



**Lived
Experience
AUSTRALIA**

Australia's private mental health peak body shaping mental health policy through the power of lived experience.

Hello \$[UD:FIRST_NAME]\$\$

With the recent release of the Report from the Royal Commission into Veteran Suicide and the current work on a National Suicide Prevention Strategy, it's a time for reflection on how we can all play our part in addressing suicide.

I had the privilege of presenting at the recent Mental Health Services Conference (TheMHS) with Dr David Horgan on a project called 'Prevent a Suicide: What to Say'. It's [an App](#) that aims to help people with what to say to support another who they worry may be thinking of suicide. According to recent research on suicide, 57% of people do not know what to say and/or are afraid of saying something that will make things worse.

You can read the [talk I gave at TheMHS](#) below (and of course, it comes with a trigger warning regarding suicide, so read only if you feel up to it).

Take care,

Sharon Lawn

Executive Director

Lived Experience Australia

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LEA Recent Activities



Sharon and LEA Board Chair, Krysti-lee Patterson, pictured with Jordan Firth, the Consumer Co-Chair for the National Mental Health Consumer Carer Forum.

LEA's Speaking engagements this month

- Morning Tea talk to the Department of Health for World Mental Health Day, presenting on key insights from LEA's recent research on peer workforce issues, and opportunities for engaging people with lived and living experience to shape mental health policy
- Mental Health Coordinating Council webinar on Human Rights
- NSW Clinical Mental Health Group webinar on Smoking and Mental Health - lived experience perspectives
- National Mental Health Consumer Carer Forum webinar on Older Persons Mental Health and Human Rights
- ABC interview with Elise Worthington regarding Medicinal Cannabis resulting in [this article](#).

Regular Meetings

- Australian Government Department of Health & Aged Care
- Mental Health Australia
- National Disability Insurance Agency

Additional meetings

- Mental Health Carers Australia national peak reference group
- Royal Australian and New Zealand College of Psychiatry to support the development of their lived experience strategy
- Australian Psychological Society regarding upcoming projects
- Office of the SA Chief Psychiatrist regarding mental health policy presentations
- SANE Australia Digital Health Navigation Project where LEA is a consortium partner
- B-Hart regarding Claim Your Human Rights Project where LEA is a consortium partner

Submissions

- Letters to Minister Mark Butler, and Minister Emma McBride, regarding Private Hospitals Telehealth Trial
- National Carer Strategy
- NSW Loneliness Study

LEA News and Updates

Support our petition to end the 10 session cap on psychology sessions



This Mental Health Month we're talking about the government cap of 10 Medicare-rebated psychology sessions for Australians.

Psychologists and their patients know there are millions of people living with mental health issues, who need more care and cannot improve with a 10-session limit.

People with complex mental health conditions and people who have survived trauma are among those most likely to need more than 10 sessions to improve.

Since Medicare-rebated psychology sessions were cut from 20 to 10 by the Federal Government in 2022, peak psychology bodies and consumer organisations have consistently advocated for more care for those who need it.

Lived Experience Australia, along with the Australian Clinical Psychology Association, Australian Psychological Society, Institute of Clinical Psychologists, Association of Counselling Psychologists, Australian Association of Psychologists Inc, Institute of Private Practicing Psychologists, Australian Educational and Developmental Psychology Association, and the Heads of Departments and Schools of Psychology Association are part of a coalition calling for more Medicare-rebated sessions for those who need it.

Each year, millions of people reach breaking point in the second half of the year as their 10 Medicare-rebated sessions are used. Most people cannot afford to continue care as a full fee-paying patient.

It is time for government to increase the 10-session Medicare cap and let Australians access the psychology care they need.

Congratulations to Joanne Khan

Nearly 30 individuals, organisations, schools, service providers and workplaces have been recognised as finalists in the 2024 WA Mental Health Awards.

The awards are hosted by the Western Australian Association for Mental Health (WAAMH), in partnership with the Mental Health Commission and Lotterywest and recognise outstanding contributions to the mental health and wellbeing of Western Australians. This year there were more than 100 nominations across nine award categories.

Joanne Khan, who is a member of LEA's representative panel, has been nominated in the 'Lived Experience Impact and Inspiration' category, for outstanding contribution to mental health by an individual who identifies as having a lived experience (consumer, carer or family member).

Congratulations Joanne, and thank you for what you have done and continue to do in the mental health sector.

[Read More](#)

NDIS Updates



Supports that are 'NDIS supports'

There are 37 categories of goods and services that are 'NDIS supports'.

NDIS supports are the services, items and equipment that can be funded by the NDIS.

There have been significant changes to NDIS supports since 3 October, 2024. We understand this can cause concern for participants and their families, carers, and kin.

We would like to share some information that outlines how these changes may impact participants or nominees.

What's changing and what it means for participants

From 3 October 2024, there is a new definition of NDIS supports. This means that from 3 October, participants:

- can only spend NDIS funding on things that are in the approved list of NDIS supports.
- cannot spend NDIS funding on things in the list of non-NDIS supports.

Both of these lists are available at the link below:

- [What does NDIS fund?](#)

Where to go for more information

The NDIA are committed to making sure everyone has the information they need about these changes. They will continue sharing resources on their website and across communications channels. You can find the information at the sources below:

- Lists of [NDIS supports and non-NDIS supports](#). Easy Read and Auslan versions of the lists will be available on that page in the coming days.
- [Latest information and news about changes to the NDIS](#).
- [Subscribe to the NDIS newsletter](#).
- For opportunities to give feedback on the NDIS, we encourage you to [join Participant First](#)

[View the NDIS Website](#)

NHMRC review into their Consumer and Community Involvement summary report released



National engagement in response to the Review of the Statement on Consumer and Community Involvement in Health and Medical Research 2016 Position Paper

Summary for stakeholders
September 2024



The National Health and Medical Research Council and Consumers Health Forum Statement on Consumer and Community Involvement in Health and Medical Research is a high-level national Statement that provides leadership and guidance in consumer and community involvement across all types and levels of health and medical research.

The Statement was originally developed in 2006 and last updated in 2016.

Its aim is to support consumer and community involvement across all types and levels of health and medical research. The review will ensure the Statement remains a trusted resource providing national leadership and overarching guidance to support consumer and community involvement in health and medical research. The Statement will be reframed to focus on the principles and values of consumer and community involvement, and the roles and responsibilities of all involved.

The aim of the workshops was to seek stakeholder views on the questions posed in the Review of the Statement on Consumer and Community Involvement in Health and Medical Research 2016 Position Paper.

Using the Position Paper as the foundation of the workshop, the workshop questions were co-designed with the NHMRC with expert input on best practice consumer and community involvement.

Participants provided general feedback about the Statement related to its purpose, function, use, accessibility and intended audience. This included an expectation that the revised Statement would:

- strengthen the uptake and implementation of meaningful consumer and community involvement;
- have a stronger profile across the health and medical research sector;
- be more accessible to readers with varying health literacy;
- include evidence-based and other high-quality resources; and,
- clearly identify the intended audience.

Participants suggested a range of improvements including:

- incorporate the work completed with Aboriginal and Torres Strait Islander communities;
- emphasise involving consumers and community in research design and problem ideation;
- reword the phrasing around consumer and community involvement 'across all stages of research'
- add guidance to operationalise the Statement; and,
- update language to strengthen wording and messaging.

In June 2024 Lived Experience Australia provided a submission to this review, sharing insights into best practice for consumer and community inclusion.

[Read our Submission](#)[Read the Stakeholder Summary](#)

In tough times, talk ... or text.



Sharon shares how one person's words made a huge difference in her life:

Life certainly can be a complicated experience. Live long enough and most likely we all know someone who has struggled with suicidality, been impacted by suicide, or indeed sat directly in this space ourselves with the challenges that life

throws at all of us, some more than others, and the internal ongoing dialogue that we each do through life to find ourselves, to face each new challenge, get lost sometimes along the way, experience trauma, sometimes sit on the brink, and make meaning of it all.

This likelihood of suicide and suicidality touching each of our lives is down to probabilities, to maths; it's inherently relevant to all of us because of our connections, good or bad, as humans.

So why this project for me? As an adolescent and then as a younger woman, I found myself in these spaces.

Now the memory of all this and more, of what 'life throws at you', propels me to 'make it count', but back then, with a young family, an awful marriage, and extremely isolated from family in a new state with no connections that were safe for me other than at work, and existing in a vacuum trying to work out what to do in the best interests of my children and how to change all this led me to the brink.

It was a seemingly random message, from an unexpected place, just like those in this current program that changed everything and why I'm still here. It was after months of 'thinking about suicide' as part of living in what from the outside was just someone turning up for work, picking up kids from school, cooking the meals, robotically fulfilling the ordinary responsibilities of each day, but inside having been slowing broken down, feeling completely isolated and stuck, unsafe, and trapped in a quiet eye of storm without end, with no perceived way out.

Mobile phones were not the everyday item they are now. Instead, it was a work colleague who I hadn't particularly had much to do with who came up to me on the very day that I had decided on my plan and simply said 'Don't do it'. In that moment, this simple act gave me a powerful and immediate alternative to the surreal vacuum, the wall that I thought was between me and everyone and everything else living around me. Someone was actually 'out there' who 'saw it', saw my secret and the quiet struggle to stay or leave raging in my head. In that moment I saw hope and alternatives.

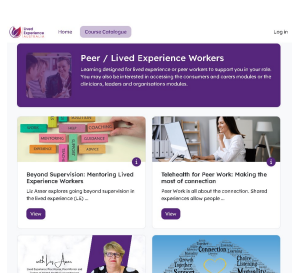
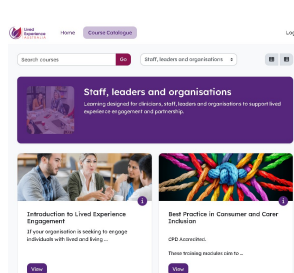
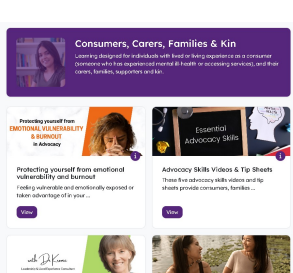
My experience then is no doubt one that others with experience of being stuck in family violence environments might relate to, but there are so many versions of what brings people to contemplate suicide and the degree to which others around them know of it.

Hence, the opportunities by others to even notice and act to offer support also vary. As David has suggested, sometimes the clues and signs are fleeting and may be well-hidden. With the pace of life and the many things that disconnect us, it's easy to dismiss these moments, to say it's not my business, that perhaps it's nothing to be concerned about. Or it may be that the person has been able to share their struggles and distress with others more openly, and family and friends around the person live with the worry too.

Either way, it's likely that people need help to 'find the words', to feel that they can help in some way, to find support and information to not feel that what they might say is the 'wrong thing'. Like that person who approached me that day, better to say something than nothing at all.

Thank you, Helen, for life.

£[UD:FIRST_NAME]], have you seen our Online Learning site upgrade?



Our online learning site has a fresh new look!

Check out the easy to use layout, and the simple search function to find the course you are looking for.

You can still access learning through the same link via <https://learn.livedexperienceaustralia.com.au>

AN INTRODUCTION TO LIVED EXPERIENCE ENGAGEMENT

New online module available!

We are excited to announce the launch of a new online learning module

"Introduction to Lived Experience Engagement".

We work with many organisations, research and project teams to support trauma-informed, inclusive and appropriate engagement of individuals with living and lived experiences from consultation to collaboration and co-design.

This online module provides an overview of key considerations for lived experience engagement, a range of practice models and a checklist to support authentic, planned lived experience engagement.

Organisations can request customising of the module to suit your specific needs and branding. You can even host the SCORM course on your own online learning platform. [Contact us](#) for more information and a quote.

Mental Health Sector News

New resource on Psychological Safety in Mental Health Organisations

In support of World Mental Health Day and Mental Health Month's theme, 'Let's Talk About It', the [Mental Health Coordinating Council](#) has launched a set of practical guides to support Psychological Safety in Mental Health Organisations, where everyone feels empowered to speak up in the workplace without fear of negative consequences.

In mental health settings, questioning decisions, suggesting new ideas or expressing concerns is crucial for effective service delivery and recovery-

oriented approaches. If you don't feel safe and empowered at work, how can people accessing your services feel safe and empowered?

Download the free resources with actions for workers and leaders.

[Download the Resources](#)

Webinar: Sexual Safety in Inpatient Units

The **National Mental Health Consumer and Carer Forum (NMHCCF)** invites you to a webinar on its recently released **Advocacy Brief: Sexual Safety of Consumers in Mental Health Inpatient Units**.

The sexual safety of consumers of all ages in mental health inpatient settings is a serious topic and a fundamental human right. To shine a light on this issue, the NMHCCF is appealing to policymakers through its extensive advocacy work by providing recommendations to improve the sexual safety of consumers in mental health inpatient units across Australia. Together, we can make Australia's mental health inpatient units safer places for ourselves and our loved ones.

The webinar will consist of an introduction of the topic by the NMHCCF's Advocacy Working Group with a subsequent panel discussion. The panel discussion will involve the following three prominent speakers approaching this issue from different perspectives:

- Disability Discrimination Commissioner, Rosemary Kayess.
- Australian Chief Psychiatrist, Dr. Sophie Davison.
- South Australian Deputy Chief Psychiatrist, Dr. Melanie Turner.

Webinar: Sexual Safety of Consumers in Mental Health Inpatient Units

Wednesday 30 October 2024

12.00 – 1.00pm AEST via Zoom

Please sign up by clicking 'Register' below.

[Register](#)

National Report Card: A concerning picture of the state of mental health and wellbeing in Australia

The National Mental Health Commission has released its National Report Card 2023, focused on the performance of Australia's mental health system in the calendar year 2023.

In this year's report the analysis of the available data shows there has not been an improvement in mental health and wellbeing for people in Australia over the past decade or more, and some are experiencing a decline in whole-of-life outcomes.

Factors that influence mental health and wellbeing such as financial stress, loneliness, and discrimination are not improving. In addition, there are signs that the mental health system is struggling to meet demand, or to improve experiences for people. There are, however, promising signs that progress is being made in some key areas of safety and consumer rights.

When considering the broader environmental context of recent years—the continuing and emerging impacts of the COVID-19 pandemic, compounding natural disasters, international conflict, and increased costs of living—this broad lack of improvement is not surprising. However, it is certainly concerning, and reinforces the need to act with urgency. Urgent action is particularly important for assisting young people with mental health concerns and ensuring the right supports are in place. The percentage of people aged 16-24 years who experienced a mental health disorder in the previous 12 months has increased from 26% in 2007 to 39% in the period between 2020 and 2022. The increase over this time span is greatest for young females (from 29% to 46%) compared to young males (from 23% to 32%).

The National Report Card 2023 uses a refreshed reporting framework to promote transparency and track whole-of-life outcomes for people living with mental health concerns in Australia. Its main data sources include the Australian Bureau of Statistics and Australian Institute of Health and Welfare, and it organises information and data, and makes its findings, across three main areas:

- Mental health – the status of mental health and wellbeing outcomes for people with lived experience of mental health concerns.
- Social determinants – the broader social factors that affect the mental health of people in Australia.
- System inputs and activities – how the mental health system itself affects mental health in Australia.

The National Mental Health Commission's commitment moving forward is to work with Commonwealth and state and territory agencies, people with lived and living experience, and the mental health sector, to build on this reporting framework year by year. We will focus on improving national data collections and data analysis capability to develop a solid foundation for understanding the effectiveness of the mental health system over time that informs change for the better.

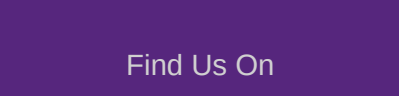
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Lived Experience AUSTRALIA



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Lived Experience Australia acknowledges the Traditional Owners of all the lands on which we undertake our advocacy. We pay our respects to their Elders past, present, and emerging.

We also recognise all those with lived and living experience of mental ill-health and the families, carers and kin who support them. We acknowledge that we can only provide leadership in systemic advocacy through valuing, respecting, and drawing upon their lived experience expertise and knowledge.

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