

# A SEAT AT THE TABLE

## BACKGROUND

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Seat at the Table (SATT) brought young people from refugee and asylum seeker backgrounds together with mental health service providers in Melbourne’s western suburbs.

SATT was designed to explore whether co-design is an appropriate and effective method in health promotion. This was highlighted as important because of the recent trend in using co-design as a model for community engagement, when it is in fact a labour and resource intensive model.

SATT ran from 2016 –to2018 and actively worked to engage stakeholders throughout this time (both young people with lived experience and service providers from across the HealthWest catchment) (Figure 1).

### SATT Model:

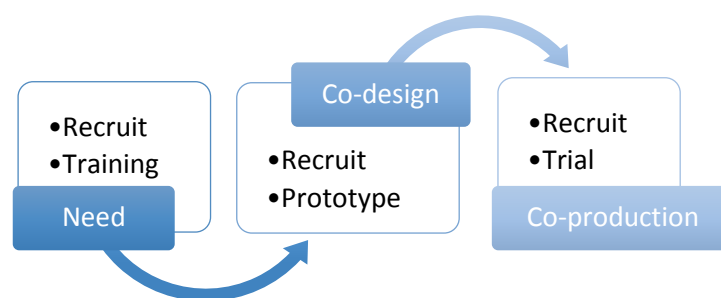


Figure 1

### PARTNERS (include logos)

- Foundation House
- Western Health
- Headspace
- Orygen Youth Health
- cohealth
- Brimbank City Council
- Asylum Seeker Resource Centre
- Liberian Youth Association Inc.
- Neami
- Carers Victoria
- Hobsons Bay City Council
- Maribyrnong City Council

## METHOD

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The project used its co-design (and later co-production) approach to design and pilot ideas around barriers and stigma to help-seeking behaviour in mental health.

The co-design model incorporates all stakeholders in solving a problem. Co-production incorporates all these stakeholders further, in the trial and implementation of the proposed solution(s). Both attempt to develop an “equal and reciprocal relationship between health services, people using the services and their families”<sup>1</sup>.

Co-design is not JUST engagement or consultation. It aims to further build capabilities and capacities of people to enable the change they want to see.

This design introduces issues of power imbalances between the young people and the service providers. To manage the issues around power (for example perceived authority, experience,

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<sup>1</sup> Boyle, D., Coote, A., Sherwood, C. and Slay, J. 2010. Right here, right now: Taking co-production into the mainstream. NESTA, NEF, The Lab. London. P. 3

privilege and decision-making control), SATT involved a shifting of responsibility over time. At the beginning of the project the service providers played a vital role (with a high level of contribution). As the project developed young people began taking more control in the piloting and co-production. HealthWest Partnership was responsible for bringing all stakeholders together, both mental health service providers and young people from refugee and asylum seeker backgrounds, and managed the project's co-design process.

## OUTCOMES

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Evaluation findings from SATT indicate that a co-design and co-production process can help young people from refugee and asylum seeker backgrounds to engage in the process of reducing stigma around mental health.

For stakeholders involved in the project, the project:

- Developed the capacity of mental health services providers
- Changed young people's perception of service providers
- Assisted young people in talking about mental health
- Provided peer support.

SAAT acted as an exemplary model of participation for service providers when engaging community, and its findings can be applied by service providers in future initiatives.