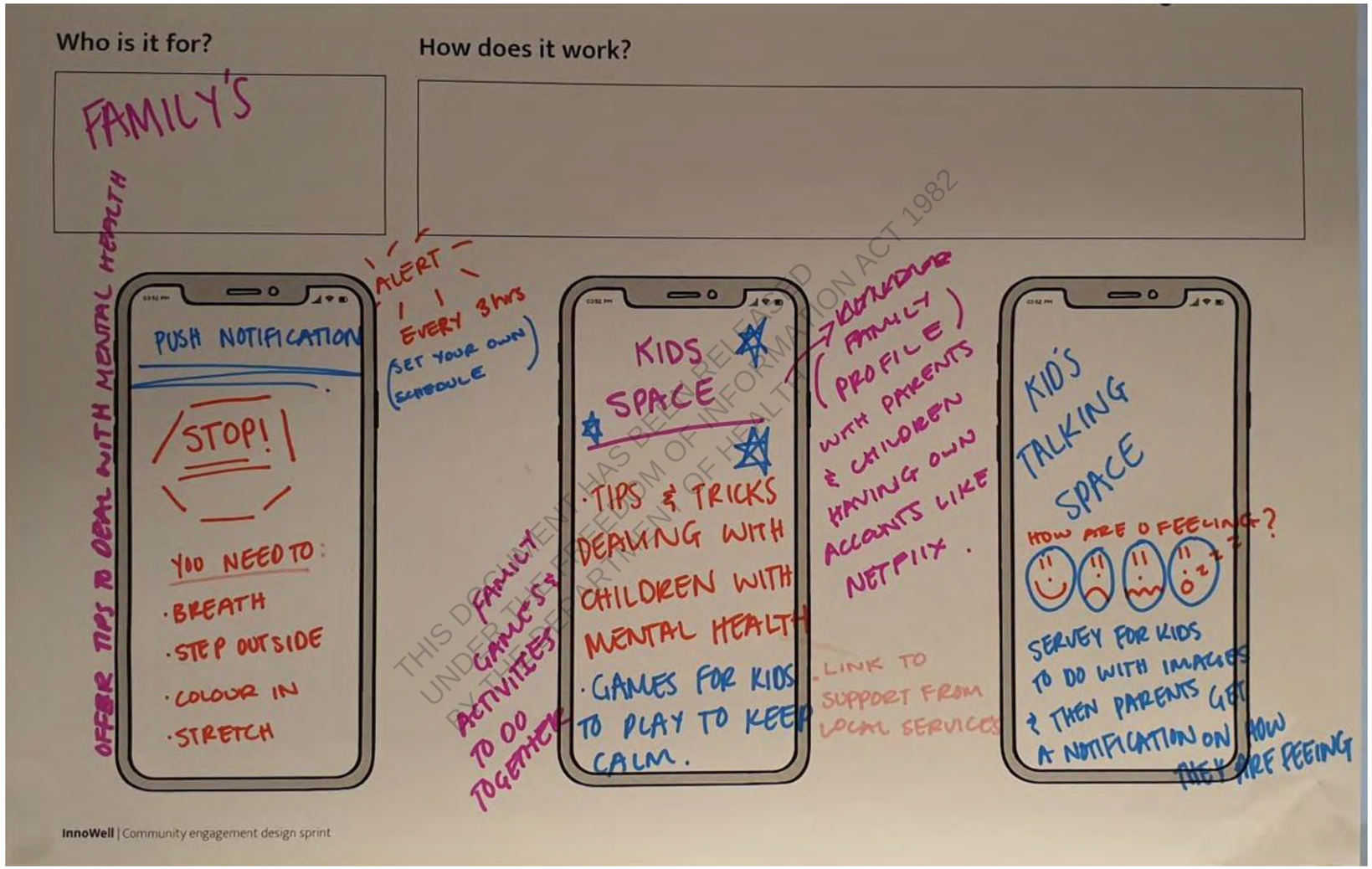

National Community Consultation; Face to Face Engagement: **Broome V.01**

# Engagement Snapshot

| What Did We Do | Where Did We Go | Who Did We Speak To |
|---|---|---|
| NCCP<br>Face to Face engagement | Broome, WA<br>Derby, WA | - Community members<br>- KAMS<br>- Goolarri Media<br>- BRAHMS |
| **How Many People Engaged** | **How Was it LE Led** | |
| Approximately 46 community members | Co-facilitated by s 47F (members from the LEAF Panel) and supported by s 47F (Head of Lived Experience) and s 47F (Forth Design and Research) | |

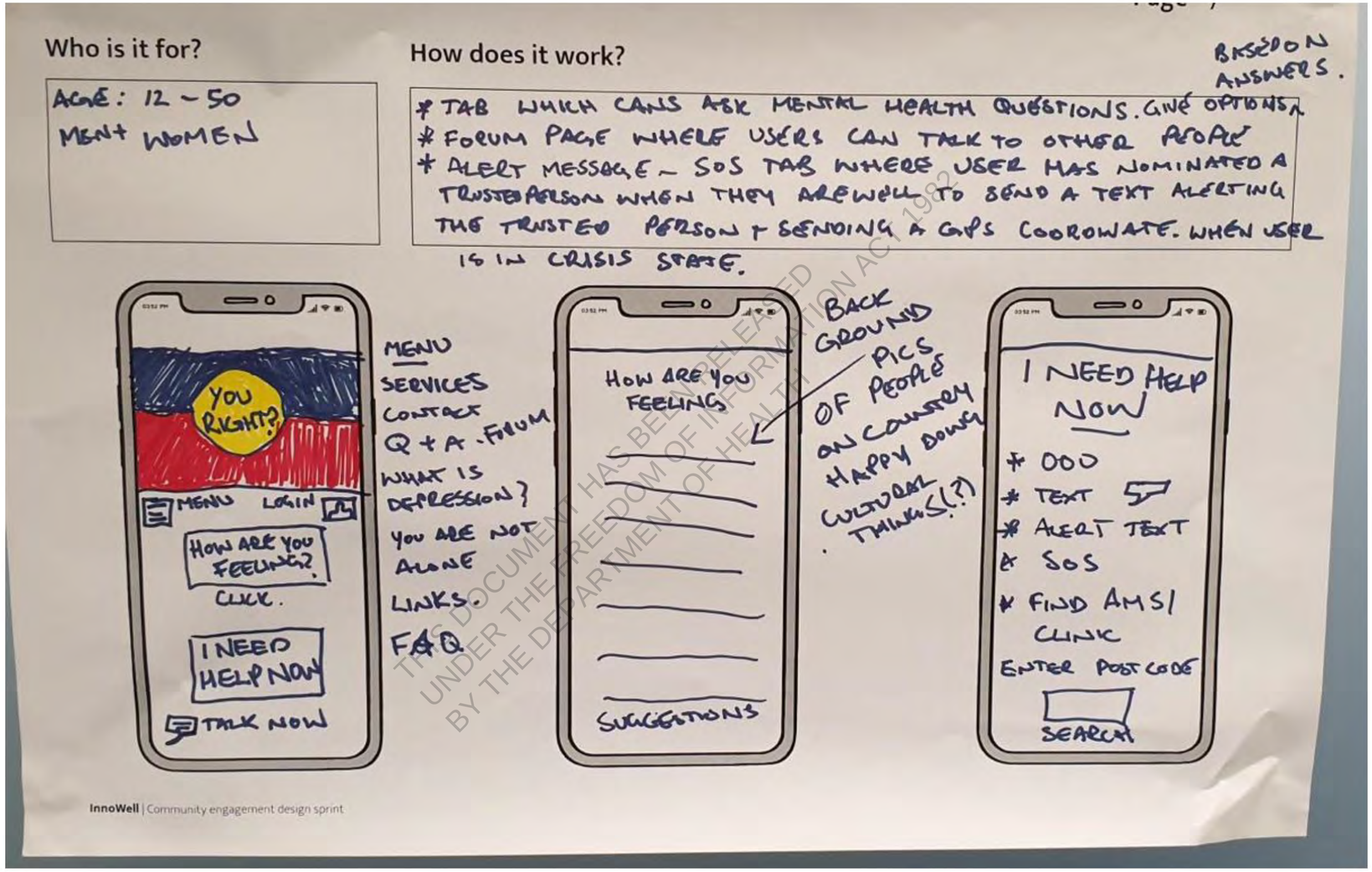


National Community Consultation; Face to Face Engagement: **Broome V.01**






National Community Consultation; Face to Face Engagement: **Broome V.01**



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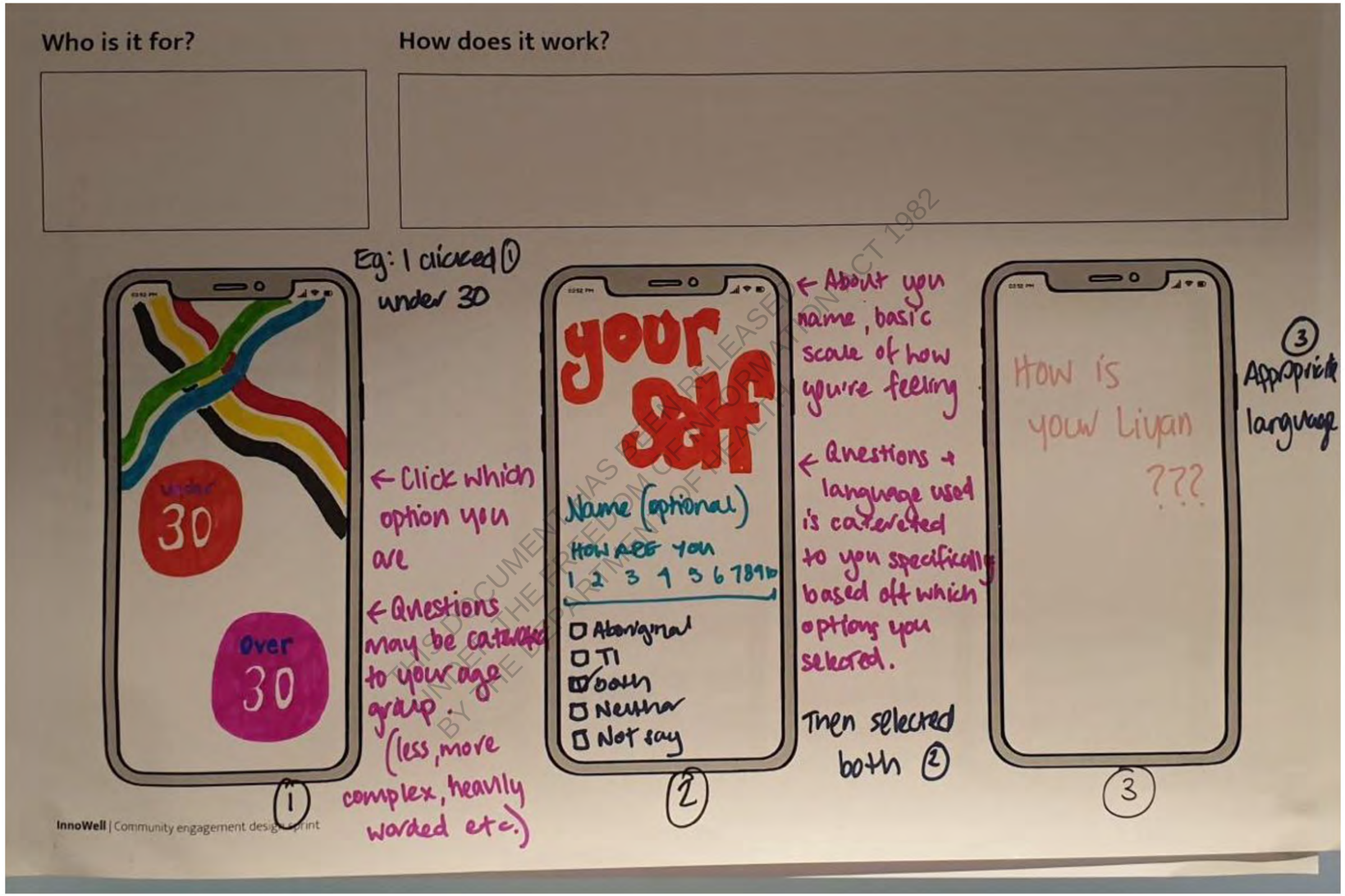




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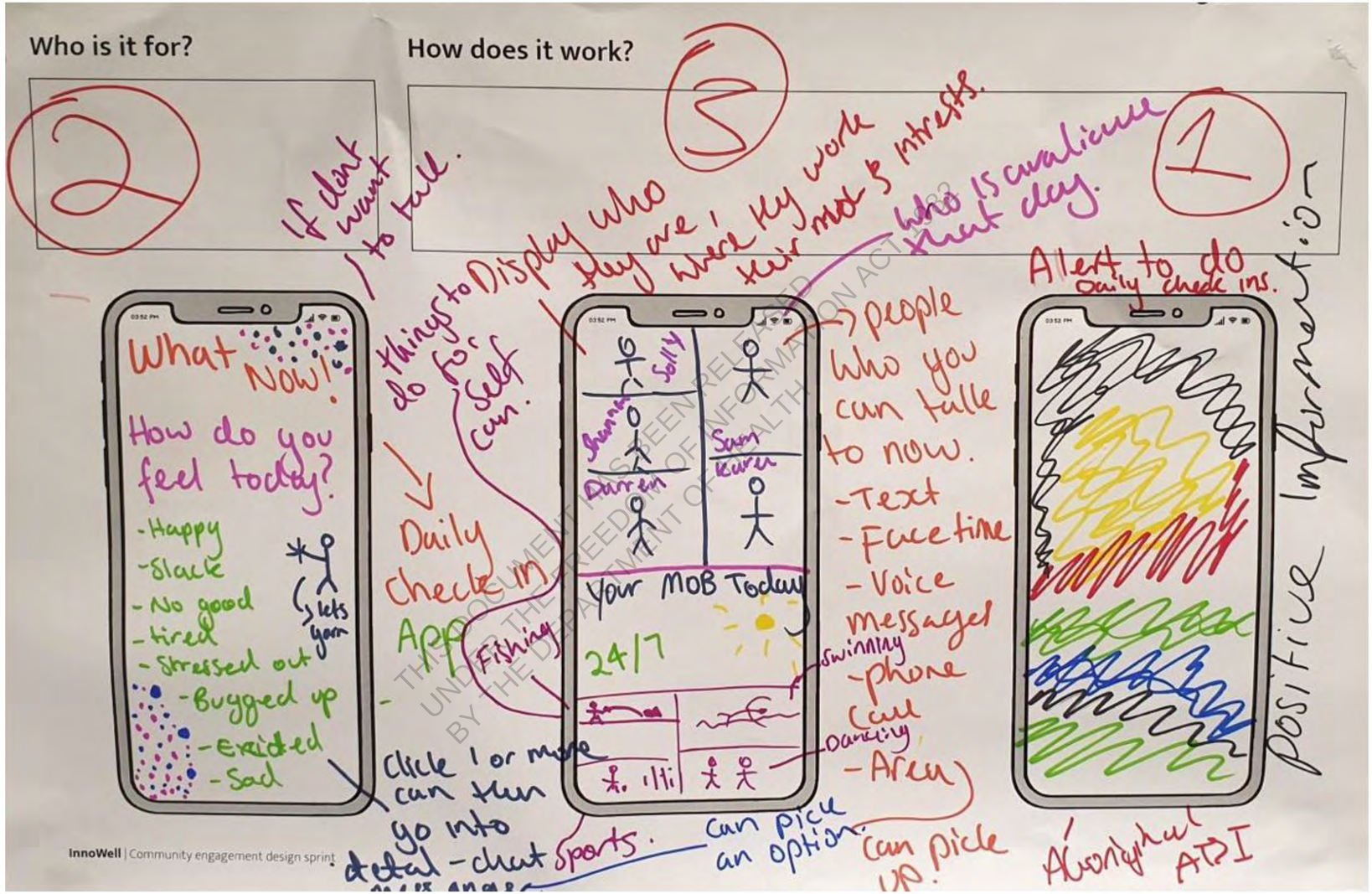




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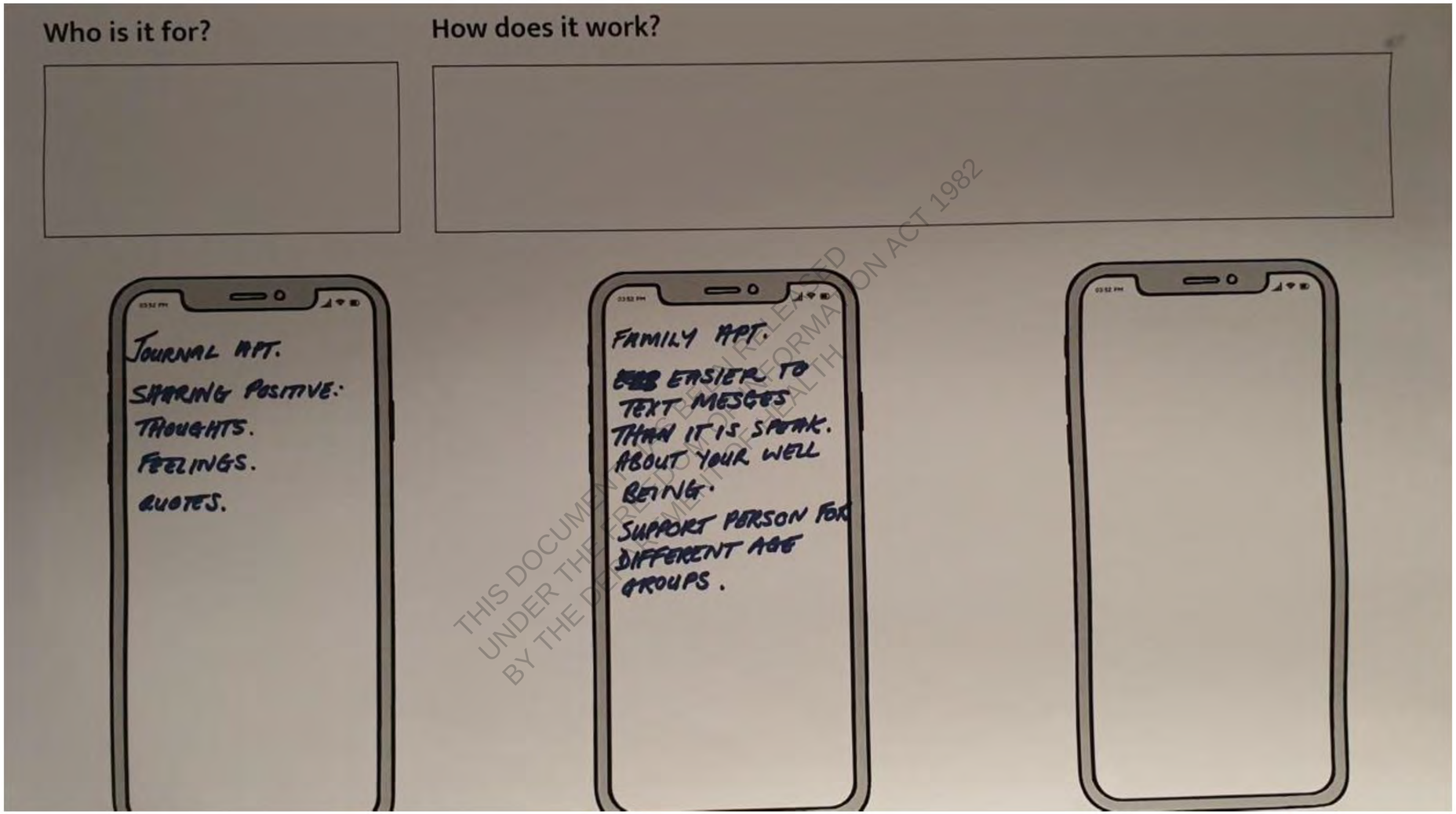




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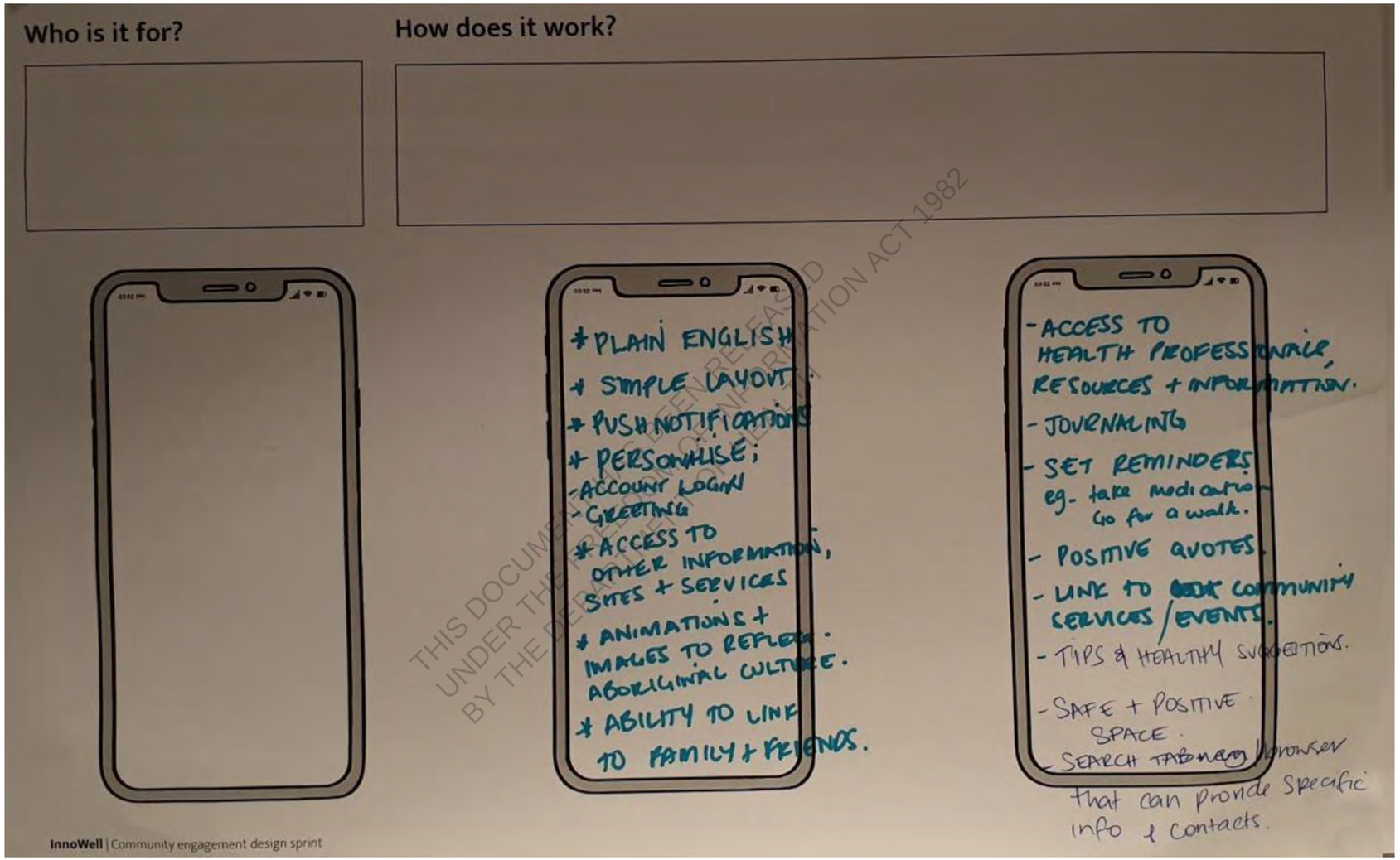




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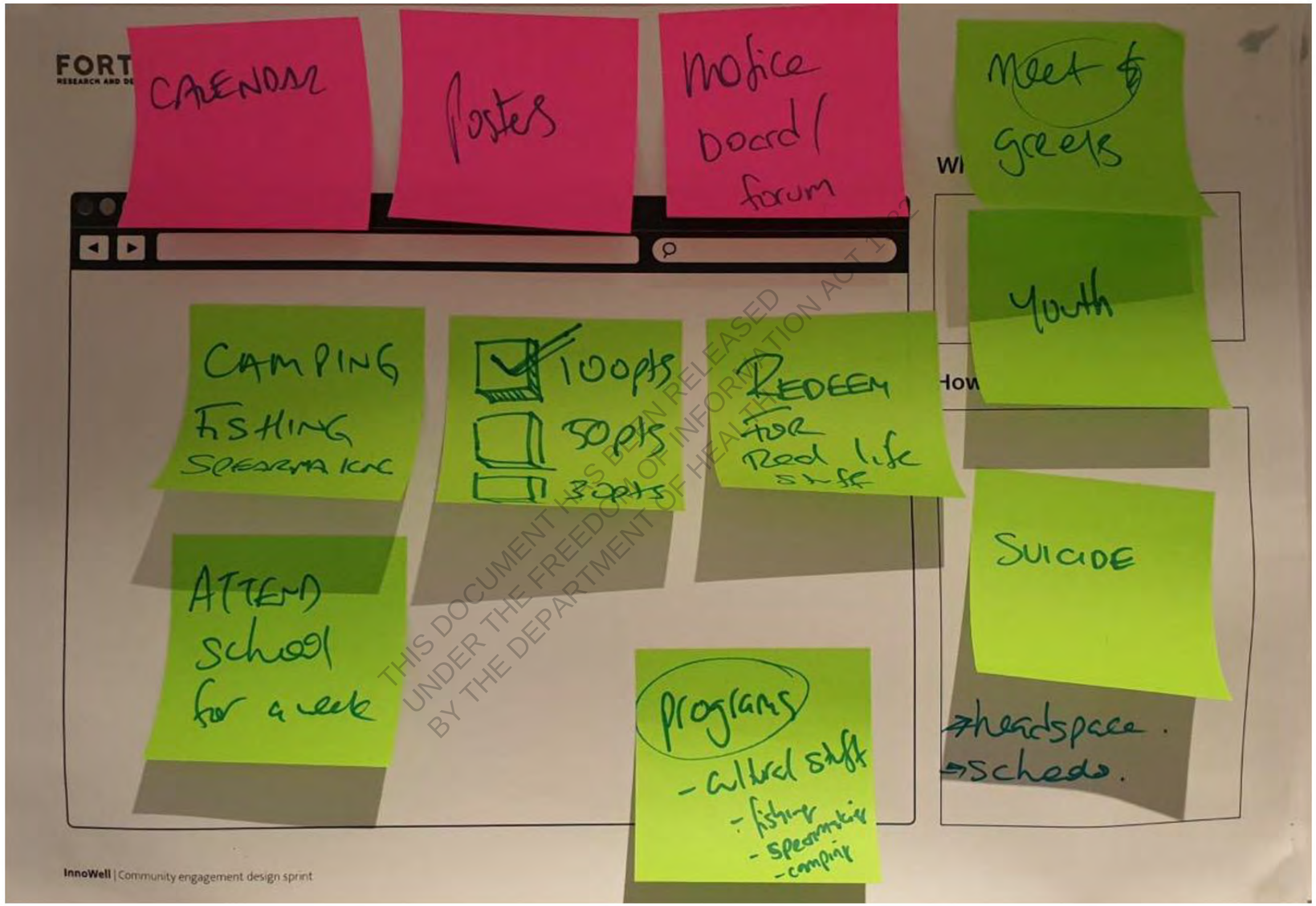




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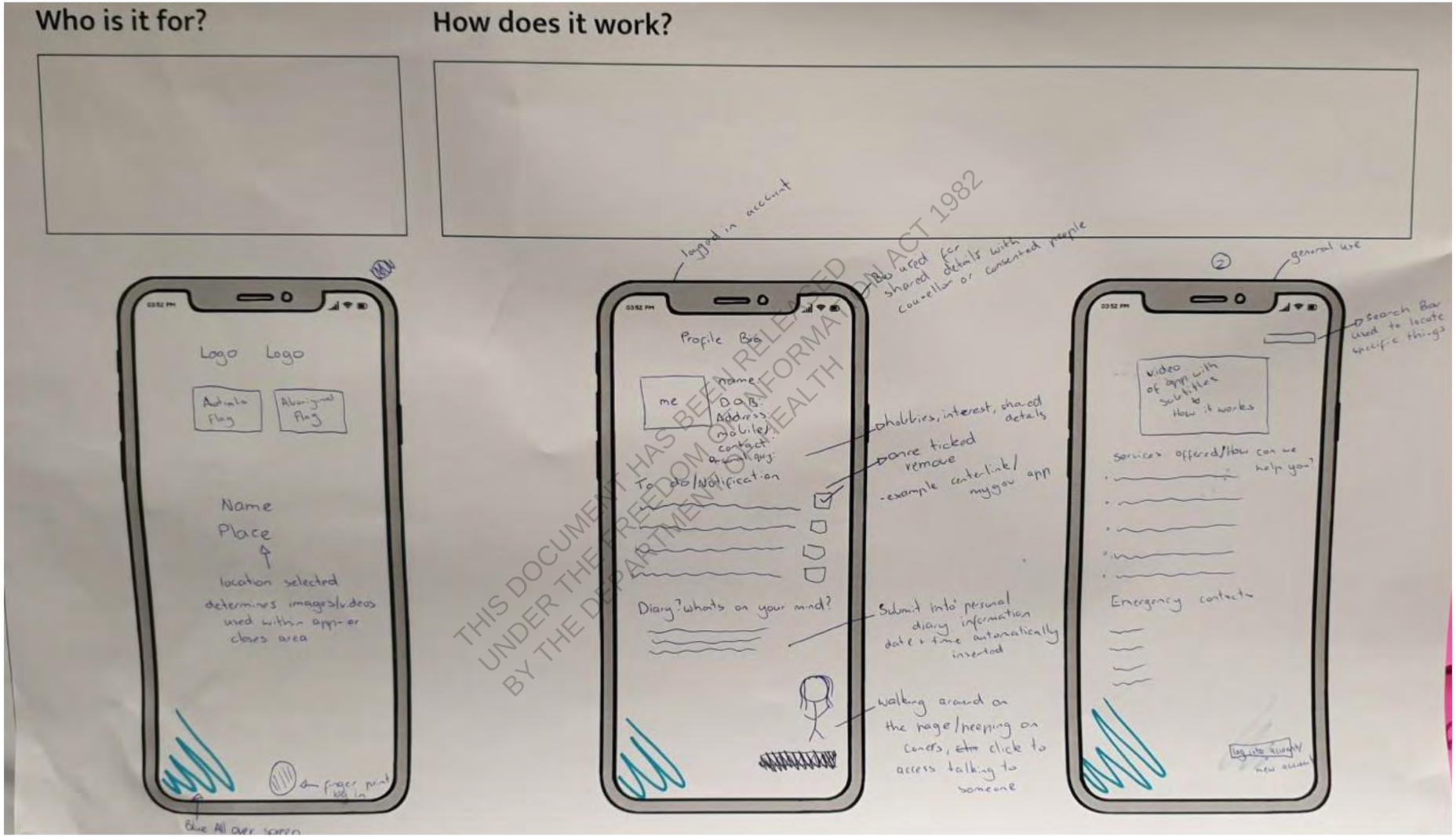


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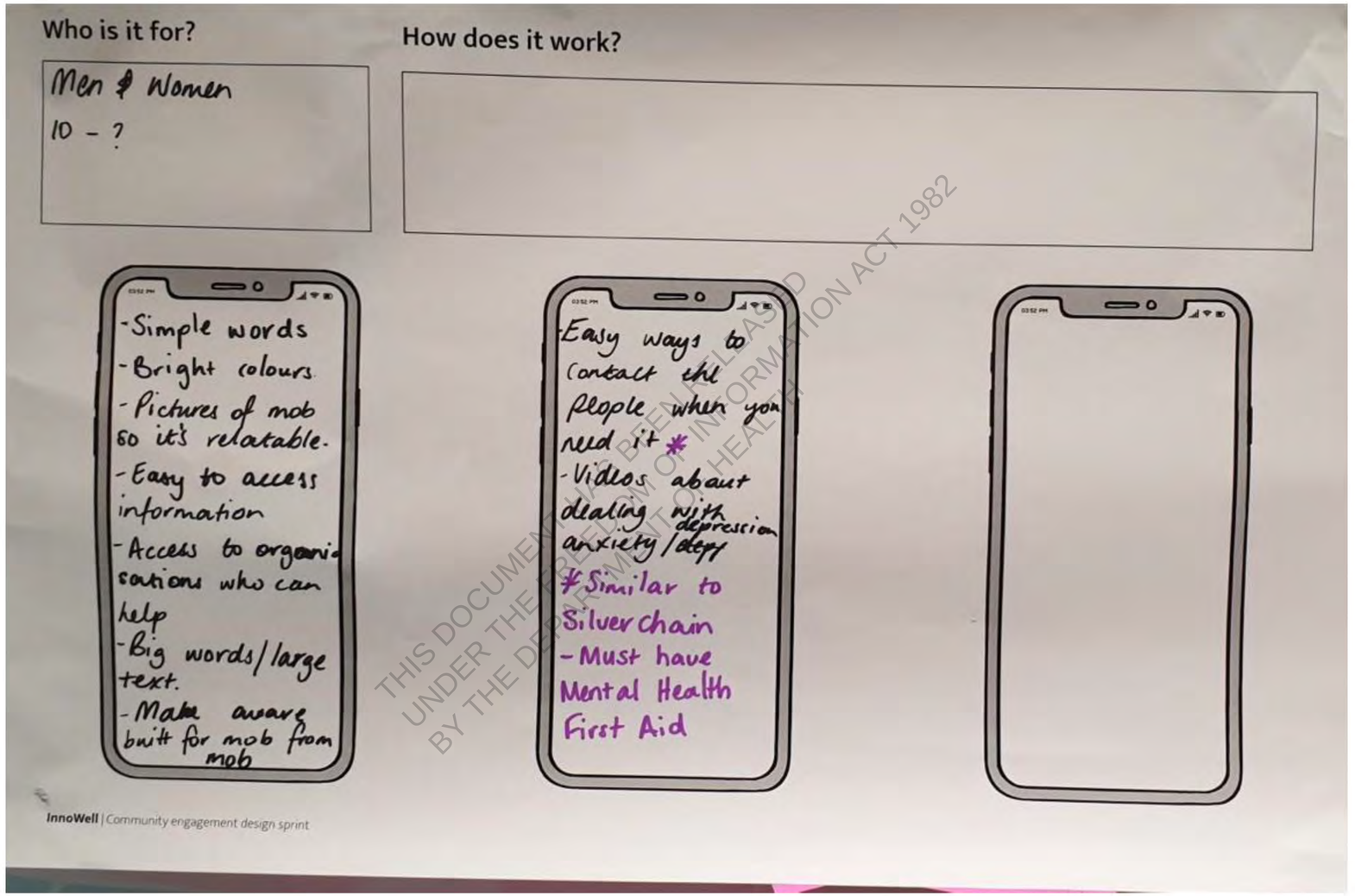




National Community Consultation; Face to Face Engagement: **Broome V.01**

# National Community Consultation

## Face to Face engagement

# Melbourne

**May 2019**

**V1.0**

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# About

The purpose of this document is to record the outcomes of our face-to-face engagement activity conducted on the 8th of June, 2019, in Melbourne with Australian Veterans from each of the Tri-Services (ARA, RAN, RAAF).

This engagement activity was led and and co-facilitated by LEAF working members s 47F , along with s 47F from InnoWell, and the support of s 47F from Forth Research and Design.

As per the National Community Consultation Program (NCCP), the intent of this activity was to explore the overarching question 'How might digital products and engagement change the way people experience their mental health care and treatment?'.

The intent was achieved throughout the activity by listening to the personal stories and experiences of the diverse Veterans in attendance, who each had made attempts to access mental health services in the past 12 months. We want to note that this is a snapshot of veterans, and their families, is reflective of the broad veteran experience though does not necessarily reflect the experience of all Australian veterans or their families.

"Navigating DVA is real tough.. They've [veterans] got no idea what they're entitled to or what forms to fill out.. That's where advocates come in.. We [advocates] help with all that stuff so it's easier [for veterans] to adjust."

# Where we went

We went to Melbourne on the 8th of June, 2019, and the engagement activity was held at Kew RSL.

# What we did

The Veteran engagement activity ran for three hours. During this time, the Innowell team asked Veterans, with a broad range of service backgrounds (eg. Ranks, corps, service, deployment histories & methods of ADF separation etc) about their experience with mental health services during both their time in the military and following discharge.

The team explored themes about culture, values, trust and stigma.

# Who we spoke to

We spoke to a snapshot of the Australian Veteran community in Melbourne, Victoria. This snapshot represented a diverse range of veterans and consisted of 20 participants.

s 47F

# What we learned

**Common places people go for support:**

- Facebook groups
- Veteran mates, trusted family and friends
- DVA Advocates
- ESO's (engagement relied upon positive or negative recommendations from peers)

**What is working well:**

- Peer-to-peer support groups and informal Veteran networks.
- Advocates within the community are helping guide veterans through DVA claims processes and general DVA processes
- Mental Health professionals, with positive reviews from veteran community, that are non-affiliated with ADF or DVA.
- Having effective case management and clear referral pathways drastically improves the chances for better mental health care outcomes.

# What we learned

**Barriers and challenges faced when seeking support:**

- Each Veterans' understanding of mental health support is based on their experience within the ADF. Seeking mental health support within the ADF is still perceived to be adversarial and 'career ending'.
- Navigating the system (DVA) is challenging and causes significant perceived and real stressors to the Veteran.
- The lack of awareness and understanding, by Veterans, of early indicators of mental health challenges. This often leads to a Veteran not seeking help until a crisis point has been reached.
- The public perception of mental health within the ADF and the Veteran community focuses on PTSD, whilst the range of other issues which exist.
- There is a history of misdiagnosing adjustment disorder, and other mental health conditions, with PTSD.
- There is a high degree of stigma and fear around seeking support within the ADF with stories of marginalization via weapons & ammunition being taken away, and restriction from the Defence Restricted Network. These prevent a serving members from being able to perform their duties, and leads to the perception that seeking help will end their careers at worst, or limit career-progression at best.
- For veterans, being asked to trust a stranger, or clinician, who doesn't understand ADF culture can be significantly challenging and confronting.
- ADF and DVA have a 'rules-based care' approach as opposed to an 'outcomes-based care' model.
- Availability for information and support is subjective and often influenced by service location and a Service Members rank.
- Many 'play down' how they are really feeling and feel they need to protect their career.
- ADF mental health care options are seen as outdated and only exist to protect the interests of the ADF.

# Continued..

**Barriers and challenges faced when seeking support:**

- Lengthy wait times for seeing a Psychologist or Psychiatrist, for both Serving Members and Veterans.
- DVA's medical payment caps on Veterans seeking support reduces the willingness of Clinicians to provide service to Veterans via the white/gold card system.
- The ineffectiveness of DVA in their ability to support veterans and their families has given rise to the proliferation of Ex-Service Organisations (ESOs). With over 3,500 ESOs across Australia, the service-delivery pool is diluted, meaning Veterans, and their families, are unsure where to turn to for support.
- There are many within the Veteran community who have no trust or faith in DVA, Open Arms or the RSL and would prefer independent support. The challenge with seeking outside support is finding Clinicians who understand the language and culture of the military.
- Those from lower ranks and/or operational units report higher rates of negative experiences seeking mental health support when compared to senior officers and/or those in non-operational units.
- There is a high degree of misinformation within the Veteran community. Largely driven by social media and forums.

s 47F

# Imaging a digital future

**We identified the following principles tools for digital mental health:**

- Make it easier for people to tell their story, reducing the number of times that an individual needs to explain/repeat their story,
- Allow people to choose clinicians based on experience and field of expertise,
- Foster connections between experience-based peers,
- Answering multiple choice questions are impersonal and confronting – seek to gain this information through conversation,
- Frame the platform as something that builds a foundation for a positive future,
- Provide tailored, evidence-based, support for partners and children,
- Provide capabilities to access services remotely,
- Provide resources and supportive documentation,
- Provide effective referral pathways and streamline service delivery,
- Provide video chat functionality between clinicians and service users,
- Provide case studies and testimonials from real people to build trust and confidence in the service/platform,
- Acknowledge the platform is placed within an ecosystem rather than ‘the tool’,
- Minimise the saturation of information when searching,
- Allow people to be anonymous until a degree of trust has been developed.

# What we did with it

**This co-developed resource with the Veterans community will will inform project synergy in these ways:**

- We took the learnings back to InnoWell and used them to inform the development of the platform.
- We took it to the June Working Group meeting and identified additional areas where the platform could be improved by applying these learnings and passed these on to relevant domains of the project.
- We asked everyone we spoke to on the day, the baseline questions and they will be represented on the final report demographic
- Collated participant evaluation forms, and looked for opportunities to improve our engagements.
- Added all participants to our National Community Consultation database and sent out a thank you note with how their inputs would be utilised a link to our engagement platform where they can register to have their say, for updates and access to all future digital engagements so that they can keep talking to us and informing the Project and the NCCP.

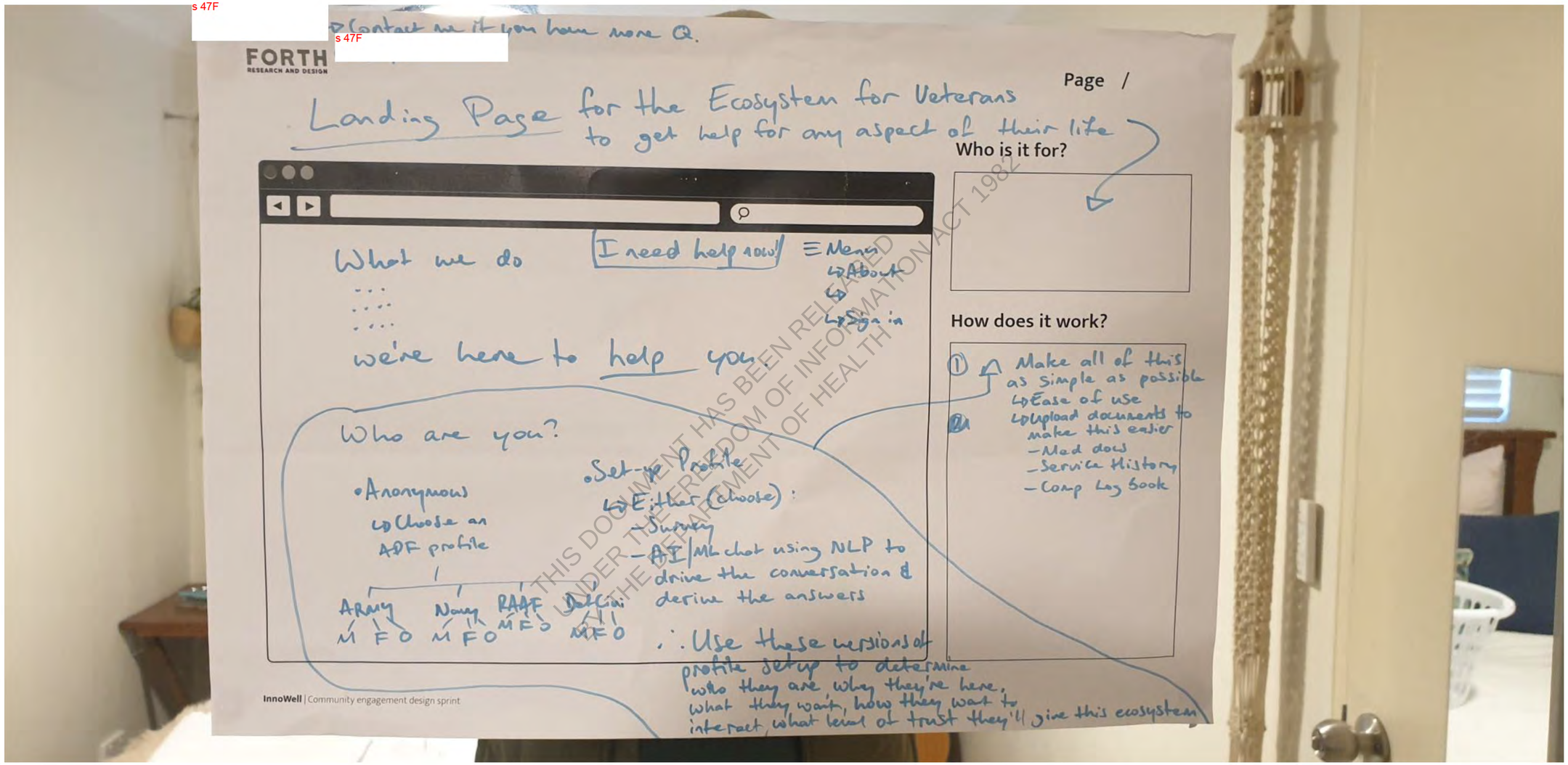
# APPENDIX

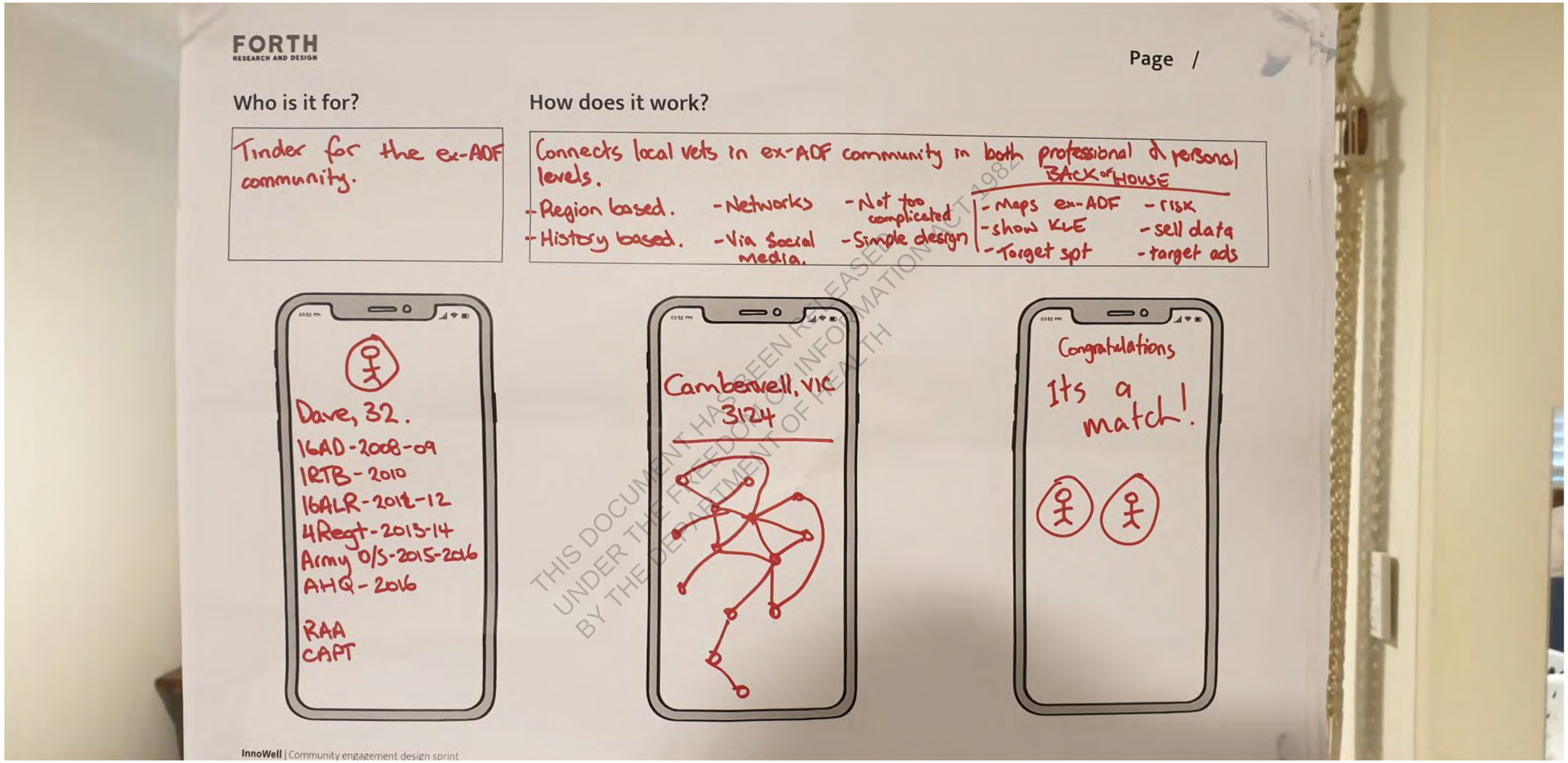


*Acknowledgement of Country*
*We would like to show our respect and acknowledge the Traditional Custodians of the Land, of Elders past, present and future, on which this workshop took place.*

*Acknowledgement of Lived Experience*
*We acknowledge and value those touched directly or indirectly by mental ill health and suicidality, who have experienced the health system and contribute their valuable inputs so that we may learn and grow to provide services and products that meet their needs.*

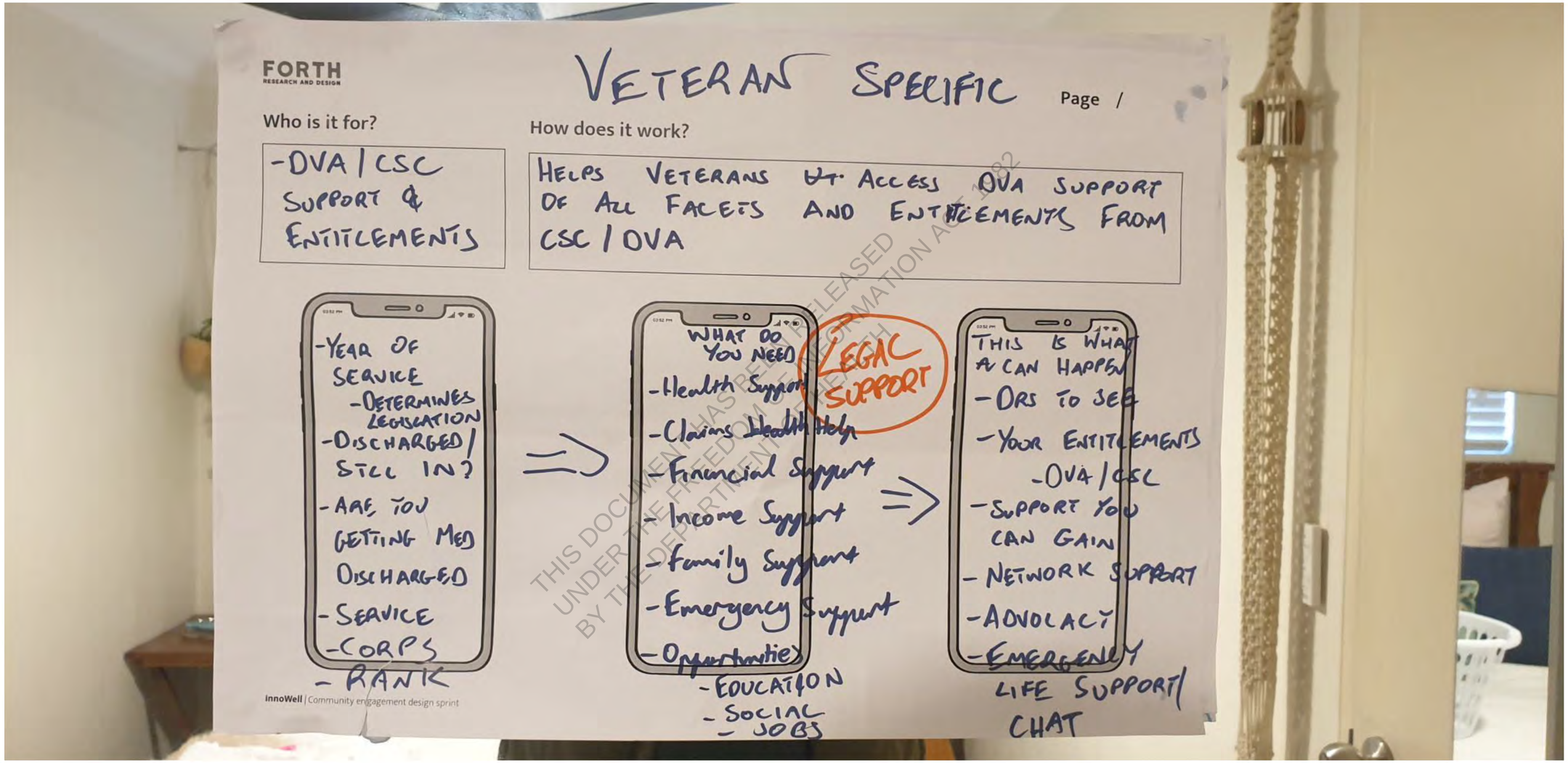
*Collated from conversation tracker developed by Forth Research and Design.*








National Community Consultation; Face to Face Engagement: **Veterans Community**

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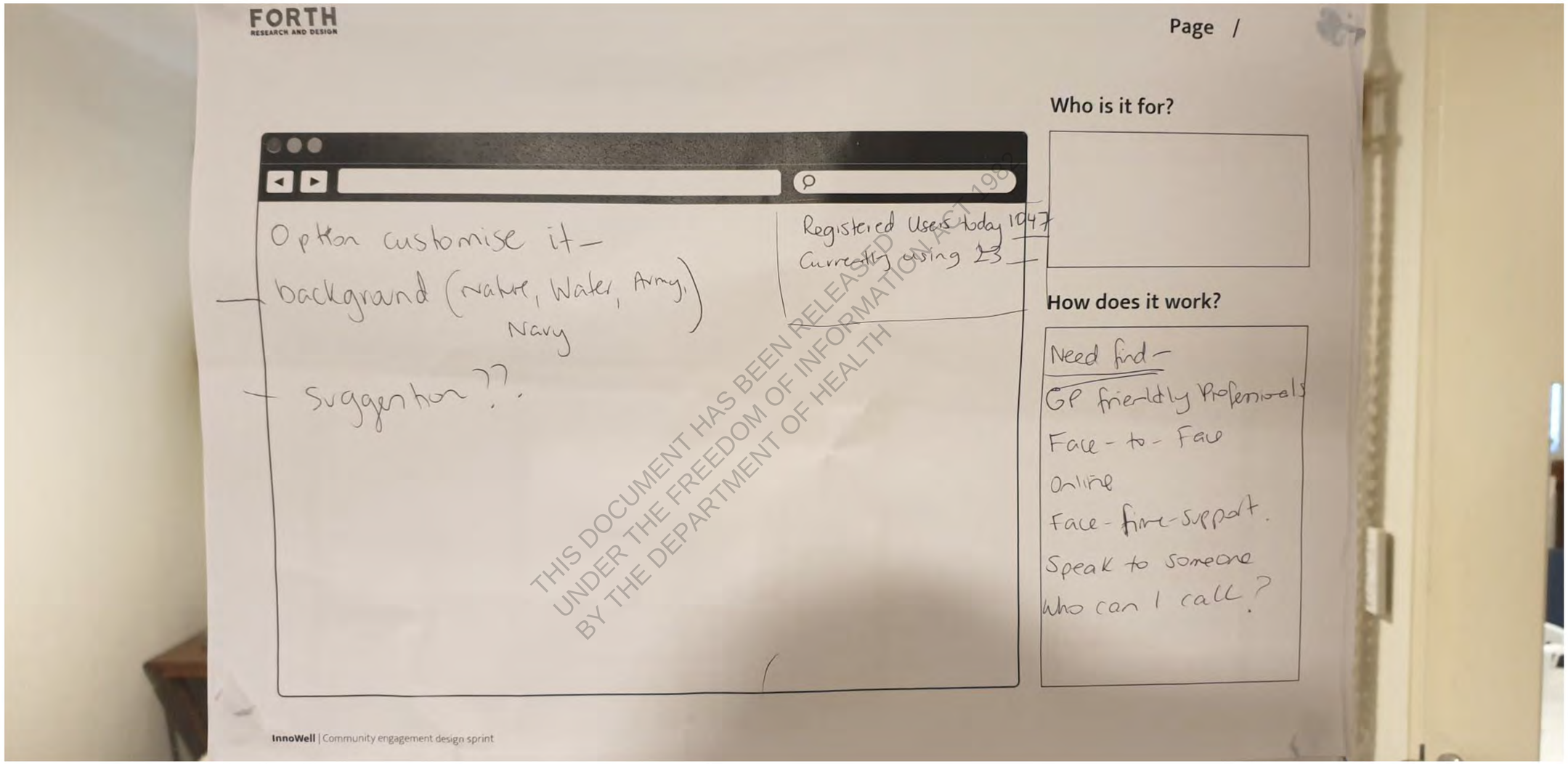




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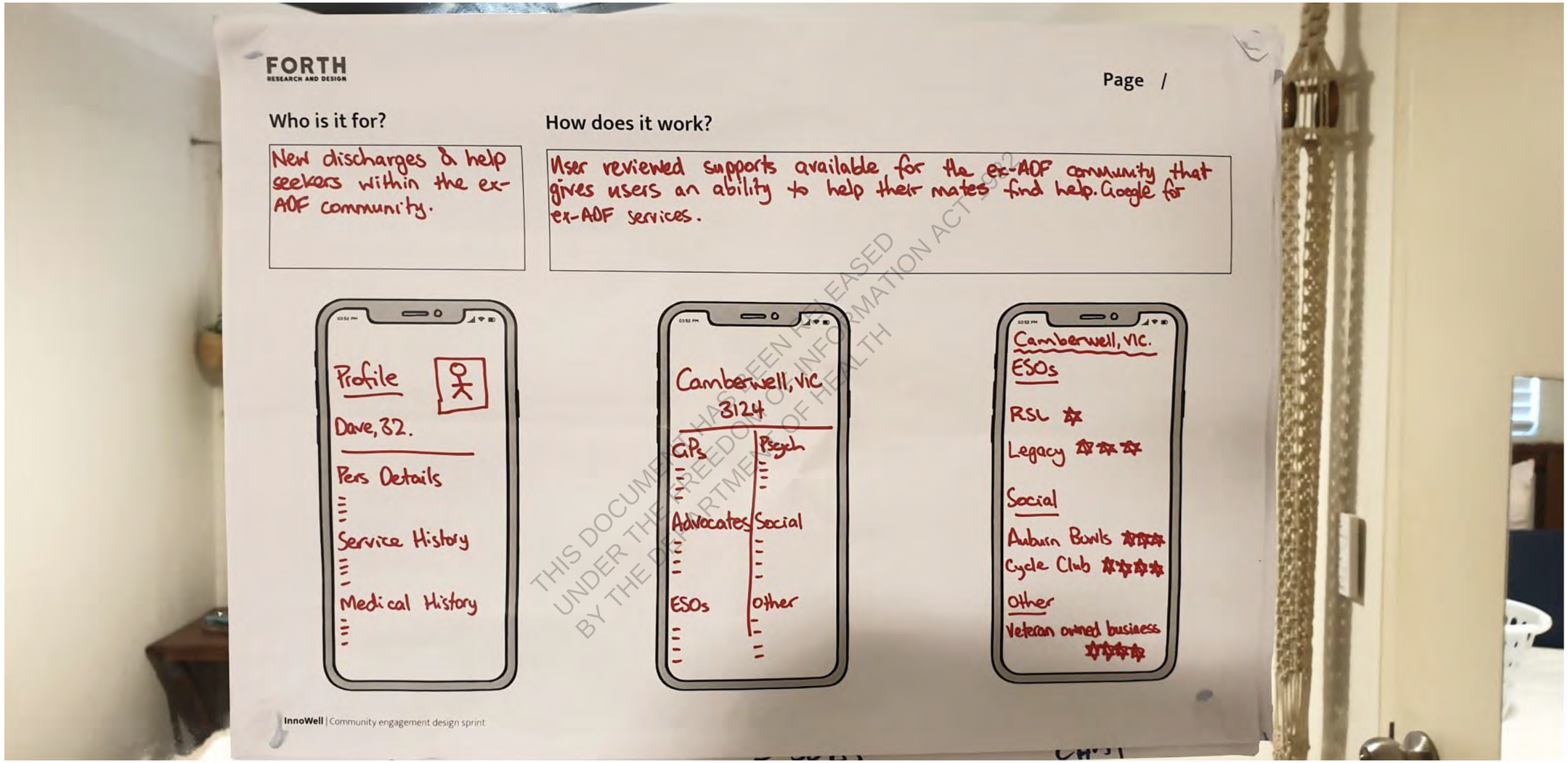


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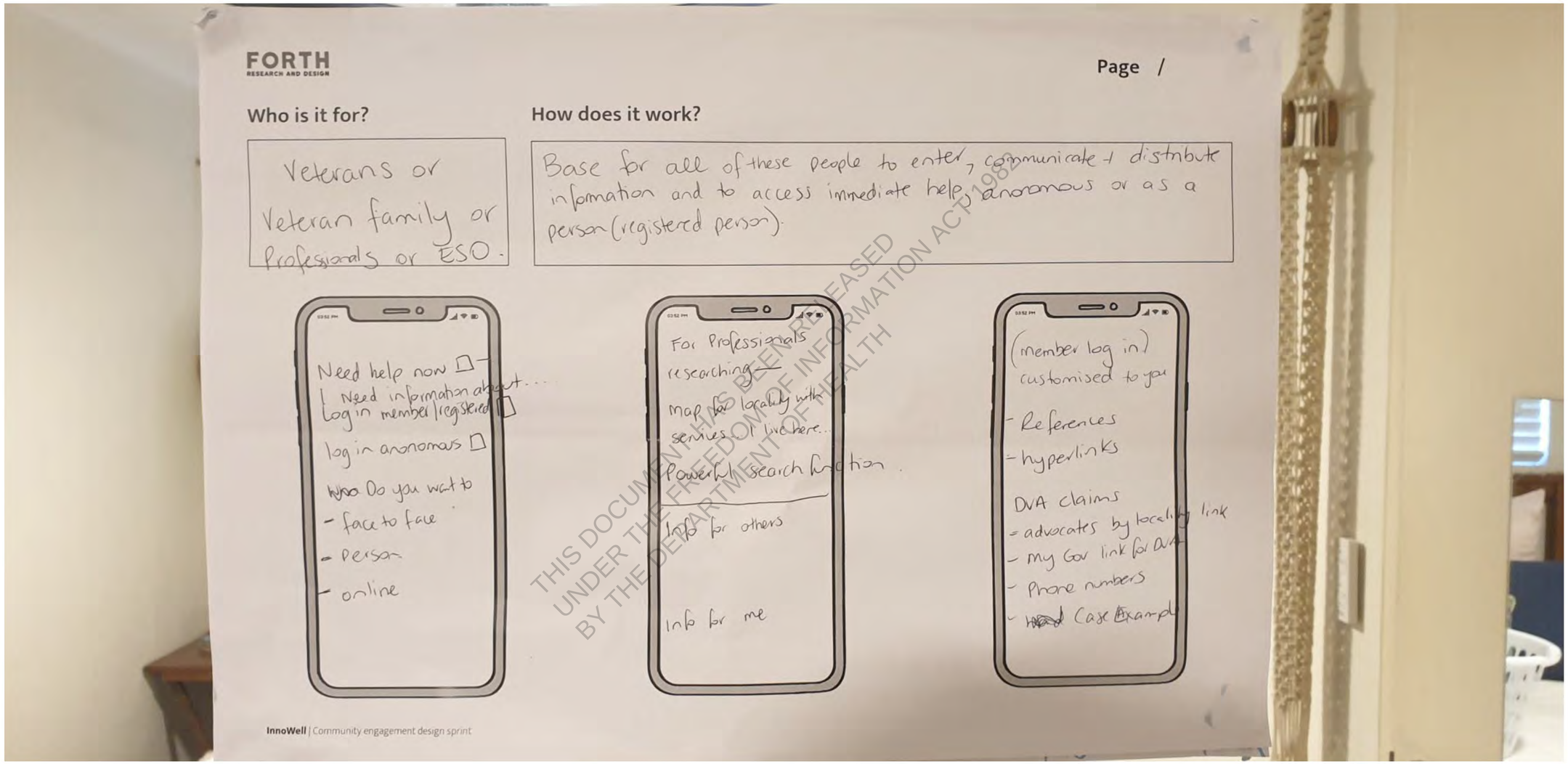




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s 47F

INNOWELL PTY LTD

# National Community Consult

## Community engagement:

# Veterans Family Day

**November 2018**



V1.0

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04 Where we went

05 Who we spoke to

06 What we did

07 What we asked

08 What we heard

09 Learnings and Next Steps

# About

The purpose of this document is to record the events and outcomes of a National Community Consultation (NCCP) community engagement conducted on 10th November 2018 at Suncorp Stadium, Brisbane.

This engagement was led by LEAF panel members s 47F and supported by s 47F (Senior Research Fellow).

The purpose of this community engagement was to support and engage with Veterans and their families, to promote the National Community Consultation and the project trial with Open Arms, and to find out more about the value that the platform might provide to veterans, and their families, mental health.

This engagement activity further explored how digital products and solutions might improve people's mental health and wellbeing. Given the demographics of the day, InnoWell team were keen to understand their thoughts on the supportive other feature within the platform. To show InnoWell's support to the veteran community, through trial partners Open Arms, an hour of the 42for42 Stomp was sponsored and Innowell staff walked alongside Veterans and the families and friends of ADF personnel who fell during operations in Afghanistan.

# Where we went

We attended family day at STOMP2018, which is a Veterans run 42-Hour challenge to support ADF veterans of the Afghanistan war, and their families, by building a war memorial in Brisbane. The name 42For42 stands for the 41 soldiers who were killed in Afghanistan, with the 42nd representing the ADF soldiers lost through suicide, and those who have returned with physical injuries and mental illness.

Throughout this event, teams walked for 42 hours, carrying 42 kg representing each of the Fallen. Each hour representing and honouring an individual soldier. The aim being to demonstrate the powerful symbolism of people coming together for a common cause, moving forward in life sharing our burdens, helping carry the load, and taking one step at a time to achieve goals.

# Who we spoke to

- Participants of the day itself
- Other stall holders and organisational representatives, such as: Mates4Mates, Australian Defence Force Trackers and War Dogs Association & Survive to Thrive Nation.
- Veterans and their families
- Emails collected: 33,
- People who answered survey questions: 23

# What we did

The Innowell team participated with a stand during the Family Day period, which represented the main 8-hour long period in which most community involvement and engagement occurred.

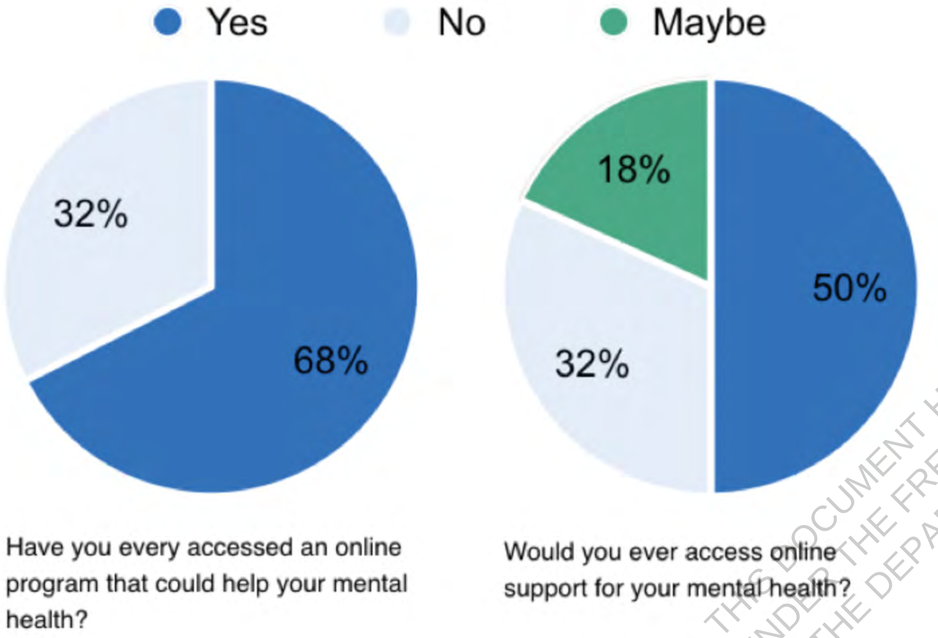
To encourage engagement, Innowell included a “Count the Lollies Jar” activity on the stand and provided free bottles of water to everyone involved. Members of the Veteran community in attendance were asked to complete a short questionnaire which included the below questions..

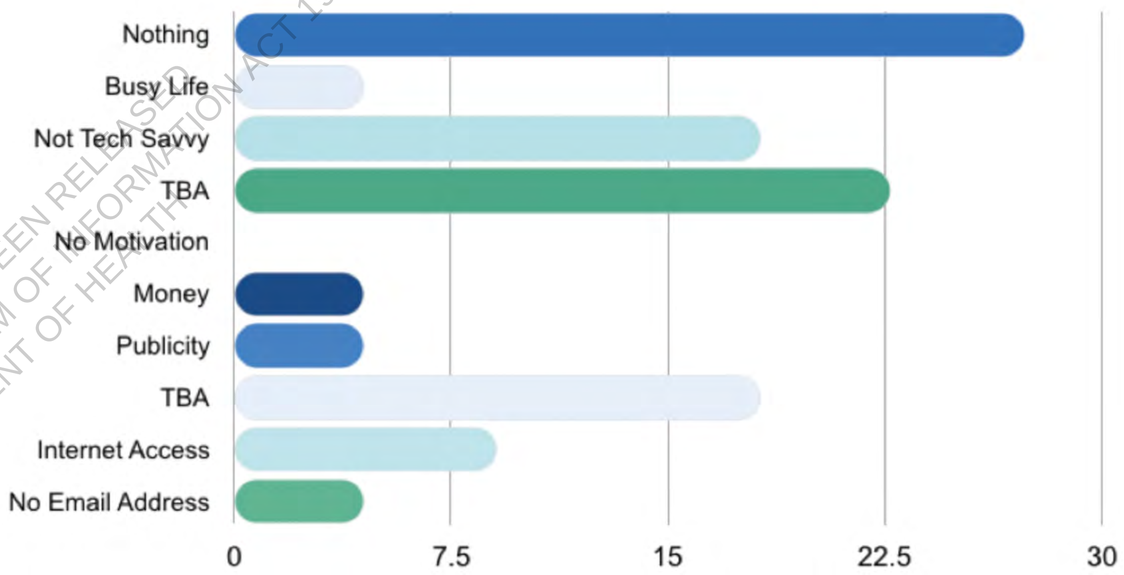
Innowell sponsored an hour of the Stomp and s 47F took part in walking with family and friends of (Insert name), who fell in action on (insert date) – *publicly available information*

# What we asked

| What we heard | Comments from participants |
|---|---|
| Respondents raised concerns around confidentiality of data, and trustworthiness of Open Arms & DVA,firewall/linkage, trust, change - ‘sucking it up’ and reaching out to known networks rather than asking for professional help.<br><br>Some aspects of the ADF are trying to change the perception of mental illness because they recognise the ongoing value of an individual, but this is not a pervasive concept | Not sure<br>An option to allow family and friends to be involved would be good<br>Would need to be quick and trusted<br>Personally not valuable, would rather talk to. One. Of our own support networks<br>Could feel intrusive in early stages<br>Need to keep them communicated and updated especially where they can get help and support<br>Group sessions/sharing online questions/feelings/issues— links for support people<br>Consistency of the person not having to tell their story more than once<br>Unsure— personalised to family experience, crisis alert for children and partners<br>Some form of support for family<br>Potentially social media<br>Awareness and self-awareness of others<br>Smiling mind map<br>Outreach to family if they are nominated that they were interested<br>Use it with me or be able to replace the report “how I was doing in her eyes" |

# What we heard






National Community Consultation; Community Engagement: **Veterans Family Day**

# Learnings

As this was our first community engagement event, we learned a great deal about how we would do this event and other similar events differently in the future:

- location of stand - gates being locked, meant people traffic flow not optimal
- would have been better to have product there to show
- An online link, or paper-based collateral, that could be distributed to individuals and organisations would have been very beneficial. At the time of this event, the public facing side of the digital engagement platform was not yet finalised.
- did well to keep it small and within budget as first test run
- consider population. maybe not balloons to a veteran event (random popping in hot weather)
- direction in how we would design future engagement materials.
- Involve all domains was beneficial. On the ground learnings for all those that participate and demonstrates the value placed in the different domains and how we collaborate/work together
- Great opportunity to promote brand and network with other Veterans associated organisations.
- good will
- good to show WG members that we are backing their communities
- opportunities for future more targeted engagements
- identified potential next year to put in a team

# Next Steps

- Working group debriefed and discussed the event at our February meeting.
- Used the experience to inform the development of resources that we can leave with people - make it easy for them to find us and stay involved. posters, postcards, ipads with platform preloaded
- Added all contacts to our email database to reach out and invite to get involved in future engagements.
- InnoWell team have expressed interest in going back with a team in 2019.
- Gave learnings to relevant domains eg. product, implementation eg. concerns around privacy and trust.

# National Community Consultation
# Community Engagement:
# Derby

**May 2019**

# Contents


03 About

04 Who we spoke to

04 Derby Aboriginal Health Service

05 What we did

06 Next Steps




# About

The purpose of this document is to record the events and outcomes of a National Community Consultation Program (NCCP) engagement conducted on the 30th of May 2019 in Derby, W.A. This activity was led and facilitated by s 47F

Over the day, we increased community awareness of the National Community Consultation and to build relationships and networks in the local community. This will give opportunities to contribute to digital engagements and the conversation with Derby in the future. We listened so that we could learn more about this remote community and how InnoWell might better address their needs in future products and services that we build. s 47F

This activity aimed to engage with the wider Kimberley region, deepen our networks, raise awareness of the project and the work of InnoWell, our National Community Consultation Program, further our gathering of baseline questionnaire results. These will be added to our aggregate baseline questions responses across the consultation and inform potential future contributions to National recommendations at the end of the project.



# About Derby

Derby is a local town with a population of around 3,300 people, of whom around 50% are of Aboriginal descent. Located in the Kimberley region of Western Australia, it is a 2.5hr drive from Broome. Derby was the first town to be settled in the Kimberley and the area is home to several Aboriginal language groups.

# Who we spoke to

We spent the morning with Trent, a Local Community Liaison Officer at one of the Kimberley suicide prevention trial sites. Derby is one of 8 locations across the Kimberley region involved in the National Suicide prevention trial sites.

We then visited the Derby Aboriginal Health Service where Kimberley Aboriginal Medical Services (KAMS), they were hosting a monthly meeting of the Lead Aboriginal Health Workers from across the region and we were able to spend time with them, promoting the work of the NCCP, Project Synergy trials and sharing the postcards. We also met briefly with the Derby based KAMS Social and Emotional Wellbeing Team.

During our time in Derby we were fortunate to promote the NCCP with approximately 22 community members. Noting that the majority of people identified as Aboriginal.

# Derby Aboriginal Health Service

The Derby Aboriginal Health Service has been established by Aboriginal people for Aboriginal people, with the purpose of empowering Aboriginal people in the prevention and management of ill-health, and in the promotion of well-being for individuals, families and communities, as well as; empowering Aboriginal people in the processes of decision-making, planning and service delivery.

Programs offer Derby community members culturally appropriate health, education, health promotion and clinical services. To deliver holistic primary health care services which:

- Are based on the social justice principles of equity and access
- Address the needs of Aboriginal people, and
- Respect and reflect the cultural values of the communities they serve.

Source: http://www.derbyaboriginalhealthservice.org.au/



# What we did

Spoke with key community/organisational representatives about the National Community Consultation the project and the work of InnoWell. We left postcards with key community members, that included the baseline questions of the consultation which were sent back when completed.

During our time in Derby several people said they would like further information about the project and how to stay involved including hearing more about the write up of our consultation in Broome. Some people shared their contact information to ensure ongoing engagement opportunities are optimised and communication channels remain open. This directly resulted in an increase of the breadth of the database and expanded opportunities for future digital engagement activities within the region.

As part of InnoWell's commitment to genuine reciprocity in all the work that we do, all information and data collected during our trip with community services and leaders about our learnings and recommendations. This will include ongoing communication and sharing of relevant engagement activities. Along with project updates and final reports to the DOH.

Approximately 22 people were engaged during our time in Derby. Additionally, around 30 baseline questionnaire on postcards were left with Trent to distribute amongst the community and return to InnoWell to capture baseline questions from the Kimberley region. Noting that these were unfortunately lost in the mailing system.



# Next Steps

We collected contact details on the day and all were added to our database and sent a thank you email including opportunities to continue to contribute to the NCCP and the Project.

The co-developed resource from our overall time in Broome and Derby will be developed and shared with both communities.

Responses to the postcard baseline questions will be added to our aggregate data and represented on the final report demographic.



# LEAF Phase 2 National Community Consultation (NCCP) Digital Engagements Report

This report summarises activities and learnings from the InnoWell National Community Consultation (NCCP) Phase 2 digital engagements. Including what we heard, what we learned; and how we intend to use this to both inform the final NCCP report and influence our Phase 3 Engagement Activities Timeline. (Refer Appendix 1)

---

## Digital Poll questions

### Overview:

As a starting point, over December 2018 and January 2019, we asked some quick poll questions on the Digital Engagement Platform (DEP). These were co-developed and promoted via LEAF networks.



### What we asked:

1. Ideally, what level of involvement do you think people with lived experience should have in the decision making processes, policies and operations of Australian mental health services?

2. Currently, what level of involvement do you think people with lived experience actually have in the decision making processes, policies and operations of Australian Mental Health services?

3. In your experience, what role should people with a lived experience have in the governance of mental health services?

4. In your experience, what role DO people with a lived experience have in the governance of mental health services?

### What we heard:

We heard from a total of 16 people, and these responses will be included in our final report. For a breakdown, see Appendix 2.

### What we learned from an operational perspective:

Whilst a total of 16 people found the poll questions on the DEP and managed to register to respond to the first poll question, numbers significantly dropped off at the second question (n=11), with no responses at all to the 3rd and 4th questions. Respondents needed to click through to complete additional questions and do not appear to have been aware of this potentially due to layout or difficulty navigating the DEP.

## Next steps:

- We took these learnings to our February 2019 WG Meeting and used them to inform a subsequent overhaul of the DEP and the launch process prior to Digital Survey 1.
- This included moving the original DEP template to one that was deemed a more fit for purpose, and optimising headers and font sizes to make the steps more obvious.

---

# Digital Survey One: Understanding the needs of people with lived experience.

## Overview

Content for this survey was co-developed by working group (WG) members at their February meeting, based on agreed themes identified as baseline questions. As our first digital engagement, we decided to perform a 'soft launch' of the NCCP baseline questions to trusted networks order to test the process and user experience of navigating the DEP and completing the engagement activity. Allowing us to mitigate risk, troubleshoot the process and user experience on the DEP prior to a broader community hard launch of Survey 2.



## What we asked:

1. Are you comfortable sharing your mental health experiences online?
2. Have you searched online to learn about mental health?
3. Have you seen or spoken to anyone about your mental health?
4. Has anything stopped you seeing or speaking to someone about your mental health?
5. Who or where would you turn if you wanted to see or speak to someone about your mental health?
6. When seeing or speaking to someone about your mental health, what is most important to you?
7. When it comes to accessing mental health support services, what is most important to you?

The survey consisted of seven questions and remained open for one month.

## What we heard

Total number of respondents = 28 (For an overview, refer to Appendix 3). We also spoke to those who declined or were unable to participate due to barriers in order to better understand their experiences.

## What we learned from an operational perspective

The soft launch of Digital Survey 1 was a very valuable learning experience for the LEAF. It enabled us to identify significant barriers and opportunities for improvement.

Key learnings included:

- The process and user experience on the DEP was clunky, not clear or intuitive
- The registration process was a significant barrier. People found it technically difficult, and they were wary of trusting the DEP with their personal information.
- Identified glitches and inconsistencies in the auto-respond message for participants.
- Participants found the DEP difficult to understand and navigate in general.
- More than one participant told us that they found the process overwhelming. In at least one incidence this meant that they declined to continue.
- That we needed to significantly improve useability and reduce known barriers (e.g. registration) for people to be prepared to use it.

### Outcomes

- Once closed, a survey report was generated (refer to Appendix 4) and learnings added to those reviewed at the June meeting to inform Phase 2. Four Delivery Streams outcomes.
- All survey responses will be included in the final NCCP report.
- Identified and where possible, removed barriers to engagement. Such as elimination of lengthy registration process.
- Refined DEP - improved usability, consistency of language, fixed broken links and optimised content
- Applied these learnings to Digital Survey 2 content and launch.
- Utilise complementary methods of obtaining baseline question responses such as distribution of baseline question postcards at community engagement events.



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## Digital Survey 2: Who do you trust with your mental health information?

### Overview:

At the April WG meeting members co-developed the questions for Digital Survey 2 and refined on communications strategy in line with learnings from the soft launch of Digital Survey 1. Once all technical changes recommended following Survey 1 had been implemented, the survey was publicly launched and remained open for the month of July. The survey was disseminated and promoted via LEAF networks and social media posts (Linkedin).

### What we asked:

1. What is your age?
2. How do you identify? (gender)
3. Do you identify as: (carer / consumer)
4. Is english your first language?
5. Are you Aboriginal or Torres Strait Islander?
6. Have you searched online to learn about mental health?
7. Have you seen or spoken to anyone about mental health?

8. Has anything stopped you seeing or speaking to someone about your mental health?
9. Would you feel comfortable and confident in sharing your personal information with a mental health service using a website?
10. Do you think it's safe to communicate with a mental health service using online tools like portals or private chat rooms?
11. Do you feel more comfortable sharing personal information online or face to face?
12. What do you trust more? (online information, word of mouth, clinician prescribed, or none of the above)

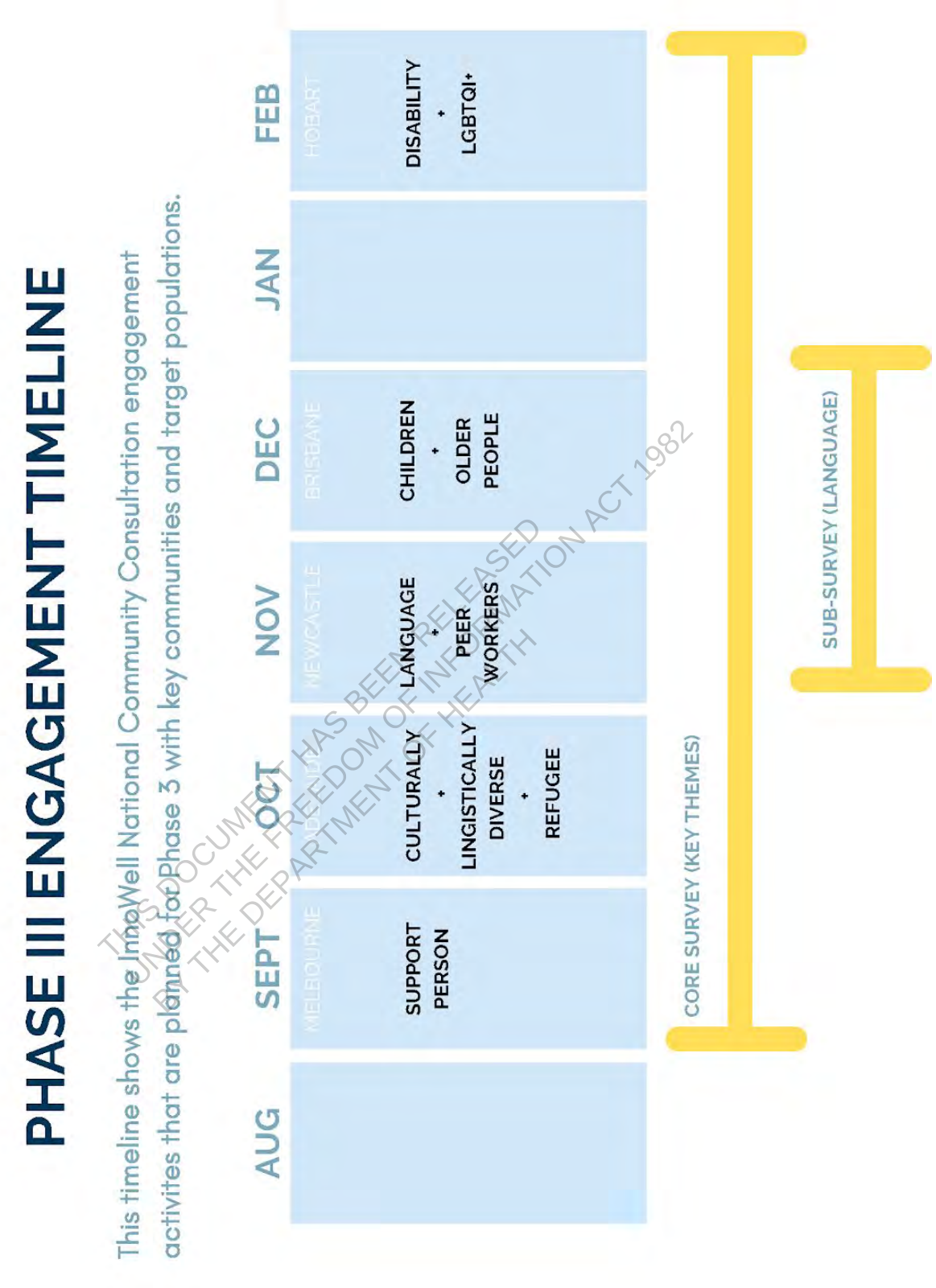
## What we heard:

We heard from a total of 10 people, and these responses will be included in our final report.
Refer: Appendix 4

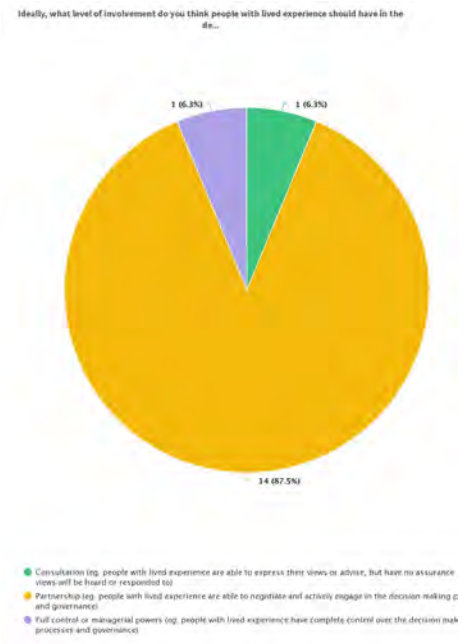
## What we learned and next steps:

That in regard to digital engagements, reach, uptake and methods of engagement all need to be substantially increased over Phase 3. Communications strategy and Phase 3 activities have been modified to address these learnings.
Activities plan updated to discontinue polls and, rather than multiple surveys we have elected to co-develop one main survey (covering all guiding questions and key themes) and a complementary (language focused) sub-survey to be released mid-phase. Both surveys will be translated into languages other than English.
This approach aims to enable a concentrated LEAF effort on promotion and community awareness of the NCCP across Phase 3.

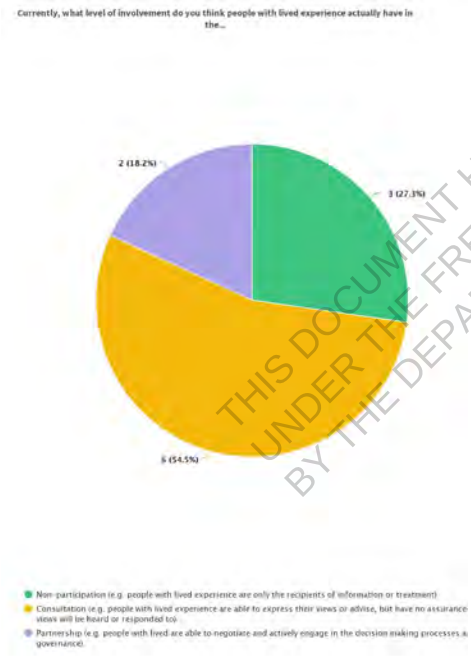
## Appendix 1: NCCP Phase 3 Activities Timeline



## Appendix 2. Poll Questions (Total of 4 questions, listed below)




Total response of 16 people

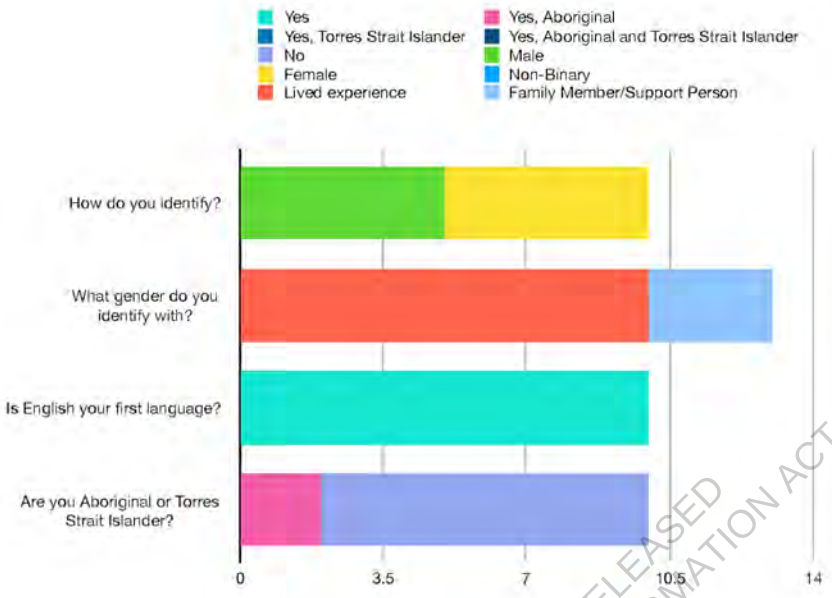


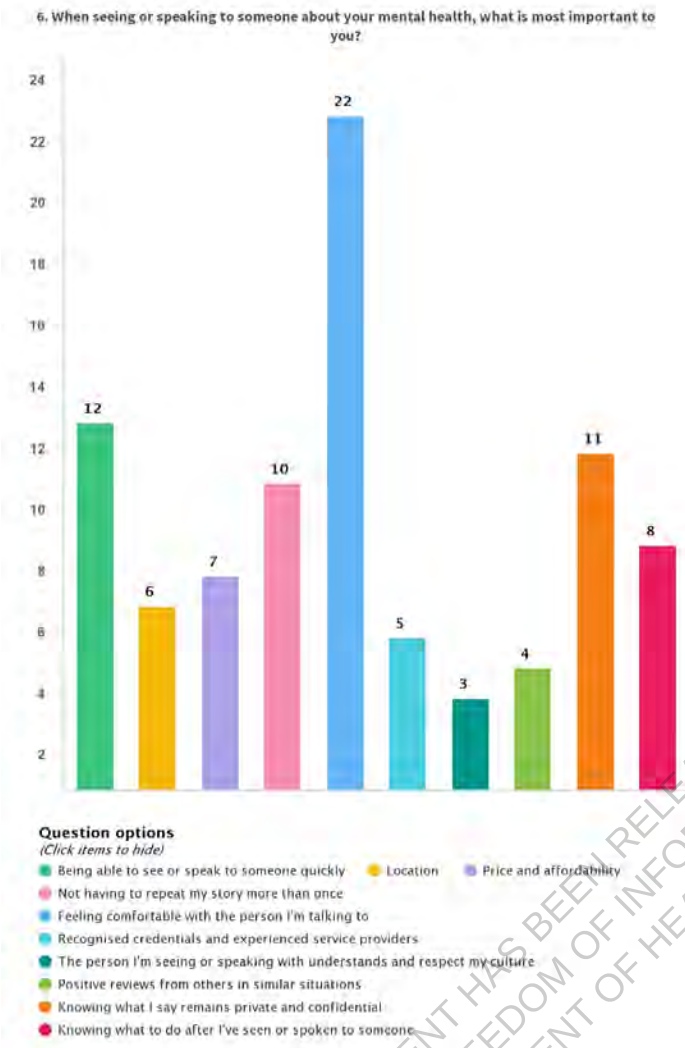

Total response of 11 people

| PROJECT | QUICK POLL | VISITS | CONTRIBUTORS | RESPONSES | RESPONSES BY ADMINS |
|---|---|---|---|---|---|
| Get Involved in #drivingchange | In your experience, what role SHOULD people with a lived experience have in the governance of mental health services? | 0 | 0 | 0 | 0 |
| Get Involved in #drivingchange | In your experience, what role DO people with a lived experience have in the governance of mental health services? | 0 | 0 | 0 | 0 |

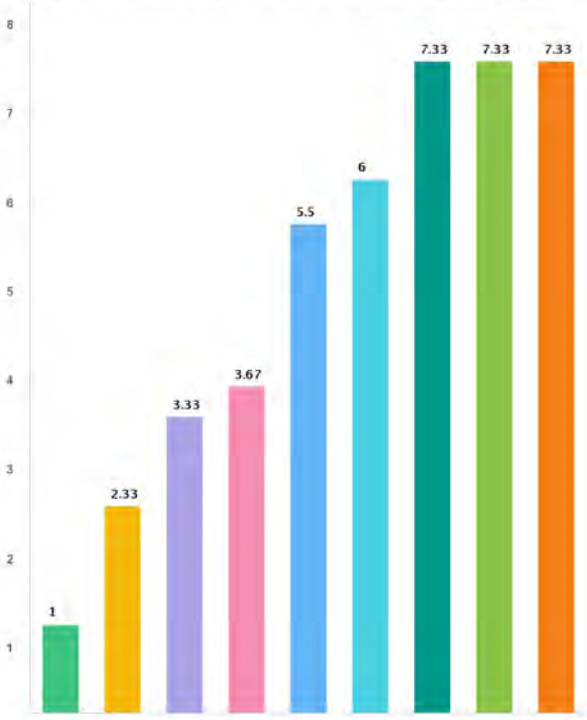
*Note: potential issue with user experience of platform. Respondents needed to click through to additional questions and do not appear to have been aware of this due to navigation of DEP site.*

## Appendix 3: Digital Survey 1: Understanding the Needs of People with Lived Experience



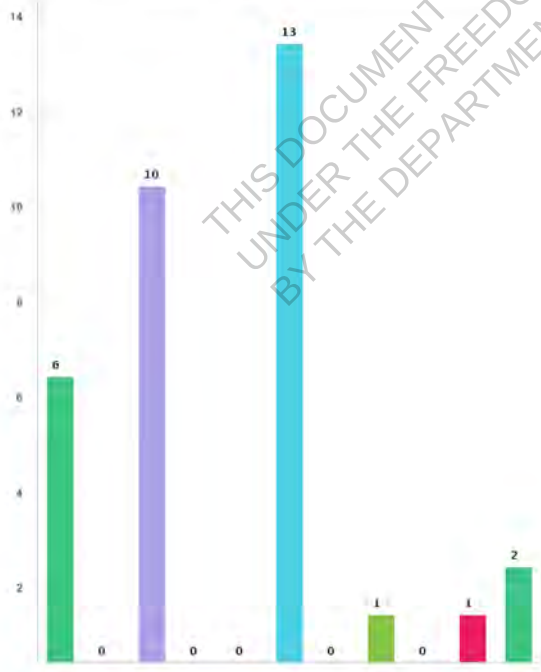


5. When it comes to accessing mental health support services, what is most important to you?



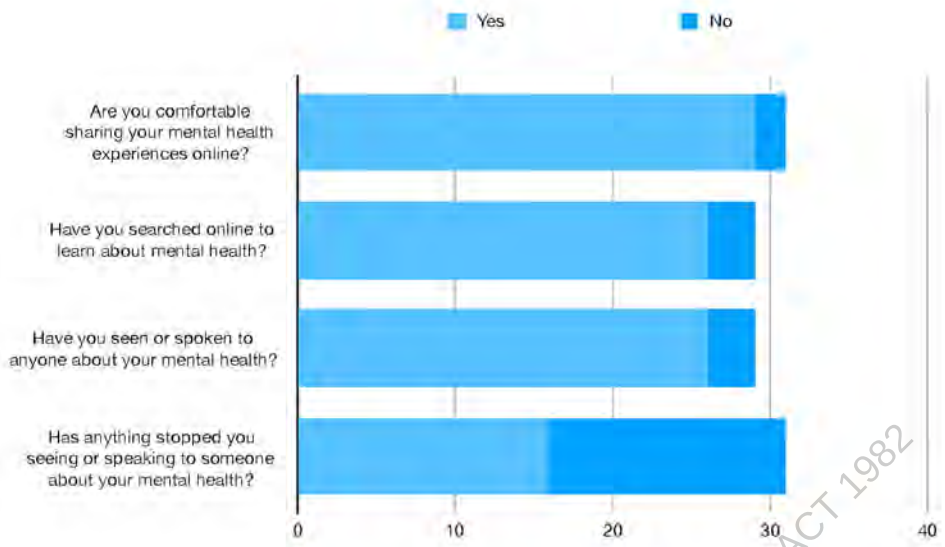

**Question options**
*(Click items to hide)*
- Recognised credentials and experienced service providers
- Location
- Price and affordability
- Easy to book appointments
- Feeling comfortable with the person I'm talking to
- Not having to repeat my story more than once
- Culturally sensitive and appropriate service providers
- Positive reviews from others in similar situations
- Knowing what I say remains private and confidential

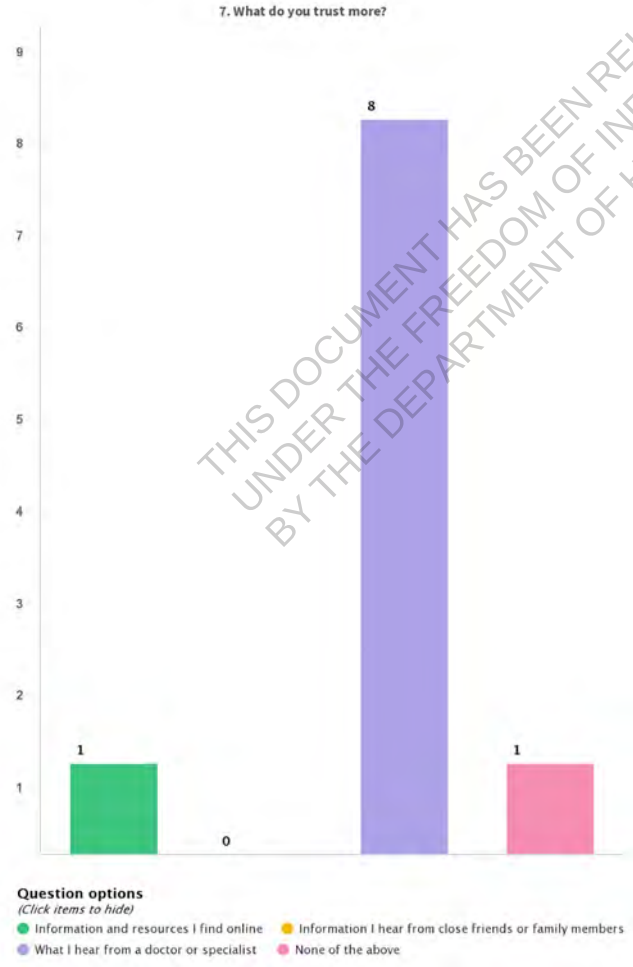
5. Who or where would you turn if you wanted to see or speak to someone about your mental health? (...

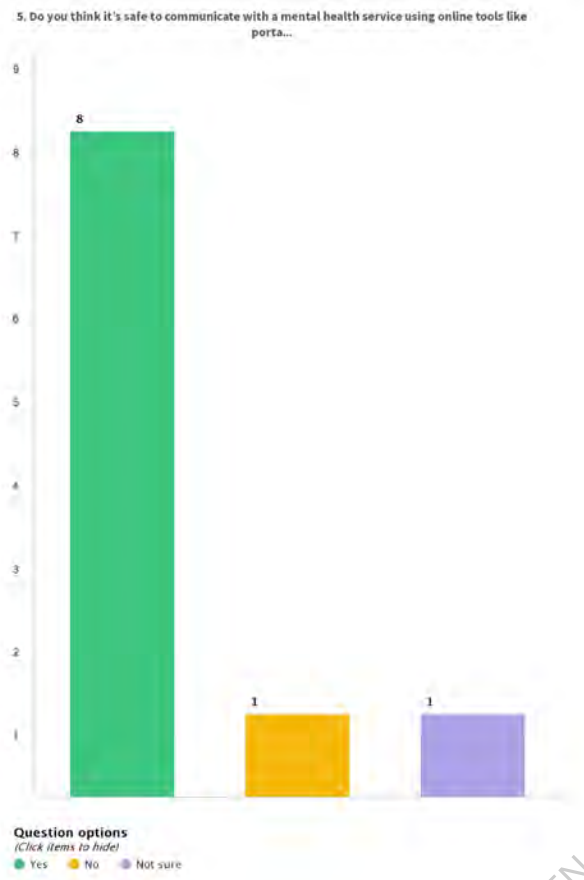


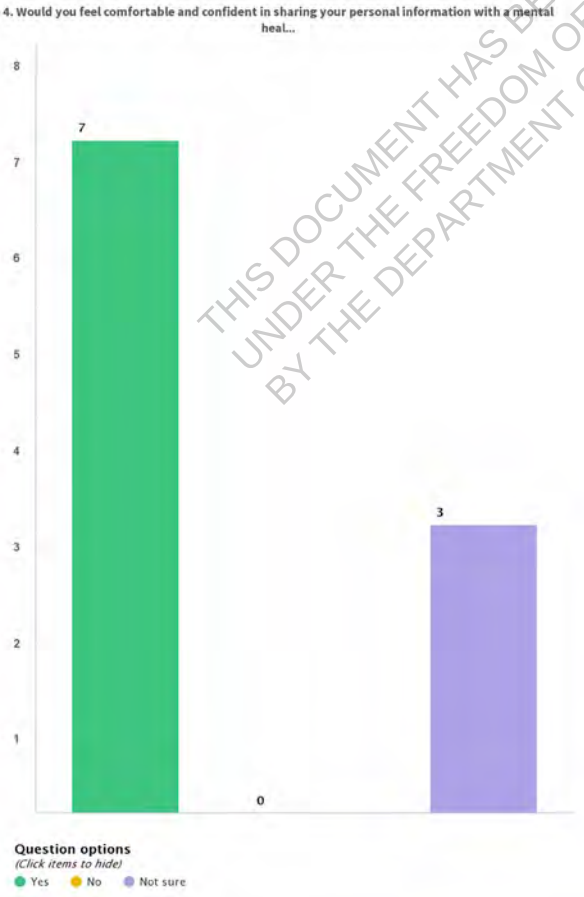

**Question options**
*(Click items to hide)*
- Google search
- Social media
- Family or Friends
- Colleagues
- Support worker
- Doctor or GP
- Emergency services
- Organisations or groups in my local area that work in mental health
- None of the above
- Social media
- Colleagues

## Appendix 4: Digital Survey 2: Who do you trust with your mental health information?





INNOWELL PTY LTD

# National Community Consultation Phase 2 Review
# 4 Delivery Stream Recommendations: September 2019

The table below summarises the LEAF Working Group's key recommendations from facilitated end of Phase 2 4 delivery stream sessions held at the June 24 Working Group (WG) Meeting utilising the National Community Consultation Program (NCCP) co-design framework.
To date these learnings have been

- submitted and utilised in both the internal re-engagement working group and language and tone working group bodies of work.
- used to inform the Phase 3 engagement activity timeline
- submitted to management for review and consideration.



| Platform: Digital product development (improvements, enhancements, new features) | |
|---|---|
| What we heard | • An online solution needs a simple, user-friendly onboarding process. (no longer than 15 minutes)<br>• The user experience needs to guide people on a journey, a chat-bot feature to enable this would be desirable.<br>• Improvements need to be made on the current platform onboarding experience, language, tone and general useability. Particularly the a person's onboarding experience - health cards, dashboard, + questionnaires.<br>• Must have a clear voice (tone and tenor) and consistency of language to reflect/reinforce that<br>• People are more likely to trust an online solution that looks and feels familiar and can be personalised<br>• Having to continually repeat their story is a barrier for people when it comes to reaching out as well as engaging with a service or a health care provider.<br>• Peer support is of significant benefit to people with lived experiences |
| Key Recommendations | 1. That the entire findings from all reports plus summary above be utilised immediately by product development to inform the work of the re-engagement working group body of work and the concurrent Language and Tone Style Guide and content audit activity.<br><br>2. The concepts of a person needing to have a user experience that is familiar and able to be personalised in order to trust and engage, as well as pain point of having to continually repeat their personal story to multiple health professionals were common across all consultations.<br>The working group recommends the exploration of the viability of co-designing a prototype of a simple app that addresses this |

| | |
|---|---|
| | pain point. The group recognises that a digital solution to this problem would likely be transferable across more than one health setting and as such feel that it would be more adaptable if it were to be a stand alone app that can plug into the platform.<br><br>3. That InnoWell consider the future addition of a co-designed chatbot feature that could guide and enable the individual ideally with a non-judgmental peer worker type persona.<br><br>4. The development of additional culturally safe and diversity specific features and resources.<br><br>5. That the NCCP Phase 3 timeline is informed by the Phase 2 findings. Specifically that: we will make exploring the needs of Support Person as a priority, include greater Peer Worker representation in our community engagements and co-develop a specific engagement and sub-survey around mental health related language. There will be one main digital survey covering all NCCP themes to run across Phase 3 and a sub- survey exploring language further on a National scale. We will also investigate the potential of translating digital surveys into languages other than English. |
| **Implementation: Implementation related service level improvements** | |
| What we heard | ● Public visibility of trials within communities would build trust and potentially uptake.<br>● Peer support workers are trusted and valued by people with lived experience<br>● People trust products and services when they can see real people are involved, and when they can see themselves reflected and considered in the promotional material.<br>● People trust products when their trusted networks and peers endorse/recommend them.<br>● People need to see the value in a product for them to want to be part of it<br>● Products and services should always be culturally safe and appropriate/accessible. |
| Key recommendations | 1. That the role of peer workers and other lived experience advocates/champions with trial sites be identified and included.<br><br>2. That promotional material is developed using local sourced images, culturally and community appropriate.<br><br>3. The LEAF continue to explore opportunities to increase understanding and visibility of trial status and uptake in order to optimise their ability to support, guide and advise Project Synergy from a lived experience perspective.<br><br>4. As it is crucial to have scale-able consistent education and training that includes all stakeholders, identify ways that the LEAF can work with both the Education and Training Manager and Marketing team more closely to co-develop resources that speak to the value of individual as well as other key stakeholders. |

| | |
|---|---|
| | 5. Identify proven Platform/Project champions within trial sites to better support implementation and individual engagement.<br>6. That peer workers be formally trained as subject matter experts within trial sites and optimally equipped to champion the project and platform.<br>7. Consider forming community advisory groups within trial sites that can continue on post project.<br>8. WG identified and included additional groups and priorities to engage with /focus on learning from or prioritize such as cultural safety for Aboriginal and Torres Strait Islander, multi-cultural and other diversity cohorts, support person, peer workers and language across Phase 3 in accordance with these learnings. |
| **InnoWell: Governance, process and procedures improvements** | |
| What we heard | People trust what they see being used and promoted in their community (online or in real life) and also when organisations partner with brands and organisations that they or someone else they know trust and respect. |
| Key recommendations | 1. InnoWell work with WG to explore LEAF networks and expertise of the community and sector to identify and leverage potential lived experience /health sector partners and commercial opportunities.<br>2. Support working group to collaborate on creating content articles that would raise awareness of the LEAF related work of InnoWell and potentially support brand recognition and credibility within the community and sector. |
| **Broad Policy: Presentations reports or publications that contribute to the broader mental health policy reform agenda.** | |
| What we heard | There were no key findings in this stream for Phase 2. |
| Key recommendations | LEAF to contribute to more organisational visibility at key conferences and by collaborating on articles.<br>Action plan will be developed at October WG meeting. |