STANDING ON THE SHOULDERS OF GIANTS

Report on advocacy and activism training for members in Queensland

Acknowledgement of Country

The Mental Health Lived Experience Peak Queensland respectfully acknowledges Country and honours the Traditional Custodians of the lands and waters throughout Queensland. We thank the Elders – past, present, and emerging – for their wisdom and survivorship. Due to the historical and ongoing impacts of colonisation, First Nations (Aboriginal and/or Torres Strait Islander) peoples have a unique experience of contact with the Queensland mental health system. Their human rights, including self-determination, should be protected, promoted, and upheld by the Australian Government which has ratified multiple international Human Rights conventions, providing the explicit duty of state governments to embed these in domestic law.

First Nations peoples' lived and living experiences of mental ill-health, distress, and suicidality may be vastly different to non-First Nations Australians due to transgenerational social disadvantage and marginalisation by society, including housing insecurity, homelessness, and displacement from land and Country. We respect First Nations persons' rights and cultural sovereignty to lead their healing through their own cultures and connectedness to Country, family, and spirit.

Executive Summary

Every day, consumer advocates and activists are in community groups, committee briefings, meeting rooms, wards, and the media. As consumers, we are there because we are pushing for change. That advocacy and activism is crucial, both in driving systemic change within the mental health sector, and in building alternatives outside it.

The consumer, survivor, and ex-patient movement (**consumer movement**)[1], driven by "Nothing about us, without us", reminds all that mental health systems should serve the people who are using them. The knowledge does not stop at that reminder: consumers and the consumer movement have developed ways of knowing, being and supporting one another that both challenge the current system and offer alternatives to it.

Despite the value and availability of their expertise, consumer advocates and activists still face difficult environments in ensuring their message is heard and acted on. Consumer advocates and activists continue to provide input, co-design new ways of working and lead key initiatives, while facing resistance to change, stigma, and discrimination. In many cases, change only comes with individual and collective advocacy.

Mental Health Lived Experience Peak Queensland (**MHLEPQ**) has an important role in supporting established and emerging consumer activists and advocates. Central to that support is providing training and development opportunities that cultivate and share advocacy and activism skills. Ensuring those skills are animated and embedded within a rich and evolving consumer movement is equally important.

This report, commissioned by MHLEPQ, presents a framework and recommendations to guide its work in developing advocacy and activism training for its members. It has been commissioned on a recognition that mental health consumer advocacy has historically been pivotal to enhancing consumers' voices and driving systemic change. The movement has garnered momentum in the 21st century with an expansion of the consumer workforce and the development of guidelines such as the National Peer (Lived Experience) Workforce Guidelines[2].

However, the explicit articulation of the competencies required to effectively advocate and engage in activism remain underdeveloped. Advocates and activists may or may not be working in consumer workforce roles, and while advocacy is an acknowledged component of many roles, the competencies underlying advocacy and activism have had less exploration and attention. Addressing this gap, MHLEPQ contracted Simon Katterl Consulting to undertake two key deliverables:

- **A desktop review** of existing activist and advocacy training, with a focus on alignment with the mental health consumer perspective.
- **The development of a training framework** that incorporates identified gaps and equips advocates with the capabilities required to influence real change.

The ultimate purpose of these deliverables are to provide MHLEPQ with a practical framework to assist their members to further develop their advocacy and activism. As such, the framework is not a formal discipline framework such as the National Guidelines.

The framework is co-designed through a seven-member MHLEPQ co-design team, incorporating staff, external consultants, and member advocates:

- Stephen Mam (co-design members)

- Georgie Stewart (co-design members)
- Nicola Akeroyd (co-design members)
- Christos Papadopoulos (co-design members)
- Jorgen Gullestrup (MHELPQ co-design members)
- Rebecca Bear (MHLEPQ co-design members)
- Simon Katterl (facilitator).

The project emphasised relational ways of knowing and working during the co-design process. The framework identifies four core capabilities for effective advocacy and activism:

- **Being in a Movement**: Consciously advocating as part of a broader and evolving consumer movement and history
- **Supporting Myself and Others:** Supporting oneself and others while effecting change
- **Advocacy, Activism and Advising**: Understanding and executing strategies and tactics in advocacy, activism, and advice
- **Creating Change and Reform**: Understanding and impacting the major levers for systemic change.

These capabilities are framed within the evolving phases of advocacy and activism —from **lived experience (focusing on self)** to **lived expertise (focusing on others)**, and finally, **lived experience leadership (focusing on systems)**[3]. Each phase builds on the previous, growing in complexity and influence, supporting advocates in self-awareness, collaboration, and leadership. This report and the actions it recommends are underpinned by principles of Cultural Safety and Social and Emotional Wellbeing, Equity, Solidarity with the Consumer Movement, Social Justice and Human Rights, and Doing in Relationship.

The desktop review revealed significant gaps in the availability of consumer-centric training for activists and advocates. While some online and self-paced resources exist, few are developed from a mental health consumer perspective. The review favoured resources grounded in mental health policy or similar fields (e.g., disability and welfare advocacy) and identified transferable knowledge from these areas, despite the limitations of applicability. Training availability, relevance, and quality gaps underline the need for newly developed programs tailored explicitly to consumer experiences and activism contexts.

The report makes three recommendations to MHLEPQ:

1. **Endorse and adopt the framework:** MHLEPQ endorse and adopt the framework, including the desktop review, report, principles, capabilities and competencies and seek further review, development and engagement with MHLEPQ members.
2. **Support MHLEPQ members to access existing training:** MHLEPQ supports members to access existing training, by updating and circulating the spreadsheet in Appendix 3 about available and appropriate training in response to member feedback.
3. **Further Design Training on Safe Storytelling and Witnessing:** MHLEPQ should commission or design further training on the competency of Safe Storytelling and Witnessing, having regard to the further advice in Appendix 4.

We now leave these recommendations and the framework with MHELPQ to honour and take forward.

Contents

Glossary

This report uses terms that may be new to some audiences. Here are definitions below to assist readers.

Term	Definition
Activism	Direct public action to bring about a political or social outcome. More commonly 'outside the system', activism is also distinguished from advocacy by its short-term, tactics and strategic focus on 'politics' – they are also intended to be public and visible[4]. Tactics used by activists might be more focused on protests, sit-ins and other un-funded activities.[5]
Advocacy	Working 'within the system' to bring about a political or social outcome. More focused on long-term processes that require collective action at multiple levels. Advocacy can at times be more relational than activism and is often funded through formal arrangements.[6]
Consumer	A person who has used mental health services as a patient or client.[7]
Consumer / Survivor Movement	A collective social justice movement of mental health consumers and survivors who have experienced systemic oppression connected to mental distress, including through the mental health system.
Cultural Safety (First Nations)	Cultural Safety is being acceptable to difference, having the ability to analyse power imbalances, institutional discrimination, colonisation and relationships with settlers. Cultural safety is about providing quality health care that fits with the familiar cultural values and norms of the person accessing the service, that may differ from your own and/or the dominant culture.[8]
Culturally and racially marginalised	People who are not white – research shows this group experiences racial marginalisation. This includes people who are Black, Brown, Asian, or any other non-white group, who face marginalisation due to their race. This term commonly used in place of Culturally and Linguistically Diverse.[9]
Human rights	Human rights recognise the inherent value of each person, regardless of background, where we live, what we look like, what we think or what we believe.[10]
Lived experience	Where we reimagine and redefine ourselves, our place in the world and our future plans.[11]
Lived expertise	To use our experiences in a way that is useful to other people.[12]
Lived experience leadership	To speak up to influence community awareness, organisational culture, policy and politics; create space, pathways and inclusion with others; prompt and support change.[13]
Recovery-oriented practice	Practice that supports people to autonomously build and maintain a self-defined, meaningful and satisfying life and personal identity, whether or not there are ongoing symptoms of mental illness.[14]
Self-determination	On this land, this term is best used to refer to the 'ability of Aboriginal peoples to freely determine their own political, economic, social and cultural development as an essential approach to overcoming Indigenous disadvantage'.[15]
Social and emotional wellbeing	An understanding arising from First Nations understandings of health and community, grounded in the following 9 principles: • health as holistic • the right to self-determination

	- the need for cultural understanding - the impact of history in trauma and loss - recognition of human rights - the impact of racism and stigma - recognition of the centrality of kinship - recognition of cultural diversity - recognition of Aboriginal strengths.[16]
Survivor	Someone who has experienced harmful, abusive, or unlawful interventions by psychiatry.

Background

The mental health consumer, survivor, and ex-patient movement – full of people who identify as having lived/living experience (**lived experience**) – have long advocated for human rights, social justice, peer-led alternatives, and a greater voice in mental health conversations[17]. This advocacy has occurred on Country that has been impacted by colonisation[18] and where First Nations lived experience leaders continue to develop lived experience advocacy[19]. Efforts have included early marches for justice, the development of consumer peak bodies in all states and territories bar one,[1] and public advocacy on efforts such as forced treatment[20], seclusion, and restraint[21].

More recently consumer expertise has been formally integrated into mental health policy and service delivery. Part of this has included the professionalisation of the lived experience (consumer) workforce through the development of National Guidelines. Advocacy is identified in the National Guidelines as a component of professionalised consumer workforce roles; however, what of roles where advocacy and activism is not a component of a role, but the role itself? Less programmatic attention has been given to the development of the advocacy and activist competencies for consumers, irrespective of whether the person holds a professional consumer workforce role.

Mental health consumer advocacy and activism have been crucial to the consumer movement's goals of transformed approaches to mental distress. These include:

- Consumer advocacy and activism has embodied the principle of "Nothing about us, without us" and been a medium for collective voice
- Consumer expertise has been crucial to driving better outcomes within the mental health system, which has commonly built on fear and discrimination rather than lived experience
- Consumer expertise and advocacy has broken down the silos between different disciplines, services, and bureaucracies as well as challenged them
- Consumer expertise has been at the forefront of providing humane responses to mental distress and crisis.

In early 2024 MHLEPQ identified opportunities to provide further training and support to member advocates and activists; however, it had not identified a framework that outlined necessary capabilities and competencies for advocates and activists, or existing training to support those capabilities and competencies. As such, MHLEPQ contracted a consultant to provide:

- **A desktop review** of existing activist and advocacy training, with a focus on alignment with the mental health consumer perspective.
- **The development of a training framework** that incorporates identified gaps and equips advocates with the capabilities required to influence real change.

The aim of this framework is to support MHLEPQ in providing training for emerging and established mental health consumer advocates and activists. The scope of the project and framework are not intended to reflect a discipline framework similar to the National Guidelines.

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[1] The Northern Territory, as yet, does not have a recognised consumer peak body.

The consultant established a small co-design group to design this framework and its advice. The group met four times to develop this report and its advice.

The term 'Standing on the Shoulders of Giants' was originally put forward before the project started in an effort to acknowledge the advocacy and activism of those before MHLEPQ and its members. It now forms the title of this report. In *Standing on the Shoulders of Giants* the group has delivered the framework to MHLEPQ. The report is provided to MHLEPQ to use and implement as it and its members choose.

Who we are and how we developed this report

MHLEPQ had committed to doing deep thinking in the development of this report. An EOI process was used to recruit four co-design members from MHLEPQ's membership, and it was later decided by the group that MHLEPQ staff members would formally be part of the co-design group.

The membership of the group consisted of:

- Stephen Mam (co-design member)
- Georgie Stewart (co-design member)
- Nicola Akeroyd (co-design member)
- Christos Papadopoulos (co-design member)
- Jorgen Gullestrup (MHLEPQ co-design member)
- Rebecca Bear (MHLEPQ co-design member)
- Simon Katterl (facilitator)

The group established terms of reference with objectives, principles, and decision-making approaches and met four times between September 2024 and January 2025, with individual ad-hoc sessions used to refine key ideas.

The first session focused on developing relational ways of working together, including the principles, objectives, and terms of reference that would guide the work. The second session focused on clearly defining the competencies and skills that would be needed for mental health advocates and activists. Following this, in the third session, the group assessed the competencies it agreed on against the training already publicly available, identifying gaps and where specific training could be advised. In the fourth and final session, the group had finalised this report and confirmed its advice on **Safe Storytelling and Witnessing** training, detailed in Appendix 4.

The four capabilities and underlying competencies were developed after a review of comparative frameworks and through an iterative design process between co-design members. Frameworks such as the National Guidelines and other core competency frameworks were drawn upon, while acknowledging that the context might be different based on whether they were consumer or advocacy-specific frameworks.

The desktop review aimed to identify training that aligned with the four capabilities and underlying competencies. It focused on online self-paced or freely available webinars as these could be relied upon to always be available for MHLEPQ members. The review also focused on training delivered within a mental health policy context or a similar context, such as disability or welfare advocacy. The desktop review favoured sources that were grounded in a consumer perspective but had not excluded some results that covered transferable skills developed in other settings. Where the training was not delivered from a consumer mental health perspective, this was recorded. The limitations of the desktop review, including that the courses not been tried or evaluated from the co-design team's perspective, were noted.

The final piece of the report advises on the development of training related to a key competency. During session three, the co-design group had sought to provide advice on training that MHLEPQ should develop focused on the competency 'Safe Storytelling and

Witnessing.' This advice had been finalised during the fourth co-design session and was detailed in Appendix 4.

Advocacy and activist capabilities

This advocacy and activism framework outlines **four core capabilities** that underpin advocacy and activism. Different competencies make up those capabilities. Drawing on work in lived experience leadership development, the competencies sit within distinct phases of consumer advocacy and activism: lived experience, lived expertise and lived experience leadership.

These capabilities and phases are represented in Figure 1.

Our four capabilities

We identify four capabilities that are central to advocacy and activism. These are:

- **Being in a Movement –** Consciously advocating as part of a broader and evolving consumer movement and history
- **Supporting Myself and Others –** Supporting oneself and others while effecting change
- **Advocacy, Activism and Advising –** Understanding and executing strategies and tactics in advocacy, activism and advice
- **Creating Change and Reform –** Understanding and impacting the major levers for systemic change.
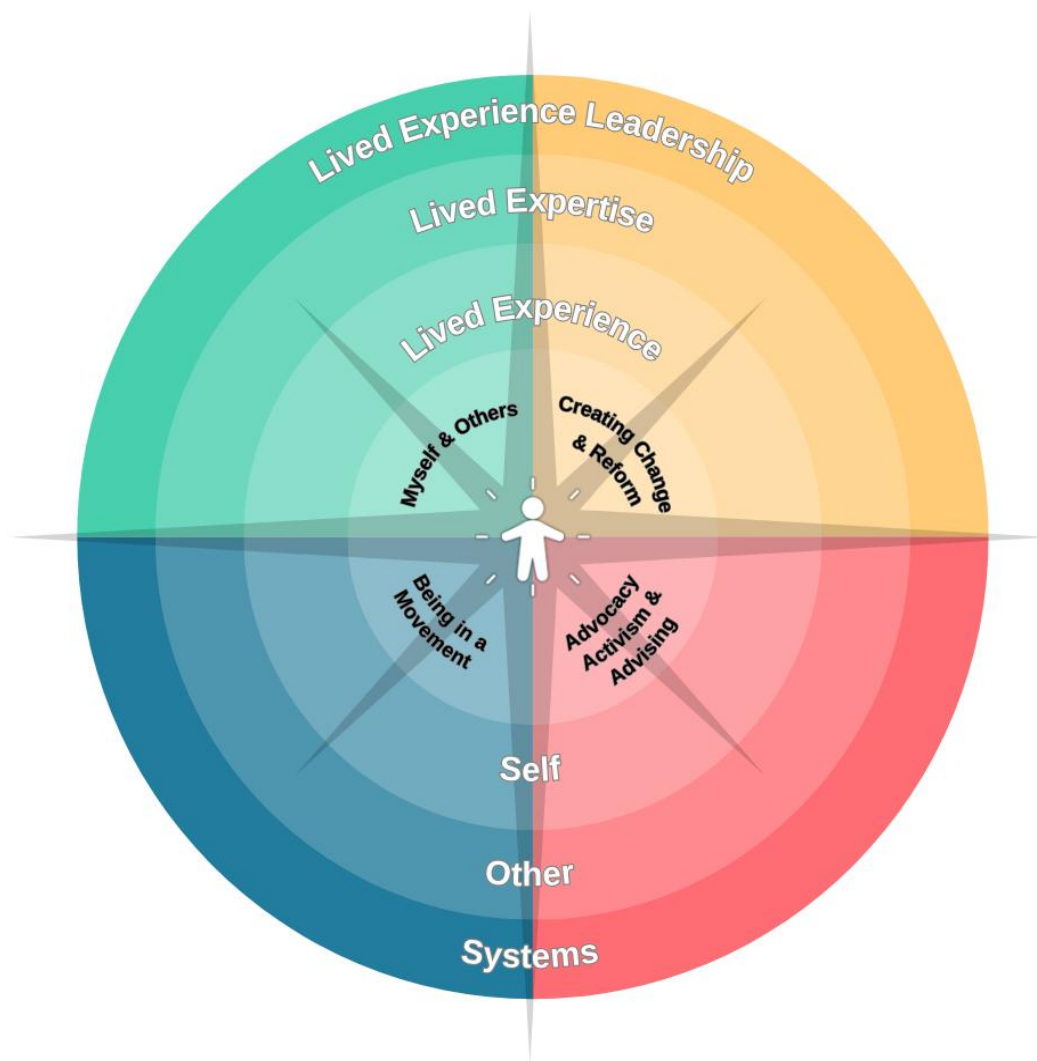

Figure 1 - Four Advocacy and Activist Capabilities

These capabilities are based on the framework's underpinning principles of:

- **Cultural Safety, Self-Determination and Social and Emotional Wellbeing –** advocacy and activism should ensure that First Nations history, advocacy, self-determination, sovereignty and ways of knowing and being, including as it relates to spirit, family and kinship systems, Country and philosophy, love, religion, and law are honoured and respected
- **Equity –** advocacy and activism should ensure that people with a diversity of experiences, including language, culture, sexuality, gender, disability, sex characteristics, migration status, class, geography, should enjoy fair treatment and outcomes from government policy and the mental health system
- **Solidarity with the Consumer Movement –** understanding that all consumer advocates and activists have responsibilities to one another and to collective goals.
- **Social Justice and Human Rights –** all work is underpinned by a radical and uncompromising approach to social justice and human rights, including on issues of responsive services, coercion and access to voluntary and diverse supports.
- **Doing in Relationship –** doing our advocacy with fellow consumer advocates and activists, as well as the land, and waters, in ways that create and preserve relationships based on mutuality, hope and belonging.

How these principles are applied in practice

These principles are intended to be applied as MHLEPQ implements the recommendations of this project. We see these principles as applying in the following ways:

- **MHLEPQ –** MHLEPQ will prioritise these principles in the decisions it makes to commission training and in the way it connects with its members
- **Training design –** Training that is selected, reviewed and designed by MHLEPQ will apply these principles at a pedagogical level
- **Training delivery –** training delivery and facilitation with participants
- **Participants –** Participants will be encouraged to apply these principles to reflecting on existing and new training.

Capabilities: lived experience, expertise and leadership

These capabilities apply to distinct phases of someone's advocacy and activism journey. A person's capabilities may take a different expression in the following ways:

- **Lived experience and self –** lived experience advocacy and activism training is focused on the self and ensuring that consumers are aware of what they need to cultivate safety and to understand their story in a broader movement.
- **Lived expertise and others –** lived expertise advocacy and activism training is focused on personal experiences to be useful to others, including by developing key policy, co-design, human rights, trauma-informed and allyship competencies. These

competencies are grounded in an understanding of consumer perspective work developed by the consumer movement.

- **Lived experience leadership and systems –** lived experience leadership advocacy and activism training focuses on competencies necessary to support systems change, including systems thinking, models of consumer lived experience leadership, utilising media for change and government lobbying.

This framework identifies that some competencies become more relevant at lived expertise and lived experience leadership phases than at lived experience phases. This is built on an understanding that as a person's relationship to their lived experience progresses within the consumer movement, there is a shift from the individual's personal experience, to what that means for others, to what that means within broader systems-change.[22]

Competencies

Competencies make up the four capabilities. The skills and knowledge that make up these competencies are reflected in Appendix 1.

1. Capability 1: Being in a Movement

Explanation: Consciously advocating as part of a broader and evolving consumer movement and history.

Competencies are:

1.1 Understanding 'lived experience' in a consumer movement
1.2 Networking and mobilising consumer movement members
1.3 Using lived experience in advocacy, activism and advice-giving for change
1.4 Understanding the history and figures in the consumer movement
1.5 Supporting and making space for other consumers
1.6 Understanding consumer perspective knowledge and research.

2. Capability 2: Supporting Myself and Others

Explanation: Supporting oneself and others while effecting change.

Competencies are:

2.1 Doing advocacy and activism ethically
2.2 Supporting wellbeing and safety
2.3 Safe storytelling and witnessing
2.4 Supporting cultural safety and social and emotional wellbeing
2.5 Being an ally to a diverse consumer community
2.6 Applying trauma-informed principles to advocacy and activism
2.7 Facilitating lived experience and non-lived experience spaces.

3. Capability 3: Advocacy, Activism, Advising

Explanation: Understanding and executing strategies and tactics in advocacy, activism and advice.

Competencies are:

3.1 Understanding advocacy, activism and advising in mental health

3.2 Understanding systems of power and oppression in mental health

3.3 Public speaking and presentation for change

3.4 Effective writing for different audiences (incl. research, policy, consumer and general audiences)

3.5 Utilising social and mainstream media for change

3.6 Lobbying government for mental health systems change.

4. Capability 4: Creating Change and Reform

Explanation: Understanding and impacting the major levers for systemic change.

Competencies are:

4.1 Introduction to mental health policy

4.2 Using consumer perspectives for mental health policy change

4.3 Applying a human rights lens to mental health

4.4 Understanding, applying, and critiquing recovery for change

4.5 Understanding co-design, co-production, and other design approaches

4.6 Using systems thinking for mental health policy change.

Training gaps

This framework identifies available training as well as training gaps relating to mental health consumer advocacy and activism.

Our approach to the gap analysis

The gap, conducted by the consultant, includes the following steps:

- Utilising the competencies developed within this framework
- Undertaking a desktop review of training available, focusing on mental health and disability-specific training, as well as online modalities that could be freely available
- Reviewing and comparing descriptions for training courses against this framework's competencies
- Highlighting explicit gaps where there is no applicable training available.

In undertaking the desktop review of available training, the consultant focuses on:

- Australian systems of health training, to ensure it is relevant to this context
- Online self-paced training
- Lived experience focused training, with some exceptions provided to adjacent areas, including:
  - Disability-led advocacy training
  - Union based training
  - Broader social justice advocacy training

The desktop analysis also identifies and documents subjects within the CERT IV in Mental Health Peer Work (see Appendix 4); these subjects are excluded from the gap analysis as they are not self-paced courses.

Gaps identified

Several mental health advocate and activist competency gaps are identified. Most prominent include:

- 1.1 Understanding "lived experience" in a consumer movement
- 1.2 Networking and mobilising consumer movement members
- 1.4 Understanding the history and figures in the consumer movement
- 1.5 Supporting and making space for other consumers
- 1.6 Consumer perspective knowledge and research
- 2.1 Approaching advocacy and activism ethically
- 2.2 Supporting wellbeing and safety
- 2.3 Safe storytelling and witnessing
- 2.4 Applying trauma-informed principles to advocacy and activism
- 2.5 Being an ally to a diverse consumer community
- 2.6 Supporting cultural safety and social and emotional wellbeing
- 2.7 Facilitating lived experience and non-lived experience spaces
- 3.1 Understanding advocacy, activism and advising in mental health
- 3.2 Understanding systems of power and oppression in mental health
- 3.3 Public speaking and presentation for change

- 3.4 Effective writing for different audiences
- 3.5 Utilising social and mainstream media for change
- 4.1 Introduction to mental health policy
- 4.2 Using consumer perspectives for mental health policy change
- 4.3 Applying a human rights lens to mental health
- 4.4 Understanding, applying and critiquing recovery
- 4.5 Understanding co-design, co-production and other design approaches
- 4.6 Using systems thinking for mental health policy change.

These gaps are further clarified in Appendix 2.

There are also these possible or partial gaps where the identified research may prove incomplete or inappropriate from a consumer perspective (Appendix 2):

- 1.5 Understanding, applying and critiquing recovery
- 2.6 Being an ally to a diverse consumer community
- 3.3 Public speaking and presentation for change
- 4.4 Understanding co-design, co-production and other design approaches.

The training identified is not place-based by nature of its focus on online webinars and self-paced modules. This bias should be acknowledged and addressed by MHLEPQ in its funded training.

The co-design group has chosen to further advise on the development of training for the Safe Storytelling and Witnessing competency. This is because the group viewed that safe storytelling and witnessing is a foundation for future advocacy and activism, and that while there were online courses available, in-person training would be necessary for personal work such as this. This advice is further detailed in Appendix 4.

Limitations

There are limitations to this desktop review and gap analysis. These include:

- That the authors cannot verify the quality or appropriateness of the training identified, including whether it is inappropriate from a consumer perspective.
- There may be ad-hoc online or in-person training that may or may not be available to mental health consumer advocates and activists in Queensland that is not represented here.

Recommendations

On the basis of this framework, we make recommendations to MHLEPQ on how to support the mental health consumer community to further develop advocacy and activism capabilities.

1. Endorse and adopt the framework

MHLEPQ endorse and adopt the framework, including the desktop review, report, principles, capabilities and competencies and seek further review, development and engagement with MHLEPQ members.

2. Support MHLEPQ members to access existing training

MHLEPQ supports members to access existing training, by updating and circulating the spreadsheet in Appendix 3 about available and appropriate training in response to member feedback.

3. Further design training on Safe Storytelling and Witnessing

MHLEPQ should commission or design further training on the competency of Safe Storytelling and Witnessing, having regard to the further advice in Appendix 4.

Appendix 1: The skills and knowledge underpinning competencies

A breakdown of the capabilities and the competencies they comprise. Each competency contains a general description of its meaning at the "lived experience", "lived expertise" and "lived experience leadership" phase.

Capability 1: Being in a Movement: Consciously advocating as part of a broader and evolving consumer movement and history.						
Competencies	**Understanding 'lived experience' in a consumer movement**	**Networking and mobilising consumer movement members**	**Using lived experience in advocacy, activism, and advice-giving for change**	**Understanding the history and figures in the consumer movement**	**Supporting and making space for other consumers**	**Understanding consumer perspective knowledge and research**
Lived experience competency phase	Identifies that their lived experience of mental distress, trauma and the system is part of a broader collective movement called the consumer movement.	Understands the value of and opportunity to network with fellow consumer advocates and activists.	Understands the importance of sharing personal lived experiences and the different areas where they may share these experiences.	Understands the foundations of the mental health consumer movement, recognising key milestones and influential figures.	Awareness of the importance of supporting other consumers by acknowledging their experiences, needs and voices in shared spaces.	Understands the foundational principles of consumer perspective knowledge and research, including its origins in Australia.
Lived expertise competency phase	Understands and can critically reflect and share their understanding of their lived experience within the broader consumer movement.	Builds consumer advocate and activist networks and supports collective action.	Actively uses lived experience to raise awareness, challenge systemic problems, and engage in collaborative efforts.	Holds a deeper knowledge of the consumer movement's history, understanding the broader sociopolitical context and can analyse the strategies and contributions of key figures, their advocacy, alternatives and reforms.	Actively integrates inclusive practices to ensure that consumers feel valued and respected while facilitating opportunities for equitable participation and collaboration.	Utilises and contributes to consumer perspective knowledge and research to achieve outcomes for the consumer movement.
Lived experience leadership competency phase	Cultivates spaces for individuals to understand and reflect on their lived experience and models the values and practices of the consumer movement.	Cultivates consumer advocate and activist networks to share knowledge and power and inspires local and broad collective action.	Locates and harnesses their personal lived experience for strategic impact in a range of contexts.	Applies knowledge of key consumer movement historical moments and figures to key advocacy and activist initiatives, strategic reforms and mentoring processes.	Intentionally fosters opportunities for advocacy and activism that amplifies the voices of other consumers and promotes systemic change.	Seamlessly integrates research and advocacy and activism in leadership opportunities to achieve outcomes for the consumer movement.

Capability 2: Supporting Myself and Others: Supporting oneself and others while effecting change.							
Competencies	**Approaching advocacy and activism ethically**	**Supporting wellbeing and safety**	**Safe storytelling and witnessing**	**Applying trauma-informed principles to advocacy and activism**	**Being an ally to a diverse consumer community**	**Supporting cultural safety and social and emotional wellbeing**	**Facilitating lived experience and non-lived experience spaces**
Lived experience competency phase	Understands the basic principles of ethical advocacy, such as respect, inclusion, and honesty, but may require guidance to apply these values in real-world activism efforts.	Understands the importance of fostering a safe and supportive environment and knows how to reach out for support and/or to support oneself.	Understands safe storytelling principles and can develop and share their own story of their lived experience.	Understands the importance of trauma-informed principles and can apply basic concepts (e.g., such as safety, trust, and choice) when engaging in advocacy or activism.	Understands the importance of inclusivity and demonstrates a willingness to learn about the diverse consumer movement, including First Nations peoples, trans and gender-diverse people, culturally and racially marginalised groups, and disabled individuals.	Demonstrates foundational knowledge of cultural safety and responsiveness by recognising and respecting the unique cultures, histories, and social and emotional wellbeing frameworks of First Nations people.	Identifies the distinctions between lived and non-lived experience spaces and recognises the opportunities for influence and challenges such as discrimination, resistance to change, and inaccessible or different language.
Lived expertise competency phase	Applies and reflects on ethical principles consistently in advocacy and activism by navigating complex scenarios with integrity, balancing personal beliefs with the needs of the community.	Consistently applies strategies to enhance wellbeing and safety, identifying and addressing risks while fostering a culture of trust and care grounded in the values of the consumer movement.	Witnesses and validates the storytelling and testimony of others with lived experience in solidarity and without judgment.	Can integrate principles into advocacy and activism efforts to support personal and broader participation. Understands how to apply trauma-informed principles to advocacy and activism that may be high-stress and high-conflict.	Actively supports and privileges a diverse consumer community by applying inclusive practices, challenging discriminatory behaviours, and fostering an environment of mutual respect that respects and amplifies the voices.	Actively integrates cultural safety and responsiveness into advocacy practice by identifying risks of discrimination and applying culturally sensitive strategies in mental health advocacy.	Contributes to inclusive environments by addressing discrimination, adapting inaccessible language, and navigating resistance to enhance the safety and effectiveness of non-lived experience spaces.
Lived experience leadership competency phase	Models ethical advocacy and reflection by shaping strategies that uphold justice and equity, mentoring others in navigating ethical	While formally or informally leading initiatives, proactively supports the wellbeing and safety of all participants.	Creates mechanisms, opportunities and cultures for safe storytelling and witnessing in advocacy and activist contexts.	Leads efforts to implement trauma-informed principles to advocacy and activism, including through key strategies, policies	Leads (or chooses not to lead) initiatives that champion the diverse consumer movement, role modelling how to drive systemic change and coalition-building.	Embodies and champions cultural safety and responsiveness, leading (or not as appropriate) advocacy	Uses deep understanding and influence to bridge lived and non-lived experience spaces, including in legal, mental health, public

	dilemmas, and influencing broader systemic change responsibly.			and mentoring opportunities.		initiatives to dismantle systemic barriers and promote equitable mental health outcomes for First Nations peoples.	administration and media settings, with an ability to promote safety and utilise these spaces for impact.

Capability 3: Advocacy, Activism, and Advising: Understanding and executing strategies and tactics in advocacy, activism and advice.						
Competencies	Understanding advocacy, activism and advising in mental health	Understanding systems of power and oppression in mental health	Public speaking and presenting for change	Effective writing for different audiences (incl. research, policy, consumer and general audiences)	Utilising social and mainstream media for change	Lobbying government for mental health systems change
Lived experience competency phase	Understanding of advocacy, activism, and advising in mental health and the importance of lived experiences in shaping mental health reforms.	Identifies the fundamental types, forms, and spaces of power as they relate to mental health systems.	Understands where the opportunities for public speaking are and the importance of clear communication and delivering structured content to small, familiar audiences.	Understands the importance of effective writing based on audience and purpose.	Understands the basic functions of social and mainstream media platforms and can share content to raise awareness about a specific cause.	Understands basic concepts of government lobbying and mental health systems. Assists in preparing briefing materials.
Lived expertise competency phase	Applies a comprehensive knowledge of advocacy, activism, and advising in mental health by actively engaging with diverse stakeholders, analysing systemic challenges, exploring and applying a wide range tactics within a broader strategy.	Analyses and evaluates the dynamics of power in mental health systems and can identify strategies to address power imbalances based on their type, form and where they occur (space).	Delivers confident and engaging presentations, effectively tailoring messaging to the audience and consumer perspective knowledge and systems knowledge.	Produces clear, well-structured and tailored content for a variety of audiences, selecting the right balance between technical accuracy with impact and accessibility.	Strategically creates and tailors content for multiple media platforms to engage specific audiences, supporting a cause or campaign effectively.	Independently advocate for mental health reform by identifying key policy gaps, engaging with government representatives and other non-government representatives, and crafting persuasive arguments. Contributes to or leads the development of lobbying strategies with measurable impact.
Lived experience leadership competency phase	Leads advocacy and activist processes that actively engage diverse stakeholders, analyses	Leads systemic reform and activist efforts that deploys and shares a deep knowledge about	Crafts and delivers compelling speeches, grounded in consumer movement and	Crafts nuanced, memorable and highly impactful writing for multiple audiences that	Leads the design and implementation of comprehensive media strategies, leveraging	Influences mental health policy at the highest stages of government and Parliament through

systemic challenges, and exploring and applying a wide range of tactics within a broader strategy.	power systems and the strategies to address, transform and overcome them.	knowledge, driving action and support for systemic change across diverse, large-scale audiences.	advance key advocacy and activist issues and goals.	both social and mainstream media to drive meaningful, measurable change.	deep expertise, building strategic alliances, and driving significant systems change.

Capability 4: Creating Change and Reform: Understanding and impacting the major levers for systemic change.

Competencies	Understanding mental health policy	Using consumer perspectives for mental health policy change	Applying a human rights lens to mental health	Understanding, applying and critiquing recovery	Understanding co-design, co-production and other design approaches	Using systems thinking for mental health policy change
Lived experience competency phase	Demonstrates awareness of mental health policies and laws, including key terminology and general principles.	Understands the foundational concepts of consumer perspectives in mental health, including recognising its value as a unique discipline of expertise and leadership.	Understands human rights principles relevant to mental health services and systems.	Understands foundational concepts of recovery as a personal and non-linear process.	Understands co-design and co-production approaches.	Understands basic principles of systems thinking and identifies key components and relationships within the mental health system.
Lived expertise competency phase	Understands mental health policies and laws, independently analysing their implications and applying them to key advocacy and activist concerns.	Applies personal and collective lived experiences strategically, integrating consumer perspective theory to influence mental health policy discussions. Demonstrates the ability to advocate for systemic improvements by connecting individual experiences to broader policy objectives.	Understands key domestic and international human rights frameworks and their application to mental health systems and laws. Applies this knowledge to mental health practices to advance human rights of consumers.	Applies and critiques models of personal recovery to their own lived experience.	Applies foundational knowledge of co-design and co-production approaches to effectively contribute to collaborative design projects, and can critically distinguish co-design and co-production approaches from other design approaches.	Utilises systems thinking to evaluate interconnections within mental health services and system elements, and identifies leverage points for change.
Lived experience leadership competency phase	Demonstrates deep expertise in mental health policies and laws, advising others and driving policy design, interpretation and reform and is viewed as an expert within lived	Leads mental health policy reform through advanced application of consumer perspective. Uses and translates consumer perspectives to shape policy direction, and drive	Crafts and leads new and unique rights-based policy, research, service designs and advocacy strategies. Demonstrates a deep integration of human rights with policies,	Evaluates mental health services and policies through a critical application and evaluation of recovery.	Leads and innovates within co-design, co-production, and related design approaches, advancing best practices and influencing implementation across complex systems.	Leads advocacy and activist initiatives explicitly using systems, strategically assessing complex feedback loops, power dynamics, and long-term consequences to shape deep systems change.

	experience and non-lived experience spaces.	transformational change in the mental health system.	research, design and advocacy practices and strategies.			

Appendix 2: Training Gap Analysis

The below provides a summary of the gap analysis to identify where training may address the competencies developed in this framework. It is intended that this table be updated in response to member feedback about identified training.

Capability	Competencies	Training Available	Gaps
1. Being in a Movement	**1.1 Understanding 'lived experience' in a consumer movement**		
	Identifies that their lived experience of mental distress, trauma and the system is part of a broader collective movement called the consumer movement.	No identified training	Gap
	Understands and can critically reflect and share their understanding of their lived experience within the broader consumer movement.	No identified training	Gap
	Cultivates spaces for individuals to understand and reflect on their lived experience and models the values and practices of the consumer movement.	No identified training	Gap
	1.2 Networking and mobilising consumer movement members		
	Understands the value of and opportunity to network with fellow consumer advocates and activists.	No identified training	Gap
	Builds consumer advocate and activist networks and supports collective action.	Mass Trainings (Momentum Community) How to build a movement in a moment of the whirlwind (Momentum Community)	No Gap
	Cultivates consumer advocate and activist networks to share knowledge and power and inspires local and broad collective action.	No identified training	Gap
	1.3 Using lived experience in advocacy, activism, and advice-giving for change		
	Understands the importance of sharing personal lived experiences and the different areas where they may share these experiences.	Lived experience advocacy and representation (LELAN)	No Gap
	Actively uses lived experience to raise awareness, challenge systemic problems, and engage in collaborative efforts.	Lived experience advocacy and representation (LELAN)	No Gap
	Locates and harnesses their personal lived experience for strategic impact in a range of contexts.	Lived experience advocacy and representation (LELAN)	No Gap
	1.4 Understanding the history and figures in the consumer movement		
	Understands the foundations of the mental health consumer movement, recognising key milestones and influential figures.	No identified training	Gap
	Holds a deeper knowledge of the consumer movement's history, understanding the broader sociopolitical context and can analyse the strategies and contributions of key figures, their advocacy, alternatives and reforms.	No identified training	Gap
	Applies knowledge of key consumer movement historical moments and figures to key advocacy and activist initiatives, strategic reforms and mentoring processes.	No identified training	Gap
	1.5 Supporting and making space for other consumers		

	Awareness of the importance of supporting other consumers by acknowledging their experiences, needs and voices in shared spaces.	Beyond Supervision: Mentoring Lived Experience Workers (Lived Experience Australia)	No Gap
	Actively integrates inclusive practices to ensure that consumers feel valued and respected while facilitating opportunities for equitable participation and collaboration.	Beyond Supervision: Mentoring Lived Experience Workers (Lived Experience Australia)	No Gap
	Intentionally fosters opportunities for advocacy and activism that amplifies the voices of other consumers and promotes systemic change.	No identified training	Gap
	1.6 Understanding consumer perspective knowledge and research		
	Understands the foundational principles of consumer perspective knowledge and research, including its origins in Australia.	Beyond Supervision: Mentoring Lived Experience Workers (Lived Experience Australia)	No Gap
	Utilises and contributes to consumer perspective knowledge and research to achieve outcomes for the consumer movement.	Beyond Supervision: Mentoring Lived Experience Workers (Lived Experience Australia)	No Gap
	Seamlessly integrates research and advocacy and activism in leadership opportunities to achieve outcomes for the consumer movement.	No identified training	Gap
2. Supporting Myself and Others	**2.1 Approaching advocacy and activism ethically**		
	Understands the basic principles of ethical advocacy, such as respect, inclusion, and honesty, but may require guidance to apply these values in real-world activism efforts.	No identified training	Gap
	Applies and reflects on ethical principles consistently in advocacy and activism by navigating complex scenarios with integrity, balancing personal beliefs with the needs of the community.	No identified training	Gap
	Models ethical advocacy and reflection by shaping strategies that uphold justice and equity, mentoring others in navigating ethical dilemmas, and influencing broader systemic change responsibly.	No identified training	Gap
	2.2 Supporting wellbeing and safety		
	Understands the importance of fostering a safe and supportive environment and knows how to reach out for support and/or to support oneself.	Protecting yourself from emotional vulnerability and burnout (Lived Experience Australia) Looking after yourself (Lived Experience Australia) Self reflection and self evaluation without self flagellation (Lived Experience Australia)	No Gap
	Consistently applies strategies to enhance wellbeing and safety, identifying and addressing risks while fostering a culture of trust and care grounded in the values of the consumer movement.	No identified training	Gap
	While formally or informally leading initiatives, proactively supports the wellbeing and safety of all participants.	No identified training	Gap
	2.3 Safe storytelling and witnessing		

	Understands safe storytelling principles and can develop and share their own story of their lived experience.	Writing for Wellbeing (Lived Experience Australia) Sharing stories safely (LELAN) Safe Storytelling (Mental Health Coordinating Council) Introduction to Journaling (Being)	No Gap
	Witnesses and validates the storytelling and testimony of others with lived experience in solidarity and without judgment.	No identified training	Gap
	Creates mechanisms, opportunities and cultures for safe storytelling and witnessing in advocacy and activist contexts.	No identified training	Gap
	2.4 Applying trauma-informed principles to advocacy and activism		
	Understands the importance of trauma-informed principles and can apply basic concepts (e.g., such as safety, trust, and choice) when engaging in advocacy or activism.	Protecting yourself from emotional vulnerability and burnout (Lived Experience Australia)	No Gap
	Can integrate principles into advocacy and activism efforts to support personal and broader participation. Understands how to apply trauma informed principles to advocacy and activism that may be high-stress and high-conflict.	No identified training	Gap
	Leads efforts to implement trauma-informed principles to advocacy and activism, including through key strategies, policies and mentoring opportunities.	No identified training	Gap
	2.5 Being an ally to a diverse consumer community		
	Understands the importance of inclusivity and demonstrates a willingness to learn about the diverse consumer movement, including First Nations peoples, trans and gender-diverse people, culturally and racially marginalised groups, and disabled individuals.	Cultural Awareness (MHPOD) Culturally Sensitive Practice (MHPOD)	Possible Gap
	Actively supports and privileges a diverse consumer community by applying inclusive practices, challenging discriminatory behaviours, and fostering an environment of mutual respect that respects and amplifies the voices.	No identified training	Gap
	Leads (or chooses not to lead) initiatives that champion the diverse consumer movement, role modelling how to drive systemic change and coalition-building.	No identified training	Gap
	2.6 Supporting cultural safety and social and emotional wellbeing		
	Demonstrates foundational knowledge of cultural safety and responsiveness by recognising and respecting the unique cultures, histories, and social and emotional wellbeing frameworks of First Nations people.	No identified training	Gap
	Actively integrates cultural safety and responsiveness into advocacy practice by identifying risks of discrimination and applying culturally sensitive strategies in mental health advocacy.	No identified training	Gap
	Embodies and champions cultural safety and responsiveness, leading (or not as appropriate) advocacy initiatives to dismantle systemic barriers and promote equitable mental health outcomes for First Nations people.	No identified training	Gap
	2.7 Facilitating lived experience and non-lived experience spaces		

	Identifies the distinctions between lived and non-lived experience spaces and recognises the opportunities for influence and challenges such as discrimination, resistance to change, and inaccessible or different language.	Stigma and Discrimination (Being) Foundations of Committee Work (Being) Foundations of Effective Meetings (Being)	No Gap
	Contributes to inclusive environments by addressing discrimination, adapting inaccessible language, and navigating resistance to enhance the safety and effectiveness of non-lived experience spaces.	No identified training	Gap
	Deep understanding and influence to bridge lived and non-lived experience spaces, including in legal, mental health, public administration and media settings, with an ability to promote safety and utilise these spaces for impact.	No identified training	Gap
3. Advocacy, Activism, Advising	**3.1 Understanding advocacy, activism and advising in mental health**		
	Understanding of advocacy, activism, and advising in mental health and the importance of lived experiences in shaping mental health reforms.	Advocacy Skills for Peer Workers Webinar (Lived Experience Australia) Advocacy – Top Tips (Lived Experience Australia) How to be heard in advocacy (Lived Experience Australia) Preparing for Advocacy (Lived Experience Australia) Lived experience advocacy and representation (LELAN) Foundations of Co-Design (Being)	
	Applies a comprehensive knowledge of advocacy, activism, and advising in mental health by actively engaging with diverse stakeholders, analysing systemic challenges, exploring and applying a wide range tactics within a broader strategy.	Advocacy Skills for Peer Workers Webinar (Lived Experience Australia) Advocacy – Top Tips (Lived Experience Australia) How to be heard in advocacy (Lived Experience Australia) Preparing for Advocacy (Lived Experience Australia) Lived experience advocacy and representation (LELAN)	Possible Gap
	Leads advocacy and activist processes that actively engage diverse stakeholders, analyses systemic challenges, and exploring and applying a wide range of tactics within a broader strategy.	No identified training	Gap
	3.2 Understanding systems of power and oppression in mental health		
	Identifies the fundamental types, forms, and spaces of power as they relate to mental health systems.	No identified training	Gap
	Analyses and evaluates the dynamics of power in mental health systems, and can identify strategies to address power imbalances based on their type, form and where they occur (space).	No identified training	Gap
	Leads systemic reform and activist efforts that deploys and shares a deep knowledge about power systems and the strategies to address, transform and overcome them.	No identified training	Gap

	3.3 Public speaking and presentation for change		
	Understands where the opportunities for public speaking are and the importance of clear communication and delivering structured content to small, familiar audiences.	Strategic communication (LELAN)	Possible Gap
	Delivers confident and engaging presentations, effectively tailoring messaging to the audience and consumer perspective knowledge and systems knowledge.	No identified training	Gap
	Crafts and delivers compelling speeches, grounded in consumer movement and knowledge, driving action and support for systemic change across diverse, large-scale audiences.	No identified training	Gap
	3.4 Effective writing for different audiences (incl research, policy, consumer and general audiences).		
	Understands the importance of effective writing based on audience and purpose.	Strategic communication (LELAN)	No Gap
	Produces clear, well-structured and tailored content for a variety of audiences, selecting the right balance between technical accuracy with impact and accessibility.	Strategic communication (LELAN)	Possible Gap
	Crafts nuanced, memorable and highly impactful writing for multiple audiences that advance key advocacy and activist issues and goals.	No identified training	Gap
	3.5 Utilising social and mainstream media for change		
	Understands the basic functions of social and mainstream media platforms and can share content to raise awareness about a specific cause.	Advocacy Toolkit Webinar (WACOSS)	No Gap
	Strategically creates and tailors content for multiple media platforms to engage specific audiences, supporting a cause or campaign effectively.	Advocacy Toolkit Webinar (WACOSS)	Possible Gap
	Leads the design and implementation of comprehensive media strategies, leveraging both social and mainstream media to drive meaningful, measurable change.	No identified training	Gap
	3.6 Lobbying government for mental health systems change.		
	Understands basic concepts of government lobbying and mental health systems. Assists in preparing briefing materials.	Advocacy Toolkit Webinar (WACOSS) Unlocking the Power of Advocacy: Top Government Engagement Strategies for Community Directors (Institute of Community Directors Australia)	No Gap
	Independently advocate for mental health reform by identifying key policy gaps, engaging with government representatives and other non-government representatives, and crafting persuasive arguments. Contributes to or lead the development of lobbying strategies with measurable impact.	Advocacy Toolkit Webinar (WACOSS) Unlocking the Power of Advocacy: Top Government Engagement Strategies for Community Directors (Institute of Community Directors Australia)	No Gap
	Influences mental health policy at the highest levels of government and Parliament through deep expertise, building strategic alliances, and driving significant systems change.	Advocacy Toolkit Webinar (WACOSS) Unlocking the Power of Advocacy: Top Government Engagement Strategies for Community Directors (Institute of Community Directors Australia)	No Gap
	4.1 Introduction to mental health policy.		

4. Creating Change and Reform	Demonstrates awareness of mental health policies and laws, including key terminology and general principles.	Mental Health Policy and Consumer Perspectives (Centre for Mental Health Learning) International and National Mental Health Policy (MHPOD)	No Gap
	Understands mental health policies and laws, independently analysing their implications and applying them to key advocacy and activist concerns.	No identified training	Gap
	Demonstrates deep expertise in mental health policies and laws, advising others and driving policy design, interpretation and reform and is viewed as an expert within lived experience and non-lived experience spaces.	No identified training	Gap
	4.2 Using consumer perspectives for mental health policy change		
	Understands the foundational concepts of consumer perspectives in mental health, including recognising its value as a unique discipline of expertise and leadership.	Mental Health Policy and Consumer Perspectives (Centre for Mental Health Learning)	Possible Gap
	Applies personal and collective lived experiences strategically, integrating consumer perspective theory to influence mental health policy discussions. Demonstrates the ability to advocate for systemic improvements by connecting individual experiences to broader policy objectives.	No identified training	Gap
	Leads mental health policy reform through advanced application of consumer perspective. Uses and translates consumer perspectives to shape policy direction, and drive transformational change in the mental health system.	No identified training	Gap
	4.3 Applying a human rights lens to mental health		
	Understands human rights principles relevant to mental health services and systems.	Mental health care and Human Rights (MHPOD) Human Rights from the Top (Simon Katterl Consulting) Human Rights Model of Disability (DARU)	No Gap
	Understands key domestic and international human rights frameworks and their application to mental health systems and laws. Applies this knowledge to mental health practices to advance human rights of consumers.	Mental health care and Human Rights (MHPOD) Human Rights from the Top (Simon Katterl Consulting) Human Rights Model of Disability (DARU)	No Gap
	Crafts and leads on new and unique rights-based policy, research, service designs and advocacy strategies. Demonstrates a deep connection between policies, research, designs, advocacy strategies and human rights laws and norms.	No identified training	Gap
	4.4 Understanding, applying and critiquing recovery		
	Understands foundational concepts of recovery as a personal and non-linear process.	Thinking about Psychosis: Understandings that support recovery-oriented practice (Centre for Mental Health Learning) Citizenship and recovery (MHPOD)	No Gap

	Applies and critiques models of personal recovery to their own lived experience.	No identified training	Gap
	Evaluates mental health services and policies through a critical application and evaluation of recovery.	No identified training	Gap
	4.5 Understanding co-design, co-production and other design approaches		
	Understanding and awareness of co-design, co-production approaches.	Representing lived experience in co-design (LELAN) Foundations of co-design (Being)	No Gap
	Applies foundational knowledge of co-design and co-production approaches to effectively contribute to collaborative design projects, and can critically distinguish co-design and co-production approaches from other design approaches.	No identified training	Gap
	Leads and innovates within co-design, co-production, and related design approaches, advancing best practices and influencing implementation across complex systems.	No identified training	Gap
	4.6 Using systems thinking for mental health policy change.		
	Understands basic principles of systems thinking and identifies key components and relationships within the mental health system.	Systemic Advocacy (DARU)	Possible Gap
	Utilises systems thinking to evaluate interconnections within mental health services and system elements, and identifies leverage points for change.	No identified training	Gap
	Leads advocacy and activist initiatives explicitly using systems, strategically assessing complex feedback loops, power dynamics, and long-term consequences to shape deep systems change.	No identified training	Gap

Appendix 3: Desktop Review Results (Training Available)

The below provides current training that is available to the consumer workforce, consumer advocates and consumer activists. Due to time and resource constraints, this list does not assess the quality of this training or whether it aligns with the values of this framework. Training may be removed or notes updated in response to different feedback and experiences MHLEPQ members have when they undertake that training. Online self-paced training has been prioritised as in-person training is variable in its offering and that this training is often contingent on being in particular states or territories.

Course (Organisation and link)	Description	Possible Competencies	Intended Audience	Notes
Beyond Supervision: Mentoring Lived Experience Workers (**Lived Experience Australia**)	Liz Asser explores going beyond supervision in the lived experience (LE) workforce. Supervision is accepted as a means of supporting and building capacity for reflective practice and continuous improvement. LE Expertise is needed at all levels of an organisation. With expectations clearly articulated in policy and funding documents, LE expertise is needed at all levels of an organisation. So how do we support AND mentor LE Workforce members to become leaders, representatives, and informed contributors at the executive and strategic governance levels? What does LE Governance look like and how do we maintain commitment to the values of what it means to be Peer?	Supporting and making space for other consumers	Lived experience leaders (consumers, families and carers)	Webinar that runs for 51 minutes. $5.50 payment.
Advocacy Skills for Peer Workers Webinar (**Lived Experience Australia**)	This webinar provides an overview of key advocacy skills that support peer workers or lived experience workers in their role. Presented by Darren Jiggins, Lived Experience Australia and Lizzie Graham, LEWP Mental Health Coalition of SA In this webinar, Darren and Lizzie talk about the application of advocacy skills to the peer work role in the contexts of self-advocacy for the role, advocacy for those we journey alongside and advocating within our organisations for change.	Understanding advocacy, activism and advising in mental health	Peer workers (consumers, families and carers)	Webinar that runs for one hour.
Protecting yourself from emotional vulnerability and burnout (**Lived Experience Australia**)	Feeling vulnerable and emotionally exposed or taken advantage of in your roles as mental health advocates sadly is a very common experience, and potentially emotionally triggering for many. Add to the emotional triggers a feeling of fatigue and exhaustion and you could have a very dangerous combination of excess mental load topped off with emotional flooding. Terms such as burnout, moral injury, and moral distress are often used to describe distress in clinicians and more broadly health care settings, but what about those that are working alongside clinicians in health and community settings to improve the same systems that clinicians and others work within?	Supporting wellbeing and safety Applying trauma-informed principles to advocacy and activism	Lived experience advocates (consumers, families and carers)	Webinar that runs for 43 minutes.

Advocacy Skills Videos and Tip Sheets (Lived Experience Australia)	These five advocacy skills videos and tip sheets provide consumers, families and carers with the skills to advocate for individual and organisational changes in mental health. Topics covered include: 1. Looking after yourself 2. Briefing and debriefing 3. Keeping the enthusiasm going 4. Reflection and evaluation 5. Advocacy and the organisation	Lobbying government for mental health systems change	Lived experience advocates (consumers, families and carers)	
Writing for Wellbeing (Lived Experience Australia)	"We should write because it is human nature to write. Writing claims our world. It makes it directly and specifically our own. We should write because humans are spiritual beings and writing is a powerful form of prayer and meditation, connecting us both to our own insights and to a higher and deeper level of inner guidance as well... We should write because writing is good for the soul... We should write, above all, because we are writers whether we call ourselves writers or not." Julia Cameron The Right to Write. An interactive writing workshop with a difference. An opportunity to connect to self and others through a series of playful, guided writing activities. This is collaborative story-weaving at its' most innovative.	Safe storytelling & witnessing	Lived experience leaders and emerging leaders	Webinar that runs for 52 minutes.
The Power of Mentoring (Lived Experience Australia)	In this webinar you are given insights into how to find a mentor, be a great mentor and learn from a mentor as a mentee. This webinar aims to inspire you in your daily lives and give you some new inspiration as we move into a new year. Mentorship builds a strong sense of belonging, non-judgemental guidance, understanding and peer to peer lived experience support. Hosted by Simone Allan, Founder of The Mentor Evolution.	Supporting and making space for others	Lived experience mentors and mentees	Webinar that runs for 57 minutes.
Advocacy – Top Tips (Lived Experience Australia)	This webinar provides an overview of key advocacy tips for people with a lived experience of mental illness or mental health issues, families and carers: 1. Be prepared and plan 2. Be aware of emotional triggers 3. Communicate effectively 4. Ensure briefing before and debriefing afterwards 5. Look after yourself 6. Evaluate and self-reflect Join Christine Kaine (Carer) as she explores top advocacy tips to support your individual and organisational advocacy efforts.	Understanding advocacy, activism and advising in mental health	Lived experience advocates (consumers, families and carers)	Webinar that runs for 34 minutes

Looking after yourself (**Lived Experience Australia**)	Many of us know the saying 'you can't drink from an empty cup' and Peter Farrugia from Flourish Australia, will share his vision of what it is like to advocate for others, while also looking after your own needs and "not feeling guilty about it". LEA is keen to share this approach with consumers, carers and families because looking after ourselves first is the best way we can support others. In this video, as Peter inspires us all to engage in advocacy roles with the best outcomes for all.	Supporting wellbeing and safety	Lived experience advocates (consumers, families and carers)	Webinar that runs for 44 minutes
How to be heard in advocacy (**Lived Experience Australia**)	Mark Chenery, from Common Cause Australia, has worked with dozens of organisations on values-based communications as an expert in this field. His background includes advertising and journalism and heading up the community engagement program of an international human rights organisation in Australia. Mark is an inspiring speaker, LEA is excited to be able to share his insights for you to support you in finding your voice and being heard.	Understanding advocacy, activism and advising in mental health	Lived experience advocates (consumers, families and carers)	Webinar that runs for 45 minutes
Preparing for Advocacy (**Lived Experience Australia**)	Sarah Sutton is a recognised national leader in consumer and carer advocacy. Sarah is a Psychologist who is also a well respected carer spokesperson. This webinar will give you insights into the experience of a long term advocate. Sarah will discuss the purpose of briefing and debriefing and this can help you to be a more effective spokesperson and advocate.	Understanding advocacy, activism and advising in mental health	Lived experience advocates (consumers, families and carers)	Webinar that runs for 46 minutes
Self reflection and self evaluation without self flagellation (**Lived Experience Australia**)	Lorraine Powell has been a passionate consumer and carer advocate, and was one of the first people in Australia to complete the Mental Health Peer Work Certificate IV. Lorraine has just been appointed as the WA representative for LEA and brings with her many years of experience promoting and presenting on the topic of self reflection and self evaluation within consumer and carer teams. Lorraine share her experiences with you, and Darren, in this webinar.	Supporting wellbeing and safety	Lived experience advocates (consumers, families and carers)	Webinar that runs for 47 minutes
Mental Health Policy and Consumer Perspectives (**Centre for Mental Health Learning**)	What is mental health policy? How does it work, or not work? Has mental health policy bettered the lives of people with lived experience? As consumer workers, we work in imperfect mental health systems. These systems continue to limit and sometimes breach human rights. Importantly, these systems were not designed by consumers. If you are reading this, you may want to change the mental health system. This e-learning course aims to give people with a lived experience of Victorian public mental health services a foundational knowledge about mental health policy and considerations for involvement in reform activities. Victoria's mental health system is undergoing many reform processes. Consumers and consumer workers are being pulled into a range of different consultations. This is both an opportunity and a risk. Sometimes the policy processes government and	Introduction to mental health policy Using consumer perspectives for mental health policy change	Consumer advocates and workers	E-learning module that runs for approximately 60 minutes.

	other organisations run are not effective in hearing from consumers and are not safe. Opportunities exist now, but the window for influencing policy may close in 2-3 years...			
Thinking about Psychosis: Understandings that support recovery-oriented practice (Centre for Mental Health Learning)	How people make sense of and find meaning in their experiences directly influences their recovery journey. For consumers and clinicians alike, embracing alternative understandings enables connection and contributes to positive recovery experiences. This course brings together diverse perspectives and contemporary explanatory frameworks, challenging preconceptions and offering new opportunities for understanding and collaboration. It seeks to build a new understanding of psychosis for mental health nurses, moving away from psychosis as an un-understandable, biologically determined phenomenon with low expectations for people to recover. Learners move towards understanding psychosis as a meaningful, understandable, and likely experience of personal recovery. The course has been broken into four modules. These modules are not separate entities, they just provide you with manageable bite - size portions to make it easier for you to get through the content in your own time, in a way that makes sense. • **Module 1:** Introducing Explanatory Frameworks & The Hearing Voices Movement • **Module 2:** Trauma Neurology and Psychosis • **Module 3:** Psychological Understandings • **Module 4:** Dissociachotic and Final Reflections	Understanding, applying and critiquing recovery for change	Mental health workforce	Webinars run for approximately 3 hours.
Citizenship and recovery (MHPOD)	The rights and responsibilities of citizenship are available to all members of our society. Many people who experience mental illness or have had contact with mental health services, find their citizenship status restricted as a result of these experiences. For many, recovery involves a full restoration of citizenship. This topic explores how mental health practitioners and services can work with consumers to recognise and address barriers, and find pathways to the full rights and responsibilities of citizenship.		Mental health workforce	E-Learning Module (time undefined) Note: Unclear that this comes from a consumer perspective.
Consumer Identity and Advocacy (MHPOD)	'Consumer participation' is a familiar phrase in mental health settings, incorporating several conceptual, ethical, political and practical challenges that need unpacking. Today, consumer participation is formally recognised in a range of Australian mental health policies at national, state and territory levels. This topic unpacks consumer language and identity issues, and outlines the types and key characteristics of systems-level consumer participation.	Understanding 'lived experience' in a consumer movement	Consumer advocates and workers	E-Learning Module (time undefined)
Cultural Awareness (MHPOD)	Learn how broad aspects of culture influence the clinical relationship, the understanding of mental disorder and the impact of disorders on individuals, families and communities.	Being an ally to a diverse consumer community	Mental health workforce	E-Learning Module (time undefined)

				Note: This might not speak to allyship.
Culturally Sensitive Practice (MHPOD)	This topic aims to equip practitioners with practical strategies for working with CALD (people from culturally and linguistically diverse backgrounds) consumers and their families. It addresses a community development approach to understanding how different CALD communities understand and manage mental illness, allowing mental health workers and services to better understand the specific needs of CALD consumers and communities. This topic should be completed in conjunction with its sister topic Cultural Awareness.	Being an ally to a diverse consumer community	Mental health workforce	E-Learning Module (time undefined) Note: This might not speak to allyship.
International and National Mental Health Policy (MHPOD)	This topic introduces these frameworks and shows their impact on our everyday practice. Australia's recognition of the rights of people with mental illness and the shift this has caused in policy, services and individual care is one key example.	Introduction to mental health policy	Mental health workforce	E-Learning Module (time undefined)
Legislation and mental health practice (MHPOD)	Mental health law exists first to ensure that people with a mental illness are provided with appropriate treatment and care, and second to enable the protection of individuals and others from the impact and/or consequences of mental illness. This topic will assist workers to understand key aspects of Australian legislation, both legislation specific to mental health and other legislation applicable to public mental health services.	Introduction to mental health policy	Mental health workforce	E-Learning Module (time undefined)
Mental health care and Human Rights (MHPOD)	This topic explores human rights in relation to mental health practice and helps contextualise contemporary policy and legal developments that are investigated in other MHPOD topics	Applying a human rights lens to mental health	Mental health workforce	E-Learning Module (time undefined)
Mental Health Care for Indigenous Australians (MHPOD)	This topic explores social and emotional wellbeing as it relates to Indigenous Australians, how it relates to mental health and why the distinction is important. The topic also considers how mental health professionals can play a role in supporting and promoting social and emotional wellbeing for Indigenous Australians.	Being an ally to a diverse consumer community	Mental health workforce	E-Learning Module (time undefined)
Mental Health Service System; the Organisation (MHPOD)	This topic identifies the core components of the mental health service system and their functions, and the range of ways each element might be delivered. The nongovernment and private mental health sectors are also discussed, as they are key partners in providing comprehensive care, together with other health and welfare services.		Mental health workforce	E-Learning Module (time undefined)
MH peer workforce within the broader MH system (MHPOD)	Peer contributions to the field of mental health are made through direct support (both within and alongside traditional mental health services), education, research, representation and advocacy. This topic explores the depth and breadth of these roles, and assists mental health practitioners to recognise and support best practice in peer work.		Mental health workforce	E-Learning Module (time undefined)
Reducing and eliminating seclusion and restraint (MHPOD)	Reduction of the practices of seclusion and restraint in mental health services is a national endeavour, requiring leadership, cultural change, and skills development for all practitioners. The use of seclusion or restraint can be traumatic for all involved, and has enduring negative effects. This topic explores the legal, ethical and safety issues related to seclusion and restraint. It assists mental health		Mental health workforce	E-Learning Module (time undefined)

	practitioners to develop the skills required to respond to distress in ways that avoid the use of these practices.			
Cultural Capability for Mental Health (Queensland Centre for Mental Health Learning)	The Cultural Capability for Mental Health eLearning module aims to provide mental health clinicians with a better understanding of the cultural needs and social and emotional wellbeing of Aboriginal and Torres Strait Islander people. The program embeds a recovery-focused, trauma-informed approach; identifies needs across the continuum of care, from emergency departments to community; and introduces participants to methods for applying a cultural lens in clinical practice, with an emphasis on culturally capable mental health assessment. This module gives you the basis to work on your life-long cultural learning journey.	Being an ally to a diverse consumer community	Mental health workforce	E-learning module that runs for 1 hour and $50 fee.
Sharing stories safely (LELAN)	Using our lived experience to combat stigma and shame, advocate for change, and inspire hope can be empowering. When shared for a purpose our story is a powerful tool that helps us connect with others and offer insight. Sharing stories safely learning outcome: You will have the tools to share your story on your own terms while considering the safety of yourself and others.	Safe storytelling and witnessing.	Consumer workforce and advocates	E-learning module (time undefined)
Opportunities for influence! (LELAN)	Whether we are wanting to write a blog, sit on a committee or give a talk at a public event, there are many different ways that we can use our lived experience to affect change. Each strategy has its own considerations and will require different skills. It can be overwhelming trying to figure out where to put your energy. Opportunities for learning outcome: Participants will have an understanding of the mental health sector and services and the ways that lived experience leaders can have influence within the mental health sector.	Applying a human rights lens to mental health	Consumer workforce and advocates	E-learning module (time undefined)
Representing lived experience in co-design (LELAN)	Increasingly terms like co-design and co-production are being used by services and organisations to describe the way they include people with lived experience in program design, but it's not always clear what it means. When participants understand the core principles of co-production and know what best practice looks like they are better able to prepare for participating in co-production and more empowered to contribute to the process successfully. Participating in co-design learning goals: 1. Participants will have an understanding of the value and the values of co-design and co-production and the different types of consultation. 2. Participants will have strategies for addressing power in authentic co-design and co-production.	Understanding co-design, co-production and other design approaches Understanding 'lived experience' in a consumer movement	Consumer workforce and advocates	E-learning module (time undefined) Note: Might not cover co-production, human centered design and other design methodologies.
Lived experience advocacy and representation (LELAN)	Advocacy undertaken by people with lived experience is important because we are the people most impacted by the outcomes, but when we take on representative roles, we are advocating for more than our own interests. Advocacy and representation learning goals:	Understanding advocacy, activism and advising in mental health	Consumer workforce and advocates	E-learning module (time undefined)

	1. Participants will be able to use their lived experience, and the theoretical underpinnings of the lived experience movement to develop their advocacy message. 2. Participants will have strategies for using their lived experience in advocacy and representation at different levels.	Understanding 'lived experience' in a consumer movement		
Strategic communication (LELAN)	People with lived experience have unique perspectives and expertise to contribute however, it can be a challenge to get the right people to listen. Having communication strategies that are tailored to the audience can increase the chances of being heard. Equally, having strategies that help us maintain our resilience in the face of setbacks is important as persistence is usually necessary. Strategic Communication learning outcome: Participants will have practical strategies to assist in successful and respectful negotiation and communication, when it matters.	Public speaking and presentation for change Effective writing for different audiences (incl research, policy, consumer and general audiences).	Consumer workforce and advocates	E-learning module (time undefined) Note: Unclear if this will address public speaking and presentation competencies.
Understanding policy (LELAN)	Policies can feel removed or irrelevant to our daily experiences but they provide guidance, consistency, accountability, efficiency and clarity on how something operates. Good quality policy can be a useful tool in our work and knowing how to read, use, and develop quality policy is an important skill for leaders. Understanding policy learning outcome: You will understand how to read and contribute to quality policy and use it to support your position. Please note, this training is based on South Australian Mental Health Policy, however the strategies and explenations will be relevant to anyone wanting to know more about how to use Policy.	Introduction to mental health policy	Consumer workforce and advocates	E-learning module (time undefined)
Foundational knowledge for Lived Experience workforce development (Lived Experience Training)	Provides critical understanding to underpin an evidence informed approach to workplace cultural change management, and practical steps towards embedding Lived Experience workforces	Understanding 'lived experience' in a consumer movement	Consumer workforce and advocates	Mixed learning. Classes not currently available. 2.5 hours.
Human Rights from the Top (Simon Katterl Consulting)	Embed human rights from the top A course focused on governance, service design and operations. Human Rights from the Top helps mental health board members, executives and leaders to apply a human rights lens to all of their work to transform mental health services.	Applying a human rights lens to mental health	Mental health workforce – leadership positions	Online self-paced course (approximately 3 hours) - $150 fee.
Mass Trainings (Momentum Community)	Dani Moscovitch and her team at IfNotNow have been wrestling with these questions, and figuring out how a mass training program can address them: • How do we give people access to transformative experience and leadership development at scale?	Networking and mobilising consumer movement members	All activists (not mental health specific)	Webinar that runs for approximately 90 minutes

	• How do we allow people to self-organize and act autonomously and without waiting for permission from a centralized group - without losing sight of our goal or our unified theory of change? • How do we do hard core, meaningful leadership development for thousands of people without staffing up or centralizing control? In this webinar, Dani describes IfNotNow's mass training program, how it allowed them to bring in thousands of new volunteers in a 'moment of the whirlwind'—the moments when you're no longer organizing within a structure and the movement is taking on a life of its own, core features of how to build your own, and mistakes they made that you should avoid.			
How to build a movement in a moment of the whirlwind (Momentum Community)	The Movement for Black Lives has made what many thought impossible, possible. Cities across the country are seriously considering defunding the police. Minneapolis city council members have committed to **disbanding the police department**, a testament to the power built by **BLVC** and the movement. Los Angeles is **cutting their police budget by $100-150 million** and reinvesting the money in communities of color. And hundreds of thousands are taking to the streets in cities across the world to confront white supremacy inherent in our institutions and systems. We're seeing tremendous, unprecedented opportunity before us to reimagine a world without police, where community needs are met without police violence. **What's this webinar about?** This webinar answers three major questions about the uprisings for Black lives in the summer of 2020: 1. Are the protests working? How can we tell if the movement is winning? 2. How long will the energy last? What can we do to support the movement? 3. Tons of people are being activated - what do we do with them? We break down how mass protest works, how movements build momentum by using moments of crisis to spotlight issues, craft demands, reframe the fight, continue to grow and sustain, and more. You can read more lessons on demands and metrics for movements on this Medium article as well: Movement Lessons to #DefundThePolice	Networking and mobilising consumer movement members	All activists (not mental health specific)	Webinar that runs for approximately 90 minutes
Advocacy Toolkit Webinar (WACOSS)	Take a deep dive into our recently updated Advocacy Toolkit, learn the tools and tips for feeling more empowered to make change with in your communities for the better. In this webinar we discuss advocacy and why it's important, how to use media coverage to your advantage, communicating effectively with government, and how to maximise your impact on social media.	Networking and mobilising consumer movement members Lobbying government for mental health systems change.	All activists (not mental health specific)	48 minute webinar.
Unlocking the Power of Advocacy: Top Government Engagement	In the ever-evolving landscape of Australian community organisations, understanding and mastering government engagement is an essential skill for community directors. Join us on March 19, 2024, for an insightful webinar	Lobbying government for mental health systems change.	All company directors (not mental health specific)	50 minute webinar. $110 fee.

Strategies for Community Directors (Institute of Community Directors Australia**)**	presented by Tanck co-founder and Executive Director Angus Crowther and Tanck Senior Associate, Rory Parker, who will share invaluable strategies for effective advocacy.			
Human Rights Model of Disability (DARU**)**	The concept that all human beings are born free and equal in dignity and rights is not new. However, it has taken time for that concept to translate to how we treat and include people with disability in everyday life. In this course we will: • Explain the concept of human rights • Introduce the human rights model of disability and how it advances the rights of people with disability • Explain how the human rights model builds on and extends the social model of disability • Explain some of the key differences between the human rights model and the social model of disability • Explain why the medical and charitable models of disability are not consistent with human rights principles.	Applying a human rights lens to mental health	Disability advocates (not mental health specific)	E-Learning Module (time undefined)
Systemic Advocacy (DARU**)**	Systemic advocacy is all about creating positive change for many people. This course is all about ways that we can create this positive change for people with disability. Not just one on one individual change, but change to systems and processes that can have a profound and positive effect for many people. **On completing this course, learners will know:** • What is systemic advocacy and why do we do it. • How to break down systemic problems, and developing tangible asks to solve that problem. • Understanding who "targets" are, who are the people that influence them, and how to reach them. • An understanding of parliamentary and government processes. • How to develop effective advocacy activities and tactics that can create change.	Using systems thinking for mental health policy change.	Disability advocates (not mental health specific)	E-Learning Module (time undefined)
Advocacy at the Intersections (DARU**)**	Welcome to Advocacy at the Intersection course. In this course you will learn how to advocate for LGBTIQA+ people with a disability. The course looks at common terms and language used in LGBTIQA+ community, intersectionality and the common issues effecting LGBTIQA+ people with disabilities and how to create a more inclusive environment for LGBTIQA+ people with disabilities.	Being an ally to a diverse consumer community.	Disability advocates (not mental health specific)	E-Learning Module (time undefined)
Safe Storytelling (Mental Health Coordinating Council**)**	The Safe Storytelling online workshop teaches participants about purposeful, meaningful and sustainable storytelling, which can help guide interactions that require shared storytelling of lived experience. Participants will be given the chance to craft their own purposeful story and be equipped with the knowledge to understand safe disclosure.	Safe storytelling and witnessing.	Consumer workforce and advocates	E-Learning Module (time undefined) $150.00 fee

	This workshop will support learning for those who directly use storytelling in their role.			
Mental Health Advocacy ([Being](#))	The Mental Health Advocacy e-Learning course aims to provide learners with introductory level skills and knowledge related to mental health advocacy and provide tools to voice rights, needs and concerns. Learners will understand the advocacy process and build the confidence to advocate on behalf of themselves and others. This course is suitable for any individual seeking to explore the advocacy process. This course is suitable for all learning levels. Duration: 1.5 – 2 hours What will you learn? Lesson 1: Introduction to Advocacy Lesson 2: Underpinning Values and Principles Lesson 3: Advocacy Types and Examples Lesson 4: The Peer-Advocacy Process	Understanding advocacy, activism and advising in mental health	Consumer workforce and advocates	E-Learning Module (1.5-2 hours)
Introduction to Journaling ([Being](#))	The Introduction to Journaling e-Learning course aims to guide you through the foundational aspects of developing a regular journaling routine. Learners will gain valuable insight into both the physical and mental health benefits of journaling and develop valuable skills for emotional resilience and self-expression. This course is suitable for any individual seeking to explore the art and benefits of journaling. Whether you are a beginner with no prior experience in journaling or someone looking to deepen your existing practice, this course is suitable for all learning levels. What will you learn? Lesson 1: Understand Journaling Lesson 2: Benefits and Barriers Lesson 3: Methods and Formats Lesson 4: The Structured Journaling Approach	Safe storytelling and witnessing.	Consumer workforce and advocates	E-Learning Module (1.5-2 hours)
Stigma and Discrimination ([Being](#))	The Stigma and Discrimination (mental health) e-learning course aims to provide learners with introductory level skills and knowledge relevant to mental health related stigma and discrimination. Learners will understand the causes and impacts of mental health stigma and discrimination and feel empowered to take action. This course is suitable for any individual seeking to explore the concepts of stigma and discrimination. This course is suitable for all learning levels. What will you learn? Lesson 1: Understanding Stigma and Discrimination	Facilitating lived experience and non-lived experience spaces	Consumer workforce and advocates	E-Learning Module (1-1.5 hours)

	Lesson 2: Lived Experience Perspectives Lesson 3: Causes and Impacts Lesson 4: Measures of Hope			
Foundations of Co-Design (Being)	The Foundations of Co-Design e-Learning course provides introductory level skills and knowledge relating to ethical consumer-led co-design processes. The aim of this course is to promote an understanding of most promising practice for Lived Experience Engagement, within the NSW mental health sector. This course is suitable for any individual and is designed to be beneficial for mental health consumers, their carers, and/or professionals working in co-design or mental health related fields. What will you learn? Lesson 1: Lived Experience Engagement Lesson 2: Most Promising Practice Lesson 3: Co-Design Blueprints Lesson 4: Overcoming Co-Design Challenges	Facilitating lived experience and non-lived experience space Understanding co-design, co-production and other design approaches	Consumer workforce and advocates	E-Learning Module (1.5-2 hours) Cost $110.00 with possible discounts.
Foundations of Effective Meetings (Being)	The Foundations of Effective Meetings e-Learning course provides introductory level skills and knowledge relating to effective participation in meetings. Learners will understand the characteristics of effective meetings, what to expect as a meeting participant and how to contribute successfully as a meeting participant. This course is suitable for any individual and is designed to be beneficial for mental health consumers, their carers, and/or professionals working in mental health related fields. What will you learn? Lesson 1: Introduction to Meetings Lesson 2: Before the Meeting Lesson 3: During the Meeting Lesson 4: After the Meeting Lesson 5: Group Dynamics Lesson 6: Meeting Challenges and Solutions	Facilitating lived experience and non-lived experience space	Consumer workforce and advocates	E-Learning Module (2-2.5 hours) Cost $110.00 with possible discounts.
Foundations of Committee Work (Being)	The Foundations of Committee Work e-Learning course provides introductory level skills and knowledge relating to effective participation in committees. At the end of this course learners will understand the formats, structures, and governance of committees, and how to contribute successfully as a committee member and/or a Lived Experience representative. This course is suitable for any individual and is designed to be beneficial for mental health consumers, their carers, and/or professionals working in mental health related fields.	Facilitating lived experience and non-lived experience space	Consumer workforce and advocates	E-Learning Module (2.5h-3 hours) Cost $140.00 with possible discounts.

	What will you learn? Lesson 1: Introduction to Committees Lesson 2: Committee Governance Lesson 3: Legal and Ethical Obligations Lesson 4: Becoming a Committee Member Lesson 5: Lived Experience Representatives Lesson 6: Lived Experience Advocacy			

Certificate IV in Mental Health Peer Work

Though not included in the gap analysis because the course does not meet the search criteria, the CERT IV in Mental Health Peer Work may provide training that is responsive to the competencies in this framework. Pricing structures vary according to states and tertiary institutions. Core subjects included within the Australian Government's Australian Qualification's Framework include:

- CHCDDIV001 – Working with diverse people
- CHCMHS007 – Working effectively in trauma informed care
- CHCMHS008 – Promote and facilitate self-advocacy
- CHCMS011 – Assess and promote social, emotional and physical wellbeing

- CHCPWK001 – Applying peer work practices in the mental health sector
- CHCPWK002 – Contribute to the continuous improvement of mental health services
- CHCPWK003 – Apply lived experience in mental health peer work
- HLTWS001 – Participate in workplace health and safety.

Other electives include:

- CHCADV001 – Facilitate the interests and rights of clients
- CHCADV002 – Provide advocacy and representation services
- CHCADV005 – Provide systems advocacy services
- CHCAGE001 – Facilitate the empowerment of older people
- CHCCDE004 – Implement participation and engagement strategies
- CHCCDE006 – Work to empower Aboriginal and/or Torres Strait Islander communities
- CHCCDE007 – Develop and provide community projects
- CHCCDE008 – Support community action
- CHCDEV002 – Analyse impacts of sociological factors on clients in community work and services
- CHCDIS007 – Facilitate the empowerment of people with disability

- CHCDIS008 – Facilitate community participation and social inclusion
- CHCDIV002 – Promote Aboriginal and/or Torres Strait Islander cultural safety
- CHCPOL001 – Contribute to the review and development of policies
- CHCPRP001 – Develop and maintain networks and collaborative partnerships
- BSBCMM401 – Make a presentation
- BSBINM201 – Process and maintain workplace information
- BSBRES401 – Analyse and present research information.

Precautionary Note on CERT IV

We recognise and support the issues raised by the Queensland Lived Experience Workforce Network (**QLEWN**) concerns about the CertIV in Peer Work. They state:

'We acknowledge that currently the only formal vocational qualification for Peer Workers is the Certificate IV in Mental Health Peer Work (MHPW). This qualification and its delivery have been problematic for students, LE workforce, and industry for several years.'

QLEWN identified that there were several elements that were now outdated given the evolution of the lived experience workforce and emphasised the importance of teachers of the CERTIV having a connection to broader lived experience movements.

Appendix 4: Advice on Module on "Developing, discovering and owning my own story"

Recommendation

This report recommends:

Further develop training on safe storytelling and witnessing

MHLEPQ should commission or design further training on the competency of Safe Storytelling and Witnessing, having regard to the further advice in Appendix 4.

Further advice

The co-design team sought to not over-prescribe the design of this training. The advice has focused on the 'phase' at which the training (focused on 'lived experience', 'lived expertise' or 'lived experience leadership'), the principles and considerations for modality of the training. The group chose not to prescribe learning outcomes but instead leave that to MHLEPQ and whomever they work with to determine this.

Training should focus on lived expertise and lived experience leadership

The gap analysis identifies existing training at the lived experience phase. Therefore, training should focus on people seeking safe storytelling and witnessing at the lived expertise and lived experience leadership phases. These are:

Lived expertise

Witnesses and validates the storytelling and testimony of others with lived experience in solidarity and without judgment.

Lived experience leadership

Creates mechanisms, opportunities and cultures for safe storytelling and witnessing in advocacy and activist contexts.

The training should seek to not replicate existing training identified in the gap analysis and prioritise these lived expertise and lived experience leadership phases. Even though the training should aim at these phases, it should not preclude people or require that they have completed prior training. Co-design members highlighted the value of multi-generational and multi-phase information and knowledge sharing in spaces such as this training.

Principles

This advice reminds of the importance that the principles in this report are embedded in the design process for this training. The principles are:

- **Cultural Safety, Self-Determination and Social and Emotional Wellbeing –** advocacy and activism should ensure that First Nations history, advocacy, self-determination, sovereignty and ways of knowing and being, including as it relates to spirit, family and

kinship systems, Country and philosophy, love, religion, and law are honoured and respected

- **Equity –** advocacy and activism should ensure that people with a diversity of experiences, including language, culture, sexuality, gender, disability, sex characteristics, migration status, class, geography, should enjoy fair treatment and outcomes from government policy and the mental health system
- **Solidarity with the Consumer Movement –** understanding that all consumer advocates and activists have responsibilities to one another and to collective goals.
- **Social Justice and Human Rights –** all work is underpinned by a radical and uncompromising approach to social justice and human rights, including on issues of responsive services, coercion and access to voluntary and diverse supports.
- **Doing in Relationship –** doing our advocacy with fellow consumer advocates and activists, as well as the land, and waters, in ways that create and preserve relationships based on mutuality, hope and belonging.

These principles should inform the design of the training and how it is delivered to and with MHLEPQ members.

Modality

Hearing and discussing personal stories of lived experience can be rewarding, powerful and opportunities for meaning-making, but can also be triggering and difficult. The group encouraged the designers of this training to consider the importance of trauma-informed approaches when selecting the training. A safe environment is critical to developing skills around safe storytelling and witnessing. Achieving this may involve intentional thinking about what elements of training may be online and what elements might in person, acknowledging that access in regional settings and accessibility will also be considerations.

The other advice from the group was that modality should be that which most enables participants to realise the learning outcomes. In that sense, form should meet the function of the training.

Facilitator

The facilitator should be someone who has lived experience and has worked in the consumer workforce for several years. The facilitator should be someone who understands the broader consumer movement and the advocacy that has taken place and is taking place so that the training can be put in context. Particularly operating at a lived expertise and lived experience leadership phase, the skills in this training should be developed in service of a collective movement and broader purpose.

[1] Merinda Epstein, *History of the Consumer Movement* (Our Consumer Place, 2013) <https://www.ourcommunity.com.au/files/OCP/HistoryOfConsumerMovement.pdf>.

[2] L Byrne et al, *Lived Experience Roles: A Practical Guide to Designing and Developing Lived Experience Positions National Lived Experience (Peer) Workforce Development Guidelines* (National Mental Health Commission, 2021) <https://www.mentalhealthcommission.gov.au/sites/default/files/2024-03/lived-experience-roles.pdf>.

[3] This draws on the distinctions between lived experience, lived expertise and lived experience leadership in the Lived Experience Governance Framework: Ellie Hodges, Anna Leditschke and Lucy Solonsch, *The Lived Experience Governance Framework: Centreing People, Identity and Human Rights for the Benefit of All* (2023) <https://nmhccf.org.au/our-work/discussion-papers/the-lived-experience-governance-framework-centring-people-identity-and-human-rights-for-the-benefit-of-all>.

[4] Antje, 'What Is the Difference between Advocacy and Activism?', *The Commons* (1 February 2023) <https://commonslibrary.org/what-is-the-difference-between-advocacy-and-activism/>.

[5] Queensland Council of Social Services, *Guide: Advocacy and Community Participation (The Human Rights Act 2019 (Qld))* (Queensland Council of Social Services, 2022) 2 <https://communitydoor.org.au/wp-content/uploads/2023/04/GUIDE_HRHH_Human_rights_advocacy_intersectionality_final.pdf>.

[6] Ibid.

[7] Victorian Mental Illness Awareness Council, 'About Mental Health Consumers', *About mental health consumers* (15 September 2019) <https://www.vmiac.org.au/about-consumers/>.

[8] 'Cultural Safety' <https://childsafe.humanrights.gov.au/diverse-needs/cultural-safety>.

[9] 'CARM Women in Leadership', *Diversity Council Australia* <https://www.dca.org.au/research/culturally-and-racially-marginalised-carm-women-in-leadership>.

[10] 'What Are Human Rights? | Australian Human Rights Commission' <https://humanrights.gov.au/about/what-are-human-rights> ('*What Are Human Rights?*').

[11] Hodges, Leditschke and Solonsch (n 3) 36.

[12] Ibid.

[13] Ibid.

[14] State of Victoria, *Royal Commission into Victoria's Mental Health System, Final Report, Summary and Recommendations* (No Parliamentary Paper no. 202, Session 2018-2021 (document 1 of 6), 2021) <https://finalreport.rcvmhs.vic.gov.au/>.

[15] Pat Dudgeon, Helen Milroy and Roz Walker, *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (Telethon Kids Institute, Kulunga Aboriginal Research Development Unit ..., 2014) 548 <https://apo.org.au/node/39689> ('*Working Together*').

[16] Ibid 56.

[17] Epstein (n 1).

[18] W Dudgeon et al, 'Aboriginal Social, Cultural and Historical Contexts' in Pat Dudgeon, Helen Milroy and Roz Walker (eds), *Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice* (Commonwealth Department of Health, 2014) 3 <https://www.telethonkids.org.au/globalassets/media/documents/aboriginal-health/working-together-second-edition/working-together-aboriginal-and-wellbeing-2014.pdf>.

[19] Aboriginal and Torres Strait Islander Lived Experience Centre, 'Aboriginal and Torres Strait Islander Lived Experience Centre', *Black Dog Institute* (2020) <https://www.blackdoginstitute.org.au/education-services/aboriginal-and-torres-strait-islander-network/>.

[20] Mental Health Lived Experience Peak Queensland, *Shining a Light: Eliminating Coercive Practices in Queensland Mental Health Services* (2023) <https://mhlepq.org.au/wp-content/uploads/2023/12/MHLEPQ-CP-report_Shining-a-light-FINAL.pdf>; 'Mental Health Study Suggests Patients Born Overseas More Likely to Be Held in Hospital Involuntarily - ABC News' <https://www.abc.net.au/news/2024-05-22/nsw-involuntary-treatment-mental-health-study-patients/103794854>.

[21] Katterl et al, *Not before Time: Lived Experience-Led Justice and Repair (Advice to the Victorian Mental Health Minister)* (January 2023) <https://static1.squarespace.com/static/64509ef54c074f6f4dfb7138/t/648ed6db5216c12186d165f3/1687082792810/Not+Before+Time+-+State+Acknowledgement+of+Harm+2023+FINAL+ADVICE.pdf>; Victorian Mental Illness Awareness Council, *Seclusion Report # 3* (Victorian Mental Illness Awareness Council, 2022) <https://www.vmiac.org.au/wp-content/uploads/VMIAC-Seclusion-Report-3_2020-21_Web-Version-2.2_300dpi-High-res-1.pdf>.

[22] This seeks to apply the 'lived experience', 'lived expertise' and 'lived experience leadership' typology developed within the Lived Experience Governance Framework: Hodges, Leditschke and Solonsch (n 3).