

# Four actions to transform Australia's mental health

A point of view from  
The Australian Centre for Social Innovation

THE  
AUSTRALIAN  
CENTRE FOR  
SOCIAL  
INNOVATION



**Australia's mental health leaders face a challenge.**

Our mental health systems are not designed to cope with the scale and demand that Covid-19, the recession, and the ongoing climate crisis will create. We can expect outcomes to fall, and the cost to government, businesses and families to rise (1).

But it doesn't have to be this way.

Key to effective and economically viable transformation will be harnessing the latent resources in communities, including people who have themselves experienced mental ill-health, distress and trauma.

**Our experience consistently points to four priority actions:**

We share them here, and introduce you to organisations and communities already taking action. We hope this starts a conversation, and helps you find new partners to transform Australia's mental health.

**1 Do co-production authentically, so services better meet needs of those they serve.**

**2 Support communities to innovate and create new mental health roles and responses for themselves.**

**3 Build a mental health system fit for the future.**

**4 Address the structural drivers of mental health.**

# Do co-production authentically.

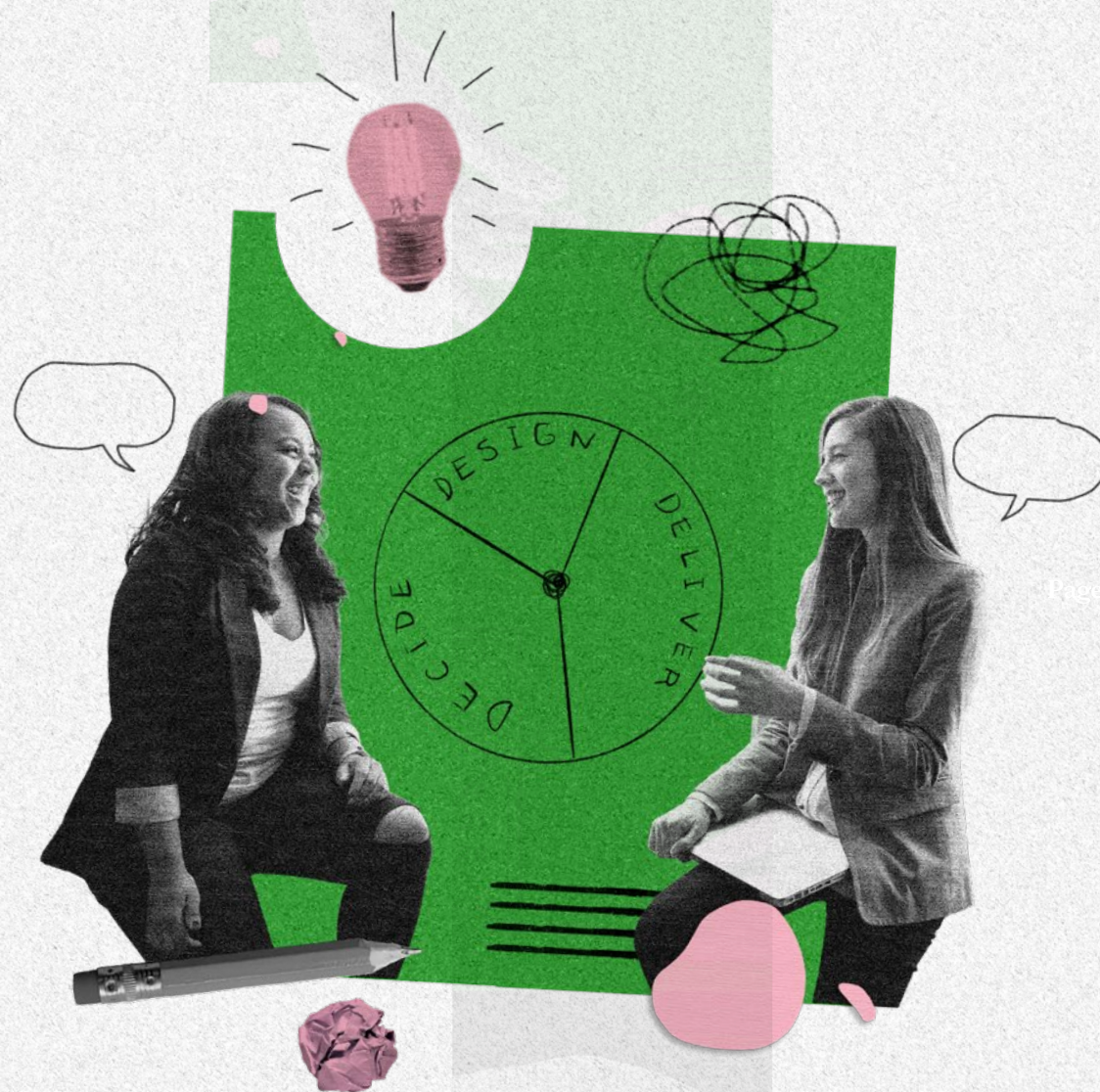
There's national recognition that our mental health system needs to be more person-centred (1), but mental health organisations vary greatly in their confidence and readiness to do this (2).


Being truly person-centred means professionals sharing power with community members to partner on decisions about policy, commissioning, design and delivery. This takes changes in culture, capability and structures. It takes time and money. It takes practice.

Co-production done well leads to services that better meet the needs of the people they serve (3), yet co-production done poorly can be costly, slow, ineffective and even damage relationships with the community (4).

We recommend that organisational leaders invest in building the conditions for co-production. For example by: building trusting relationships with community members, intentionally shifting internal cultures, learning from others who have done it before, running demonstration projects that build capability while showing what's possible, and developing specialist teams and processes.

We recommend system leaders invest in appropriately resourcing and incentivising changes in culture and capabilities. For example, through capability building funds, creating new institutions to build capability, funding flows that encourage co-production, and awards for excellence in person-centred decision making.






## What if commissioning was controlled by people who have experienced mental ill-health?

Brisbane South PHN created a co-design team to commission an integrated person-centred service model for moderate mental health services. The team, which included the commissioner, clinicians and people with lived experience, defined a philosophy of care and new service models, which were subsequently commissioned to the sector to deliver.



[Watch Lucille Chalmers, deputy CEO Brisbane South PHN, make the case for co-commissioning.](#)

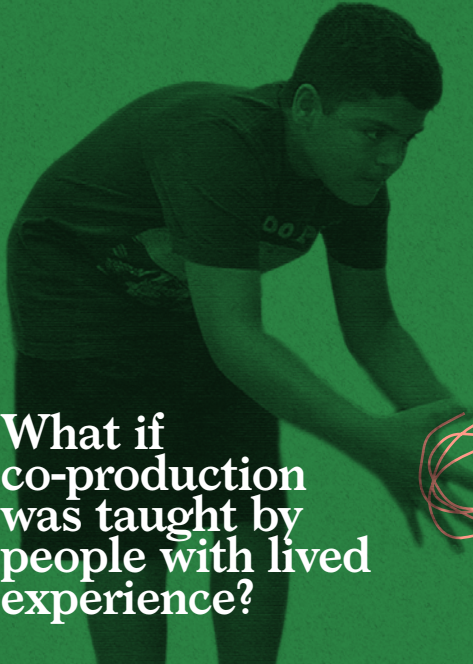


## What if services were designed by the people who use them?

Ballarat Community Health created collaborative conditions for people recently out of prison to co-design critical components of their mental health services with mental health professionals. The co-design team changed the name from 'Forensic Mental Health Service' to something less intimidating, and added peer-support components, a peer-led evaluation, a stage-appropriate change model, and principles for staff to follow.



[Watch Rick from Ballarat Community Health talking about the value of co-design.](#)



## What if co-production was taught by people with lived experience?

DHHS Victoria has developed a unique learning experience called 'Co-design. Doing it in the Real World with Authenticity', which was co-created with TACSI, lived experience academic Indigo Daya and participants from mental health co-design projects from around Australia. It provides practitioners and policy makers with a grounding in the practices and conditions for co-design.



[Register for the course and listen to the introductory module.](#)



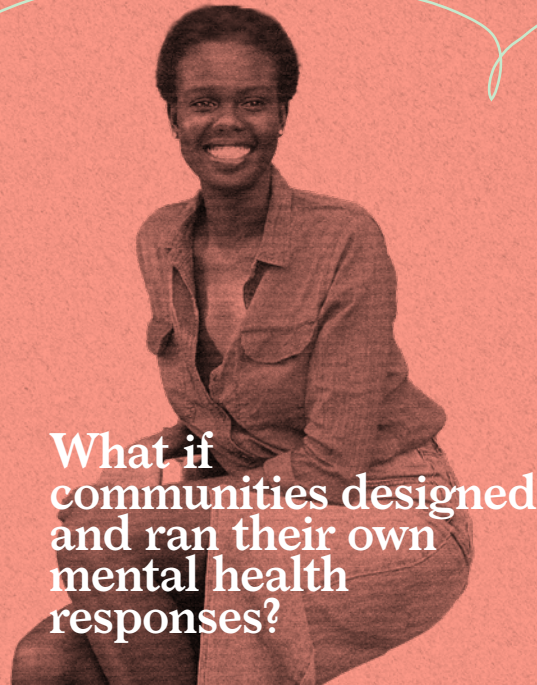


What if young people developed the roles they wanted to see in their community?

Launched in 2020, the Community Responders project set out to discover what South Australians want and need when it comes to mental health crises. Young people in Adelaide spent several months gathering insights from their communities to understand the mental health support they wanted and needed. They developed [nine community roles](#) and sets of conversation tools for organisations like schools, workplaces and sporting clubs. The work was led by TACSI and funded by the Fay Fuller Foundation.



[Hear the young people explain the process they took to develop roles and tools as part of the Community Responders project.](#)



What if communities designed and ran their own mental health responses?

Introducing 'Culture Party', an Instagram live event that celebrates South Sudanese Australian talent and conducts live interviews with the artists about mental health. It's one of [10 new responses](#) developed by South Sudanese Australians who were coached through a staged process of community based research, analysis and prototyping by TACSI, with support from South Sudanese Australian organisations and cohealth with funding from DHHS Victoria.



[See the ideas and ventures created and run by the South Sudanese Australian communities in Melbourne.](#)



What if towns were supported to spend a decade reclaiming their mental wellbeing?

The Fay Fuller Foundation is funding [Our Town](#), a 10 year mental health initiative with the aim to equip South Australian towns and regions to be 'mentally healthy' by addressing mental health beyond the health system. The towns are working on shifting unhealthy aspects of local cultures, stigma, discrimination and local economic challenges. The Foundation will go on to fund 10 year plans in 2-3 towns and share the learning across more communities.



[Hear Simone and Sandy discuss their work in Ceduna as part of the Our Town initiative.](#)

# Build a mental health system fit for the future.

Prior to 2020, 1 in 2 Australians could expect to experience a mental health episode in their lifetime. Covid-19, the recession, and the ongoing climate crisis are expected to increase this need even further, change the nature of demand, and create an increasingly unpredictable future (1).

Any future-relevant mental health system will need to:

- Meet increased demand by mobilising community responses and integrating them with professional responses
- Meet changed demand by increasing focus on prevention and early intervention
- Meet rapidly changing conditions by designing in capabilities for innovation and adaptation

In our work, we've seen breakthroughs in collaborations when community and service system conversations put community in the driving seat, acknowledge professional expertise, and build a shared awareness of local conditions (2). We've also seen how resources, dedicated teams and structured pathways for innovation help systems respond quickly to a changing context (3).

We recommend that organisational leaders work on strengthening local ecosystems for mental wellbeing. The work should include collaborations between commissioners, providers, and community members to build a shared understanding of the current state of the ecosystem, imagine a preferred future state, and take action to get there.

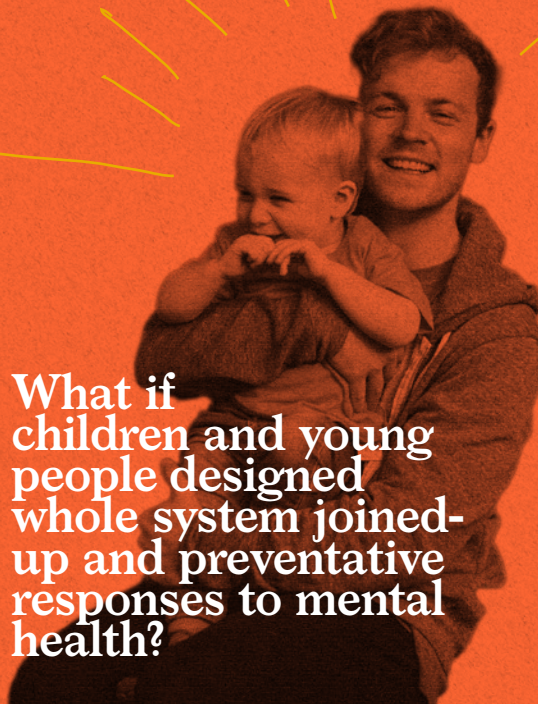
We recommend that system leaders should support these local activities, and work on creating a national R&D system for mental wellbeing. For example, by incentivising and resourcing local collaborative action, joining up learning between localities, funding early stage development of new responses, and scaling what works.





What if we join up community and professional responses in mental health as successfully as we do for beach safety?

Volunteer Surf Lifesavers are the first line of response on our beaches. They are highly organised, have specialist equipment, and are trained to work with professional first responders. In 2019, 50,000 Surf Lifesaving members provided 1.3 million hours of patrol and performed over 10,000 rescues. As well as saving lives, the movement creates meaningful community roles, and opportunities for personal development, for people of all ages (4).



What if children and young people designed whole system joined-up and preventative responses to mental health?

Barnardos are in the first year of a ten year partnership with communities in North Tyneside and Renfrewshire to develop a 'whole of system' prevention and early intervention response, with and for, children and young people. Key themes identified for piloting including peer-to-peer models, art/sport activities that are mental health aware, reducing stigma through conversations in schools and through support to parents and building local workforce capacity.



What if we structured innovation into our mental health system with the same sophistication as we do for eggs?

Australia's agricultural industries stay relevant and competitive through a network of 15 Rural Research and Development Corporations (RDCs) that fund research, development and extension activities. RDCs are industry specific; for example, there is one for meat, grain, eggs, dairy, wool and sugar. Collectively, they spend over \$750m a year, and are funded by government and a levy on producers. RDCs are accountable for creating tangible improvements in productivity. Every dollar invested returns \$2.36 after 5 years and \$10.51 after 25 years (5).



# Address the structural drivers of mental health.

Many of the structural drivers of mental ill-health (1) such as housing, racism, poverty, and the climate emergency are beyond the ambition of current mental health reforms. These drivers create demand for mental health responses, and limit the effectiveness of existing activities. So why not try to change them?

In our work, we've seen initiatives through which communities regenerate themselves, transitioning to a new and healthier way of living. They reduce carbon outputs, strengthen social capital, build more inclusive economies, strengthen social supports, and as a result improve people's overall wellbeing (2).

What if we did this in Australia? It would take funders willing to think long term, and require mental health leaders to work beyond mental health and in partnership with regenerative economists, ecologists and community leaders.

What if we looked at the crisis as a catalyst to transform our way of living?

We recommend organisational and system leaders do what they can to address the structural drivers of mental health. This should include supporting communities to make holistic transitions of how they live and function by funding and participating in grand experiments to create resilient, future-fit ways of living.

What other option do we have?





What if we built towns that cared?

What if we built towns full of meaning, purpose and connection?

What if we regenerated communities for health and wellbeing?

Over 80 local public, voluntary and private health and social care providers formed the Caring Town Totnes (CTT) Network in the UK. They work to create a future where every resident has access to affordable support, are supported by an independent local health and social wellbeing economy, and providers are part of a collaborative ecosystem of support. The local network is part of a global network of 700 Transition Towns, who are all taking holistic approaches to reducing resource usage while promoting inclusivity and social justice.

The Every One Every Day initiative in Barking and Dagenham provides a sophisticated platform for simple community-led innovations that increase public participation. Participatory City Foundation, who created the initiative, have the ambition to build the first large scale, fully inclusive participatory ecosystem, measure its value, and establish the approach as a way to develop resilient neighbourhoods. The year two evaluation found that repeat participation is co-creating mental wellbeing, confidence and agency for individuals and families. With participants feeling more welcome, included, accepted, excited, confident, creative, active, optimistic and happy, amongst other things (3).

GoWell Glasgow is a 10-year longitudinal research and learning program that explores the effects of investment in housing, regeneration and neighbourhood renewal on health and wellbeing. Evaluation shows that positive changes in neighbourhoods and housing are accompanied by positive changes in mental health, physical health and employment outcomes. Over time, the program has shown that investment in regeneration has reduced the negative effects of living in certain areas, and in some cases created a positive effect (4).

## Join Us

If you're excited by these opportunities, we'd love to talk to you.

We're looking for partners who want to do co-production authentically, support communities to innovate, build a future-fit mental health system, and address the structural drivers of mental health.

Reach out to Carla Clarence, our Mental Health Lead ([carla.clarence@tacsi.org.au](mailto:carla.clarence@tacsi.org.au)) or register to receive updates of forthcoming events, including a conversation series in 2021.

Register: [tacsi.org.au/mentalhealth](https://tacsi.org.au/mentalhealth)

TACSI has 10 years' experience of innovation in mental health. Our practices seek to create safe and brave spaces for people with a diversity of cultural, physical, psychological and spiritual needs.

We hold empathy for lived experience, for practitioners and commissioners and policy makers.

### Our experience includes:

Partnering with government and providers to build person-centred capability through coaching, consultancy and multi-year innovation partnerships.

Partnering with and for communities to develop new mental health roles and responses, including for young people, South Sudanese Australians, and people who recently left prison.

Partnering in cross disciplinary collaboratives with communities, providers, government and academia to shape community-led transformation in rural South Australia and New South Wales.



# References

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### Introduction

1. The productivity commission conservatively estimates that mental ill-health currently costs Australia \$200-220 billion per year, and predicts a rise given the multiple crisis faced by the Australian community in 2020. [Mental Health - Inquiry Report](#), p9

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### Do co-production authentically.

1. Reforms and recommendations that recommend more person-centred ways of working include the Mental Health Inquiry by the Productivity Commission, the Royal Commission into Victoria's Mental Health System, and Royal Commission into National Natural Disaster Arrangements.

2. TACSI's understanding of organisations' confidence and readiness for co-production is informed by our experience building capability with over 20 mental health organisations over the last five years. For an overview of the challenges of co-production specific to Australian mental health settings see [Co-production Putting principles into practice in mental health contexts](#), Cath Roper, Flick Grey, Emma Cadogan, 2018

3. Research that illustrates the efficacy of co-production in health settings includes [Co-production: when users define quality](#), BMJ 2020 and [The Promise of Co-Design for Public Policy in Australian Journal of Public Administration](#)

4. TACSI has witnessed first hand how co-production done poorly can be slow, costly and damage relationships with community. See also Professor Mark Evan's evaluation of the strengths and weaknesses of two co-design project in the ACT.

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### Support communities to innovate.

1. TACSI's experience of the potential of community-led initiatives is informed by work across six regional South Australian communities in [Our Town](#), and through leading over thirty projects supporting philanthropic and government funders to meaningfully connect with communities.

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### Build a mental health system fit for the future.

1. The scale of Australia's mental health problems, and the dynamics that influence it are covered in the [Mental Health - Inquiry Report](#), Productivity Commission, p9

2. TACSI has first hand experience of creating the necessary conditions for professional / community member collaboration through our work with 6 regional communities as part of the Our Town initiative, and various projects in mental health.

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3. TACSI has seen the benefits of structured approaches to innovation across many projects. An example is the [Australian Volunteers Program Innovation Fund](#) (AVP and DFAT) has enabled the program to respond to the significant impact of COVID-19 on international volunteering. For more on the design of the fund see [TACSI's article](#).

4. National Coastal Safety Report 2019, Surf Lifesaving Australia, p22

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### Address the structural drivers of mental health.

1. [Social Determinants of Mental Health](#), World Health Organisation p16

2. For evidenced examples of community-led regeneration see: [Participatory City](#), the [Maranguka Justice Reinvestment Project](#) see also [When Collective Impact Has Impact: A Cross-Site Study of 25 Collective Impact Initiatives](#) . ]

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3. [Every One Every Day](#) year 2 report, key finding 3

4. Evaluation of [GoWell East](#), p89.