

COMHWA Member Briefing Paper – October 2023



The World Health Organization framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions (launched May 2023).

Purpose

To provide and promote consistent, globalized standards of meaningful engagement between decision-makers, health services and consumers.

Background

In order to develop a standardized global initiative to promote the 'meaningful engagement' between government, service providers and consumers, the WHO proposed to use a collaborative approach of co-design to receive feedback on The Framework. The process began in 2021, and was prompted by what the authors call the 'syndemic': where regular health services around the world were disrupted by the focus placed on combating COVID 19, leading to a complex interaction of institutions and social forces that impacted the wellbeing of a vast number of people.¹ In order to help manage the effect of this disruption, the WHO proposed to capitalize on the crisis opportunity of the COVID disruption and strive towards building health services back to be stronger and adopt a range of overlooked best practices. A key feature of this rebuilding was an effort to promote the critical importance of collaboration and meaningful engagement between consumers and healthcare providers/institutions responsible for healthcare governance. In order to encourage member states to follow their advice, the WHO set about developing The Framework to establish standards and benchmarks to gauge what this inclusive relationship between consumers and governance bodies/treatment providers should look like going forward.

The WHO framework is developed to be a 'technical product', which means it is a series of standards, norms, data and research that is made available to member countries in the hope that it will produce the desired impact (in this case promoting meaningful engagement between consumers and those in charge of governance/service providers) at national, regional and eventually global levels.² The principles that inform The Framework are listed below:

- Dignity and respect - Individuals with lived experience must be treated with dignity and respect. Participation is a human right. Their lived experience should be considered a form of expertise, alongside and on a par with traditional forms of evidence and data in global public health policy and practice.
- Power and equity - Health systems and global governance are built on systems of oppression. They perpetuate discrimination and exacerbate health inequity.

¹ World Health Organisation. 2021. *Nothing For Us, Without Us*. <https://www.who.int/publications/i/item/nothing-for-us-without-us-opportunities-for-meaningful-engagement-of-people-living-with-ncds>

² World Health Organization. 2023. *WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions*. Geneva: World Health Organization. p. 1

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Participatory approaches require acknowledgement of and action to remove systemic and structural challenges, neutralization of power imbalances, and elimination of all forms of stigmatization and discrimination.

- Inclusivity and intersectionality - Lived experience is heterogeneous, complex and varied, often intersecting with other health conditions and diverse social factors. Meaningful engagement should account for intersecting identities, strive to be inclusive and accessible, and take into consideration the broad social context of being an individual with lived experience.
- Commitment and transparency - WHO and Member States should commit themselves to meaningful engagement of individuals with lived experience as a matter of urgency and priority. All forms of engagement should include a consistent process and full transparency at every stage.
- Institutionalization and contextualization - Meaningful engagement must be formally integrated and embedded into institutional and organizational practice and culture. Additional work is required to contextualize and adapt such work at regional and local levels to support implementation.³

The Framework argues that global standards and benchmarks, derived from the above principles, are required to support and encourage ‘meaningful engagement’ between consumers and government/service providers involved with mental health. The Framework accordingly provides a set of standards to denote what concrete policies member states have to enact in order to qualify for bronze, silver and gold levels of meaningful participation.⁴ The broad hope for the framework is that it will assist in subverting the traditional ‘top-down’ approach to shaping health research, laws and service providers, replacing this donor-driven approach with a grassroots movement that places equal importance on the input about these fields from people with lived experience.⁵

The Issue

The Framework is a welcome step towards globally promoting the importance of peer-work and co-design in relation to mental health research and treatment. While Australia has put forward proposals and roadmaps that underscore the importance of collaboration between consumers and medical researchers/professionals⁶, The Framework explicitly emphasises the ‘meaningful engagement’ of consumers at *all* levels of clinical research/treatment.

One important aspect of The Framework’s focus is making the term *meaningful engagement* as clear as possible—within an appropriately flexible context—to try to prevent peer contribution being enacted as a mere ‘check box’ procedure. The rationale for focusing on how to enact meaningful peer engagement is to establish a clear *requirement* for peer contribution towards both research and treatment, during their design and beyond into implementation, when developing a service or study.⁷ The rejection of a top-down change without consultation is the key proposal from this framework, with much of its other content dedicated to outlining how this change should be organised in relation to stakeholders involved in the treatment and research of mental health situations.

³ *Ibid.* pp. 30—35

⁴ *Ibid.* pp. 39—50

⁵ *Ibid.* pp. 1—13

⁶ See, for instance the ‘Prevention, Compassion, Care: National Mental Health and suicide Prevention Plan’ <https://www.health.gov.au/sites/default/files/documents/2021/05/the-australian-government-s-national-mental-health-and-suicide-prevention-plan-national-mental-health-and-suicide-prevention-plan.pdf>

⁷ World Health Organization. 2023. WHO framework for meaningful engagement of people living with noncommunicable diseases, and mental health and neurological conditions. Geneva: World Health Organization. p. 49

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Response to date

There has not been a response to this date from either the Federal or WA governments about adopting the WHO's Framework, though it should be noted that many of the recommendations outlined by The Framework are, *in principle*, shared within documents such as the Western Australia Mental Health Commission's 'Working Together Engagement Framework'⁸ and the State Government's 'WA State Priorities Mental Health, Alcohol and Other Drugs 2020-2024'⁹. However, while W.A.'s commitment to incorporating lived experience expertise into practice and design is an excellent beginning, an endorsement of the WHO Framework by State and Federal governments would be a positive next step towards ensuring that the process of collaboration and engagement with consumers is appropriately thorough, meaningful, and promotes accountability through established measures of success.

CoMHWA's Position

- CoMHWA strongly supports the drive by the WHO to promote the meaningful engagement of governance, research and treatment providers with peer-workers and other consumers with lived experience.
- CoMHWA endorses the proposal to solidify the conditions that comprise 'meaningful engagement' to avoid co-design becoming an empty but necessary rhetoric, or a merely symbolic consultation.
- CoMHWA hopes that both the WA state government and the federal government will offer their support for The Framework, and underscore their commitment to peer involvement with medical treatment and research co-design.

Have your say:

CoMHWA is dedicated to representing your views on these reforms. To have your say, please get in touch with our Systemic Advocacy Team at sysadvocacy@comhwa.org.au.

⁸ Government of Western Australia Mental Health Commission. 2018. Working Together: Mental Health and Alcohol and Other Drug Engagement Framework 2018-2025 ' pp.28—30
<https://www.mhc.wa.gov.au/media/2532/170876-menheac-engagement-framework-web.pdf>

⁹ Government of Western Australia. 2020. 'WA State Priorities Mental Health, Alcohol and Other Drugs 2020-2024'. p.11 <https://www.mhc.wa.gov.au/media/2951/wa-state-priorities-mh-aod-2020.pdf>

