

Connection and Community

Transformative Lived
Expertise-led Approaches
2024 - 2029

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Acknowledgement of Country

Mind acknowledges that Aboriginal and Torres Strait Islander peoples are the Traditional Custodians of the unceded lands on which we work, and we pay our respects to Elders past and present.

We recognise the ongoing intergenerational impacts of invasion, dispossession and colonisation and the strength and resilience of **First Nations peoples**, their custodianship of lands, waters, languages, knowledge and culture. Mind supports the sovereignty and self-determination of Aboriginal and Torres Strait Islander Peoples.



The Australian Indigenous concept of country is not just about the land, the sea, and the sky. It includes all living things and the stories, songs, dances, and responsibilities that go with sustaining an environment in which everything is interconnected.¹

Artist: Stephen Oliver
'Walking and Working Together'





Recognition of Lived and Living Experiences

Mind values the expertise and leadership of people with **lived and living experience** of mental health challenges, distress, and alcohol and other drug use, and the expertise and leadership of families and carers, as we work together to influence and transform the services and systems in which we work.

We value and affirm the perspectives and contributions of people from all cultures, genders, sexualities, bodies, abilities, spiritualities, ages and backgrounds, and the survival and resistance of those most impacted by services and systems that have harmed and oppressed.





Foreword



Katie Larsen
Executive Director
Lived Experience

In the development of *Connection and Community – Transformative Lived Expertise-led Approaches*, Mind is seeking to provide a pathway for and commitment to the delivery of Lived Experience-led services.

The Royal Commission into Victoria's Mental Health System described a system that had 'catastrophically failed' and recommended a Lived Experience-led service approach:



The leadership of people with lived experience of mental illness or psychological distress is a fundamental tenet of an inclusive, compassionate and humane mental health and wellbeing system. [The Commission] wants a reformed mental health and wellbeing system in which people with lived experience of mental illness and psychological distress are valued as leaders and change-makers, in the community and as part of reforms to the system."²

Lived Experience-led services must be held within and accountable to a **Lived Expertise** approach that leads with the values, principles and practices of the **Consumer** movement, the collective knowledge base of those with Lived Experience and their loved ones, and to evidence for Lived Expertise-led approaches to **healing**.

A Lived Expertise-led approach explores both the story and context of mental health challenges, distress, and alcohol and other drug use and invites a response that is centred around dignity, human rights, compassion and connection.

A Lived Expertise-led approach recognises mental health experiences as interconnected with the sociocultural and political experiences of our lives, including the role of racism, discrimination, marginalisation, trauma and the ongoing impacts of colonisation and systemic violence (see **systems of oppression**). It seeks to counter and repair the impacts of a broken mental health system that is culturally unsafe, too often coercive, and dominated by systems and approaches of a biomedical model that locates the source of the problem within the individual.

To achieve this, there is as much unlearning to do as learning. In the development of this approach, we have sought to challenge ourselves, invite discomfort and explore alternatives to perspectives and ways of working that do not serve those we seek to support. The call to keep the status quo in mental health services and systems is strong and the myths and stories of risk and fear-based responses run deep. In the implementation of *Connection and Community* across **Lived Expertise-led services**, we will need to be both courageous and authentic in honouring our intentions and commitments.

The intent of *Connection and Community* is to radically disrupt the way we respond to people experiencing distress, and to focus on what we are working towards:

Services that offer connection from the heart, that are commissioned, designed, delivered, governed and evaluated by people with Lived Expertise, according to Lived Experience knowledge, values, principles and practices.



Language and conventions:

Language is powerful and words have various meanings for different people. We know that some terms are contested and nuanced and have tried to be inclusive in our Glossary definitions (see page 24-25). Words highlighted in blue text are defined in the Glossary.

For readability, in this document we have abbreviated the following terms:

Connection and Community:
Transformative Lived Expertise-led Approaches - **Connection and Community**

Lived and Living Experience - **Lived Experience**. See also, definition of Lived Experience from a First Nations lens (page 24).

Family (biological, chosen, Cultural and/or grounded in Community or kinship), carers - **family, carers**. We use the term inclusive of:

- First Nations concepts of collective family dynamics including **relational** obligation, kinship systems, and Community relationality. The distinction between consumer and carer is usually not appropriate, as it is highly likely that many people will identify as both.³
- Multicultural and faith concepts of support networks
- LGBTIQ+ concepts of 'chosen' family
- People's self-described terms

When we achieve this, we believe we can offer ways of working with and alongside people in some of the worst and hardest times of their lives that is grounded in love, compassion, connection and holds space for them to trust themselves and develop understanding of their experiences.

We also hope to explore opportunities to trial and understand a different way, to build evidence for Lived Expertise-led approaches and to share this to support opportunities for radical transformation across mental health systems and services.

This work has been undertaken in partnership with LELAN (Lived Experience Leadership and Advocacy Network) whose Philosophy of Care framework has informed our approach. I hold deep gratitude for how they have walked alongside us in the development of this work, holding fidelity and contributing expertise.

We acknowledge that much of what we describe in this document has been informed by and reflects ways of working that many communities - First Nations, Queer, Disability, Cultural and others - have known and practiced for a long time. We honour and express gratitude for this wisdom and contribution.

My deepest thanks to all of the people and perspectives that have helped shaped *Connection and Community*; without your time, energy and heart this would not have been possible. We will need more of the same as we bring it to life!



Scope

Connection and Community is a vision for Lived Expertise-led services at Mind Australia for the next five years (2024 – 2029). It outlines the transformative, values-based practice that will shape service delivery and be enabled and authorised by Mind’s groundbreaking Lived Experience Governance Framework.

As an accountability tool it will ensure a new way of working that supports innovation through Lived Expertise-led design, delivery and evaluation of services that meet people’s needs and builds evidence and advocacy for radical systems reform.

A Lived Expertise-led service is defined as a service staffed and managed by people in designated Lived Experience roles with delegated decision-making authority, operating in alignment with **Lived Experience values, principles and practices, and governed in accordance with Mind’s Lived Experience Governance Framework.**

Services that include designated Lived Experience roles but are not governed according to Mind’s Lived Experience Governance Framework do not meet the definition of a Lived Expertise-led service. However, they are encouraged to draw from *Connection and Community* in their practice and approach.

Connection and Community was co-created with many Lived Expertise leaders and stakeholders (see Contributors, page 23).

We have foregrounded personal Lived Experience of mental health challenges, distress, and alcohol and other drug use as those most impacted, while acknowledging the impact and important role of family and carers in supporting the person and themselves.

Connection and Community is a foundational document for all Lived Expertise-led services at Mind, in relationship to all Mind services and the broader sector, held under the Lived Experience Governance Framework.

Each of Mind's Lived Expertise-led services will have their own context-specific Operating Guidelines informed by *Connection and Community* and the Our Safety Together Framework. Other Mind documents that *Connection and Community* interacts with include:

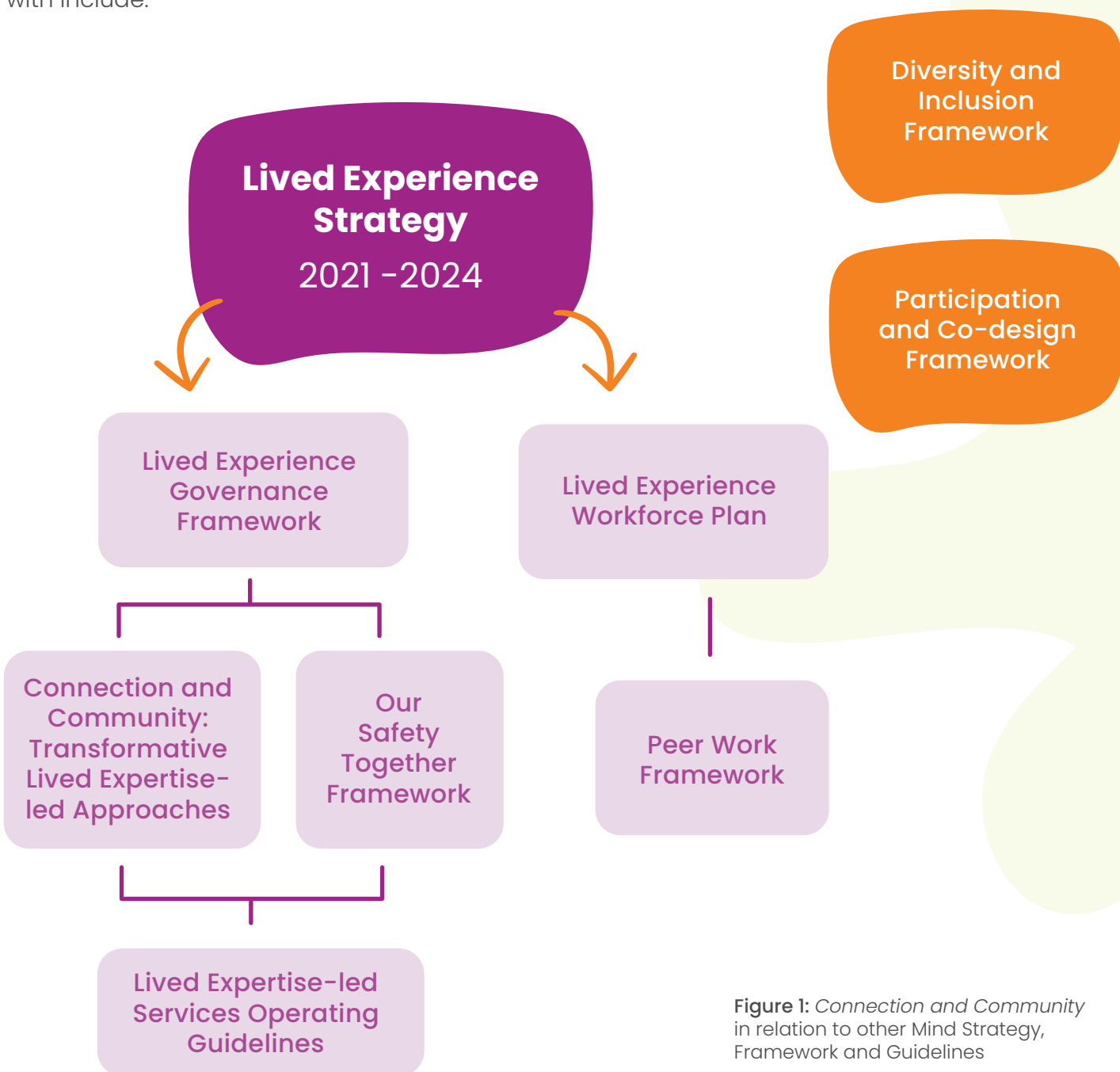


Figure 1: *Connection and Community* in relation to other Mind Strategy, Framework and Guidelines

Foregrounding First Nations wisdom

Aboriginal and Torres Strait Islander Peoples have a proud history of centring experiences as foundations of relationships, of knowledge, and in carrying spirit. Honouring Lived Experience as expertise and making decisions based on this is an ancient process of this Country.⁴

“For First Nations People, experiences of living have been passed down for thousands and thousands of years. It is surviving, it is thriving, it is caring for one another and Country. Experiences are the foundation of relationships and of knowledge. First Nations Peoples are connected by experience, lived experiences of suicide, of mental ill-health, caring for others and caring for Community. Past and ongoing colonisation has meant that First Nations Peoples have lost and continue to lose knowledge and relationships, which is felt at community and nation-wide level.”³

‘Lived Experience’ has a distinct meaning for First Nations peoples, as a collectivist society with collective lived experiences. The following definition of Lived Experience was co-designed by the Aboriginal and Torres Strait Islander Lived Experience Centre, Black Dog Institute:

“A lived experience recognises the effects of ongoing negative historical impacts and or specific events on the **social and emotional wellbeing** of Aboriginal and Torres Strait Islander peoples. It encompasses the cultural, spiritual, physical, emotional and mental wellbeing of the individual, family or community.

People with lived or living experience of suicide are those who have experienced suicidal thoughts, survived a suicide attempt, cared for someone through a suicidal crisis, been bereaved by suicide or having a loved one who has died by suicide, acknowledging that this experience is significantly different and takes into consideration Aboriginal and Torres Strait Islander people’s ways of understanding social and emotional wellbeing.”⁵

Mind’s Lived Expertise-led approach is committed to a do-no-harm and listen-first approach to working with First Nations Peoples and Communities. We draw inspiration from First Nations wisdom and work that has come before, including:



Mind gratefully acknowledges the expert advice and guidance received from the Aboriginal and Torres Strait Islander Lived Experience Centre⁹ in the development of this document.

Working with culturally and racially marginalised communities

Mind acknowledges the inherent strengths and wisdom of culturally and racially marginalised communities.

We aim to meaningfully engage with communities in Lived Expertise-led service design and delivery, to address service access exclusions and better meet their needs. We draw from existing literature and frameworks including:



Community Engagement with Purpose: A guide for approaching community engagement in mental health settings (Victorian Transcultural Mental Health)¹⁰ →



Framework for Mental Health in Multicultural Australia (Embrace)¹¹ →

National Lived Experience Leadership

Mind acknowledges the project partnership of LELAN in developing *Connection and Community*. LELAN's thought leadership on Lived Experience Leadership and Governance has been foundational to this work. The *Connection and Community* approach has been adapted from the LELAN/TACSI Philosophy of Care¹² which has been integral in the design and thinking of this piece.

Connection and Community acknowledges and draws from other relevant nationally significant documents, including but not limited to:



The Lived Experience Governance Framework¹³ →



National Lived Experience (Peer) Workforce Development Guidelines¹⁴ →



UN Convention on the Rights of Persons with Disability (UNCRPD)¹⁵ →

Connection and Community:

Transformative Lived Expertise-led approaches structure

Each of the structural elements is described in the following pages. The outer circles are systemic changes we commit to influencing. Centring identity, relationships and community is our guiding star. The six inner elements are the Lived Expertise values-based practices that we commit to enacting in all Lived Expertise-led services.



Centring identity, relationships and community

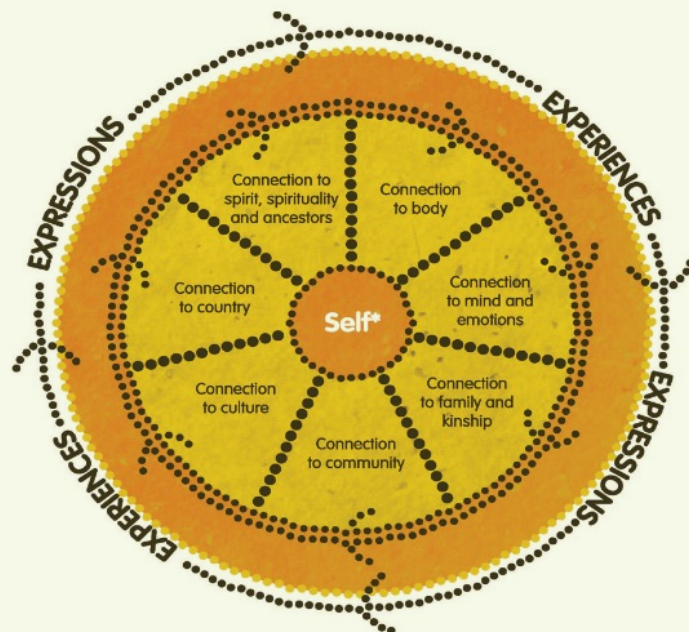


Figure 3: Social and Emotional Wellbeing from an Aboriginal and Torres Strait Islanders' Perspective¹⁶

Artist: Tristan Schultz, Relative Creative

For millennia, Aboriginal and Torres Strait Islander Peoples ways of knowing, being and doing have centred a holistic and collective approach to wellbeing that views the self as inseparable from, and embedded within, family and community.¹⁶ First Nations ways of knowing, being and doing belong here on this Country and can be harnessed for the benefit of all.⁴

Connection to mind, body, family, community, land, waters, culture and spirituality as well as social, historical and political factors influence wellbeing, as described by the Social and Emotional Wellbeing wheel.

“ (Social and emotional wellbeing) can be understood as an evolving description of the broad framework of Indigenous wellness and healing systems which were refined over tens of thousands of years and successfully created harmonious, healthy and environmentally sustainable models of living”¹⁶

Connection and Community draws from and amplifies sovereign First Nations wisdom, in alignment with Lived Experience values and principles, and an embedded approach to **intersectionality**. In practice, this means we:

- Uphold human rights, dignity, choice and control
- Have a relentless belief in people's strengths and birthright to live the life they choose

- Include people's family (biological, chosen, Cultural and/or grounded in Community or kinship) and carers
- Honour people's own self-concept, meaning making and world view, without challenge or denial of people's identities, with particular empathy and support for those whose identities are undervalued by colonial and dominant system constructs
- Are actively **anti-racist** and **anti-oppressive**
- Understand the impacts of mutually reinforcing systems of discrimination and marginalisation that oppress people based on their intersectional identities and take a trauma responsive, do no harm approach
- Understand the importance of spirituality, culture and connection to Country in healing
- Reflect on our **positionality**, relative power and **privilege**
- Centre Lived Experience and Lived Expertise; we welcome and affirm diverse Lived Experience perspectives
- Employ, train and develop a highly skilled **Lived Experience (Peer) workforce**.



(Re)claim power for justice and social change

When considering power, we often think of hierarchical authority and control of resources. This type of 'power over' is seen in systems of oppression that marginalise people through both intentional and unconscious disadvantaging of groups of people based on their identity (e.g. ethnicity, sexuality, gender, class) while giving advantage to dominant groups. Power can also be positive and generative,¹⁷ in a dynamic and relational sense. 'Power to' is the productive potential of every person to shape their life and world. Lived Experience leadership is based on 'power with', growing from relationships and collaboration, and leading to organised, collective **agency** and action.

We recognise the **emancipatory** human rights-based **reparative justice** movements led by First Nations Peoples, consumers, family, carers, LGBTIQ+ communities, people of colour, people with disability, and the fierce resistance of all marginalised peoples against historic and ongoing oppression¹⁸⁻²⁴

The Lived Experience movement in mental health is enabling collective, courageous approaches to service design and delivery, leadership and governance. *Connection and Community* is an example of visioning a new paradigm, giving primacy to the Lived Experience knowledge and evidence base, and demonstrating solutions that influence and radically transform the broader system.



As peer support in mental health grows, we must be mindful of our intention: social change. It's not about developing more effective services, but rather about creating dialogues that influence on all of our understandings, conversations, and relationships.

Shery Mead, founder of
Intentional Peer Support



Radical systems transformation

Consumers tell us that the current mental health system is about crisis containment rather than genuine healing²⁵. People experience deprivation of their dignity, agency, liberty, and rights, resulting in harm and trauma. This is compounded when people also experience racism or lack of recognition of cultural rights. Family and carers describe a flawed system that is “largely experienced as unsafe and not inclusive of families and friends who care for people with mental health issues”²⁶.

What might be seen as radical transformation for the system could be described by people with Lived Experience as common sense. Similarly, for First Nations people, the idea of centring experience and the collective is a foundational idea that has endured for over sixty thousand years.

The Royal Commission into Victoria’s Mental Health System Interim Report acknowledged that agreement on the need for change is widespread.

“The goodwill the Commission has witnessed has encouraged us to do more than fix the problems that beset the mental health system at present – transformational change is needed. If we are to build a system that will meet society’s needs and can keep pace with an ever-evolving world, then we must accept what one person told us: ‘We don’t want to fill in the potholes, we want a new road.’”²⁷

A transformed mental health system that meets the needs of the diverse populations it serves would be underpinned by:

LIVED EXPERIENCE

- ✓ VOICE
- ✓ CO-PRODUCTION
- ✓ WORKFORCE
- ✓ LEADERSHIP
- ✓ GOVERNANCE
- ✓ EVIDENCE

HUMAN RIGHTS

- ANTI-RACIST, ANTI-OPPRESSIVE PRACTICE
- CULTURAL HUMILITY + RESPONSIVENESS
- AGENCY, **AUTONOMY**, CHOICE + CONTROL
- DIGNITY
- PEER-LED, COMMUNITY-BASED OPTIONS
- UNDO BINARISM E.G MENTAL HEALTH/ILLNESS
- ACCOUNTABILITY TO PEOPLE
- A HUMAN RESPONSE TO HUMAN EXPERIENCE** ❤️

In visioning and implementing *Connection and Community*, Mind Australia has begun to transform its services and governance,

influence our funders and stakeholders, and contribute towards radical systems transformation.



Lived Experience Stewardship

Lived Experience stewardship recognises the leadership, care and commitment of people with Lived Experience who collectively act to reform mental health services and systems.

Lived Experience stewardship matters because:

- Lived Experience leadership is a collective social movement²⁸
- Lived Experience expertise is key to system reform,²⁹ designing with and for people most impacted, sharing power and making decisions together
- **Lived Experience governance** is essential to enabling peer practice values, principles and practices, avoiding **peer drift**
- Stewardship of peer-led services belongs to people with Lived Experience, drawing and building upon the collective evidence base comprising empirical and experiential knowledges.

We commit to:

- Collective and distributed sharing of power and expertise
- Accountability to peer practice values and principles
- Unlearning responses that are not values aligned
- Harnessing Lived Expertise to create solutions and build evidence

- Proactively addressing issues of equity and access, building capability in diverse communities so that the Lived Experience workforce, leadership and governance is representative of people who use services
- Listening deeply to people's experiences and needs
- Reflective practice
- More visible Lived Experience stewardship and peer practice leadership
- Sharing learnings from *Connection and Community* and best practice examples via research articles and conference presentations.

Our hope is people experience:

- Courageous responses and decisions that align with the collective Lived Experience wisdom
- Transformative growth that people are inspired to share with others
- A sense of ownership and belonging that extends to recommending the service to their networks
- Opportunities to study, work in, design or evaluate a peer-led service, and to share the knowledge they gain for mutual benefit
- Solidarity and a sense of belonging to a social movement
- Noticeable social change informed by Lived Experience stewardship.

Healing through connection

Healing is relational and happens through connection: to self, body, agency, friends and family, carers, peers, spirituality, community, Elders, ancestors, **more than human kin** and Country. We refer to *healing your own way*, acknowledging that the concept varies depending on culture and worldview.

Healing through connection matters because:

- Humans are inherently social beings and connection is important for our health and survival; we cannot thrive without connection
- A holistic, collective and relational approach to wellbeing reduces social isolation, shame, stigma, and discrimination.

We commit to:

- Creating spaces for connection and building community
- Inclusive practice, with a person's self-defined supporters and community
- Building trusted relational connections based on **Intentional Peer Support** principles
- Working through disconnects and conflict, with all people involved or impacted
- Reflective practice, acknowledging **positionality**, knowledge gaps, differing worldviews and unconscious bias
- Acknowledging the interconnected nature of all things including nature, animals (more than human relationality) and global context
- Participating in allyship and active resistance for emancipatory and social justice movements
- Ongoing intentional nurturing of connection and collective care.

Our hope is people experience:

- Genuine connection through feeling seen, heard and understood
- Relationship with peers who compassionately witness and hold space for pain and suffering
- (Re)building trust in self and others
- Freedom to express cultural identity and centre culture in their journeys
- New ways of being in relationship with self, family, carers and community
- A workforce culture that models respectful **mutuality**.



Mutuality

The Intentional Peer Support discipline describes mutuality as a non-hierarchical, equal and trusting relationship that is of equal value to both parties, based on shared Lived and Living Experience.

This rebalances power, moving away from the traditional clinician-consumer relationship (clinician as expert, consumer as passive recipient) to two peers exploring meaning, life experience and possibility, whilst both holding responsibility for the relationship between them.

Mutuality matters because:

- It fosters transformative relationships based on honesty and reciprocity
- People are met where they're at and have the opportunity to express themselves fully
- Mutuality rebalances power and builds trust in self and within relationships
- Peers are responsible to (not responsible for) the relationship; working from this principle changes the way we respond to our fears
- In mutuality we shift from a helper-helpee dynamic to one in which we recognise the expertise that each person brings, and we both expect to learn and grow.



We commit to:

- Bringing our whole authentic vulnerable selves to relationships
- Having curious, courageous conversations
- Seeing a person as they define themselves, even where worldviews differ
- Holding “risk” and “safety” in the context of responsibility to the relationship, not organisational responsibility for or over people
- Acknowledging our positionality, relative power and privilege
- When things get difficult, exploring options and discussing fears to find a mutual way forward
- Being honest about times when our workforce role generates tensions for the context of our relationships (e.g. constraints around policy, legislation and service funding requirements)
- Mutuality being an intentional choice, we will explore and find a way forward if a person isn't experiencing mutuality.

Our hope is people will experience:

- Relationships that create trust in both self and others
- A deeply human way of interrelating from our hearts
- An environment where people can choose to fully express themselves, where diversity is valued, and culture is centred
- Skilled peers who explore with and learn alongside you
- Honesty and accountability when things get difficult
- Relentless belief in people.





Agency

Agency vs Autonomy

Agency is defined as *the ability to take action, or not to take action, or to choose what action to take*. Autonomy is the ability to make your own decisions, *without being controlled by anyone else*. *Connection and Community* refers to agency rather than autonomy, as there may be instances where people's ability to make decisions is subject to external control (such as being on a Community Treatment Order).

Consumers tell us of experiences where their agency or autonomy has been taken away by service models of compliance and coercion, and the harm it causes. Ongoing colonisation continues to harm First Nations people and take away their agency.

Agency matters because:

- The ability to make decisions for yourself is a human right
- Using your agency is essential to having the life you choose
- If you have had your agency taken away, rediscovering your right and ability to act can be an important part of healing
- Systems and structures affect some people's agency more than others e.g. colonisation, racism and other systems of oppression⁴.

We commit to:

- Actively working towards non-coercive, anti-racist, anti-oppressive environments
- Working from the principles of people having choice and control
- Maximising autonomy and supporting individual decision-making and human rights
- Enabling people to make informed decisions and take creative actions for themselves
- Relational exploration of agency, acknowledging that people's decisions impact others
- Holding collective conversations to develop expectations for how people will behave within the service environment
- Having courageous conversations when behaviour impacts other people or the environment, and working towards repairing relationships whilst respecting choice
- Trusting people to exercise their agency to meet their needs
- Standing with and advocating for people when their agency or autonomy is under threat
- A workplace culture and systems that authorise agency within the peer and Lived Expertise workforce.

Our hope is people experience:

- The embodiment of their agency and autonomy
- Greater choice and control
- The ability to explore new ways of using their agency, as needed
- The opportunity to grow and learn from their decisions and actions.



Safe-enough

We use the words “**safe-enough**” to signify a person’s felt sense of having enough safety to engage, which is individual and subjective. Physical, cultural, sexual, spiritual and emotional safety are fundamental to feeling safe-enough. Vikki Reynolds describes the “practices of negotiating or co-constructing conditions, structures, and agreements that will make space for ‘safe-enough’ work”.³⁰ There may be discomfort, but we courageously explore and hold that discomfort relationally. We are all accountable for ourselves, taking responsibility for our words and actions.

A place or environment in which people can feel confident that they won’t be exposed to discrimination, criticism, harassment, or any form of emotional or physical harm is unfortunately impossible to create. Complete safety cannot be guaranteed, due to differing points of view, challenges and biases.

Feeling safe-enough matters because:

- There are systems and structures that make people feel inherently unsafe and unseen (see systems of oppression)
- Distress, trauma and mental health challenges can be frightening and isolating experiences to work through
- A felt sense of being safe-enough to engage is essential to relational healing
- Feeling safe-enough allows us to express ourselves without fear, being free to fall apart²⁵
- We all have a responsibility with respect to the safety of others and collective safety.

We commit to:

- Making policy, procedures and Lived Expertise-led decisions that foster a safe-enough environment for all people
- Reframing safety with a relational lens, held within the context of relationships
- Proactively and courageously exploring perceptions or actions that make people feel unsafe, involving everyone impacted and finding a way forward, together
- Stretching our understanding of what safety means for us, to support growth
- Collective conversations about shared values and expectations, and holding ourselves accountable
- A do no harm approach.

Our hope is people experience:

- A felt sense of being safe-enough to engage
- Mutual trust and freedom of self-expression.





Healing environments

We live and work on unceded Aboriginal land. Many First Nations people see themselves as belonging to and part of Country, so connection to Country is inextricably intertwined with strong spirit and health.³¹

As humans we exist in relationship to the places and spaces around us. Here we refer to intentional co-created relational 'spaces', as well as the built and natural environment of 'place'.

Healing environments matter because:

- Caring for Country and Community also promotes collective safety and healing
- It is in the spaces between people (and their family, carers and community) that relational healing can happen
- The natural and built environment has a strong impact on wellbeing
- Physical environments can be restrictive and coercive, or homelike and supportive.

We commit to:

- Cultural humility and reflexivity; decolonising practices
- Building relationships with Aboriginal and Torres Strait Islander communities, including

consulting with Traditional Custodians and Community leaders of the Country we're on and developing and maintaining First Nations Advisory structures

- Co-creating healing spaces between peers, people and their family, carers
- To the fullest extent possible, co-designing a built environment and interiors that are homelike, welcoming and culturally responsive, and offering choice and control over your place and space
- Providing nourishing **healing environments** according to people's preferences, that support people to engage in ways that are meaningful to them and facilitate healing
- Caring for the natural environment (our 'more than human kin').

Our hope is people experience:

- Connection with Country
- Welcoming, culturally responsive spaces and places
- Choice and control over their environment
- Places and spaces that support Lived Experience-led principles and practice
- Healing environments they want to return to, and would recommend to others.

Dedication

Connection and Community is dedicated to all the people who have experienced harm within a broken system – to those who did not survive, to those who survived and are still dealing with the impacts, to those who lost loved ones.

This work on Lived Expertise-led approaches would not be possible without all those who bring their Lived Experience and courageously work together to imagine and create transformed services and systems.



Contributors

Connection and Community was co-created by a Lived Expertise team representing Mind's peer-led services and LELAN (Lived Experience Leadership and Advocacy Network) along with many collaborators including:

- Aboriginal and Torres Strait Islander Lived Experience Centre
- Healing Place Consumer and Peer Design Team

Reviewers included cultural advisors, Mind staff, external stakeholders and critical friends.

Further information including a full list of acknowledgements by name and role in co-creating *Connection and Community* has been documented for Mind.

Suggested citation

Mind Australia (2024) *Connection and Community: Transformative Lived Expertise-led Approaches*. Mind Australia, Melbourne.

Glossary

| | |
|--|---|
| Agency | The ability to take action, or not take action, or to choose what action to take. |
| Anti-oppressive | Strategies, theories, actions and practices that actively challenge systems of oppression and seek to shift power and societal norms (e.g. anti-racist, decolonising practice). |
| Anti-racist | Actions and practices that actively identify and eliminate racism by changing systems, structures, policies, practices and attitudes, and promoting racial equality. |
| Autonomy | The ability to make your own decisions, without being controlled by anyone else. |
| Community (First Nations lens) | “An understanding of Community from an Aboriginal perspective must appreciate the importance of relationships to Aboriginal people, as well as our collective history and lived experiences. The concept of Community can refer both to nationhood for Aboriginal people, or to the connections between Aboriginal people within and across nations developed over time.” ³² |
| Consumer | Often used to denote a person with Lived Experience who uses mental health services. This term may be contested by the community but is preferred to terms such as ‘client’ or ‘service user’. |
| Emancipatory | The act or process of emancipation: to free from legal, social or political restrictions. |
| Family, carers | We acknowledge that there are many different conventions for referring to family, carers, kin and supporters. Herein we refer to Family (<i>biological, chosen, Cultural and/or grounded in Community or kinship</i>), carers to be inclusive of: <ul style="list-style-type: none"> • First Nations concepts of collective family dynamics including relational obligation, kinship systems, and community relationality. The distinction between consumer and carer is usually not appropriate, as it is highly likely that many people will identify as both. • Multicultural and faith concepts of support networks • LGBTIQ+ concepts of ‘chosen’ family as distinct to ‘biological’ family. • People’s self-described terms. For readability, this document uses the abbreviation family, carers. |
| First Nations People | Refers to Aboriginal and Torres Strait Islander people of the continent colonially referred to as ‘Australia’. |
| Healing | We recognise that the word ‘healing’ is contested; some people do not agree with the inference that there is a destination, or with the polarity in either identifying as healed or not. Herein we refer to <i>healing your own way</i> , acknowledging this is as unique as individuals are, and that meaning varies across cultures. In the context of Lived Expertise-led services, it’s about the experience of being met by peers and having opportunities for growth and transformation. |
| Healing environments | Places (built and natural environment) and spaces (co-created relationally) that promote healing, growth and transformation. |
| Intentional Peer Support | “Intentional Peer Support is a way of thinking about and inviting transformative relationships. Practitioners learn to use relationships to see things from new angles, develop greater awareness of personal and relational patterns, and support and challenge each other in trying new things.” ³³ |
| Intersectionality | Refers to particular forms of intersecting oppressions, for example, intersections of race and sexuality. Oppression cannot be reduced to one fundamental type, and oppressions work together in producing injustice. |
| Lived and Living Experience | Knowledge gained through personal experience of mental health challenges, psychological distress, and/or service use; or Knowledge gained through the experience of supporting someone with mental health challenges, psychological distress, and/or service use. For readability, in this document we use Lived Experience to signify both Lived and Living Experience. |
| Lived Experience (peer) workforce | Lived Experience (peer) workers have unique knowledge, abilities and attributes, drawing on their own life-changing experience, service use and their journey of recovery and healing, to support others. ¹⁴ |

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| Lived Expertise | In addition to having direct ‘Lived Experience’, having developed the ability to apply knowledge gained through personal experience for the benefit of others. Lived Expertise draws on collective practise wisdom, Lived Experience values and principles, research and evaluations, and disciplines such as Intentional Peer Support. |
| Lived Experience governance | A governance model that centres Lived Expertise membership and decision-making authority. |
| Lived Experience values, principles and practices | “Lived Experience work has distinct values, principles and theories that define Lived Experience work and the way it is practiced.” ¹⁴ |
| Lived Experience stewardship | Synonyms for ‘stewardship’ include shepherding, safeguarding, custodianship, collective thinking and action. |
| Lived Expertise-led service | A Lived Expertise-led service is defined as a service staffed and managed by people in designated Lived Experience roles with delegated decision-making authority, operating in alignment with Lived Experience values, principles and practices, and governed in accordance with Mind’s Lived Experience Governance Framework. |
| More than human kin | In many cultures around the world, humans exist in kinship with all non-human beings, animals, plants and landforms we share the world with. This is what is meant by “more than human kin”. |
| Mutuality | Mutuality is a two-way relationship where both people are contributing intentionally to their connection with one another. The responsibility for the relationship sits with both people as opposed to traditional power structures that occur within other relationships. Mutuality is one of the key principles of Intentional Peer Support and is often based on shared lived and living experience. |
| Peer drift | “Peer specialists get assimilated through a slow process of drifting away from what is unique about the peer specialist role. Particularly if we work in settings such as state hospitals or ACT teams, it’s easy to get assimilated into the dominant clinical culture. And the danger is that if we drift away from what is unique about being peer, our work will become indistinguishable from the work of the clinical staff.” ³⁴ |
| Positionality | How differences in social position and power shape identities and access, according to social constructs embedded in our society. This includes position in relation to colonialism. |
| Privilege | A special right, advantage or immunity granted or available only to a particular person or group and not to others. |
| Relational | Concerning the way in which two or more people or things are connected; can relate to the concept of kinship. ‘Relational healing’ is core to Intentional Peer Support. |
| Reparative justice | Reparative justice is a way of thinking about justice (a mindset) that centres those who have been harmed, and focuses on repairing past harms, stopping present harm, and preventing reproduction of harm. ³⁵ |
| Safe-enough | Vikki Reynolds describes the practices of negotiating or co-constructing conditions, structures, and agreements that will make space for ‘safe-enough’ work. ³⁰ We use the term as a person’s felt sense of having enough safety to engage, recognising that there may be discomfort, and that ‘safety’ is not something that can be guaranteed, due to unexpected points of view, challenges and biases. |
| Social and emotional wellbeing (SEWB) | “Social and emotional wellbeing is a holistic health discourse composed of seven interconnected domains of wellbeing which are influenced by cultural, political, social and historical determinants.” ¹⁶ |
| Systems of oppression | The systemic intentional or unconscious disadvantaging of groups of people based on aspects of their identity (e.g. race, sexuality, gender) while advantaging members of the dominant group. Systems of oppression shape the way we act, our language, and what are understood to be ‘norms’ in society. Examples include ableism, ageism, appearance-based discrimination, capitalism, cis-sexism, classism, colonialism, heteronormativity, neuronormativity, patriarchy, racism, sanism, sexism, White supremacy. May also be referred to as ‘structural violence’. |

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Mind's Acknowledgement of Country and Inclusion

Mind acknowledges that Aboriginal and Torres Strait Islander peoples are the Traditional Custodians of the lands on which we work and we pay our respects to Elders past and present. We recognise the intergenerational impact of the history of invasion, dispossession and colonisation and are committed to the recognition, respect, inclusion and wellbeing of Australia's First Peoples.

Mind values the experience and contribution of people from all cultures, genders, sexualities, bodies, abilities, spiritualities, ages and backgrounds. We are committed to inclusion for all our clients, families and carers, employees and volunteers.



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