



MENTAL HEALTH NGO SUBSECTOR COMMISSIONING: A DISCUSSION GUIDE

LGBTIQA+

June 2023



ACT Commissioning for Outcomes
2022- 2024

About the kitchen table conversation

Why a kitchen table conversation

Kitchen Table Conversations are a way to have a guided conversation in your social or community groups. It provides an opportunity for you to participate in our Mental Health Commissioning process on your own schedule and in a more casual environment.

This pack provides all the information you need to have these conversations with your friends, family, carers, community groups, or colleagues about what is important to consider in the design of our commissioned mental health sector.

Who can participate

Anyone who wants to host or have a conversation regarding our commissioned mental health sector can have their own kitchen table conversation. This can be done at home, in a social group or even at work.

What we want to know

We want to receive responses to design specific questions for the mental health subsector. This will include ideas of what types of services we should consider, and how to make the service system best fit the needs of Canberrans. These questions are included in each of the Discussion Feedback papers and in the Design Phase Blueprint, all available from our commissioning website at:

<https://www.communityservices.act.gov.au/commissioning/sectors-in-progress/mental-health>

Getting Started

Someone will need to host the conversation. This will be a person who organises the group meeting, and ensures that everyone has an opportunity to participate and contribute. The host will lead the group through the questions within the document and then, either themselves or with the help of a scribe, write notes for feedback to the Mental Health Commissioning Team.

This feedback could be filled in on this Word Template, hand written on a print out, with a copy sent to the team, or emailed directly to the Mental Health Commissioning Team at mentalhealthcommissioning@act.gov.au

When hosting your discussion considering using a 'Talking Object'. This will allow people to take turns when speaking and ensuring that everyone has an opportunity to contribute.

You are also welcome to print out the pages in this guide to use as prompt cards so everyone can see the questions and conversation can be guided as necessary.

Hosting the Conversation

To host the conversation you will need:

- A few people to come together and talk;
- This guide;
- A pen and notebook or laptop to take notes; and
- Optional: the feedback paper, or the Blueprint found here:
<https://www.communityservices.act.gov.au/commissioning/sectors-in-progress/mental-health>

Step-by Step instructions:

Step	Instructions
1	Gather your group
2	Welcome and thank everyone for participating in this discussion
3	Acknowledgment of Country and lived experience (see below for examples)
4	Complete introductions and discuss talking object if using
5	Nominate one person to take notes or scribe, this can be yourself
6	Follow the questions below
7	Submit your feedback

Acknowledgement Scripts

Acknowledgment of Country: ‘I/We wish to acknowledge the Ngunnawal people as traditional custodians of the land we are meeting on and recognise any other people or families with connection to the lands of the ACT and region. I/We wish to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region. I/We would also like to acknowledge and welcome other Aboriginal and Torres Strait Islander people who may be attending today’s event.’

Acknowledgement of lived experience: ‘I/We wish to acknowledge lived experience and its importance in the mental health sector. I extend my respect and welcome any person with lived or living experience to contribute today. It is important as we move forward to acknowledge the impact this has on our conversations and consider it within our conversation.’

Questions from the LGBTQIA+ Discussion Paper

1. What steps could be taken by community NGO services to indicate or provide safe and inclusive environments, to increase engagement with LGBTQIA+ people?

- Are there things that services could do to demonstrate that a service may be welcoming?
- Can you think of ways your organisation could reach out to LGBTQIA+ communities?
- Examples could include:
 - Displaying pride flags on service websites or in offices
 - Using appropriate and inclusive language and terms

2. Which of the listed barriers, or others you can identify, are the biggest barriers for:

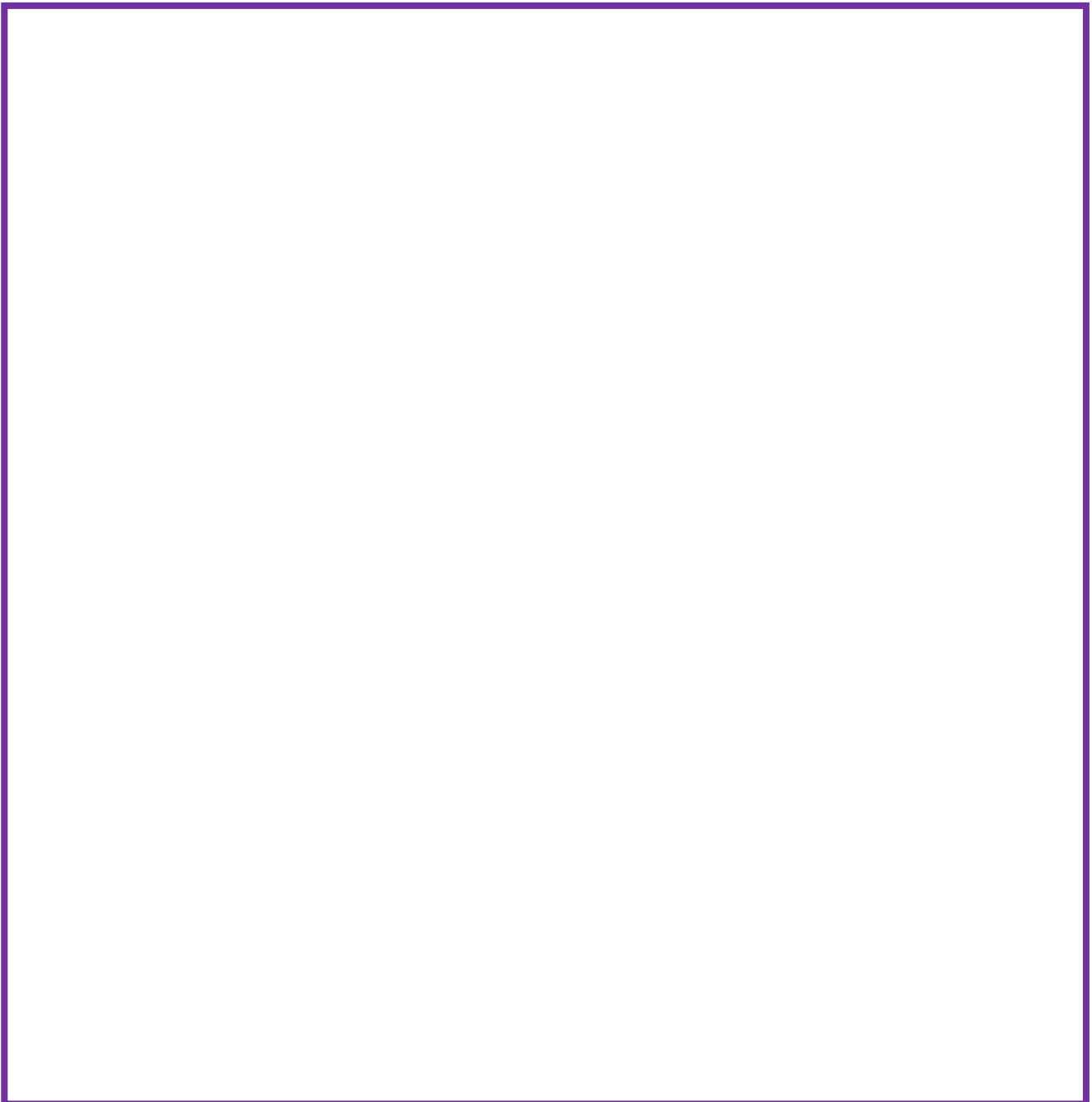
a. LGBTQIA+ people to access and engage with services; and

b. For NGO services to provide culturally sensitive and appropriate care for LGBTQIA+ people?

- These challenges could include:
 - Reduced awareness or knowledge of LGBTQIA+ issues healthcare staff
 - Limited health literacy
 - Internalised homophobia
 - Discrimination and/or exclusion
 - Accessibility (financial, specialistic service availability, physical and technological)
- Are there any other barriers not included in this list?
- Are there ways that services can help to address these barriers?

3. What support do community services need to ensure they are culturally competent for LGBTIQ+ people?

- What would make an NGO service feel more open, inclusive and welcoming for you to attend?
- How can ACT Health help NGO services be more accessible?
- What are some easy steps an organisation can take to increase accessibility and inclusivity?
- What are the long-term goals needed to achieve accessible services?



4. For community services that have tried to be more accessible for LGBTIQIA+ people, what approaches have been successful? What approaches have been less successful?

- Why did this work?
- How could you tell this approach did or did not work?



5. How can the NGO sector be supported to provide inclusive services to the LGBTIQIA+ community?

- What can ACTHD do to support this?
- Would a community of practice help in understanding the needs?
- Is there training you know of that could help?



6. What kinds of services should be promoting LGBTQIA+ lived experience workers?

- Are there certain types of NGO community services that would benefit from lived experience workers for engagement?
- Have you seen any service models for LGBTQIA+ people that successfully used lived experience workers?
- What did these look like?



7. How can LGBTIQIA+ people be supported to engage with courses and opportunities to become lived experience workers?

- Feel free to list ideas that could incentivise lived experience work, i.e. scholarships
- What would keep people involved?
 - Would mentoring programs support this?
 - Traineeships and targeted workforce experience?



8. What are your top priorities for community services and design for LGBTQIA+ people?

- Consider what you would like to see as a service and how this might look?
- What would be your top three inclusions for service design for LGBTQIA+ people be?



9. What do we need to measure to make sure we have the right services and supports for LGBTQIA+ people, and that those services and supports are having a positive impact on peoples lives?

- For example:
 - A reduction of perceived or actual stigma and discrimination for LGBTQIA+ people
 - Increasing awareness of mental health services for LGBTQIA+ people
 - increased participation rate of LGBTQIA+ people in mental health services



10. What challenges do NGO services face for recording and measuring data relating to LGBTIQ+ outcomes and engagement?

- Does your service capture data currently for LGBTIQ+?
- How would you be able to capture data regarding LGBTIQ+ data?
- What are the big limitations for you to engage with LGBTIQ+ people when recording your data?

Questions from the Design Phase Blueprint:

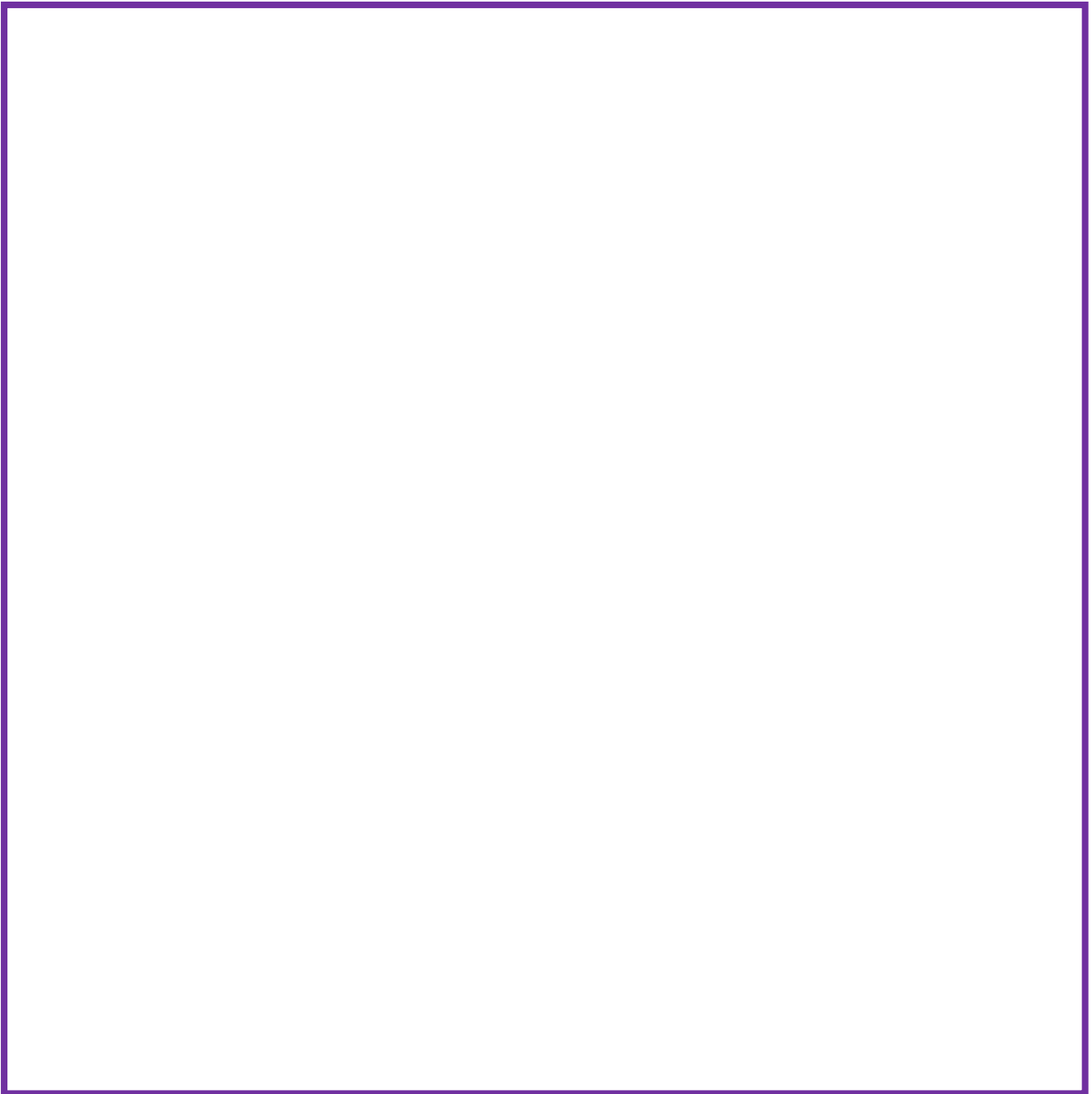
11. What should services specifically supporting LGBTQIA+ people include?

- Can you identify any characteristics of services that have worked well and effectively supported LGBTQIA+ people?
- What hasn't worked and why?
- What does inclusivity and safety look like for LGBTQIA+ people when engaging in mental health services?
- What kind of services should be promoting LGBTQIA+ peer workers?



12. How can the sector be supported to provide inclusive services to the LGBTIQIA+ community?

- What challenges do NGO services face for recording and measuring data relating to LGBTIQIA+ outcomes and engagement?
- Are there any specific outcomes that need to be measured for LGBTIQIA+ cohorts? If yes, are there examples you can identify for measuring these?



13. What needs to be established for mainstream services to be accessible to LGBTQIA+ people?

- Should all services increase accessibility and cultural competency?
- What steps should be taken to increase cultural competency and inclusivity in all funded services?
- What are the main barriers to all services increasing cultural competency and inclusivity?
- How can ACT Health support the development of sector wide cultural competency and awareness of differing needs for individual LGBTQIA+ cohorts?
- How can NGO services identify and support individuals with intersectional identities?





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