NORTHERN TERRITORY LIVED EXPERIENCE NETWORK

Mental Health Alcohol and Other Drugs Branch - NT Health
PO Box 40596
Casuarina NT 0811

25th August 2023

To the Executive Director,

Thank you for the opportunity to make a submission relating to the draft Northern Territory Lived Experience Framework (v1, May 2023).[1]

We would like to acknowledge and recognise the investment of time by the Mental Health and Alcohol and Other Drugs (MHAOD) Branch to review the body of national literature relating to lived experience engagement in order to develop the draft Framework.

The NT Lived Experience Network has chosen to respond to two substantive aspects[i] of the draft Framework:

The statement that *"no single lived experience advisory group or organisation can represent all perspectives due to the NT's diverse population and geographical distribution"* and the implication that a representative body would adversely impact the NT Government's Local Decision-Making framework.

We fundamentally disagree with both sentiments and assert that their inclusion in the finalized NT Lived Experience Framework would be counterproductive to meaningful lived experience engagement in the NT.

We have sought support from individuals and organisations in the NT and from across Australia to support our position. These are presented as an addendum to this letter.

We know that the NT needs a lived experience representative body that is supported and recognised by the NT Government. The kind of body that exists in every other state and territory of Australia[2] and has been promoted through national mental health reforms over the last 30 years.[3]

We disagree that a representative organisation cannot adequately represent the cultural diversity and geographical dispersion of its community. That is the purpose of such organisations and we are aware that Western Australia[4] has one of the largest lived experience representative bodies (CoMHWA).

Through our recent work, we can also demonstrate that even without specific funding to do so, the NT Lived Experience Network has the skills and ability to make trusted connections and understand the experiences of people with lived experience from across the breadth of the NT. This is illustrated in the recording 'Peer Education and Recovery in the NT', which we created in collaboration with Flinders University (go to www.bit.ly/ntlenpeer to view).[5]

---

[1] Draft NT Lived Experience Framework, Mental Health and Alcohol and Other Drugs Branch, NT Health – www.haveyoursay.nt.gov.au/lived-experience-framework
[2] Importance of Lived Experience Engagement, NT Lived Experience Network - www.livedexperiencent.net/our-story/
[3] Literature Review, Submission for the Review of the NT Mental Health and Related Services Act (1998), NT Lived Experience Network – www.livedexperiencent.net/publications/
[4] The Consumers of Mental Health WA – www.comhwa.org.au/
[5] Peer Education and Recovery in the NT, NT Lived Experience Network and Flinders University - www.bit.ly/ntlenpeer

We know that a NT lived experience representative body is required to strengthen our community's ability to communicate our collective experiences and perspectives – many of which are shared, despite our cultural diversity and geographical dispersion. For example, people's experience of treatment and care at the Darwin and Alice Springs Hospital inpatient facilities and people's experience of the NT justice system.[6]

We know that without a lived experience representative body, our community has no collective voice and we are less able to influence decisions and systemic reforms occurring at both a NT and national level.

We know that a lack of recognition and resourcing for a lived experience representative body has impacted our community's ability to develop local knowledge and mechanisms to undertake systemic advocacy. That our community's ability to build networks and communicate across regions is inhibited. That we are less able to collate and elevate shared issues as matters of public interest. That ultimately, we are less able to trigger any change in order to improve our individual and collective experience.

We know that without a representative body, we remain reliant on governments and departmental staff to interpret our experiences and make assumptions about our collective priorities – placing our needs and perspectives, in conflict with theirs. That because of our disproportionate power, our needs and perspectives will be outranked by theirs.

We know that all of these factors impact our treatment and care, our human rights and ultimately, our quality of life. That this is true for both individuals affected by mental distress, and their family and kin who provide love and support.

We also know that a representative lived experience body will not negatively impact or intrude upon the right of remote communities to self-determination through Local Decision Making. We believe that to say so, obfuscates and misrepresents the purpose of lived experience representative bodies in national mental health reforms.[7]

Ultimately, we know that Territorians have the right to an unfettered, independent and collective advocacy voice that is recognized and supported by our government and its departments.

In this spirit, we submit our response to the draft NT Lived Experience Framework.

In closing, we call on the NT MHAOD Branch to recognize the importance of establishing a NT lived experience representative body in the final NT Lived Experience Framework. Further that, the NT Lived Experience Network, be recognized and supported as the organisation of choice to undertake this function, given its demonstrated skills and experience connecting with and advocating on behalf of Territorians with lived experience.

Kind Regards



Noelene Armstrong
NT Lived Experience Network
m: 0438 022 032
e: contact@livedexperiencent.net
w: www.livedexperiencent.net

[6] Submission for the Review of the NT Mental Health and Related Services Act (1998), NT Lived Experience Network – www.livedexperiencent.net/publications/

[7] Fifth National Mental Health and Suicide Prevention Plan (2017), Australian Government - www.mentalhealthcommission.gov.au

[i] Related excerpts from the draft NT Lived Experience Framework:

Section 1 – Introduction
(page 7)

The Framework will be implemented by each service area, region and/or organisation based on specific local needs.

Section 10 - Lived Experience Participation
(page 15)

In terms of lived experience and participation in the NT, no single lived experience advisory group or organisation can represent all perspectives due to the NT's diverse population and geographical distribution. There are multiple networks and engagements representing both regional diversity and specific population's e.g. young people, Darwin Youth Suicide Prevention Network, Darwin Region Indigenous Suicide Prevention Network, NT Lived Experience Network (NTLEN), Sabrina's Reach for Life, Dolly's Dream.

Lived experience participation is consistent with the NTG Local Decision Making (LDM) framework. LDM is a long-term initiative (to be implemented over a 10-year time frame) that will provide a pathway so that communities can have more control over their own affairs, including service delivery based on a community's aspirations and needs.