VAADA Conference: AOD and Mental Health Collaborative Service Providers

Working Better Together

A shared vision for AOD and Mental Health.

Keynote speech:
"Lived and Living Experience Workforces - Now and into the Future"
James Horton, Chair, VMIAC Committee of Management

[Acknowledgement of country]

I respectfully acknowledge the Traditional Custodians of the land on which we meet, the Wurundjeri people of the Eastern Kulin Nation - land that was never ceded - and I pay my respect to their Elders, past, present and emerging.

[Recognition of Lived Experience]

I would also like to recognise those with a lived experience in mental health who have suffered and suffer from past mistreatment and neglect and those that continue to do so. I also recognise those with a lived experience of addiction and substance abuse. I recognise their fundamental right to live with dignity and our obligation to create better, safer, more compassionate mental health and AOD systems, services, and communities.

It is a pleasure and a privilege to be here with you all this morning.

We come together at a time of extraordinary possibilities. The Royal Commission and the Mental Health (MH) reform processes in which we now find ourselves have opened up possibilities that, only a few years ago, we might not have dared to dream about, let alone conceive of.

Welcome to the world of "be careful what you wish for".

In this world, our biggest challenges come from within - our ability to rethink, reframe and reimagine. In creating new preferred futures, we will need to let go of old ones - to go from making small steps to bold strides.

As organisations, we have largely been defined by our ability to survive. Under-resourced and underfunded, we became good at surviving. Our measure of success was our survivability - how good we were at surviving. And to be clear, survivability is not the same as resilience.

In many ways, survivorship has also been a way that we have identified as individuals. Surviving our illnesses and addictions, surviving discrimination, and surviving inadequate, ineffective, and inappropriate services and systems.

Building a shared vision for mental health and alcohol and other drugs (AOD) requires that we move beyond survivorship to "thrivership". It requires a willingness to imagine a preferred future and leaders capable of drawing us towards that shared vision.

Remember, we cannot problem-solve our way to our preferred future. That can only deliver a probable one, defined by our past.

We must be careful not to be caught defining ourselves by what we are reforming from rather than what we are reforming to.

I am reminded of the story of a flea in a jar that jumps up and bumps its head on the lid trying to get out. After a while, it learns to jump just high enough not to bump its head. But when the lid is removed, the flea still jumps to just under where the lid was and doesn't realise it can now get out.

Just as we need to move beyond our old flea identities, we need to envision new ones - ones that may take us out of our comfort zones, ones that require us to ask difficult questions, ones that call for imagination and the courage to take the next steps.

At VMIAC, we facing these challenges in abundance. It feels a bit like being in the middle of a perfect storm of reform, funding, capability building, organisational development, and the development of a new strategic plan. We are being stretched in every direction, and as an organisation needing to pack what seems like five years into one or two.

When I'm not being the Chair of VMIAC's CoM, I work in the world of technology start-ups as a founder and CTO (where else do you find someone with issues with ADHD, anxiety and depression). The startup analogy we often talk about is that it's like taking off in a partly built plane and learning to fly and finish it before you need to land.

The worlds of MH and AOD have always coexisted, at times uncomfortably, and many of those with lived and living experiences of MH and addiction will relate to the experience of bouncing between services.

While I would defer to many of you here about how MH and AOD have co-evolved over the past decades, my general view is that models of funding shape models of care and vice versa. And these shape the organisations and institutions that deliver them. And as consumers, our service expectations are shaped by what we believe them to be, not necessarily what they are and should be.

MH has traditionally been rooted in psychiatric and medicalised care models and institutionally-based service delivery approaches. The MH consumer movement (that VMIAC represents) arose to give voice to people being harmed by the MH system by seeking to draw attention to harmful practices and breaches of human rights.

In this world, the MH consumer workforce (now referred to as LLEW (Lived and Living Experience Workforce) emerged. Notwithstanding its recognition in the MH reform process, it is a workforce that has been profoundly undervalued, underpaid, undersupported, often working in isolation and in at-risk settings, with little authority or agency.

If we believe that human dignity and rights are fundamental underpinnings of safe, effective and compassionate MH and AOD systems and services, then the LLEW have a vital role to play in advocating for, providing agency to, and supporting the recovery of those that are suffering.

Now here's the thing - delivering services well does not mean receiving them well. And when a person's ability to self-advocate is limited by impairment and/or lack of knowledge, how do you know? Who speaks for them?

For much of the same medical model reasons, AOD has existed separately from MH. And I suspect that some of the same workforce issues have, to some degree, been experienced in the AOD sector.

So where are we now?

We have LLEW and multidisciplinary workforces with the combined potential to transform the way that services are not only delivered but received. Our preferred future needs to be a symbiotic one.

So how do we do that?

Well, that's the shared vision thing. What does the world we want look like? And how will we know we have arrived?

When we arrive at a shared understanding of this, we can begin to have a discussion about how to get there.

And getting there are about two things - removing the things that get in the way and creating the things that strengthen and enable.

One part of this journey will be the "Our Agency" project, which we are currently working on with SHARC in partnership with the Department.

To quote from our (and SHARC's) press release:

"Our Agency will be run by a lived and living experience workforce with wellbeing and training services offering personal support to consumers by consumers. It will create a larger area of work to advance lived experience organisations in Victoria; It will engage community discussion as a tool for improvement, And it will further build leadership opportunities for the lived experience workforce. This work champions brave thinking that goes beyond just a diagnosis. It is the person-centred approach that, from its core, joins our two sectors."

At VMIAC, we have commenced two projects based on building an LE workforce and organisation capability.

Our Consumers Leading in Governance initiative is a six-month program to equip consumers with the knowledge and skills to take on governance roles. Sponsored by their employers, our first two cohorts have completed their first training modules and now commencing their placements.

That the program was significantly oversubscribed speaks volumes for both the desire on the part of individuals and the willingness of organisations to sponsor them.

Our Organisational Development project, in conjunction with The Australian Centre for Social Innovation (TACSI) and The Bouverie Centre, is a research project with

our organisation as its subject to understand how to build and sustain good LE workplaces.

So what do I think the future looks like?

In my tech world, when it comes to building apps, user experience is key. Two apps can deliver similar functionality (think MH or AOD services); however, the one that delivers the better user experience always comes out ahead (even if it has less functionality).

Importantly, UX is not a one-time co-design exercise; it is a continuous one of monitoring and measuring how users engage - continuously making often small and imperceptible changes. It's also not a one-size-fits-all, but it recognises that different users engage differently and seeks to find better ways to adapt to meet their needs.

What that means is that we need to invest in workforces that have the ability to understand and inform us about how consumers are experiencing what we are providing as well as the systems that can translate this understanding into better services and experiences.

So it kind of makes sense that the adaptability of multiple disciplines and the voice of LE should find a natural home together.

In my tech world, when it comes to building solutions that scale, platform design is key. How do you build software that can grow to support thousands or even millions of users but still address the specific needs of many different types of users?

This means that we need to understand where the efficiencies of scale are. For our workforces, are there opportunities for shared services - ie common support services (such as training, supervision, certification, OHS, facilities, phone and tech support, administration)? And what is the most effective multidisciplinary team/LE workforce mix scale for certain types of settings?

The ideas here are about thinking about horizontal efficiencies (shared services) and vertical efficiencies (diverse and disparate settings).

In my tech world, we build systems to be "safe fail", not failsafe. We accept that systems can fail but build them to ensure they do so in a way that minimises risk - for example, data isn't lost, performance may degrade, but the system doesn't stop. In creating a zero tolerance for failure, failsafe systems don't aren't necessarily designed to fail in a safe way, the results of which can sometimes be catastrophic.

This means that we think about how to design MH and AOD services that are "safe fail". Failure managed appropriately is not our enemy.

For the LLEW, maybe we need to think about it differently. What if we were to look beyond viewing them as a disparate workforce of individuals - spread across organisations and settings - who advocate for and support the individual needs of MH and AOD consumers. What if we thought of LLEW in a collective way, as tribes identified by shared lived experiences. Tribes that provide supportive connectedness and whose collective experiences - their stories - act as a kind of collective memory and source of consumer experiences of services, needs, and problems that can shape and guide the delivery of services.

And for AOD, what if we think about the LLEW as a form of outreach where AOD services are difficult to access - in settings where consumers may be hard to reach or maintain direct presence - like homelessness, aboriginal communities, rural communities etc.

And maybe we might think of the LLEW as a "safe fail" strategy that can mitigate harm and protect rights.

So many possibilities. The question is, do we have the imagination and the courage to think beyond where have been to where we need to be? The MH reform process

offers us a once-in-a-lifetime opportunity. Let's not waste it, not just for our sakes but for generations to come.

In closing, a couple of thoughts:

Creativity and innovation arise from constraint. It is the means by which our world has come to be. It shapes cultures, societies, economies, and us.

While we tend to think about innovating in terms of projects and programs, the reality is that it going on all the time in our workforces - it's just that they don't necessarily think of it that way. For many, it's just problem solving or finding workarounds to broken systems and processes.

The problems we wrestle with have solutions, it's just that they aren't usually found in a meeting room.

And therein lies a great promise and possibility for our combined workforces.

Let me leave you with a story:

A young man once asked the visionary science fiction writer Octavia Butler the answer to ending all suffering in the world.

"There isn't one", she replied

"So we're doomed?", he asked

"No", said Butler, "There's no single answer that will solve all our future problems. There's no magic bullet. Instead, there are thousands of answers - at least. You can be one of them if you choose to be."

Thank you.