Consumer and Community Involvement Program

WAHTN
Western Australian Health Translation Network

Joondalup Health Campus Mental Health Research Priorities

Research Priority Mapping Report



Prepared By

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Joondalup Health Campus
Part of Ramsay Health Care

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ACKNOWLEDGEMENTS

Acknowledgement of Country

The WAHTN CCIProgram acknowledges the Aboriginal people of the many traditional lands and language groups of Western Australia. We acknowledge the wisdom of Aboriginal Elders both past and present and pay respect to Aboriginal communities of today.

Acknowledgement of Lived Experience

We acknowledge the importance and expertise of the lived experience voice of health consumers and carers. We recognise their involvement in making a difference in supporting health research and impacting the health and wellbeing of our communities.

Other Acknowledgements

We would like to express our sincerest gratitude to all the consumers and community members who were involved in the Mental Health Research Priority Mapping project; your time, energy and contributions are all greatly appreciated.

Lastly, we would like to thank the team from Joondalup Health Campus along with the team from the WAHTN CCIProgram for their diligent work in planning, promoting and successfully facilitating the Research Priority Mapping Workshop.



INTRODUCTION

Consumer and Community Involvement Program

The Consumer and Community Involvement Program (CCIProgram) is dedicated to embedding the voices of consumers and community members in health research. Established as part of the Western Australian Health Translation Network (WAHTN), the program works to ensure that research is shaped by lived experience and addresses real-world health challenges.

At the heart of the CCIProgram is a team committed to building connections between researchers, consumers, and organisations. This team provides tailored support, guidance, and resources to ensure consumer involvement is an integral part of research design, implementation, and translation.

By championing consumer and community involvement at local, state, and national levels, the CCIProgram continues to evolve, ensuring that health research is informed, shaped and guided by those with lived experience.



WAHTN
Western Australian Health Translation Network

Consumer and Community Involvement Program

CCIProgram Team Members

Deb Langridge, Lead
Caroline Jones, CCI Coordinator
Kerry Mace, CCI Coordinator
Karen Djumas, CCI Coordinator
Briony Abraham, Events Officer
Hannah Doherty, CCI Coordinator
Donelle Toissaint, Support Officer

The Joondalup Health Campus Research Team

In 2025, Joondalup Health Campus (JHC), part of the Ramsay Health Care group, set out to develop and implement a new health research strategy. Through this process, the team identified key focus areas and determined the first step was to develop lived experience informed priorities.

The first focus area identified was mental health research. In order to move forward, the JHC team engaged the WAHTN CCIProgram to assist with engaging the northern suburbs community and embedding the voice of lived experience from the outset.

JHC Researcher Leads:



Desiree Silva
Director of Research

Professor Desiree Silva is a paediatrician and researcher at Joondalup Health Campus (JHC), with a strong focus on child and adolescent development, mental health and wellbeing. Her work brings together clinical practice and research to improve early identification, assessment and support for children and young people experiencing developmental, behavioural and mental health challenges.



Joanna Brisbane
Research & Clinical Trials Manager

Joanna Brisbane is the Research and Clinical Trials Manager at Joondalup Health Campus (JHC), where she oversees the coordination, governance and development of research and clinical trials across the hospital. She plays a key role in supporting clinicians and researchers to undertake high-quality research, strengthening research infrastructure and embedding research into clinical practice.

Scribes

The Joondalup Health Campus team also provided scribing support from:

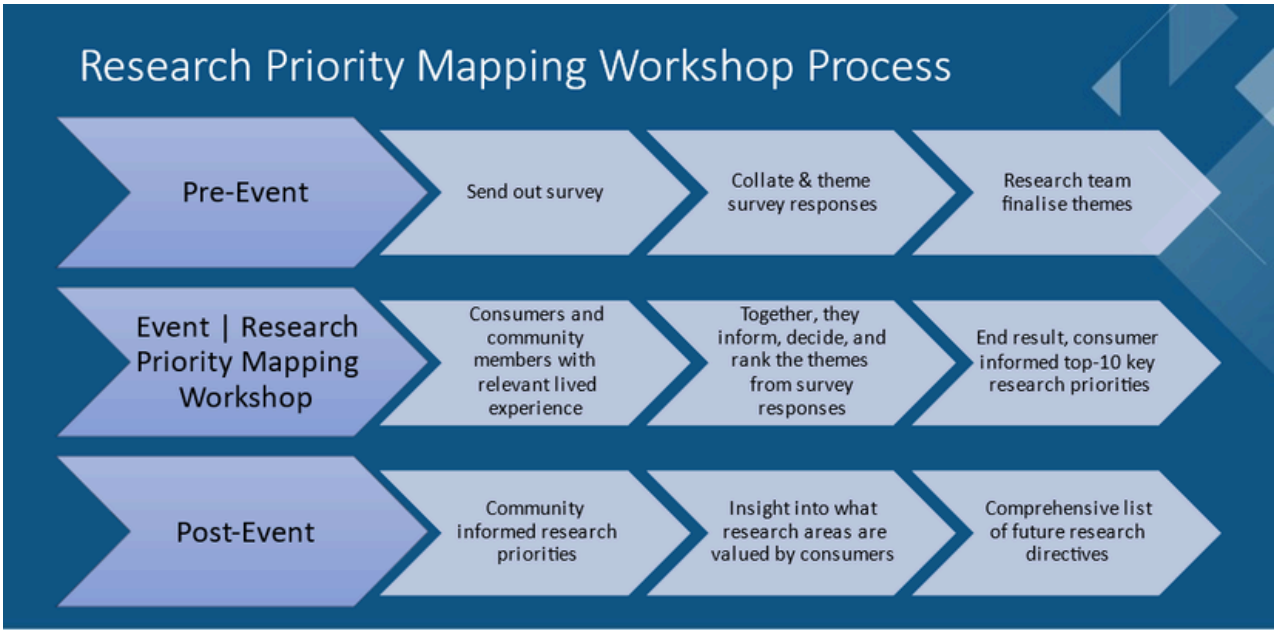
Courtney Kidd, Biobank Coordinator, ORIGINS
Janice Lan, Clinical Trials Coordinator, Ramsay Health Care
Irene Ngune, Associate Professor, Edith Cowan University

STRUCTURE & PROCESS

The priority mapping process was run in two separate phases, with Phase 1 consisting of a Pre-Workshop Survey, and Phase 2 being the in-person, full-day Research Priority Mapping event (Figure 1).

The Priority Mapping Workshop format was adapted from the James Lind Alliance Priority Setting Partnership approach, which brings together consumers, carers and health professionals to identify and prioritise important research questions.

Figure 1: Overview of event process.



EVERY COMMUNITY HAS IMPORTANT INSIGHTS

- What matters most to people?
- What feels overlooked?
- What should research focus on next?

Research Priority Mapping creates a structured process to gather, explore and prioritise consumer and community perspectives, ensuring future research directions are informed by lived experience and community need.

WHY RESEARCH PRIORITY MAPPING?

- Identifies what matters most to consumers and communities
- Brings together diverse perspectives and experiences
- Creates transparent and evidence-based priorities
- Generates consumer-informed research themes and questions
- Supports future research planning and funding applications

PHASE 1

Pre-Workshop Survey

An online survey, hosted via SurveyMonkey, was developed by both the CCIProgram and the JHC Research team. The survey collected thoughts and ideas from people in Perth's northern suburbs surrounding mental health care and what gaps or issues need addressing. This began the discussion surrounding what the future research priorities should be. The survey opened in May 2026 and was closed in August 2026.

The main survey question can be found in Figure 2 below. The following demographic information was collected as part of the Survey:

1. **Age**
2. **Gender identity**
3. **Aboriginal or Torres Strait Islander origin**
4. **Country of Birth**
5. **Preferred spoken language**
6. **Postcode**
7. **Connection to Joondalup Health Campus**

- Used health services at JHC for their own care
- A carer or family member supporting someone who has accessed health services at JHC
- Lives in the northern suburbs of Perth and may potentially use JHC for health services
- Other (responses included those working with northern suburbs community or those who are previous residents)

8. **Lived Experience (someone who has experienced one or more of the following):**

- Have lived experience of mental health challenges or mental health care,
- Support, or have supported, a family member or friend with their mental health,
- Have an interest in improving mental health care in the community

The focus question was then posed to survey participants, seeking feedback around research priorities, and outlining next steps.



Pre-Workshop Survey (continued)



Figure 2: Excerpt from pre-workshop survey.

A total of 130 responses were submitted from northern suburbs consumers/carers with lived experience of mental health conditions. These responses contained rich ideas and suggestions that were used to inform the initial themes for the workshop.

The CCIProgram team collated the de-identified responses and grouped similar topics together into an initial 25 themes.

The CCIProgram team and the JHC Research team met and went through each response individually to ensure it's content was reflected in the suggested themes. After discussion, the 25 themes were able to be condensed further into 21 key areas.

These 21 themes were used as the platform for Phase 2 of the Workshop and were emailed to attendees ahead of time for their reflection.

SURVEY DEMOGRAPHICS

AGE

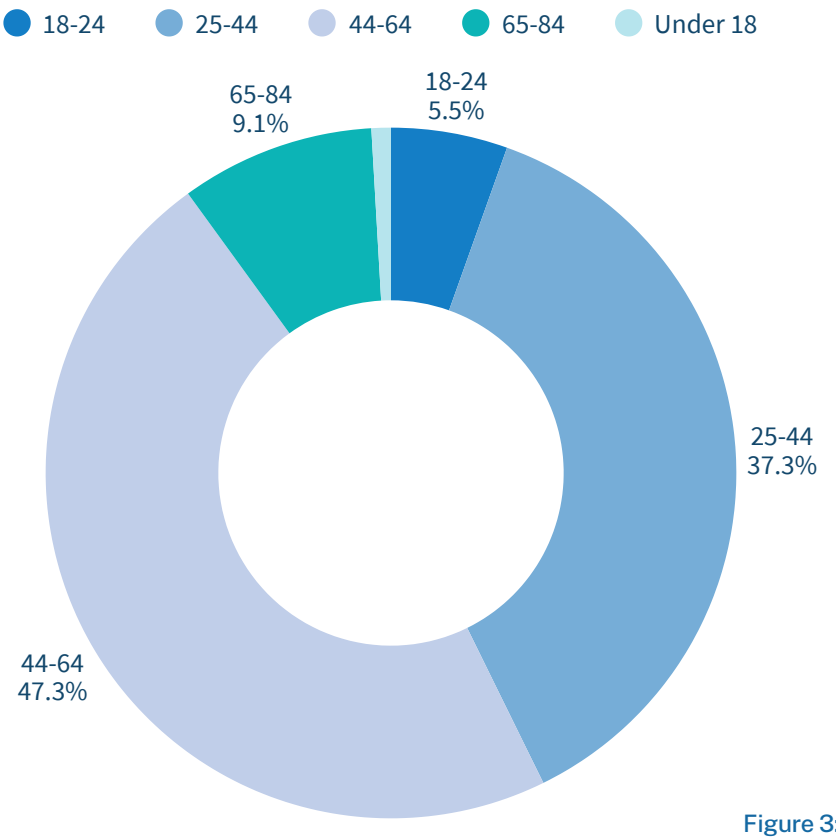


Figure 3: Survey Age Demographics

GENDER

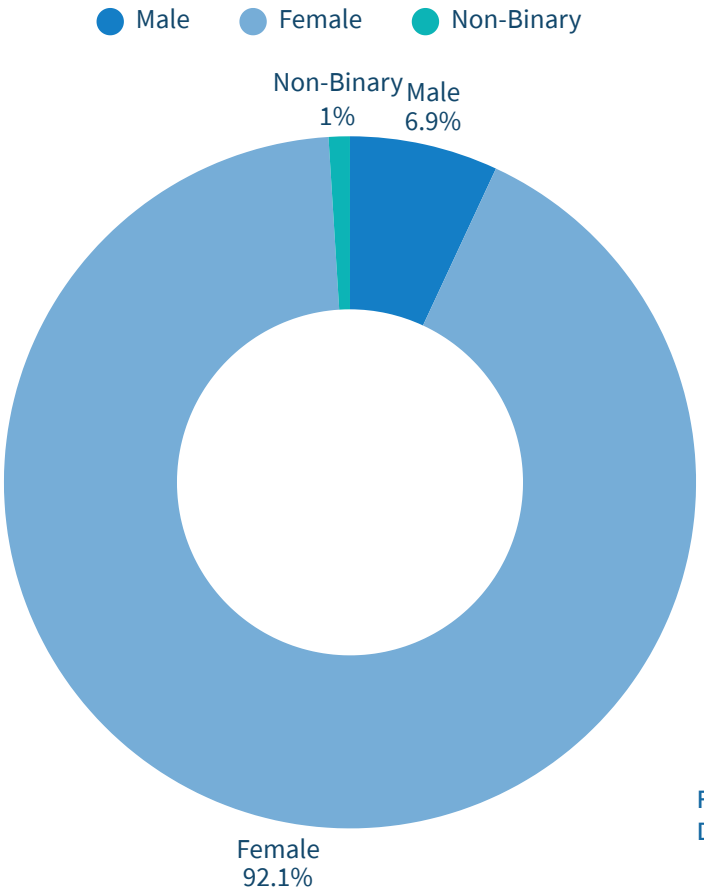


Figure 4: Survey Gender Demographics

PROMOTION OF SURVEY AND WORKSHOP EVENT

The survey was distributed via several avenues to ensure greatest visibility and ensure a wide range of respondents and opinions.

- CCIProgram membership & newsletter
- Via the CCIProgram and Joondalup Health Campus social media profiles
- Via targeted Facebook groups such as City of Joondalup Residents and local community pages
- Physical posters within JHC waiting rooms and Emergency Department

During the survey respondents were asked if they'd be interested in attending a follow up workshop to determine and rank the final lived experience informed priorities for mental health research at JHC. If so, they were invited via email to register an expression of interest to attend.

We would also like to sincerely thank the following organisations for helping to promote the survey and the subsequent workshop to their networks:

Consumers of Mental Health WA - https://comhwa.org.au/
Carers WA - https://www.carerswa.asn.au/





PHASE 2

Research Priority Mapping Workshop

The full day in-person workshop was delivered on Wednesday 2nd September at Chichester Park Sporting Facility in Woodvale, Western Australia. In attendance were 27 individuals/carers from Perth's northern suburbs with lived experience of mental health conditions. All attendees completed the Pre-Workshop Survey. Additionally in attendance were 5 staff members from Joondalup Health Campus, along with the full team from the CCIProgram. The Lead of the CCIProgram, Deb Langridge, delivered the Research Priority Mapping Workshop, with the support of 4 CCI Coordinators who facilitated the small table discussions across 4 tables.

Professor Irene Ngune from Edith Cowan University was in attendance to act as a support person as needed, due to the nature of discussions surrounding mental health and the challenges and triggers that may arise.









AGENDA

Consumer and Community Involvement Program

Joondalup Health Campus
Part of Ramsay Health Care

Joondalup Health Campus
Research Priority Mapping Workshop
Wednesday 2nd September 2026
Chichester Park – Community Sporting Facility
9.15am – 3.30pm

Time	Session	Who
9.15 am	Registrations, Tea and Coffee	All
9.30 am	Welcome • Acknowledgement of Country • Acknowledgement of Lived Experience • Introductions and Outline of the Day • Housekeeping and introduction of support person	Deb Langridge
9.35 am	**Session 1: Background** Overview of Phase 1: • Survey Dissemination • Response Collation & Theming Process Plans for the Joondalup Health Campus survey responses and future research into Mental Health.	Hannah Doherty Desiree Silva
9.55 am	**Session 2: Discuss and finalise key priorities** **Part 1: Group discussion briefing (15 mins)** • Content review of 21 key themes **Part 2: Table discussion and feedback (45 mins)** • Consumer members to provide feedback and comment on titles of themes	Deb Individual Tables
10.55 am	**Morning Tea Break**	All
11.10 am	**Session 3: Finalise key themes** Confirm the Final 21 (+/-) Priorities	All
12.00 pm	**Session 4: Table discussions and ranking priorities** Step 1: Take the 21 priorities down to 10 priorities	All
12.30 pm	**Lunch Break on Alfresco**	All

AGENDA (CONTINUED)

1.00 pm	**Session 4 continued:** Step 2: Each table facilitator presents their table's top 10 **Session 4 continued:** Step 3: Dotmocracy Step 4: Using the final 10 themes, rank/prioritise from 1-10	All Tables
2.20 pm	**Afternoon Tea Break**	All
2.45 pm	**Session 5: Presentation of Top 10 Priorities** Present the top 10 priorities for JHC researchers as informed by people with lived experience.	Deb & All
2.45 pm	Next steps and Questions	Deb & Desiree
3.15 pm	Evaluation (QR code to access online)	All
3.30 pm	Thank you & close	Deb

Figure 5: Workshop Agenda



SESSION 1: BACKGROUND

The first session of the Workshop provided an overview of Phase 1 and the process so far. Deb Langridge, CCIProgram Lead, welcomed the consumers and introduced the CCIP team, giving a run down for the structure of the day ahead.

Desiree Silva, Director of Research at JHC, introduced the research team and explained the purpose of this work and plans for implementing consumer led priorities into their new research strategy.

Hannah Doherty from the CCIProgram walked attendees through the process of creating the online survey to hear from the community and turning the 130 responses into the 21 themes that would be the basis of the day's discussion.

Attendees were given information about the demographics of the survey and the methods used for promotion.

An overview of Phase 2 was then given to all attendees, discussing objectives for the remainder of the in-person event.

It was explained that by the end of the day, consumers will have:

- Informed, provided comment on the general themes
- Identified the top 10 most important mental health research priorities from the 21 key themes
- Produced a ranked list from 1 to 10 of lived experience informed Mental Health Research Priorities for JHC



SESSION 2: PART 1
BRIEFING OF KEY THEMES

This whole group session allowed attendees their first run through of the 21 key themes as condensed and collated by the CCIProgram and JHC researchers. The 21 key themes, shown below, were presented to the attendees with the directive that they work together to review themes and ensure that the lived experience voice and perspective is properly captured. Attendees were asked to indicate whether any of the themes presented required any further clarification.

An initial run down of each theme and the kind of responses that contributed to it's formation was given. Attendees were all given individual sheets to mark any notes, questions or clarifications on.

Table 1: Final 21 Theme Headings

Timely Access	Affordable mental health care	Service capacity, workforce and beds	Crisis response and alternatives to the Emergency Department
Transitional, community based and post hospital discharge care	Continuity and coordination of care across services	Supporting ongoing or severe mental health conditions	Early intervention and prevention
Specialised support for vulnerable groups	Neurodiversity	Support and involvement for families and carers	Reducing stigma, judgement and bias
Trauma-informed and compassionate care	Lived experience and peer support	Shared decision-making and person-centered care	
Culturally safe and inclusive care	Alcohol or drug use	Social circumstances that affect mental health	
Appropriate diagnosis and specialist assessment	Hospital environment and design	Positive wellbeing and proactive prevention	

21 MENTAL HEALTH RESEARCH PRIORITIES

Table 2: Final 21 Themes With Content Description

*	Mental Health Research Priority Theme	Content Description
a	Timely access	Reducing waiting times and helping people access appropriate mental health support when they need it.
b	Affordable mental health care	Reducing cost barriers and improving access to affordable psychologists, psychiatrists and other mental health services.
c	Service capacity, workforce and beds	Ensuring there are enough skilled mental health staff, services, resources and inpatient beds to meet demand.
d	Crisis response and alternatives to the Emergency Department	Improving access to immediate, appropriate support when someone is experiencing or approaching a mental health crisis. Making emergency care safer, timelier and compassionate and providing alternatives to the ED
e	Transitional, community based and post hospital discharge care	Providing extra support and improved access to community based, local services, ensuring people have ongoing care after leaving hospital.
f	Continuity and coordination of care across services	Improving communication, handover and coordination between hospitals, GPs, mental health professionals and community services.
g	Supporting ongoing or severe mental health conditions	Improving care for people who need substantial or ongoing support but may not meet the threshold for acute hospital care.
h	Early intervention and prevention	Identifying and responding to mental health concerns earlier to prevent deterioration and reduce the need for crisis or hospital care.
i	Specialised support for vulnerable groups	Improving access and providing additional support for vulnerable groups: young people, geriatric care, new parents, individuals with intellectual or physical disabilities.
j	Neurodiversity	Improving recognition, understanding and mental health care for neurodivergent people, including people with ADHD and autism.
k	Support and involvement for families and carers	Understanding how families and carers can be appropriately heard, involved and included in assessment, treatment and discharge planning. Improving access to information, counselling, peer support, respite and other supports for people caring for someone experiencing mental health challenges.

21 MENTAL HEALTH RESEARCH PRIORITIES (CONTINUED)

*	Mental Health Research Priority Theme	Content Description
l	Reducing stigma, judgement and bias	Addressing stigma, dismissive attitudes and judgement experienced by people seeking mental health support.
m	Trauma-informed and compassionate care	Improving how services recognise trauma and provide care that promotes safety, dignity, empathy and trust.
n	Lived experience and peer support	Understanding how lived and living experience expertise and peer support can improve mental health services, engagement and recovery.
o	Shared decision-making and person-centered care	Helping people feel heard, safe to communicate openly, informed about their care and meaningfully involved in decisions about treatment.
p	Culturally safe and inclusive care	Ensuring mental health services are safe, inclusive and responsive to people from diverse cultural, social and community backgrounds.
q	Alcohol or drug use	Improving care for people experiencing both mental health challenges and alcohol or other drug use, including reducing stigma and fragmented care.
r	Social circumstances that affect mental health	Understanding and responding to factors such as housing, domestic violence, financial stress, loneliness and social isolation that affect mental health and recovery.
s	Appropriate diagnosis and specialist assessment	Improving access to accurate and timely assessment, diagnosis and specialist care for people with complex or specific mental health needs.
t	Positive wellbeing and proactive prevention	Increased promotion on wellbeing and positive mental health action within the community, engaging proactive prevention.
u	Hospital environment and design	Providing safe spaces within the hospital to allow patients and families to have a break and engage with nature, ensuring hospital services are physically easy to reach, exploring the impact of hospital design on wellbeing for mental health.

SESSION 2: PART 2
TABLE DISCUSSIONS OF KEY THEMES

This session in the Workshop was the first opportunity for attendees to engage and talk about each of the key themes in their table groups. Consumers were tasked with discussing the following questions to see if any options needed clarification, could be edited or combined, OR if anything additional should be considered:

- What do you think about the identified key themes?
- Can you identify any areas that may be missing?
- Are there any themes that can be combined?
- Are you happy with the wording utilised to capture each theme?
- Are you in agreement?

Attendees worked in four facilitated table groups to review the 21 mental health research themes developed from the pre-workshop survey. Each group was asked to consider whether the themes accurately reflected consumer experiences, identify areas of overlap, suggest changes to wording and highlight any issues requiring further consideration.

The discussions demonstrated that while all 21 themes were important, many were closely connected and could be consolidated into broader research priorities. Consumers drew on their own experiences of accessing mental health care, supporting family members and navigating services to explain where themes overlapped and where distinctions needed to be maintained.



SESSION 2: PART 2
TABLE DISCUSSIONS OF KEY THEMES (CONT.)

Access to appropriate and affordable mental health care
Access to mental health services was a significant concern across the discussions. Consumers described difficulties finding appropriate services, navigating referral pathways and obtaining timely support, particularly when specialist care was required.

Attendees highlighted that the availability of services did not necessarily translate into meaningful access, particularly where care was unaffordable, difficult to navigate or unsuitable for individual needs.

"The access needed but not afforded."

Discussions also raised the importance of adequate workforce capacity, access to psychiatrists and other mental health professionals, and ensuring services are sufficiently resourced to respond to community demand.

Navigating services and continuity of care
Consumers described challenges associated with moving between mental health services, particularly when transitioning from hospital-based care to community support.

Attendees highlighted fragmented communication between providers, repeated assessments and the emotional burden of continually explaining their circumstances to new professionals.

"Every time you are at a new service it's the same background & same questions being asked."

The importance of coordinated care, clear communication between services and ongoing support throughout the mental health journey was repeatedly emphasised.
Consumers also discussed the need for better information about available services and greater assistance navigating the mental health system.

Crisis responses and care environments
Attendees questioned whether traditional Emergency Departments consistently provide appropriate environments for people experiencing mental health crises.
Discussions highlighted the importance of safe, compassionate and therapeutic crisis responses, including access to appropriately trained staff and alternatives to hospital-based emergency care.

Consumers also considered how the design and environment of mental health facilities can influence people's experiences of care, including their sense of safety, dignity and wellbeing.

The need for services that respond appropriately to different levels of crisis and provide support before situations escalate was also raised.

Inclusive, specialised and trauma-informed care
Consumers emphasised that mental health care must recognise the diverse circumstances and needs of individuals, rather than relying on a single approach to service delivery.

Discussions considered the experiences of neurodivergent people, Aboriginal people, culturally diverse communities and other groups who may require specialised or adapted support.

SESSION 2: PART 2
TABLE DISCUSSIONS OF KEY THEMES (CONT.)

Some attendees questioned whether neurodiversity should be considered separately from broader themes relating to vulnerable groups, highlighting the importance of ensuring that specific needs are not overlooked.

Consumers also emphasised the importance of trauma-informed and compassionate care, recognising that previous experiences of trauma can significantly influence how people engage with mental health services.

Prevention, early intervention and social circumstances
Attendees discussed the importance of identifying mental health concerns early and providing appropriate support before people reach crisis point.

Consumers highlighted the need to recognise individual triggers and early warning signs, alongside improving mental health education and awareness within the broader community.

Discussions also acknowledged that mental health is influenced by circumstances beyond the healthcare system, including housing, financial pressures, family circumstances and social connection.

Attendees emphasised the value of proactive approaches that promote wellbeing and address contributing factors, rather than focusing solely on treatment after mental health challenges have escalated.

Families, carers and shared decision-making
The experiences of families and carers were an important area of discussion, particularly the need to recognise those providing ongoing practical and emotional support.

Consumers described the complexity of family involvement, including differences between family members who provide day-to-day care and those who may be less directly involved.

"A lot of family have a lot to say when they're not the ones doing the heavy lifting."

Attendees also discussed the importance of involving families and carers appropriately in decisions about treatment and care, while respecting the wishes, autonomy and privacy of the person receiving support.

"If the person's diagnosis is something scary they can shut off and that is when they most need family/carer support & shared decision making."

The discussions highlighted the importance of genuine shared decision-making, clear communication and ensuring that consumers feel heard and supported when making decisions about their care.

Lived experience and peer support
The value of lived experience and peer support emerged across multiple table discussions.

Consumers emphasised the unique understanding and connection that can come from receiving support from someone with firsthand experience of mental health challenges.

SESSION 2: PART 2
TABLE DISCUSSIONS OF KEY THEMES (CONT.)

"They may not have the exact same experience, but they know what you're going through which is invaluable."

Attendees also discussed the importance of recognising lived experience expertise within the mental health workforce, including opportunities to embed peer support roles and involve people with lived experience in improving service delivery.
These discussions reinforced the value of lived experience perspectives not only in direct care, but also in shaping how mental health services are designed and delivered.

Stigma, language and broader experiences of mental health
Consumers highlighted the impact of stigma, judgement and dismissive attitudes on people's experiences of seeking and receiving mental health support.

Discussions considered stigma within the broader community as well as within healthcare settings, including the importance of respectful communication and avoiding assumptions about people experiencing mental health challenges.

Attendees also questioned the use of terminology that may be perceived as stigmatising or overly clinical.

The scope of addiction-related mental health challenges was also discussed, with consumers identifying the need to recognise gambling, gaming, prescription medication misuse and other forms of addiction alongside alcohol and other drug use.

These discussions demonstrated the importance of ensuring that research priorities use inclusive, respectful language and reflect the breadth of consumer experiences.

Summary of initial table discussions
Across the four tables, attendees identified strong connections between many of the preliminary themes, while also highlighting areas where distinct experiences and support needs should remain visible.

Several recurring considerations emerged, including the importance of appropriate rather than simply available services, coordinated care across the mental health journey, inclusive and trauma-informed approaches, meaningful family and carer involvement, and the integration of lived experience expertise.

The table discussions provided an opportunity for consumers to challenge assumptions, share different perspectives and identify areas requiring further consideration. These insights were then brought forward into Session 3, where attendees worked collectively to refine the wording, consolidate overlapping themes and reach majority consensus on 10 broader mental health research priorities.

"People already in hospital need to be aware of these priorities as well, so they are aware of what the community/consumer need, want & value."

SESSION 3: FINALISE KEY THEMES

Following the table discussions, attendees came back together to review the feedback from each group and collectively refine the 21 preliminary mental health research themes.

Facilitators shared the key observations, suggested changes and areas of overlap identified at their tables during Session 2. Consumers then worked collaboratively to identify themes that could be combined, refine their wording and determine which should remain distinct.

The process focused on reducing duplication without losing important aspects of the original themes. Decisions were guided by majority consensus, recognising that attendees brought different lived experiences and perspectives to the discussions. While not all consumers supported every proposed change, the process enabled the group to reach a collective outcome while acknowledging differing views.



Lived Experience and Peer Support

The original theme of Lived experience and peer support (N) was considered relevant *across multiple research priorities* rather than being limited to one area of mental health care.

Consumers highlighted the importance of lived experience expertise in service design, workforce development, peer support, continuity of care and reducing stigma.

Lived experience and peer support were therefore identified as an *overarching consideration to be embedded across the final priorities*, rather than retained as a separate theme.

Changes to Wording and Scope

In addition to consolidating related themes, consumers refined the wording of the priorities to better reflect their lived experiences and ensure the language was clear, inclusive and comprehensive. Changes included broadening the focus of access to care to recognise affordability and service capacity, emphasising ongoing support throughout the mental health journey, and incorporating social circumstances into prevention and wellbeing.

Attendees also highlighted the importance of retaining recognition of diverse and specialised needs within broader themes. Notably, 'Alcohol or drug use' was expanded to 'Alcohol, other drugs and other addictions' to acknowledge behavioural addictions such as gambling and gaming. These changes helped ensure the final priorities captured the breadth of issues raised during the workshop without unnecessary duplication.

SESSION 3: FINALISE KEY THEMES (CONT.)

Consolidation of Related Themes

Table 3: Consolidated themes from RPM Workshop

Original themes	Revised theme	Rationale
A. Timely access; **B.** Affordable mental health care; **C.** Service capacity, workforce and beds	A. Timely, affordable, accessible mental health care services with workforce and resources to meet community needs	Recognised that affordability, waiting times and service capacity are interconnected barriers to accessing appropriate care.
D. Crisis response and alternatives to Emergency Departments; U. Hospital environment and design	B. Alternative mental health crisis responses and care ensuring appropriate environments and design	Brought together how people receive crisis care and the suitability of the environments in which it is delivered.
E. Transitional and post-hospital discharge care; **F.** Continuity and coordination; **G.** Supporting ongoing or severe conditions	C. Continuity and coordination of transitional mental health care with ongoing support on/during the journey	Recognised the need for coordinated care across services, particularly during transitions and for people requiring longer-term support.
H. Early intervention; **R.** Social circumstances that affect mental health; **T.** Positive wellbeing and prevention	D. Proactive prevention and early education, intervention and wellbeing including social circumstances that affect mental health	Brought together prevention, early support, education and the broader circumstances influencing mental health.
I. Specialised support for vulnerable groups; **J.** Neurodiversity; **M.** Trauma-informed care; **P.** Culturally safe and inclusive care	E. Inclusive, personalised and trauma-informed responsive care specialised for vulnerable groups	Recognised the need for care that responds to individual circumstances, while retaining consideration of specialised, cultural and trauma-related needs.

SESSION 3: FINALISE KEY THEMES (CONT.)

Themes retained as standalone priorities
Five themes remained distinct, with one undergoing a wording change.

Table 4: revised wording of standalone priorities

Original themes	Revised theme
K. Support and involvement for families and carers	F. Support and involvement for families and carers
L. Reducing stigma, judgement and bias	G. Reducing stigma, judgement and bias
O. Shared decision-making and person-centred care	H. Shared decision-making and person-centred care
Q. Alcohol or drug use	**I. Alcohol, other drugs and other addictions**
S. Appropriate diagnosis and specialist assessment	J. Appropriate diagnosis and specialist assessment

Outcome of Session 3
Through a process of discussion, refinement and majority consensus, the original 21 preliminary themes were consolidated into 10 broader mental health research priorities.

Five priorities were developed by combining related themes, five remained distinct, and lived experience and peer support was recognised as an overarching consideration across the priorities.

The process sought to reduce duplication while preserving the breadth of issues raised through the community survey and workshop discussions. Where differing perspectives remained, these were acknowledged as important considerations for future research.

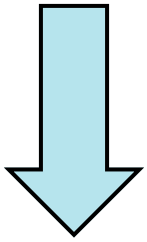
The 10 consolidated themes were then carried forward into Session 4 for prioritisation and ranking.

SESSION 3: FINALISE KEY THEMES (CONT.)

The following revised themes were identified and agreed upon by the consumers in attendance.

Table 5: Final 10 priorities from RPM Workshop

A	Timely, affordable, accessible mental health care services with a workforce and resourses to meet community needs
B	Alternative mental health crisis responses and care ensuring appropriate environments and design
C	Continuity and coordination of transitional mental health care with ongoing support on/during the journey
D	Proactive prevention and early education, intervention and wellbeing including social circumstances that affect mental health
E	Inclusive, personalised and trauma informed response care, specialised for vulnerable groups
F	Support and involvement for families and carers
G	Reducing stigma, judgement and bias
H	Shared decision-making and person-centred care
I	Alcohol, other drugs and other addictions
J	Appropriate diagnosis and specialist assessment

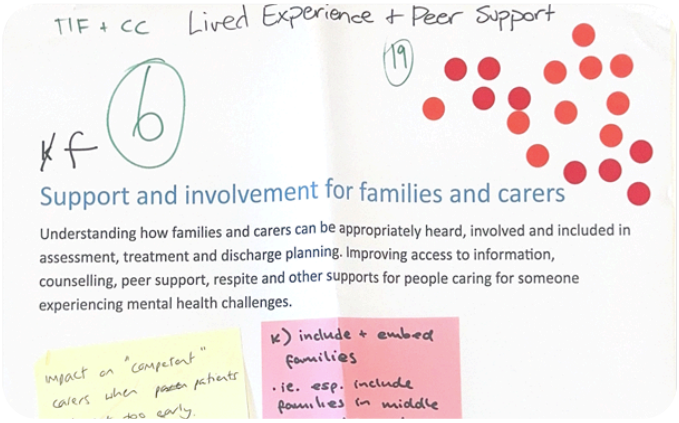


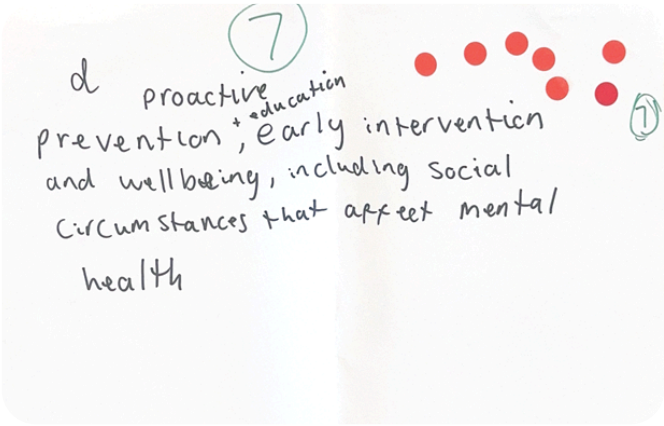
LIVED EXPERIENCE AND PEER SUPPORT EMBEDDED ACROSS ALL 10 RESEARCH PRIORITIES

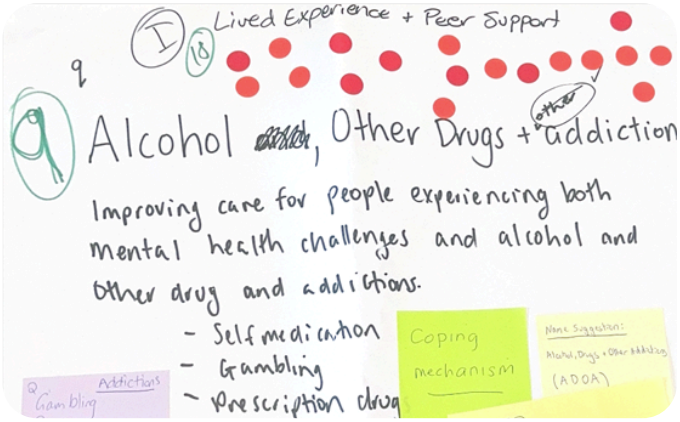
SESSION 4: RANKING TOP PRIORITIES

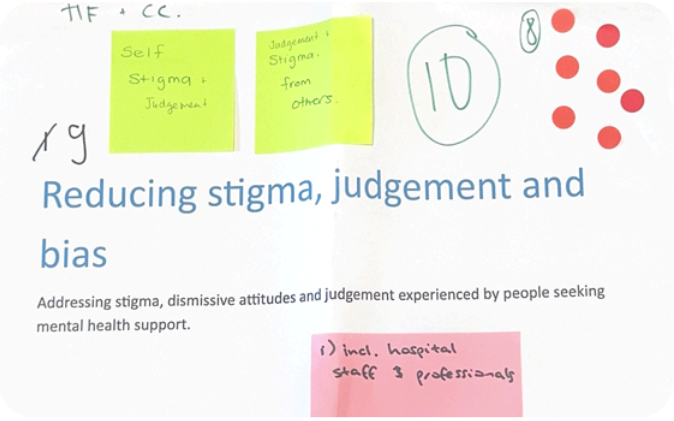
Table groups were now asked to discuss and rate priorities with respect to the most important through to those of lesser importance and urgency. Consumers were assured that all of these priorities would be considered and no detail from today's discussions would be lost, but it was important to have a lived experience perspective on what the top priorities for the community are. Following in depth discussions, debate, and sharing of personal experiences, each table provided their table's final list of priorities which was collated and averaged by the CCIProgram team.

Of note, 2 priorities received the same score as both the 6th and 8th most important priorities. The final ranking was determined using a dotmocracy process whereby consumers were invited up to the physical posters table by table and used coloured dots to vote on the tied priorities. The posters with the most dots were ultimately determined to rank higher in importance.









SESSION 4: RANKING TOP PRIORITIES (CONT.)

Consumer perspectives on prioritisation
During the ranking discussions, consumers were encouraged to consider not only their personal experiences, but also which research priorities would have the greatest impact on mental health care across the wider community.

Access to appropriate mental health care emerged as the strongest shared priority. Participants recognised that timely and affordable services, supported by an adequately resourced workforce, are fundamental to addressing many of the other challenges identified throughout the workshop.

Discussions also highlighted the interconnected nature of the priorities. Some consumers suggested that improvements in access, coordination and early intervention could positively influence outcomes across several other areas, including ongoing care and crisis prevention.

While there was broad agreement about the importance of accessible services, participants expressed different views about the relative importance of other priorities. In particular, some felt that shared decision-making and person-centred care should rank higher, given their importance across all aspects of mental health treatment.

These discussions reinforced that the final rankings represented a collective assessment of priorities rather than a suggestion that lower-ranked themes were unimportant.





SESSION 5: FINAL PRESENTATION OF TOP 10 PRIORITIES

Figure 6: Final Top 10 Ranked Priorities from RPM Workshop

1. Timely, affordable, accessible mental health care services with a workforce and resources to meet community needs
2. Alternative mental health crisis responses and care ensuring appropriate environments and design
3. Continuity and coordination of transitional mental health care with ongoing support on/during the journey
4. Inclusive, personalised and trauma informed response care, specialised for vulnerable groups
5. Appropriate diagnosis and specialist assessment
6. Support and involvement for families and carers
7. Proactive prevention and early education, intervention and wellbeing including social circumstances that affect mental health
8. Shared decision-making and person-centred care
9. Alcohol, other drugs and other addictions
10. Reducing stigma, judgement and bias

Additional considerations from a lived experience perspective

Table 6: Additional Lived Experience Considerations from RPM Workshop

Priority	Additional Considerations
1. **Timely, affordable, accessible mental health care services with a workforce and resources to meet community needs**	Improve navigation of the mental health system and access to appropriate specialists, including psychiatrists. Consider affordability, workforce capacity and access to care outside hospital settings. Recognise that finding the right service is as important as service availability.
2. **Alternative mental health crisis responses and care ensuring appropriate environments and design**	Explore alternatives to Emergency Departments, including dedicated mental health crisis services and more appropriate, therapeutic environments. Consider how staff training, facility design and earlier intervention can improve experiences during crisis.
3. **Continuity and coordination of transitional mental health care with ongoing support on/during the journey**	Improve communication and information sharing between services to reduce repeated assessments and the need for consumers to continually retell their experiences. Strengthen transitions between hospital and community care, youth and adult services, and support for people with ongoing or complex needs.
4. **Inclusive, personalised and trauma informed response care, specialised for vulnerable groups**	Ensure the distinct needs of neurodivergent people, Aboriginal people, culturally diverse communities and other vulnerable groups remain visible. Consider cultural and religious needs, experiences of trauma and family and domestic violence, and the importance of appropriately trained staff.
5. **Appropriate diagnosis and specialist assessment**	Improve access to timely and appropriate specialist assessment, particularly for people with complex or co-occurring conditions. Consider the impact of diagnosis on consumers and families, including the importance of clear explanations, compassionate communication and avoiding stigmatising terminology such as 'treatment resistant'.

Additional considerations from a lived experience perspective (continued)

Priority	Additional Considerations
6. **Support and involvement for families and carers**	Recognise the practical and emotional responsibilities of carers, including differences in levels of family involvement. Improve information, education and support for carers while respecting consumer autonomy, privacy and consent. Consider the role of families in supporting people during diagnosis, treatment and transitions between services.
7. **Proactive prevention and early education, intervention and wellbeing including social circumstances that affect mental health**	Strengthen community mental health education and awareness, including recognising early warning signs and individual triggers. Consider the influence of housing, financial stress, social isolation and other social circumstances. Explore opportunities to intervene before mental health concerns escalate into crisis.
8. **Shared decision-making and person-centred care**	Ensure consumers are genuinely involved in decisions about their treatment and care, rather than consultation being a formality. Consider the complexities of shared decision-making in voluntary and involuntary treatment settings, including balancing autonomy, safety and family involvement.
9. **Alcohol, other drugs and other addictions**	Recognise behavioural addictions, including gambling and gaming, alongside alcohol, illicit drugs and prescription medication misuse. Consider co-occurring mental health conditions, stigma and the need for coordinated support across mental health and addiction services.
10. **Reducing stigma, judgement and bias**	Address judgement and discrimination within healthcare services as well as the broader community. Improve mental health awareness, respectful communication and staff attitudes. Consider how negative experiences and stigmatising language can discourage consumers from seeking or continuing care.

NEXT STEPS FOR CONSUMER INVOLVEMENT AT JOONDALUP HEALTH CAMPUS

The 10 research priorities identified through the workshop will provide valuable guidance to the Joondalup Health Campus (JHC) team in understanding the mental health issues most important to consumers and the community. The findings will help inform discussions about future research opportunities, with the additional insights and considerations raised throughout the workshop providing further context for researchers.

Many attendees expressed an interest in remaining connected with the JHC team and contributing to future research and consumer involvement opportunities. All attendees will receive a copy of this Summary Report, with further opportunities for involvement shared through the CCIProgram as they arise.

The CCIProgram looks forward to continuing to support research and meaningful consumer and community involvement at Joondalup Health Campus.

Our sincere thanks go to all consumers, scribes, facilitators and JHC team members who contributed to the workshop. The willingness of consumers to share their experiences, perspectives and ideas was invaluable in shaping these priorities and will help guide future mental health research that reflects the needs of the community.



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