



**MHCC 'Supporting Community Connection'  
Community Engagement Education Package (CEEP) Project**

# **Co-design Working Group 4**

**Zoom Meeting 1 - Thursday 14<sup>th</sup> May 2020**

**Zoom Meeting 2 – Thursday 28 May 2020**

**Sydney and Western NSW/Dubbo Combined**



## CO-DESIGN WORKING GROUP 4 – Meeting 1

### Thursday 14 May 2020, 2:00 to 3:00 PM Zoom Meeting

This is the fourth and final meeting for MHCC’s ‘Supporting Community Connection’ CEEP Project lived experience Co-design Working Group (CDWG). The projects CDWGs in Sydney and Dubbo have met three times in 2018 and 2019:

- 50 people have come to the CDWG face-to-face events! We have attached a participant summary.
- We have attached a summary of our first three meetings.

MHCC had to cancel the face-to-face CDWGs meetings planned for April 2020 due to the COVID-19 environment. People attending past CDWG meetings from Dubbo and Sydney will be ‘meeting’ each other for the first time at the 14/5/2020 ‘Zoom’ event!

Time	Discussion	Facilitator
2:00 – 2:10	Welcome and Acknowledgements	Tina/MHCC
	Opening activity	Bec/MHCC
2:10 – 2:15	Why are we ‘Zooming’?  Project background Project conclusion	Tina
2:15 – 2:20	Overview and discussion about: Meeting/s 1 - Sydney 2/12 & Dubbo 10/12, 2018 Meeting/s 2 - Dubbo 3/5 & Sydney 8/5, 2018 Meeting/s 3 - Dubbo 10/11 & Sydney 27/11, 2019	Tina
2:20 – 2:30	Third and final Webinar – Wednesday 10 June 2020 10:30 to 11:30 AM  How can lived experience/co-design contribute to this event?	Bec/MHCC
2:30 – 2:40	Brainstorming ideas to use/promote the learning materials/opportunities	Yvette
2:40 – 2:50	What did you like about the codesign approaches?	Tina
	What in the codesign approaches could have been better?	
2:50 – 3:00	Thank you all for your contributions and help.	Tina
	Let’s have some ‘virtual cake’ and celebrate!	Bec

## MINUTES – Zoom Meeting 1, 14 May 2020

### Present

Tina Smith, Project Manager - MHCC  
Yvette Segal, VET Instructional Designer - MHCC  
Rebecca Lewis, Project Officer – MHCC

Sydney Participants (9 people)

1. Sean – Consumer Participant (trial Participant)
2. Larry – Consumer Participant
3. Jenny – Consumer Participant
4. Sue – Consumer Participant
5. Simone – Consumer Participant (trial participant)
6. Michelle – Consumer Participant
7. Leslie – Consumer Participant
8. Anton – Consumer Participant
9. Fiona – Consumer Participant

Western NSW/Dubbo Participants (4 people)

10. Mark – Consumer Participant
11. Ann – Consumer Participant
12. Robyn - Carer Participant
13. Jen Coote - Western NSW LHD

### Introduction

Tina opened the meeting and welcomed everyone.

### Welcoming Activity

Bec ran a welcome activity to warm everyone up and give participants who were new to using zoom the chance to try out the various ways to interact. The following questions were asked:

**Q1: In one or two words describe your COVID-19/isolation experience?**

*Participants were encouraged to use the chat feature to answer.*

- Complicated!
- Changeable
- Not much change for me.
- Love it
- Living happily ever after
- It's not been a great experience
- Clean
- Restrictive & Isolating
- Boring quality time with my dog

## **Q2: What have you been doing for self-care during this time?**

Answers: Direct from Zoom chat log

- Running
- Yoga
- Lovely
- Gardening.
- Walking
- Walking
- Walking
- Zooming with family
- Using tech media for my social life
- Walking, resting, juicing vegetable to increase immune system
- reading
- I've been too busy!

## **Q3: Has being involved in the CEEP Project created a positive change in your life?**

Answers: Direct from Zoom chat log

- Collaborative community
- It's much greener out here now
- I have missed all the co-design workshops due to being overseas
- Meeting everyone
- CEEP Project had the positive change of contributing to my resume to get part time work in the sector. Very grateful for the inclusion. Met Larry, Jenny & Susan more than through CEEP, they are seasoned contributors.

## **Q4: Would you be happy to participate in a co-design in the future?**

Answers: Direct from Zoom chat log

- You bet
- I like the concept and happy to participate
- I enjoyed the experience.

## **Why are we Zooming?**

Tina explained that this was our last co-design and we wanted to take some time to reflect on where we have been, where we were at and where we were going. The project started in July 2018 and we were due to finish at the end of May 2020, Due to COVID-19 the project has been extended to the end of June 2020.

There are a couple of events to complete to meet the project KPI's. These include

- Co-design 4 \*
- Webinar 3 (June 10<sup>th</sup>)
- Final two Advisory Group Meetings

\*NB: Co-design 4 is not one of the projects KPI's, however, the CEEP Project team felt we would not have concluded the co-design process accurately without the fourth co-design.

Tina explained a little bit about the initial stages of the project and the initial perceived/actual power imbalance between people with lived experience and others. After this was brought to our attention, we became very alert to the problem and have worked hard to build our capacity on this

space. Tina expressed that this has been a real sense of pride in the project, particularly watching individuals step up to various opportunities over the life of the project. You cannot build community capacity without first building individual capacity. This includes an evaluation group that is very weighted around lived experience.

### **Overview of Co-designs One to Three**

Tina gave an overview of the previous three co-designs.

Co-design One - It became apparent very quickly that the language we were using was too NDIS ILC Outcomes Framework focused and/or 'clinical'. Feedback was, this is people's lives, MHCC needs to get rid of acronyms and use plain English.

Co-design Two – The CEEP framework had started to be developed using feedback from co-design one. The second co-design looked at the proposed six key topics. After further conversations it was decided that further changes needed to be made to the language.

Co-design Three – The third co-design was held after the CEEP Project learning materials had been trialled. The draft six short videos were taken to the co-design groups as conversation starters and to help drill down on the most important take home points that audience of Community Workers and other supporters – both paid and unpaid - needed to know.

Comments from participants:

- MHCC's willingness to listen has been quite a good experience. To have a say in what has been produced has been fantastic.
- The questions asked in the videos are great, the concept is great.
- The videos show things from a lived experience, and what's important. This as well as knowing Community Workers outside of mental health will be learning how to better support people is great.
- The power of the videos and the effect they have is amazing. Saw this first hand as they were played in my workspace.
- In the third co-design comments were brought up about needed a better cross section of video participants. Too many 'deficient participants'. After attending that co-design, I attended a co-design at another organisation where it was the extreme opposite. There was a blonde model looking woman on the beach. It needs to be a more even cross section of people living with mental illness.

### **Third and Final Webinar**

We will be launching all the final learning materials and 'Good Practice Guide' at the webinar on the 10<sup>th</sup> June.

The webinar will include three panellists: Tina; Mark as a lived experience representative; and, Reenie, who is a nurse working in mental health. It would have been ideal to have a non-mental health Community Worker but it has been an ongoing challenge to get non-mental health Community Workers engaged in this project. We will be co-design the webinar program with the three panellists along with Sue, another lived experience representative, as Sue has been involved throughout the project and has previous experience at being a webinar panellist. It is expected we will cover the three following topics:

1. The learning materials
2. Encouraging people to use them and in ways to use them
3. Celebrating how lived experience contributed to the development of the resources.

People can let us know if they have other ideas about how lived experience can contribute to the final webinar.

### **Brainstorming ideas to use/promote the learning materials/opportunities**

Yvette started off by saying this project had been the first time she had been a part of a co-design. You start with a vague idea of where you are going but the co-design then guides the construction and shapes the outcome. The resources that have been developed are as follows:

- PowerPoints for the six learning topics
- Facilitator/Trainer Guide for each topic
- Six short videos

Yvette asked the participants to share any ideas for promoting the learning materials.

Comments:

- Love that people outside of the mental health sector will be encouraged to use them. All care providers should incorporate the training into their workplace development. There are so many stereotypes and misconceptions around mental illness.
- Stereotypes and misconceptions can run rapid with those who don't FULLY understand mental health.
- I agree professional development is important!!
- Rotary clubs deal with allot of workplaces.
- Education departments.
- TAFE and other tertiary education places.
- Police and other first responders.
- Human resources in corporate and government sectors.
- The training could be delivered by participants who attended the co-designs.

Tina explained that we were coming to the end of our hour allocated for the meeting, however, continuing the conversation around the promoting of the materials is important. Along with discussing the co-design in terms of what worked well and what could be improved.

The group agreed they would be happy to meet later to continue the discussion.

**Co-design Working Group to meet again by Zoom on the 28<sup>th</sup> May 2020**



**MHCC ‘Supporting Community Connection’  
Community Engagement Education Package (CEEP) Project**

**CO-DESIGN WORKING GROUP 4 – 2<sup>nd</sup> Meeting**  
Thursday 28 May 2020, 2:00 to 3:00 PM Zoom Meeting

This is the second part of the fourth and final meeting for MHCC’s ‘Supporting Community Connection’ CEEP Project lived experience Co-design Working Group (CDWG).

In the first 14 May Zoom Meeting we agreed that a second meeting would be useful to:

- Further discuss ways that the ‘Supporting Community Connection’ learning resources could be used by people outside of the mental health sector
- Talk about what has worked well and not so well for co-design across the two years of the project.

Time	Discussion	Facilitator
2:00 – 2:05	<b>Welcome</b> and Acknowledgements  Opening activity	Tina/MHCC  Bec/MHCC
2:05 – 2:10	<b>Why are we ‘Zooming’?</b>  Project overview 14/5 Zoom Meeting 1	Tina
2:10 – 2:25	<b>Using the learning materials</b>  Brainstorming ideas to use/promote the learning materials/opportunities	Yvette/MHCC
2:25 – 2:50	<b>Evaluating project co-design</b>  What did you like about the codesign approach?  How can the codesign approach be improved?	Larry & Sean/Co-design Working Group Participants & Lived Experience Representatives
2:50 – 3:00	<b>Meeting close</b>  Thank you all for your contributions and help. Let’s have some ‘virtual cake’ and celebrate!	Tina  Bec

## MINUTES – Zoom Meeting 2, 28 May 2020

### **Present**

Tina Smith, Project Manager - MHCC  
Yvette Segal, VET Instructional Designer - MHCC  
Rebecca Lewis, Project Officer – MHCC

Sydney Participants (6 people)

1. Sean – Consumer Participant (trial Participant)
2. Larry – Consumer Participant
3. Jenny – Consumer Participant
4. Michelle – Consumer Participant
5. Anton – Consumer Participant
6. Bridget - Consumer Participant

Western NSW/Dubbo Participants (1 people)

7. Mark – Consumer Participant

### **Introduction**

Tina opened the meeting, welcomed everyone, and did a brief overview of the first meeting.

### **Using the learning materials**

Tina opened a conversation, continuing from the previous meeting, around how the learning materials can be used,

Tina listed the places identified through co-design and the Advisory Group that the ‘Supporting Community Connection’ CEEP Project learning materials and ‘Good Practice Guide’ could be promoted. This included:

- Everyone that has been engaged with the project
- All Primary Health Networks (PHNs) across Australia
- National Psychosocial Support measure providers in NSW and nationally
- Local Area Coordination (LAC) organisations
- GP’s
- Carer Gateways organisations
- Public Mental Health Service Mental Health Directors
- Rotary/ Lions Clubs, etc
- TAFE and other tertiary organisations
- Police and other first responders

Participants added the following:

- Local Community Services Association
- Community Resource Network
- NDIS planners
- My Aged Care service providers

It was suggested that members of the co-design may be interested in facilitating learning opportunities, so that when the materials are presenting it is in line with the product itself.

The lack of funding for the project ongoing presents challenges for promotion. It was suggested participants could make encourage the use by organisations and others separately. Some felt that people with lived experience were often called on to provide services in a volunteer basis and that it is best to paid as often as possible. This would need to be negotiated by individual lived experience facilitators/trainers with organisations and others. This could be an issue, participants would need to have an ABN and correct insurance etc.

Another suggestion was disseminating the information through HR and workplace and corporate organisations. Think outside of mental health services.

Tina encouraged the group to notify the CEEP Project team if they see any messages on Facebook or other social/digital media about CEEP resources.

Tina handed over the meeting to Sean and Larry to facilitate an evaluation conversation.

### **Evaluating Project Co-design**

Larry opened the evaluation by informing participants they were under no obligation to contribute.

Sean gave an overview on how to use the chat feature on Zoom and explained this is a way to give feedback and that this information would be de-identified.

Larry asked all participants if anyone had a strong objection to MHCC staff adding their feedback. There was a consensus from the group that it was fine for MHCC staff to contribute.

It was suggested that due to the low numbers in attendance an online version of the survey could be emailed to past co-design participants.

*First evaluation question: What did you like about the co-design approach?*

The following comments are direct quotes from Zoom chat:

- I liked the leadership of Tina Smith
- I liked my thoughts as a consumer being valued and taken into consideration.
- I liked that there was a co-design approach right from the beginning of the project.
- Meeting other people, different activities, being a valued member, staff approachable
- I also like including the regions.
- Friendly staff committed to a co-creation approach.
- I liked that my ideas were listened to and taken on board.
- I was not involved in the initial project; however, I have read the resources and the project design on the MHCC website. I love the fact that it is consumer led and I have really enjoyed these webinars.
- Take onboard all suggestions and input and the two-way communication clarification and accept everybody's contribution on an even footing to have meaning and its validity highlighted.
- Facilitators very open to new ideas and ways of doing things.
- MHCC staff were committed to the co-design and co-production process.

The following responses were verbally discussed:

- Liked that it was anonyms
- Happy with MHCC's decision to seek out more remote and rural areas and to travel to Dubbo
- The staff on the CEEP team were approachable, interested and were prepared to listen

- When we did contribute that contribution was recognised as being valuable and had a direct influence on how the material was produced, if we changed our opinion or thought something was not clear it was changed. The co-design was true co-design.
- Friendly staff committed to a co-creation approach
- Loved the lemon exercise, gained a lot from it
- Grateful to be involved
- Been working as a consumer consultant for more than 10 years, this is the first instance where I can honestly say this is the first time where the people who came and listened really listened and took what we had to say and didn't just pat us on the head and say that's very nice, the final products represents the reality of our consumer input
- Its important to have carers represented also

*Second evaluation question: How can the co-design approach be improved?*

The following comments were made verbally:

- That the process could have started even earlier, even from the grant writing stage, would be good to be involved at an earlier point of development
- Would be good to have more representation from different demographics, Aboriginal and Torres Strait Islander peoples, refugees.
- Agree going back earlier could be more complete, also agree with trying to get bigger representation from different groups, we did have good representation from carers, consumers, and different services in Dubbo
- Could have used more time for the creative side of things, arts and crafts in co-design 1, or might have been good to break into smaller groups

The below comments are from the chat log

- Agree with previous comment, having consumers involved right back to the grant writing process would be best practice in terms of co-design/production.
- I agreed with what comments above - nothing more to add
- I agree as well

The following comments are taken from the online version of the survey above which was forwarded to all past co-design participants:

*First evaluation question: What did you like about the co-design approach?*

- Its democratic nature i.e. including the views and ideas of consumers to influence decision making. I also liked that it made clear that MHCC takes the views of consumers seriously
- Different activities, facilitators valued our contributions small group everyone had a chance to participate meet other people, catchup with others that I already know
- The concept of enlisting lived experience input

*Second evaluation question: How can the co-design approach be improved?*

- Perhaps get at least one consumer involved right from the beginning of the project e.g. at the grant writing/funding application stage of the project.
- Include carers in codesign - their voice is important too
- 'Curb' people at meetings who are rude, arrogant and or judgemental of others

Tina finished up the meeting by thanking everyone for their wonderful contribution throughout the project.

### **Next Steps**

- The final CEEP webinar on the 10<sup>th</sup> of June 2020
- This will involve the launch of the learning resources and Good Practice Guide
- Final CEEP Advisory Group Meeting 25<sup>th</sup> June 2020

**Attachment 1:** Co-design Working Group Participants

**Attachment 2:** Summary of First Three Meetings

## Co-design Working Group Participants

### Sydney/Central Eastern Sydney Primary Health Network Area (25)

Stephen A.  
Sue A. \*  
Cynthia A.  
Simone B.  
Bridget B.  
Larry B.  
Terry C.  
Cindee E.  
Marlene F.  
Sean F.  
Anthony F.  
Victoria J.  
Marie K.  
Anton M.  
Michelle P.  
Adelaide P.  
Nicole P. \*  
Maria P.  
Leslie R.  
Elizabeth Y.  
Fiona S.  
Jennifer S.  
Annette S.  
Joseph S.  
Juliette S.

### Dubbo/Western NSW Primary Health Network Area (18)

Lana A.  
Bec B.  
Warick B.  
Donnaleen B.  
Ashley B.  
Shellene C.  
Kim D.  
Karen F.  
Michael H.  
Tiffany H.  
Shirley M.  
Ann M.  
Mark N.  
Rachel R.  
Germaine R.  
Robyn H. S.  
John W.  
Max W.

Sub-total – 43 co-design participants with lived experience.

- Two people with NDIS funded packages

### Paid Supporters

Fammi O.  
Jen C.  
Leif C.  
Lisa H.  
Renaë P.  
Cate S.  
Cassandra W.

Sub-total – 7 paid supporters.

**Total – 50 co-design participants**

## Attachment 2

# Summary of First Three Meetings

- **Meeting 1 – Face-to-face events in Sydney 2/12/2018 (6 people) & Dubbo 10/12/2018 (10 people)**

Activity summary: A useful but complicated discussion where MHCC was reminded to use people's own language and words in moving forward with learning material development and to listen closely to what people's experiences are and what they want.

We discussed:

- What is recovery?
- What are community and mainstream services?
  - Community services are activities not supplied by government groups, available to everyone in the community, e.g., social, study and sporting interests ... a drumming group!
  - Mainstream services are non-disability specific services and organisations, e.g., health, mental health, education, employment, justice, housing, and child protection services.
- Why are we exploring this (discussion of project outcomes/goals)?
  - To explore Outcome 1 (people living with mental health conditions should participate in and benefit from the same community activities as everyone else): *“Do you attend and enjoy the same community activities as everyone else?”*
  - To explore Outcome 2 (people living with mental health conditions should connect to their communities and have the information they need to make decisions): *“Do you have all the information you need to make decisions?”*

Key question/s explored: *“What are the challenges and needs of people with mental health conditions when connecting with community and mainstream services?”*

1. *“What challenges have you had when connecting with community and mainstream services?”*
2. *“What needs of do you have when connecting with community and mainstream services?”*
3. *“How do you connect and have the information you need to make decisions?”*
4. *“How can you benefit from the same community activities as everyone else?”*

MHCC used what we learned to develop a draft 'CEEP Framework' that changed a lot in response to co-design across the project. We took the first framework back to the second co-design meetings.

- **Meeting 2 - Face-to-face events in Dubbo 3/5/2019 (12 people) & Sydney 8/5/2019 (9 people)**

Activity summary: A useful discussion to help inform the content, hopefully in people's own words, of six proposed learning key topics proposed.

14. What is Recovery? - *“Can you share an example of experiencing a good life while living with a mental health condition?”*

15. Community Inclusion - *“Describe an environment that you experience as supportive and say what it was?”*
16. Supports and Services - *“Tell us about a non-mental health community service or support that helps/helped you to have a good life?”*
17. Mental health & NDIS/ILC - No question was identified for this topic, for discussion.
18. Healing environments/ Trauma - *“Can you share a time when you have experienced a safe and healing environment?”*
19. Self-management - No question was identified for this topic, for discussion.

Some people found discussing having a ‘good life’ challenging as their experiences of living with a mental health condition, distress and trauma meant that they had not had one. They said that their past trauma/s were triggered by this word.

Using co-design meeting 2 findings, and through feedback from the first of three Webinars, MHCC continued to develop the draft CEEP Framework and learning materials. MHCC began to use the notions of a fulfilling life in our co-design conversations; not a good life or ordinary life.

- **Meeting 3 – Face-to-face events in Dubbo 10/11/2019 (8 people) & Sydney 27/11/2019 15 people)**

Activity summary: MHCC showed the draft videos that we developed against the six learning key topics.

We discussed:

We asked for video feedback and asked what the key knowledge and skills were that Community Workers and others needed to help people experiencing mental health challenges.

Both groups contributed feedback on areas of the resources that needed improvement. Particularly on which “take home” messages were key for each topic. This played a crucial part in the further development of the CEEP resources.

The participants’ provided an in-depth critique of the videos.

Some popular feedback to note:

- The lack of gender diversity
- the lack of other diversity (Aboriginal and Torres Strait Islander People, Culturally and linguistically diverse people, LGBTIQ+ people, people living in rural or remote communities and cognitive/neuro diversity)
- an issue with video 1 ‘What is Recovery?’ that people with lived experience were not front and centre in the video (ie, it seemed to profile supporters)
- that notions of ‘hope’ were not sufficiently highlighted in ‘What is recovery?’ or elsewhere
- they wanted to see people with a broader range of cognitive/neuro diversity (specifically, some people wanted to see some higher functioning people living with, or trying to avoid developing, psychosocial disability)
- Some people think keeping people’s names/titles on screen throughout the videos would be helpful to viewers in identifying who the ‘cast’ of 16 are including adding lived experience occupational titles as appropriate.
- The ‘Embracing Change’ module and video seems especially confusing to people.