

CO-DESIGN IN MENTAL HEALTH POLICY

Mental health consumers, carers, service providers and other key stakeholders have the right to participate in, actively contribute to, and influence, the development of government policies and programs that affect their lives and businesses.¹ Genuine engagement results in greater consumer and carer empowerment and ownership of mental health programs, effective advocacy and, ultimately, higher return on government investment.^{2,3} Co-design carries equal responsibilities for all participants. This document sets out those responsibilities.

Co-design is more than consultation

Government uses many mechanisms to consult mental health consumers, carers and stakeholders, for example committees, forums, and calls for submissions. Meaningful participation in the development of high quality policy and programs happens when:

- » engagement is well planned and started before policy options have been decided;
- » agencies have sufficient resources and expertise to facilitate effective engagement;
- » external participants have the resources, skills or knowledge to participate fully;
- » agencies acknowledge that consumers, carers and service providers are qualified to contribute;
- » participant selection is diverse and representative;
- » agencies provide sufficient time and information for participants to prepare to make considered and meaningful contributions.

Co-design goes beyond traditional methods of consultation by forming authentic partnerships with consumers, carers, service providers and key stakeholders. It utilises their knowledge and experience in the design, delivery and evaluation of mental health policies. The methodology is underpinned by principles of early engagement, inclusivity, transparency, shared power, and equity of knowledge and responsibility.⁴

| | Type of engagement | Stage of development | Engagement method |
|---------------------------------|---|--|---|
| Policy Development Cycle | Co-design ↓ Decision-making informed by broader consultation | Define the policy problem Establish the policy scope Identify possible solutions Refine and distil options Finalise the policy | Informal discussions Formal advisory groups Workshops Community forums Feedback process |
| Implementation Cycle | Co-design ↓ Broader consultation ↓ Decision-making and feedback | Identify issues and options Design the mechanism Test with the sector Refine based on feedback Full implementation | Workshops Working groups Community forums Trials or pilot programs Surveys |

The type of engagement may vary and overlap during the process. Consultation may be used to test co-designed policies and programs more broadly.

Government and the sector should partner early and at each stage of policy and program development

Engagement methods should be selected and adapted on a case-by-case basis in partnership with the sector.

¹ Adapted from National Consumer and Carer Forum, *Consumer and Carer Participation Policy: a framework for the mental health sector*, 2004.

² Slay, J & Stephens, L., *Co-production in mental health: A literature review*, 2013.

³ World Health Organization, *User empowerment in mental health – a statement by the WHO Regional Office for Europe*, 2010.

⁴ The Co-Design Initiative, *Co-design: Putting consumers and carers at the centre of mental health reform*, 2016



Roles and responsibilities in co-design

| What is required of government agencies and staff | What is required of mental health consumers, carers, and key stakeholders |
|---|---|
| Respectful engagement | |
| Acknowledge and respect the lived experience of consumers and carers, and the professional experience of the mental health workforce. It is valuable and equally important to the design of policies and programs that are fit-for-purpose. | Be confident in the expertise that comes from lived experience and knowledge of the sector. You are well qualified to contribute to and influence mental health policies and programs. Acknowledge that agency staff have expertise and familiarity with government process and policy. |
| Consumer, carer and stakeholder time is valuable. This should be reflected by adequate and consistent remuneration. | Be prepared and proactive. Plan your contribution. Recognise the need to prioritise issues and compromise. |
| Shared Power | |
| Be open to genuine partnership with stakeholders in designing engagement strategies, identifying core issues, developing options, and implementing and evaluating policies and programs. Treat all participants with equal respect. | The right to co-design involves a responsibility to proactively work with agency staff to identify problems and develop options for policy responses and program design and implementation. |
| Educate agency staff about co-design and champion its use throughout the policy cycle. | Advocate for the use of the co-design. |
| Inclusive and meaningful engagement | |
| Identify and address barriers to diverse participation such as location, culture and language. For example: » cover expenses (e.g. travel and accommodation); » use creative engagement methods; » understand and accommodate the diversity of all participants (e.g. language, culture, impairment). | Actively develop your skills and knowledge in effective government engagement, leadership and policy design. Commit to building your capacity to effectively contribute and add value. For example: » engage in training and development; » be involved in peer networks to share experiences and knowledge; » seek out a mentor for support and guidance; » stay informed about mental health policy and sector issues |
| Engage with peak and representative bodies to identify and recruit participants with appropriate and diverse skills and experience. | |
| Honest and transparent process | |
| Communicate the purpose and scope of engagement early. Be clear about information that cannot be shared, and the influence participants can have in policy design and decision making. | Accurately represent the experiences and perspectives of your constituency by consulting and communicating with them openly and frequently. |
| Early engagement and preparedness | |
| Work with consumers, carers, service providers and key stakeholders to establish who needs to be involved, about what, when to engage them and how. | Actively pursue avenues to advocate and contribute to policy and program development outside formal government initiated processes. |
| Provide sufficient time and resources for representatives to prepare for engagement: » share all relevant information and resources; » schedule meetings at least six weeks in advance; » provide papers and resources at least two weeks in advance. | Come prepared to make a meaningful and well informed contribution, for instance; » read all provided materials in advance and seek clarification when needed; » understand the policy context and issues; » seek input from your constituency. |
| Ongoing feedback and evaluation | |
| Provide feedback to participants on progress and outcomes, to build trust, strengthen partnerships and encourage ongoing participation. | Report back on the outcomes of engagement with your networks, to build trust and encourage future involvement. |
| Evaluate the success of co-design during and after to adapt, improve and promote co-design within the organisation. | Provide honest feedback to government on the adequacy of the engagement, to inform improvements to the process. |

