Mental Health Commission
of New South Wales

International Initiative for Mental Health Leadership

Wellbeing Collaborative match

Discussion paper

April 2017

Table of contents

International Initiative for Mental Health Leadership. Wellbeing Collaborative Match. Discussion paper.   2

TD17/1511

1.   Introduction

1.1   The match

The Mental Health Commission of NSW hosted the International Initiative For Mental Health Leadership Exchange from 27 February to 3 March 2017 in Sydney, Australia, in partnership with the NSW Ministry of Health. The Leadership Exchange brought together mental health leaders and innovators from around the world to share knowledge and network.

The Leadership Exchange consisted of a program of two-day matches where participants shared knowledge on selected topics in mental health and wellbeing, followed by a two-day combined meeting.

The Leadership Exchange included 31 topic-specific matches. The Mental Health Commission of NSW sponsored the Wellbeing Collaborative match.

Day one of the match took place in Sydney and included a workshop on how to use design thinking to solve problems related to wellbeing. A second workshop focused on using evaluation and measurement of wellbeing to influence key stakeholders. A hip hop performance from Indigenoise, a group supported by One Vision Productions, complemented these workshops. Members of Indigenoise spoke about the role of music in their wellbeing and credited their personal development to the mentoring of One Vision Director Mark Robinson. Mark also shared some of what he has learned through the work of One Vision including his belief in local, partnership-based action for social change.

On day two participants travelled to Wollongong University to learn about the University's wellbeing program and visit Koolabong Village – described as the world's first positive residence, planned and run entirely on the science of positive psychology and positive organisations. Participants also made a site visit to Early Start, a learning space where children, parents and educators play and learn together among world-class research and teaching facilities.

The full program can be found at Appendix A. The NSW Wellbeing Collaborative website https://wbcnsw.net/ contains other written and video materials related to the match.

20 people attended the match including participants from across Australia and from the United Kingdom and New Zealand. The group came from multiple disciplines including injury prevention and management, mental health policy development and service delivery, workforce development, research, health promotion, and education.

International Initiative for Mental Health Leadership. Wellbeing Collaborative Match. Discussion paper.   3

TD17/1511

1.2 Purpose of this paper

To capitalise on this knowledge exchange opportunity, the NSW Mental Health Commission decided to produce this shared discussion paper. This paper draws on responses to a short questionnaire circulated to participants before the match and captures the discussions held during the two days. The Commission developed a draft paper and circulated it to participants for further input.

This paper is attempting to answer a key question that guided the program of the match and pre-match conversations:

> *How can we mobilise organisations and people to develop and implement programs and policies to promote wellbeing?*

1.3 Whose responsibility?

The focus question uses the pronoun 'we' to describe all people who would like to join the effort to promote wellbeing. This paper will continue to use the pronouns 'we', 'us' and 'our' in this sense. In the development of this discussion paper, the participants in the match have spoken on behalf of all these change-makers.

2. The issues

2.1 A shared understanding and vision

At its root, defining wellbeing is a philosophical endeavour. It requires people to think about what they want life to be like. Promoting wellbeing requires us to be optimistic that these desires can be realised. Some participants argued that this is unrealistic – that many people live with an aspiration of what life should be like that is fundamentally different from the human condition. Others argued that these aspirations are not shared. Some also argued that they are conflicted, that there are big paradoxes in society – secularism, consumerism, individual rights - that both enhance and undermine wellbeing. This paper will not resolve or synthesise these concerns, but will instead operate on the assumption that wellbeing can be achieved and is a worthy goal.

Many pages could be devoted to examining possible definitions of wellbeing. For example, the welcome to country witnessed during the match reminded participants of the multi-faceted nature of Aboriginal and Torres Strait Islander understandings of social and emotional wellbeing. These typically encompass the body, mind, spirit and country. Lack of common language, definitions and understanding is clearly one possible barrier for us in mobilising organisations and people for wellbeing. Different people have different understandings of what wellbeing means.

Without dismissing these different perspectives, this paper takes as its operating guide, the following definition of wellbeing:

> *"Wellbeing can be understood as how people feel and how they function both on a personal and social level, and how they evaluate their lives as a whole."*[i]

International Initiative for Mental Health Leadership. Wellbeing Collaborative Match. Discussion paper. 4

TD17/1511

The lack of common language is emphasised by the need for collaborative action in wellbeing. If we accept the definition provided above, it becomes clear that wellbeing promotion is not only the responsibility of mental health programs and services. There are many moving parts to the problem of how to promote wellbeing and many players are required to generate solutions. We could be supported in our action by shared language and definitions, shared values, shared vision and collaborative skills.
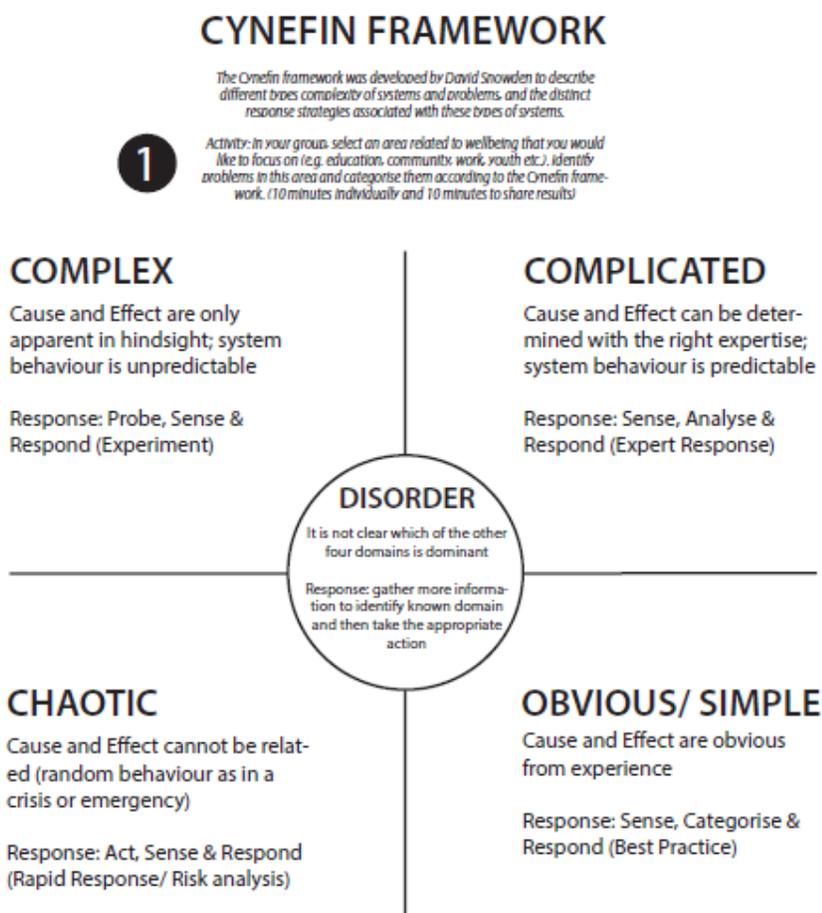
2.2   Co-evolution: understanding the problem and solution at the same time

Notwithstanding, some participants argued that prioritising the establishment of a shared meaning is counterproductive and that poor implementation is the real problem. Participants suggested that we can be paralysed by a need to understand the theory and evidence and that we should replace this priority with an action orientation, even if solutions or interventions don't fit perfectly at the first attempt. On the other hand, others argued that a disconnect between problem and solution is reducing the impact of initiatives, that there is poor communication between the people who think (designers, planners and academics) and the people who do (program implementers).

In the field of mobilising for wellbeing, we can recognise and learn a lot from existing program and project examples. The match showcased a number of examples of innovative projects including Koolabong Village, Early Start, and One Vision Productions. Representatives from the Centre for Social Impact and the Faculty of Transdisciplinary Innovation at the University of Technology Sydney also lead workshops on new ways of thinking and working for wellbeing.

The match provided an opportunity to share Frameworks that we can use to understand the nature of policy problems. Shown in Figure 1, the Cynefin Framework defines four types of problems and the appropriate responses when faced with each type. We can understand mobilising for wellbeing as a complex problem – "cause and effect are only apparent in hindsight; system behaviour is unpredictable". Our response is to "probe, sense & respond".

International Initiative for Mental Health Leadership. Wellbeing Collaborative Match. Discussion paper.   5

TD17/1511

Figure 1: the Cynefin Framework[ii]

CYNEFIN FRAMEWORK

The Cynefin framework was developed by David Snowden to describe different types complexity of systems and problems, and the distinct response strategies associated with these types of systems.

① *Activity: in your group, select an area related to wellbeing that you would like to focus on (e.g. education, community, work, youth etc.), identify problems in this area and categorise them according to the Cynefin framework. (10 minutes individually and 10 minutes to share results)*

COMPLEX

Cause and Effect are only apparent in hindsight; system behaviour is unpredictable

Response: Probe, Sense & Respond (Experiment)

COMPLICATED

Cause and Effect can be determined with the right expertise; system behaviour is predictable

Response: Sense, Analyse & Respond (Expert Response)

DISORDER

It is not clear which of the other four domains is dominant

Response: gather more information to identify known domain and then take the appropriate action

CHAOTIC

Cause and Effect cannot be related (random behaviour as in a crisis or emergency)

Response: Act, Sense & Respond (Rapid Response/ Risk analysis)

OBVIOUS/ SIMPLE

Cause and Effect are obvious from experience

Response: Sense, Categorise & Respond (Best Practice)

To solve the dilemma described above of whether to prioritise understanding versus action, we may find the solution in undertaking concurrent activities. And when smaller parts of the problem of mobilising for wellbeing and their solutions are obvious or simple, in simply responding.

2.3   Looking beyond symptoms

We cannot find wellbeing solutions by focusing solely on the individual and their behaviour and experience of poor wellbeing. In policy and public discourse we need to give the social determinants of health and wellbeing greater prominence and attention. We need to adopt systems thinking and shift from a narrow but important concern with crisis response to a population focus that encompasses wellbeing promotion and prevention of distress and poor quality of life. Policy makers in the mental health field in particular find it hard to convince others of the value of taking a population health approach, one that includes the importance of mental health promotion and prevention of mental illness.

Taking a population health approach means looking beyond the immediate presentation of symptoms by aiming to improve the health of the entire population and to reduce health inequities among population groups. In health promotion discourse the social determinants of health have

International Initiative for Mental Health Leadership. Wellbeing Collaborative Match. Discussion paper.   6

TD17/1511

been present for some time and have especially been raised to prominence by the World Health Organization. The following definition is useful:

> *"The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries."[iii]*

The health system is important, but clearly health and wellbeing outcomes are determined by what happens in multiple life domains and the actions across policy sectors. In the mental health and social policy fields various actors have a growing understanding of the impacts of trauma, complex trauma and family violence and the need to intervene here. In Australia people increasingly understand how the impact of the disruption and dislocation experienced by Aboriginal people contributes to high levels of social and emotional distress in these communities. Distribution is important and discussions of inequality have travelled from the social determinants literature to the growing literature in wellbeing.

People with mental illness have long said that wellbeing is determined by factors outside the traditional control of the mental health system. The recovery paradigm asks clinicians and policy-makers to look more broadly than symptom reduction for the experiences and circumstances that make life worth living. Services are increasingly paying attention to the physical health of people with mental illness, but these efforts can still be classified as emerging. We need to facilitate a shift of attention from an illness to a wellness focus so that integrated and holistic care can become the norm. We also need to make sure that issues of isolation and discrimination are addressed at a societal level.

2.4   Wellbeing is everyone's business

The solution here is not just about horizontal buy in across sectors. It requires the effective engagement of people at all levels of an organisation. Decision-makers are often thought to be the most senior people in organisations, but successful implementation relies on a series of decision-makers being on board. It's not just policy-makers, senior managers and service commissioners that we must engage, but those closer to an initiative's actual implementation – middle management, clinicians, and front-line workers.

Design approaches encourage program and policy designers to deeply investigate lived experience. This obviously starts with the lived experience of people who want their lives to change - the targets of wellbeing programs. But importantly we must deeply understand and encourage others to understand the other organisations and people currently involved in solving wellbeing challenges and those that could be. We need to ask what are their motivations, aspirations, goals and challenges.[iv] By doing this piece of work we can answer the perennial policy question of how to secure the active engagement and buy-in of required stakeholders.

International Initiative for Mental Health Leadership. Wellbeing Collaborative Match. Discussion paper.   7

TD17/1511

The broad availability of data and information provides expanded opportunities to take up leadership roles. While formal leaders will always have a critical role, notions of leadership being only about a heroic, top-down, individualistic model are evolving. In a complex world with complex systems no one person will ever have all the answers, and diverse perspectives, experiences and ideas must be accessed.[v] Wellbeing will be everyone's business when we all take up opportunities, however small, to be leaders, decision-makers and change-makers.

2.5   Choosing the right influencers

Information is influential, but by understanding how it can be used and applied, we must transform information into intelligence. We are not currently translating wellbeing information in an appealing way that convinces others to take action through their organisations and in their communities. Having a more strongly recognised business case for wellbeing initiatives will help us mobilise these change-makers. This includes an understanding of how to measure and evaluate wellbeing and clear actions that can be taken to improve wellbeing. Evaluating existing initiatives will help build this case. Participants identified building capacity in measurement and collecting evidence for what works in wellbeing as important concerns.

Notwithstanding this, participants argued about the extent to which data and information alone can be used to influence for change. Participants listed a whole range of limitations with data, particularly quantitative data, related to its collection, quality, analysis, cost, reporting, sharing, linking, interpretation and presentation. Data can be powerful, but it's not always sufficient for descion-making.

Data is undoubtedly part of the picture for decision-makers, but passion, resources, political pressures and opportunism are also part of the mix. Simply rationality is not always the driver for decisions and we may need to draw on other influencers to set a forward vision. Evidence has its place, but we must always interpret it according to each context and each person's lived experience. Qualitative data is key, and often there is nothing more powerful than a good story.

Participants debated the relative merits of the message, the messenger and the message's wrapping paper. All are important. And none are probably enough on their own. Messages can lack detail, messengers can lack gravitas, and the wrapping paper can sometimes detract from its contents. We must ensure the three elements are congruent.

As discussed above, the person receiving the message is an equally important consideration. Messages need to chime with what is understood as important to the recipient. We must engage on the terms of the relevant stakeholder and our messages, our delivery and our case for change need to speak to the stakeholder's priorities.

International Initiative for Mental Health Leadership. Wellbeing Collaborative Match. Discussion paper.   8

TD17/1511

3.   Priorities for action

At the end of day two of the match, participants turned their attention more directly to the question:

> *How can we mobilise organisations and people to develop and implement programs, policies and programs to promote wellbeing?*

Participants made four suggestions for action to be taken up by themselves and the broad community of actors interested in promoting wellbeing:

Measurement, language and definition

We collectively need to devote some of our efforts toward an agreed common language and one set of agreed indicators. We need to collect baseline wellbeing data, pilot and evaluate wellbeing initiatives and seek to understand the role of their context. As a starting point, we must focus on one aspect of wellbeing to influence, do it collectively and rigorously and disseminate validated resources.

Build the economic, evidence and moral case for change

We need to make sure the existing evidence is understood. We must mobilise data, narrative and other influencers. There are four steps we need to take: gather the evidence for what works; tell a powerful story; present a clear solution with practical, meaningful and relevant actions; and conduct wraparound evaluation.

Focus on implementation

As a priority we must translate wellbeing into achievable actions to systematically embed it in policy and practice and across organisations. We can use frameworks, such as the Wheel of Wellbeing, across settings to provide a focus for action. Sharing success will help us build the case for "scaling up". It is critical we do not duck the difficult challenges of investment (financial and human) needed to drive this agenda forward.

Build the capacity of leadership and collaboration

Embedding wellbeing into systems requires collaboration and cross-sectoral action. At all levels we must take up the opportunity to champion wellbeing to drive this agenda forward sustainably. We must partner and co-produce with communities in design and delivery.

International Initiative for Mental Health Leadership. Wellbeing Collaborative Match. Discussion paper.   9

TD17/1511

Appendix A: Full match program

Wellbeing Collaborative Leadership Match – 'Wellbeing is Everybody's Business'

Program

Day 1 - Monday 27 February 2017

Location: Dexus Place, Level 5, 1 Margaret St Sydney

9:00am: Arrival and registration

10:00am: Session 1 - Design thinking workshop: 'How do we influence decision makers…'

12:30pm: Lunch (catered)

1:30pm: Dance performance and discussion – One Vision

2:30pm: Session 2 – Workshop: Using indicators to influence decision-makers

4:00pm: Round-up and close

4:30pm: Spare time

7:00pm: Dinner

Day 2 - Tuesday 28th February

Location: University of Wollongong

9:00am: Depart for University of Wollongong

11:00am: Session 3 – DIY Happiness

12:30pm: Lunch (catered)

1:00pm: Session 4 - Site visits

2:00pm: Debrief and reflection

3:30pm: Depart Wollongong University

5:00pm: Arrive in Sydney

International Initiative for Mental Health Leadership. Wellbeing Collaborative Match. Discussion paper.   10

TD17/1511

[i] Michaelson, J., Mahony, S., & Schifferes, J. (2012). *Measuring Well-being. A guide for practitioners*. London: New Economics Foundation.

[ii] Snowden, David J., and Mary E. Boone. 2007. "A leader's framework for decision making." *Harvard Business Review 85*(11):68-76. Available from https://hbr.org/2007/11/a-leaders-framework-for-decision-making

[iii] World Health Organisation. *Social determinants of health* http://www.who.int/topics/social_determinants/en/ 19 March 2017

[iv] An example of a design methodology can be found in Dorst, K. (2015) *Frame Innovation*. MIT Press Ltd.

[v] See Walker, A., Wilcox. T., Powell, A., and Muir, K. (2017) *The Navigator: Your guide to leadership for social purpose*. Sydney: The Centre for Social Impact.

International Initiative for Mental Health Leadership. Wellbeing Collaborative Match. Discussion paper.   11

TD17/1511