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Introduction

Lived experience is the knowledge and understanding you get when you have lived through something. In this case, we mean living with mental illness or being family or friends supporting someone living with mental illness.

SA Health is committed to lived experience being utilised to provide meaningful input and feedback into the development, planning, delivery and evaluation of mental health services. Central to the work of the Mental Health and Substance Abuse Division (MHSA) is listening to and collaborating with people with lived experience of mental illness.

To do this, the MHSA has developed the Statewide Mental Health Lived Experience Register (the Register). The Register will provide a process to actively seek and respond to lived experience feedback, ideas, knowledge and experiences and to also share information about broader opportunities for participation within Mental Health Services (MHS) across the state. This is underpinned by a commitment to ensuring the engagement of a wide variety of people with lived experience in the work of the MHSA.

The function and processes of the Register 1) for people with lived experience and 2) MHS staff, are outlined in the following guidelines.

A note on language: Consistent with a recovery orientation, this paper utilises person first language and as such, the terms ‘people living with mental illness’ and ‘family or friends supporting people living with mental illness’ are used wherever possible rather than clients, consumers or carers. The authors acknowledge that many people identify both as a person living with mental illness and as a family or friend supporting someone living with mental illness. In taking this approach, it is acknowledged that many people find a depth of personal meaning in the terms ‘consumers’ and/or ‘carers’. Their preference for the use of these terms is also respected.

The Statewide Mental Health Lived Experience Register

The purpose of the Register is to provide a mechanism for people with lived experience to provide feedback, observations, ideas and recommendations for improving mental health in South Australia (SA). Information provided by lived experience representatives will be used by SA Health to inform mental health service and policy development in a number of ways, for example, but not limited to:

- Statewide mental health strategic policies and service plans
- Reform and continual improvement of MHS in SA
- Inclusion of lived experience at all levels of decision making
- Views of the diverse range of lived experience networks and communities
- Service direction and operational activities and possible new or modified services
- Use of appropriate lived experience inclusive language in service culture, documents and training
- The lived experience workforce
- MHS performance, monitoring and evaluation.

Please note: At this stage, the Register only offers people with lived experience a process for engaging in opportunities to be involved within the MHSA of SA Health. The Register will provide information and, where possible and appropriate, will direct Register members to other opportunities for involvement within other mental health service areas. However, administration and support of these opportunities will be the responsibility of the services requiring them.
Principles of Participation

The Register is underpinned by the following principles:

- Meaningful engagement of lived experience is essential to the effective delivery of mental health services
- Lived experience participation will occur at any and all levels of MHS decision making
- Lived experience participation will improve the quality of services and service outcomes
- Participation is the responsibility of all partners, i.e. people with lived experience and staff
- Participation is based on active and collaborative partnerships
- Communication between all partners is clear, timely and appropriate
- Lived experience participation is appropriately supported and resourced
- Participation is inclusive of the diverse range of people with lived experience.

The Register also supports the intentions of key national and state policies including:

- The Roadmap for National Mental Health Reform 2012–2022
- National Mental Health Policy 2010
- Fourth National Mental Health Plan 2009 - 2014
- Mental health statement of rights and responsibilities 2012
- National Standards for Mental Health Services 2010
- South Australian Mental Health and Wellbeing Policy 2010 - 2015
- Social Inclusion Board’s ‘Stepping Up’ report 2007 – 2012
- Statewide Aboriginal Mental Health Consultation 2010
- Carers Recognition Act 2010
- SA Carers Charter
- South Australian Mental Health Act 2009.

Degrees of participation

Participation of people with lived experience varies according to the nature of the issue, the skills required of the people involved, resources available and interest. It can also depend on whether it is a discreet, one-off or on-going strategic activity.

For the purposes of the Register, the continuum of participation is as follows:

The Register offers opportunities for participation at each of the points on the continuum outlined above. These opportunities are described in detail on page five.
Statewide Mental Health Lived Experience Register – guidelines for people with lived experience

What is lived experience?
Lived experience is the knowledge and understanding you get when you have lived through something. In this case, we mean living with mental illness or being family or friends supporting someone living with mental illness.

Sometimes people call mental illness other names like ‘being depressed’, ‘psychologically distressed’ or ‘messed up’. Whatever you call it, if you have lived through it, we’d like to hear from you.

Don’t you mean mental health consumers and carers?
That’s right. When we talk about people with lived experience, we mean people living with mental illness (sometimes called consumers) and family or friends supporting someone living with mental illness (sometimes called carers). If you feel more comfortable using those terms, that’s fine - we will know what you mean, but we will still use the term ‘lived experience’ because we think it better explains the uniqueness and diversity of everyone’s own experiences.

What is the Statewide Mental Health Lived Experience Register?
The Statewide Mental Health Lived Experience Register (we’ll call it ‘the Register’ for short) is the way you can tell us about what is important to you when it comes to mental health and wellbeing. It is also a way of letting you know what’s happening in the MHSA.

How do I join the Register?
So you want to be involved? Fantastic! If you have a lived experience (see definition above) then you can be a member of the Register. All you have to do is fill in a membership form - more on this a bit later.

Being a member of the Register means you can get involved in any or all of the four ways listed below:

![Four ways you can get involved]

Each way of participating builds on the one before it. This means that ‘be a representative’ also covers ‘be informed’, ‘feedback’ and ‘be consulted’.

You can let us know how you’d like to be involved by ticking the relevant box on the membership form. For example, if you’d just like to receive information, then tick the first box on the form. The membership form is included in the appendices for you to fill in.
You can always change your mind. If you decide that you would like to change your level of involvement, you can let us know at any time and we'll change your membership to the level of involvement that you want. Or you might choose to stop being a member. That’s ok too. Just contact us and we'll remove your name from the Register membership list.

Once I’ve filled in the membership form – then what?
Once we receive your completed membership form, we will add you to our mailing list. We will then send you regular newsletters and updates from the MHSA. Depending on what level of involvement you have chosen, we may also send you requests for your feedback, invitations to forums or other opportunities for you to apply to be a lived experience representative. Your choice of level of involvement will determine how often we get in touch with you, but we aim to provide information updates on a fortnightly basis.

What is a lived experience representative?
A lived experience representative is someone who attends or contributes to meeting/s to provide views on behalf of people living with mental illness or family and friends supporting someone living with mental illness.

How do I become a lived experience representative?
If you would like to become a lived experience representative, you will need to tick the fourth box on the membership form. You will then receive opportunities to apply for representative positions at meetings via an ‘expressions of interest’ process. This means you fill in and send to us an application form describing your skills and experience and tell us why you’d like to be a representative.

We will then have a look at your application to see if your skills and experience are a good match for the meeting that you have applied for. If so, we will ask you to come in and meet with us so we that we can get to know each other, answer any questions you may have and give you the information you need to be a representative. If not, we will let you know as soon as possible and keep you informed of other opportunities to build your skills.

What skills and experiences do I need to have?
To be a lived experience representative it is ideal that you:

- have a lived experience
- are interested in mental health and wellbeing issues
- are willing to share your ideas and provide feedback
- have an understanding of the range of experiences people with lived experience may have
- have an understanding of mental health services in South Australia and;
- be involved in, or be willing to get involved in, networks or groups of people with lived experience.

We expect that you are respectful, honest and behave appropriately when participating as a lived experience representative. You may be asked to keep some information confidential and if so it is important that you do.

You may also find yourself in meetings where you have a conflict of interest, for example a service your family uses might be discussed. If so, you will need to let the meeting organiser know about the conflict so that it can be noted.
How will my participation be used?

We will ask you to send us an update (usually about half a page) about what’s been happening in your representative work. This way we can hear about what’s been happening and what the key issues are. It also means that if there is anything that needs to happen as a result of your feedback, we can make sure the right people are informed about it. We can also support you if there are any issues.

We will also use your feedback to let the Register members and Consumer Reference and Carer Advisory Groups know about what’s happening, if appropriate. How often you need to report will depend on how often you attend as a representative. For example, if you are a member of a committee that meets monthly, we will expect that you report to us on a monthly basis, but only about things that have changed since the last time you reported.

There is a reporting form included in the appendices that you can use to let us know what’s happening. Email it to us via Health.StatewideLivedExperienceRegister@health.sa.gov.au

What will happen to information provided by me?

As SA Health staff, we are required to comply with policies and laws about privacy and confidentiality of personal information we obtain whilst undertaking our work. This includes personal information we obtain from you through your participation as a Register member.

We have a set of privacy principles and a Code of Fair Information Practice that we have to comply with, as well as legislation that outlines when and to whom we may disclose personal information.

When you provide information to us, such as feedback, observations, ideas and recommendations, it may be used to inform mental health service and policy development. This means we may need to share such information with third parties, for example to other persons within SA Health and relevant State Government agencies (such as mental health service providers) or to other members of the Register.

To make sure you are okay with us using your information in this way, we will ask you for your consent to do so before you participate in any feedback process as part of the Register, including as a lived experience representative.

If you are happy to provide your consent, we will make sure that any sharing of information we share will not identify you or anyone else.

Any information you provide will be kept strictly confidential and will be stored in a secure file.

In certain circumstances there are some laws that require SA Health to provide personal information it holds to others.

If you have any concerns about your privacy, or would like a copy of our privacy policies, please contact us on Health.StatewideLivedExperienceRegister@health.sa.gov.au

How will I be supported as a lived experience representative?

We will provide you with opportunities for training and to meet other representatives to share your ideas and experiences. We will also provide reimbursement for certain lived experience representative activities so that any participating you do does not leave you out of pocket.

Detailed information about what we will pay for is in the MHSA Sitting Fee Structure which is included in the appendices. If you have any queries, please contact us using the contact details in the next section.
If you work in mental health services, you will need to let us know as this may mean you have a conflict of interest in being a lived experience representative. This won’t mean you can’t be involved, but it may mean we need to take into account what representative work you are able to do. We want to make sure that participating doesn’t put you in a tricky position. The Sitting Fee Structure also details how to manage such a conflict of interest.

How do I claim payment?

You will need to fill out the Participation Claim form (a copy is in the appendices). The meeting organiser will have a copy of the form as well as a supplier form, which will identify you on our payment system so we can pay you, for you to complete. Once you have completed the claim form and attached any receipts, please give it the meeting organiser or post it back within two (2) weeks to:

Attention: Lived Experience Team
Statewide Mental Health Lived Experience Register
Mental Health and Substance Division
SA Health
PO Box 287
Rundle Mall
ADELAIDE SA 5000

Please note: Payment for reimbursement can take up to 30 days. Receipts older than three (3) months from date of consultation or meeting will not be accepted.

What if there’s a problem?

We will make sure that feedback and complaints are dealt with promptly, respectfully and confidentially.

If at any time you feel you that you are having trouble being a lived experience representative, please let the meeting organiser know first so that they can help you. If you feel that you need more support, we’re here to help. Just contact us using the contact details at the end of this section and we’ll work together to sort out any problems.

If you have a problem with the Register, please contact us and we’ll work together to sort out the problem. If you are unhappy with our response, you can direct your concern to the Manager, Office of the Chief Psychiatrist on this email OCP@health.sa.gov.au.

Who can I talk to if I need more information?

If you would like to join, need more information or have any questions about anything to do with the Register, please contact:

Emma Willoughby  Julia McMillan
Consumer Consultant  Carer Consultant
P: 8226 1091  E: Health.StatewideLivedExperienceRegister@health.sa.gov.au
Statewide Mental Health Lived Experience Register – guidelines for staff

What is lived experience?
Lived experience is the knowledge and understanding you get when you have lived through something. In this case, we mean living with mental illness or being family or friends supporting someone living with mental illness.

Don’t you mean mental health consumers and carers?
That’s right. When we talk about people with lived experience, we mean people living with mental illness (sometimes called consumers) and family or friends supporting someone living with mental illness (sometimes called carers). If you feel more comfortable using those terms, that’s fine - we will know what you mean, but we will still use the term lived experience because we think it better explains the uniqueness and diversity of everyone’s own experiences.

What is the Statewide Mental Health Lived Experience Register?
The Statewide Mental Health Lived Experience Register (we’ll call it ‘the Register’ for short) is made up of people living with mental illness or family and friends supporting someone living with mental illness that have joined the register because they are interested in hearing about and providing their views on mental health issues, or both.
In other words, the Register is the way we talk to people with lived experience about what’s happening in the MHSA, and ask them about issues or areas of mental health we’d like to know their views about, and that they can tell us about what is important to them when it comes to mental health and wellbeing.

How can I use the Register?
So you want to hear from people living with mental illness or family and friends supporting someone living with mental illness? Fantastic! There are four ways you can hear from or use people’s lived experience via the Register:

Four ways you can involve lived experience

<table>
<thead>
<tr>
<th>OFFER INFORMATION</th>
<th>ASK FOR FEEDBACK</th>
<th>CONSULT WITH PEOPLE</th>
<th>REQUEST A REPRESENTATIVE</th>
</tr>
</thead>
<tbody>
<tr>
<td>You can provide information such as newsletters and email updates</td>
<td>You can ask for feedback, survey responses or requests for opinions</td>
<td>You can invite people to forums about mental health issues that you are working on</td>
<td>You can invite a Lived Experience representative to be part of your work in either a once off or on-going way eg. focus groups or committees</td>
</tr>
</tbody>
</table>

If you’d like to involve people with lived experience in one or all of the ways above, you will need to get in touch with Lived Experience Team. Let us know how you’d like to involved register members in your work and we’ll then forward on your request for members to respond - more on this in the next section.
I’ve decided that I want to involve Register members – now what?

To access Register members you will need to contact us via this email: Health.StatewideLivedExperienceRegister@health.sa.gov.au so we can distribute your request. The way you want to involve people will determine what information you need to include in your request.

Please note: that we send out requests on a fortnightly basis – you will need to factor this in when you are thinking about when you’d like a response.

<table>
<thead>
<tr>
<th>If I want to offer people information or ask for feedback?</th>
<th>If I want to consult with people?</th>
</tr>
</thead>
<tbody>
<tr>
<td>You will need to include the following in your email request:</td>
<td>You will need to lodge your request to us with at least three (3) weeks notice and include the following information:</td>
</tr>
<tr>
<td>• What the information you are providing is about</td>
<td>• Who you wish to invite see example to the left</td>
</tr>
<tr>
<td>• Who you wish your request to be sent to:</td>
<td>• What the consultation is about</td>
</tr>
<tr>
<td>For example: people living with mental illness or family and friends supporting someone living with mental illness, both? People with a certain experience, or skill set, or in a specific geographical area?</td>
<td>• When and where the event or consultation will be held, along with how to get there</td>
</tr>
<tr>
<td>• When you wish it to be distributed by</td>
<td>• How long the consultation will go for</td>
</tr>
<tr>
<td>• If there is any particular information you’d like Register members to be made aware of</td>
<td>• What kind of feedback and experience you are hoping to hear from Register members</td>
</tr>
<tr>
<td>• If you are asking for feedback, the questions you’d like members to respond to and when you would like a response by</td>
<td>• Whether refreshments will be provided</td>
</tr>
<tr>
<td>• Your contact information so that Register members can follow up with you, should they have any questions.</td>
<td>• Details of who to contact to RSVP, and the RSVP date</td>
</tr>
<tr>
<td></td>
<td>• Your contact information, so that Register members can follow up with you, should they have any questions.</td>
</tr>
<tr>
<td></td>
<td>• Whether members will be reimbursed for out of pocket expenses (see next section for more information).</td>
</tr>
</tbody>
</table>

What is a lived experience representative?

A lived experience representative is someone who attends or contributes to meeting/s to provide views on behalf of people living with mental illness or family/friends supporting someone living with mental illness.
If I want to involve a lived experience representative?

You will need to lodge your request to us with at least three (3) weeks notice with the following information:

- The skills, expertise and experience you require of the representative
- The meeting information, dates, times, meeting regularity and venue
- Your contact details
- When you wish to have responses by.

We will then send out an Expressions of Interest (EOI) request to Register members based on the above information. Once we receive people’s responses to the EOI we will forward these to you and hopefully there will be people with skills and experience that are a good fit for your meeting.

You then need to organise with us a time to meet with the register member/s that you have identified. This face to face meeting will be a chance for us all to:

- Get to know the person/people
- Help you determine whether they have and are able to contribute skills and experiences to your meeting
- It is also an opportunity for the people to ask any questions they may have about your meeting or the Register, and provide them with information that they need to be a representative.

Once we have selected a representative, you will need to invite them to become a member of your meeting. In your invitation you will need to include:

- Meeting details including date, time, venue
- Whether refreshments will be provided
- A date for people to respond to the invitation
- Request the person’s preferred method of communication e.g. email, phone, text message etc
- Your contact details, should they have any questions.

Please provide us with a copy of your invitation so that we can keep a record of what representative work Register members are doing.

Can I use a Peer Worker or a Carer Consultant to represent consumers or carers?

The short answer is no, but really it depends. People who are working in paid lived experience roles such as Peer Workers, Peer Specialists, and Carer and Consumer Consultants are employed by mental health services. As such, asking them to represent their views, which may be critical of their employer, may create an untenable conflict of interest.

We want to make sure that anyone with a lived experience has the opportunity to be involved in the Register. We ask that lived experience workers only apply to do representative work via the Register in their non-work time and alert their manager that they are doing so to ensure that any potential conflicts of interest are noted and managed.
What support do I need to offer lived experience representatives?

We will offer training and support opportunities to people as part of their membership of the Register. You will need to ensure reimbursement is provided for certain lived experience representative activities so that people are not out of pocket by participating. When and what you need to provide payment for is outlined in the Mental Health and Substance Abuse Division’s Sitting Fee Structure – which is included in the appendices.

You will need to provide copies of the participation claim form and the supplier maintenance form to the representative so that they can claim payment. You will then need to forward these forms to us, ensuring that you have signed and included your cost code on the bottom of the participation claim form. If the representative is claiming out of pocket expenses, such as travel, they will need to negotiate this with you in advance and then will need to attach receipt/s to the claim form.

Forms can be posted to us at the following address:

Attention: Lived Experience Team
Mental Health and Substance Division
SA Health
PO Box 287
Rundle Mall
ADELAIDE  SA  5000

You will also need to make sure that information for lived experience representatives is provided in a timely and accessible way and in the way that the representative has identified they prefer. We suggest that any documents be provided to the representative in hard copy at least two weeks prior to the meeting and that a reminder about the meeting is sent out a week before.

We ask that representatives provide updates to us about their work so we can hear about what’s been happening, what the key issues are and can support them if there are any problems. We provide representatives with reporting forms to do this, but you will need to let us know if there are any concerns about how or what representatives are reporting to us.

You will need to keep any personal information regarding a lived experience representative strictly confidential and stored in a secure file. Where you use information from lived experience representatives to inform mental health service and policy development, this may require you to share this information with a third party outside the Mental Health and Substance Abuse Division. If so, you must make sure that the lived experience representative consents to the sharing of this information and that the information does not identify the person or anyone else.

There are some laws that require SA Health to provide personal information it holds in certain circumstances. We will make sure that lived experience representatives understand and consent to the sharing of information.

If you have any concerns about privacy, or would like a copy of our privacy policies, please contact us on Health.StatewideLivedExperienceRegister@health.sa.gov.au

What if there’s a problem?

We will make sure that feedback and complaints are dealt with promptly, respectfully and confidentially.

If you have an issue with a Register member or lived experience representative, we ask that you meet with them in the first instance, along with another staff member to discuss the issues and possible solutions. If the issue remains unresolved or you require further assistance, please contact us on the details below for further support and information.
If you have a problem with the Register, please contact us and we'll work together to sort out the problem. If you are unhappy with our response you can direct your concern to the Manager, Office of the Chief Psychiatrist on this email OCP@health.sa.gov.au.

Who can I talk to if I need more information?
Please call us, the Lived Experience Team, at any time if you have any questions or you would like more information about anything to do with the Register:

Emma Willoughby          Julia McMillan
Consumer Consultant     Carer Consultant
P: 8226 1091  E: Health.StatewideLivedExperienceRegister@health.sa.gov.au
W: sahealth.sa.gov.au/livedexperience
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Statewide Mental Health Lived Experience Register

Membership form

Your details

Date: ___________________________ Phone: ___________________________

Name: ___________________________ I live in (suburb/town): ___________________________

Email: ___________________________

Postal address: ___________________________

I consent to being contacted by (please tick):

☐ Email  ☐ SMS/text  ☐ Phone  ☐ Post
☐ Other: (please specify) ___________________________

Please note: Any information you provide in this Membership Form will be kept strictly confidential and will be stored in a secure file. Your personal information will only be used for the purposes of contacting you with information and opportunities to be involved in the Register and will not be distributed to third parties, except where required by law. You can request our privacy policy by emailing Health.StatewideLivedExperienceRegister@health.sa.gov.au

I would like to be on the Register to (tick as many as are relevant to you):

☐ Be informed  ☐ Provide feedback
☐ Attend consultations  ☐ Become a lived experience representative

I am/have been:

☐ A person living with mental illness
☐ A family member or friend supporting someone living with mental illness
☐ Both

Your interests

I am interested in the following areas of mental health:

Please choose as many as you like from the list below. If your interest is not listed, please add it in the ‘Other’ section over the page.

Mental health and wellbeing:

☐ Children  ☐ Men  ☐ Older people
☐ Whole of community  ☐ Women  ☐ Young people

Mental health in population groups:

☐ Aboriginal  ☐ Culturally diverse  ☐ Disability
☐ New arrivals  ☐ LGBTI  ☐ Veterans

Mental health services (including feedback and development):

☐ Child and Adolescent Mental Health  ☐ Community Mental Health
☐ Community Rehabilitation Centres  ☐ Eating Disorders
☐ Emergency Care  ☐ Forensics
☐ Inpatient (Hospital)  ☐ Intermediate Care
☐ Non-government Organisations (NGOs)  ☐ Prevention and Early Intervention
☐ Standards and Policy  ☐ Women and Babies (Perinatal)
Mental health topics:
☐ Drug and alcohol ☐ Recovery ☐ Suicide prevention ☐ Trauma

Other - I am interested in other areas of mental health (please specify):
______________________________________________________________

I am currently involved in mental health groups or networks:
☐ Yes (please provide details below) ☐ No
___________________________________________________________________________
___________________________________________________________________________

I am currently employed as a lived experience worker:
Consumer or Carer consultant, Peer Worker or Peer Specialist ☐ Yes ☐ No

Please return this form by post or email to:
Statewide Mental Health Lived Experience Register
Mental Health and Substance Division, SA Health
PO Box 287, Rundle Mall, ADELAIDE SA 5000

Health.StatewideLivedExperienceRegister@health.sa.gov.au
Statewide Mental Health Lived Experience Register

Expression of Interest – lived experience representative

Your details

Name: ______________________ Phone: ______________________
Email: ______________________ Date: ______________________
Postal Address: __________________________________________

Position that I am applying for: __________________________________________

I would prefer to be contacted by (please tick):
☐ Email ☐ SMS/text ☐ Phone ☐ Post
☐ Other: (please specify) __________________________________________

Please note: Any information you provide in this Expression of Interest Form will be kept strictly confidential and will be stored in a secure file. Your personal information will be used by the relevant SA Health staff for the purposes of determining whether your skills and experience are a good match for the position you are applying for. Your personal information will not be disclosed to third parties, except where required by law. You can request our privacy policy by emailing Health.StatewideLivedExperienceRegister@health.sa.gov.au

1. Why would you like to participate as a lived experience representative in this area?
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________

2. What skills do you have that would help you in this lived experience representative role? Please tick the options that you believe relate to you.
☐ Informed of, and able to represent lived experiences beyond that of your own
☐ Active connections to lived experience networks or groups
☐ Well-developed communication skills including listening, feedback and negotiation
☐ Ability to judge a decision and its effects on people with a lived experience
☐ Capacity to distinguish what perspective you are representing where you might be a member of several different committees
☐ Willingness to participate in any relevant training
☐ Ability to name and respond to any potential conflicts of interest, in particular if employed in the mental health system

Would you like to tell us more about your skills? Please do so here.
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
________________________________________________________________________________
3. Please give an example of work you have done in the last twelve (12) months (for example, attended consultations, met with other people with lived experience, provided feedback, been a member of a working/support/advisory group), to demonstrate your knowledge and understanding of people with lived experience.

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________


4. Have you undertaken any training in the last two (2) years that is relevant to being a lived experience representative?

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________


5. Please list any committees, or other work relevant to mental health you are involved in.

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________


6. Please send contact details of one referee that would be able to support your application, so they can be contacted for further information, if required.

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________


Thanks for taking the time apply!

Please forward this form, via email, with Expression of Interest in the subject line to:
Health.StatewideLivedExperienceRegister@health.sa.gov.au

or print and send via post to:

Attention: Lived Experience Team
Statewide Mental Health Lived Experience Register
Mental Health and Substance Division
SA Health
PO Box 287
Rundle Mall
ADELAIDE SA 5000
Acceptance form – lived experience representative

I, __________________________________________ hereby accept the offer to become a lived experience representative of the Statewide Mental Health Lived Experience Register (the Register).

I understand that, as a lived experience representative, I must comply with the Register Code of Conduct, as follows:

- Behave with honesty, integrity and respect at all times.
- Acknowledge and respect
  - Everyone’s privacy in relation to their personal story.
  - Everyone’s right to have an opinion, which may differ from my own.
- Provide comment from an informed perspective beyond one’s own personal experience.
- Provide brief comments at meetings so that everyone has an opportunity to make comment.
- Declare any potential for conflict of interest and to stand aside when conflict of interest exists or may be perceived to exist including in employment, personal, or other areas.
- When reporting back to networks or groups, use information and ask for feedback appropriately, and
- Unless indicated otherwise, treat all information as confidential – when not sure, ask for clarification.

I understand with respect to personal information provided by me as a lived experience representative that:

- The personal information I provide may be used for the purpose of informing mental health service and policy development, which may require disclosure of this information by relevant SA Health staff to third parties, for example to other persons within SA Health and relevant State Government agencies (such as mental health service providers) and to other members of the Register.
- If personal information provided by me is disclosed by relevant SA Health staff for this purpose, to a third party outside of the Mental Health and Substance Abuse Division of SA Health, the information will be de-identified by SA Health staff so that my identity or that of any other person to whom it relates is not apparent, and cannot be reasonably ascertained from that information.
- Any personal information provided by me will be kept strictly confidential and will be stored in a secure file, except where disclosure is required by law.

I consent to the personal information provided by me through my participation as a lived experience representative being used, disclosed and stored in the manner outlined above.

I understand that my role as a lived experience representative is for the life of the group/committee/project I am involved in, unless stated otherwise. I also understand that I can remove myself from being a lived experience representative at any time by providing advice in writing to the organiser, with two (2) weeks’ notice.

Name: _____________________________________________________________
Signature: __________________________________________________________
Date: / /
Sitting Fee Structure 2013 – 2015

Introduction
Central to the work of the Mental Health and Substance Abuse Division (MHSA) is listening to and collaborating with people living with mental illness (sometimes called consumers) and family/friends supporting someone living with mental illness (sometimes called carers). For the MHSA, this is underpinned by a commitment to ensuring the voices of a wide variety of lived experience are heard.

To this end, the MHSA has developed this Sitting Fee Structure 2013-2015 which recognises the importance of lived expertise and articulates how such contributions will be recognised through paid participation. This structure is in line with the SA Health Sitting Fee Policy.

Purpose
Paid participation recognises the indispensable contributions informed by lived experience. This structure describes the MHSA’s commitment to paid participation by offering:

- an hourly sitting fee for individuals who are invited or nominated, through the Statewide Mental Health Lived Experience Register (the Register), to give expert advice and share their experiences to inform the work of the MHSA
- to pay for travel costs to allow these individuals to give their time; and
- to reimburse any reasonable associated out of pocket expenses associated with engaging in the participation event/activity.

This structure aims for broad and meaningful participation across a wide range of issues. Like any organisation, however, the MHSA has resource constraints and is not in a position to provide payment for participation in every activity.

This structure does set out clearly how much the MHSA on will pay, when and for what, so that individuals understand clearly the MHSA’s position prior to engaging with us.

Definition of paid participation
Paid participation is defined as an activity whereby people living with mental illness and family or friends supporting someone living with mental illness are engaged to actively participate in an activity from which the MHSA will receive a benefit that will assist its work. Such activities will be managed by the Register and can include:

- individual or group consultations
- teleconferences
- focus groups
- representation on committee meetings
- written correspondence seeking significant input on a piece of work
- representational activities where an individual presents, speaks or appears in an event or forum.

Who is eligible for sitting fee payments?
Only individuals who are members of, or willing to become members of, the Register are eligible for payment.
When people will be paid

Sitting fee payment will be provided for activities where individuals are invited by the MHSA through the Register to make a significant contribution to its work.

When people will not be paid

Payment for participation and reimbursement of travel costs **will not apply** in certain circumstances including:

- attendance at open forums or presentations, conferences, information sessions, training or consultations by the MHSA
- ad hoc communication and discussions with the MHSA
- where a person represents an organisation, group or council and are funded as part of their recognised duties to engage with the MHSA
- where a person is an employee or contractor of the public service or a publicly funded agency
- where a person’s employment, employer and/or affiliations fund them to represent, network, promote or advocate the issues that the paid participation process is working on.

**Please note:** If Register members are involved in part-time employment in SA Health Mental Health services, they can attend as a Register member in their own time and be remunerated where appropriate. Where the employee is employed as a facilitator of lived experience viewpoints, such as the Experts by Experience Development Officers in Country Health SA, it may be appropriate to be supported as part of their work duties to attend. This must be negotiated with the Lived Experience Team and the employee’s manager. Attending, however, should not create a conflict of interest with their employer. Register members should be aware that use of Flexi Time to attend a remunerated participation event must be accompanied by written support from their manager.

Register members who are SA Health employees and have negotiated to attend consultations/meetings during their normal working hours, will not be remunerated beyond their salary.

Recruitment process

The recruitment process for paid participation will be via an Expression of Interest as outlined in the Register Guidelines.

Sitting fees

In line with SA Health’s Sitting Fee Policy, sitting fees are remunerated at $25.00 per hour. Unless agreed in advance with the MHSA, preparation or reading time is not considered to be included, and should not be included in the number of hours submitted for payment. Where preparation or reading time has been agreed in advance this is to be noted on the sitting fee form and countersigned by the meeting organiser. Reading time, if agreed upon, can only be remunerated at a maximum of two (2) hours.

Any sitting fees/reimbursement is for actual time spent at participation events or in providing significant contribution in participation processes as outlined in the Register Guidelines and in line with the SA Health Sitting Fee Policy. Absence from an agreed paid participation event/activity for any reason does not warrant payment.
Participation claim forms and any receipts for reimbursement are to be provided within two (2) weeks or as soon as practicable after the date of expense for the payment of incurred costs to occur. Receipts older than three (3) months will not be accepted. Receipts, payslips and/or other records relating to loss of income, travel including mileage, and other costs must be produced for payment to occur.

The maximum time for working that may be remunerated in one day is eight (8) hours.

Travel costs
The MHSA will endeavour to meet all reasonable travel costs associated with participation in MHSA activities. The MHSA will organise optimal travel arrangements, including organising flights and accommodation (if appropriate), bus tickets, cab charges and reimbursement of mileage where proof of kilometres travelled is provided. Travel time will only be paid if loss of income as a result of attendance can be validated and will be paid at the standard sitting fee rate of $25 per hour.

Please note: Where cost of travel reimbursement impacts on capacity for a broad range of stakeholders to be engaged, the use of video/teleconferencing must be considered.

Out of pocket costs
Out of pocket travel costs are to be agreed in advance with MHSA and include car parking, meals and child care. All costs must be negotiated in advance with MHSA. Receipts should be kept for all expenditure and provided to the MHSA for reimbursement within two (2) weeks for payment to occur. The MHSA will provide printed copies of all papers required for any participation processes. The MHSA will provide catering, in line with SA Health’s Healthy Eating Policy at events where appropriate. Child care will be reimbursed where negotiated in advance and in respect of a Registered or Approved Care Provider.

Airfares and accommodation
Flights and accommodation (where an overnight absence from home is necessary) for people to participate in MHSA activities will be booked by the MHSA and costs met through the MHSA budget. It is the responsibility of the MHSA to purchase the most efficient and economical bookings for participants.

All airfares will be booked economy class, at the best available rate, in line with SA Health guidelines, and any changes to flight or accommodation bookings must be made by MHSA.

Process
The process for managing paid participation staff is as follows:

1. Utilise Statewide Mental Health Lived Experience Register process to:
   a. call for Expressions of Interest
   b. select person/people to be involved

2. Once a person/people have been selected and they have agreed to be involved
   a. inform them what costs will and won’t be covered
   b. organise with them to arrange any travel required
   c. provide them with paid participation claim form and supplier maintenance form
d. to find the supplier maintenance form:

   i. Go to the internet SA Health Intranet and select:

   ii. Work station, then Procurement and Supplier Chain Management, then Procurement and Supplier Management Chain Management homepage.

   iii. On the Procurement and Supplier Management Chain Management homepage select Purchasing and you will find the forms located towards the bottom of the page.

3. Once activity/event is concluded, ensure participation claim forms and any receipts for reimbursement are submitted to the MHSA within two (2) weeks. Receipts provided later than three (3) months from date of participation event will not be reimbursed.

  **Please note:** Where paid participation is for representation on an ongoing committee or similar, paid participation forms should be submitted after each meeting.

**Disputes**

Any disputes over payment of sitting fees are to be discussed with the nominated contact in the first instance, and if not resolved, presented to the Business Manager of the MHSA for their determination.

**Ad hoc requests**

Any requests for financial support for participation outside of these guidelines, including financial hardship grounds, will be considered at the discretion of the MHSA on an ad hoc basis. Should an individual wish to make such a request they should do so by emailing the Executive Director, MHSA at mhfeedback@health.sa.gov.au outlining their request.

**Authorisation and review**

This sitting fee structure will be reviewed on an annual basis or as determined by the MHSA and will be included as an appendix in the Statewide Mental Health Lived Experience Register Guidelines.
# REIMBURSEMENT GUIDE

<table>
<thead>
<tr>
<th>Type</th>
<th>When paid</th>
<th>Reimbursement rate</th>
</tr>
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<tbody>
<tr>
<td>Sitting Fees</td>
<td>Where a person is invited, via the Statewide Mental Health Lived Experience Register to attend and make a significant contribution to a participation activity/event</td>
<td>$25.00 per hour with a maximum of eight (8) hours payable in any day.</td>
</tr>
<tr>
<td>Travel costs</td>
<td>As above. All travel costs, except mileage, car parking or public transport costs, will be met and organised by the MHSA, in advance of a participation event/activity. Reimbursement of mileage will only be paid, for the shortest practicable route between the person's residence and the site where the event is being held.</td>
<td>Reimbursement of mileage will be paid for at the current government rate. Tickets or receipts must be provided for reimbursement of public transport travel within two (2) weeks of event/activity.</td>
</tr>
<tr>
<td>Out of pocket Expenses</td>
<td>As above and only applicable when the cost is reasonably required for the person's engagement in the participation event/activity and the reimbursement of the cost is negotiated in advance with the organiser.</td>
<td>Full reimbursement of agreed costs for the duration of the event. For example: car parking receipt describes eight hours parking and the event was allocated for three (3), only three (3) hours of car parking will be reimbursed.</td>
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<tr>
<td>Preparation time</td>
<td>As above and only applicable where the nature of the participation activity/event requires a person's significant preparation and that this requirement for paid preparation is negotiated in advance with the organiser.</td>
<td>$25.00 per hour with a maximum of two (2) hours per event/activity. Evidence of preparation must be provided.</td>
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<tr>
<td>Travel time</td>
<td>As above. Only applicable where proof of loss of income in time travelling to and from, via the shortest possible route, the event/activity is provided and reimbursement is negotiated in advance with the organiser.</td>
<td>$25.00 per hour with a maximum of four (4) hours payable in any day. Proof of loss of income must be provided.</td>
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# Participation claim form

## TAX INVOICE

### Claimant Details

Name: ____________________________________________________________  
Address: __________________________________________________________  
Postcode: ________  
Telephone: ________________________________  
Email: _________________________________________  
ABN (if appropriate, see Tax Certification below): ________________________

### Meeting Details

Name: ____________________________________________________________________________  
Meeting Organiser: ________________________________________________________________________  
Date: ____________________________________________________________________ Location: __________________________________________________________

### Reimbursement Details

#### Sitting Fees

- **Hours attended** 
  - up to a maximum of 8 hours  
  - ________ @ $25.00 p/hr = $ ________

- **Reading/ preparation time** 
  - maximum 2 hours  
  - only if negotiated and agreed with meeting organiser in advance  
  - ________ @ $25.00 p/hr = ________

#### Travel Expenses

- **Mileage** 
  - proof of route must be provided  
  - ________ kms @ $0.71 p/km  
  - $ ________

### Out of Pocket Expenses (only if negotiated and agreed by meeting organiser in advance)

Expense: ____________________________________________________________________________  
$ __________

**TOTAL $ ________**

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**NB:** All expenses must be substantiated with documentation as listed below, otherwise you will not be reimbursed. Please allow a minimum of 3 weeks for payments to be processed.

### Acknowledgement of attendance by MHSAD meeting organiser

Name: __________________________________________ Title: ____________________________________________________________________________

Signature: ____________________________________________________________________________ Date: ______________________________________________________________________

### Tax Certification

I certify that:

1. The expenses detailed above were actually and necessarily incurred in the performance of my duties on behalf of SA Health  
2. I have attached compliant tax invoices/receipts to substantiate expenses incurred  
3. The distance for which payment is claimed was actually and necessarily travelled in the performance of my duties on behalf of SA Health  
4. Only applicable if not quoting an ABN. I have no reasonable expectation of profit or gain from the activity undertaken and consider that I do not meet the definition of enterprise for tax purposes. I am therefore not quoting an ABN and you should not withhold an amount from this payment. I agree to advise you if these circumstances change to the extent that this statement becomes invalid.

Signature: ____________________________________________________________________________ Date: ______________________________________________________________________

Please attach receipts to this form and forward within 2 weeks of the meeting to the meeting organiser: Mental Health and Substance Abuse, PO Box 287, Rundle Mall, ADELAIDE SA  5000

### Office Use Only

Authorised for payment by: __________________________________________ Title: ____________________________________________________________________________

Date: ________________ Delegation level: ________ Cost code: ____________________________________________________________________________
Statewide Mental Health Lived Experience Register

Representative reporting form

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<thead>
<tr>
<th>Member’s name:</th>
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<tbody>
<tr>
<td>Meeting/consultation name:</td>
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<tr>
<td>Meeting date:</td>
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<tr>
<td>Issue/activity being reported:</td>
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<tr>
<td>Details:</td>
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<tr>
<td>Outcome:</td>
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<td>Learning points for other Register members:</td>
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## Representative feedback and complaint form

<table>
<thead>
<tr>
<th>Member’s name:</th>
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<tr>
<td>Contact: email:</td>
<td>Phone:</td>
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<tr>
<td><strong>Issue/activity that the feedback or complaint relates to:</strong></td>
<td><strong>For example – is it regarding the process of the Register, a meeting you attended, or an outcome of the meeting?</strong></td>
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<td>Your suggestion regarding the resolution/action required:</td>
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