SKETCH GROUP RESEARCH REPORT

Graphic Facilitation in Mental Health Service Design

A practice-based evaluation of graphic recording as a tool for consumer and carer engagement in mental health service improvement

CLIENT	St. Vincent's Hospital Melbourne (SVHM)
PROJECT PERIOD	2022 – 2024
SCOPE	19 graphic facilitation sessions across consumer, carer, and staff cohorts
PARTICIPANTS	63 consumers and carers | 20 staff and decision-makers
RECOGNITION	Presented at TheMHS National Conference, Canberra (2024) and Occupational Therapy Australia National Conference, Melbourne (2024)
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This is a research report produced by Sketch Group. It documents findings from a specific client engagement and has not been submitted for academic peer review. Data presented reflects participant survey responses collected during the project. Participant quotes are reproduced with permission as recorded in project documentation.

OVERVIEW

Executive Summary

This report documents findings from a two-year graphic facilitation program delivered by Sketch Group in partnership with the Transformation Team at St. Vincent's Hospital Melbourne (SVHM). The program was designed to support SVHM's response to the *Royal Commission into Victoria's Mental Health System*, which called for meaningful inclusion of consumer and carer voices in the design and delivery of mental health services.

Across 19 sessions involving 63 consumers and carers and 20 staff and decision-makers, graphic facilitation demonstrated strong, consistent outcomes across every cohort measured. Participants reported elevated attention, deeper concentration, a stronger sense of being heard, and greater capacity to generate and share ideas.

95%	**92%**	**87%+**	**95%**
of consumers and carers enjoyed the process	felt listened to across all groups	reported improved attention and idea generation	of staff rated the sketch better than written minutes

Beyond the quantitative results, the project generated a body of qualitative evidence demonstrating that graphic facilitation can meaningfully shift power dynamics in consultation settings, support participation by people from non-English-speaking backgrounds, help participants in complex clinical environments sustain focus and engagement, and produce artefacts that continue to influence decision-making long after the session ends.

The program was subsequently presented by SVHM clinical staff at two national conferences — TheMHS National Conference in Canberra (2024) and the Occupational Therapy Australia National Conference (2024) — with Sketch Group graphically recording both presentations. This report is intended to share those findings with practitioners, service designers, and organisational leaders evaluating visual facilitation as a tool for engagement.

BACKGROUND

Context and Project Origins

In 2020, the *Royal Commission into Victoria's Mental Health System* delivered a landmark finding: that the voices of people with lived experience of mental ill-health had been systematically underrepresented in decisions about service design and delivery. The Commission's recommendations called for structural changes to elevate consumer and carer participation — not as a tokenistic add-on, but as a genuine input to how mental health services are shaped.

For SVHM's Transformation Team, this created a clear mandate but also a practical challenge: how do you design consultation processes that are genuinely accessible to people who may be navigating significant personal complexity, cognitive load, language barriers, or prior experiences of not being heard? Traditional focus groups and written consultation methods risk reinforcing the very power imbalances they seek to address.

The project team proposed graphic facilitation as a potential solution. The hypothesis was that having a skilled illustrator capture the conversation in real time — visible to all participants throughout the session — would reduce barriers to participation, create a more equitable dynamic, and produce a lasting record of consumer and carer voice that could be acted upon.

What is Graphic Facilitation?

Graphic facilitation involves a trained visual practitioner capturing the content, themes, and energy of a live conversation through real-time illustration — typically on large-format paper using markers and hand-drawn text, displayed prominently throughout the session. At Sketch Group, we offer this as **LiveSketch™** — our service for single-source formats such as keynotes and plenary presentations — and **GroupSketch™**, our service for facilitated group discussions, where the illustrator works in close partnership with the facilitator to capture a multi-voice conversation.

Unlike meeting minutes or written notes produced after the fact, the graphic record is visible and evolving throughout the conversation. Participants can see their words represented in real time, correct the record if something is missed or misrepresented, and use the image as a prompt to build on earlier contributions. The artefact can then be shared with stakeholders, displayed in public spaces, or used as a reference in subsequent planning processes.

Research Context

Research in participatory design and community engagement has identified graphic facilitation as a method that can reach difficult-to-engage groups, redistribute expertise within group settings, and create inclusive participatory environments (Sandholdt et al., 2022). Its application in mental health consumer engagement settings has, however, been under-documented — making this project a meaningful contribution to the evidence base.

A consolidated studio visual synthesising consumer narratives across multiple LiveSketch™ sessions. Created by Sketch Group for St. Vincent's Hospital Melbourne.

Project Scope and Structure

The project was funded through a grant from the St. Vincent's Health Australia **Health Equity Program** and delivered in partnership with specialist clinical facilitators from SVHM. It ran over two years and comprised three engagement streams:

Stream	Format	Sessions	Participants
Consumer Sessions	Group focus groups; people with lived experience of mental ill-health	11	67 invited; 41 surveyed
Carer Sessions	Group focus groups; families, carers and supporters	6	26 invited; 22 surveyed
Staff and Management	Group workshops; clinical team and service managers	2	20 staff and decision-makers
TOTAL		19	83 participants; 63 surveyed

All 19 sessions were conducted in group focus group format. Consumer groups averaged approximately six participants per session; carer groups averaged approximately four. Some consumer focus groups were held in SVHM inpatient ward settings; carer sessions were generally conducted in quiet community venues. Staff and management sessions were held in clinical meeting rooms.

METHOD

Evaluation Approach

The evaluation approach evolved during the project in response to practical constraints. The original plan called for 1:1 post-session interviews with all participants. As operational funding became more limited, the evaluation was adapted to a brief digital survey administered at the end of each session — a change that improved completion rates and reduced burden on participants.

Surveys were completed on a 10-point scale anchored at 1 (*Definitely Not*) and 10 (*Absolutely Yes*). Visual anchors — smiley faces, ticks, thumbs, and stars — were used in the consumer and carer surveys to support accessibility and reduce cognitive load. Staff and management surveys included additional questions relating to decision-making utility.

Survey Instruments by Cohort

Question	Consumers and Carers	Staff and Managers	Conference Attendees
Did you enjoy watching the graphic facilitator?	Yes	Yes	Yes
Did the sketching help you pay attention and concentrate?	Yes	Yes	Yes
Did the sketching help you feel listened to?	Yes	Yes	Yes
Did the sketching help you generate ideas?	Yes	Yes	Yes
Did the sketch accurately reflect key discussion points?	—	Yes	Yes
Did the sketch assist in reaching group decisions?	—	Yes	—
Is the sketch more useful than written minutes?	—	Yes	Yes

Participation Rates

Survey completion rates were high across all cohorts:

Cohort	Total Attendees	Survey Responses	Completion Rate
Consumers	67	41	61%
Families, Carers and Supporters	26	22	85%
Staff and Management	21	21	100%
Conference Attendees (TheMHS and OT)	~50+	25	n/a

Note on consumer completion rate

The 61% survey completion rate among consumers reflects the clinical complexity of the cohort. Many participants were actively receiving inpatient or outpatient mental health services at the time, and in a number of cases were unable to complete surveys due to session circumstances or capacity on the day. Qualitative observations from these sessions were nonetheless rich and are reported in Section 4.

GroupSketch™ capture from a families, carers and supporters focus group at St. Vincent's Hospital Melbourne, November 2023.

FINDINGS

Results by Cohort and Outcome Domain

Results are presented across five core outcome domains, with data reported separately by cohort where survey instruments differ. All scores are expressed as a percentage of the maximum possible score (10/10 = 100%).

Summary Results Table

Outcome Domain	Consumers (n=41)	Carers (n=22)	Staff and Managers (n=21)	Conference (n=25)
Enjoyment of the process	95%	95%	96%	96%
Attention and concentration	86%	89%	91%	97%
Feeling listened to	92%	92%	83%	92%
Idea generation	87%	93%	85%	94%
Accuracy of the record	—	—	86%	92%
Assists in reaching group decisions	—	—	79%	—
Better than written minutes	—	—	95%*	92%**

** Scored as Yes / Maybe / No; percentage reflects Yes responses. All remaining respondents answered Maybe. ** Conference survey phrased as 'more useful than written notes'.*

Findings by Domain

1. Enjoyment and Engagement with the Process

Enjoyment scores were consistently high across all cohorts — 95% or above — making this the most uniformly positive result in the dataset. This consistency is notable given the diversity of participants, ranging from people managing active mental health conditions in inpatient settings to experienced clinicians and conference delegates from across Australia.

> *"I love watching the artist at work. I really like this tool; I wish we got to use it more."*
>
> — Consumer participant

> *"Really enjoyed it and it went so fast."*
>
> — Conference attendee

Facilitators noted that participants frequently commented spontaneously on the novelty and appeal of the process — including one consumer who expressed delight at seeing their pet included in the illustration as a representation of their personal story.

2. Attention and Concentration

Scores for attention and concentration showed the most variation across cohorts. Consumer sessions returned 86% — the lowest result in the dataset — which the clinical facilitators attributed to the environmental context: several consumer focus groups were conducted in busy inpatient ward settings. Despite this, scores remained well above the project's 70% target threshold across all groups.

Significantly, facilitators observed that graphic facilitation appeared to provide a stabilising anchor in complex environments — allowing people to re-engage with the discussion by referencing the visual record after brief periods of distraction.

> *"Sorry I zoned out for a bit there but I was looking at the picture and realised I wanted to add something..."*
>
> — Consumer participant

> *"I have been looking at this image for a while and have remembered what I wanted to say, can I add..."*
>
> — Family, carer and supporter participant

3. Feeling Listened To

Across consumers and carers, 92% reported feeling listened to — one of the highest-scoring results for those cohorts. Among staff and managers the result was 83%, likely reflecting the different nature of those sessions: for consumers and carers, the experience of having their words visually captured and displayed was often novel and particularly resonant.

> *"Thank you for having this session, usually managers and services don't really want to hear what we have to say but you really listened to us. It is cool to see all our ideas up there."*
>
> — Consumer participant

> *"It feels really good to see my experience of caring for my family member being captured and heard like this."*
>
> — Family, carer and supporter participant

The graphic record also functioned as a live accountability mechanism: facilitators would regularly invite participants to review what had been captured and confirm its accuracy, which led to real-time corrections and a stronger sense of participant agency.

Live GroupSketch™ capture from a consumer focus group at St. Vincent's Hospital Melbourne, November 2023.

4. Idea Generation

Carer participants rated graphic facilitation most highly for idea generation (93%), followed closely by conference attendees (94%), consumers (87%), and staff (85%). For carer groups, this was often the first focus group experience, and facilitators observed that the visual record of themes and concerns created a visible pathway from identifying problems to generating solutions.

> *"It is really good that idea was on the wall because it got me thinking about this other issue."*
>
> — Family, carer and supporter participant

> *"Now I can see the group around addressing guilt and shame I think what is actually needed is a group on self-compassion."*
>
> — Consumer participant

5. Accuracy and Utility as a Decision-Making Record

Staff and management participants were asked two additional questions: whether the sketch accurately reflected key discussion points (86%), and whether it assisted in reaching group decisions (79%). When asked whether the graphic record was more useful than traditional written minutes, 95% of staff and 92% of conference attendees responded Yes — and crucially, no participant across any cohort indicated they preferred written minutes. Every remaining respondent answered Maybe.

> *"Was surprised at the accuracy of recording and ability to pick up nuance of discussion for what is a relatively niche topic."*
>
> — Staff participant

> *"I am a visual learner. The meeting was more interactive, exciting and enjoyable. The sketcher captured everything accurately and reflected the learning succinctly. Absolutely amazing to be involved in this exercise!"*
>
> — Staff participant

QUALITATIVE FINDINGS

Observed Effects Beyond the Survey

The formal survey captured five defined outcome domains. Facilitators' observations documented a number of additional effects that emerged consistently across sessions but were not captured in the structured data.

Increased Participation

Participants engaged through oral, written, and drawn communication simultaneously. Facilitators noted that compared to other focus group formats, participants remained focused and engaged for significantly longer periods. For participants whose first language was not English, the visual representation of discussion content enabled comprehension and participation in ways that text-based methods could not support.

Empowerment and Voice

The live nature of graphic recording — where participant contributions are captured without interpretation or editing — created a tangible sense of validation. Participants could see their words and ideas on the wall, in their own language, and request changes if anything was inaccurate. For consumer and carer cohorts with prior experiences of not being heard, this was described as qualitatively different from other consultation processes.

Enriched Discussion

Displaying completed graphic records in SVHM clinical areas generated ongoing conversations among staff, service users, and visitors long after sessions concluded. Staff reported that the images served as persistent reminders of consumer and carer expectations, reinforcing the case for continued service improvement.

Facilitator Support

Staff who facilitated graphically recorded sessions reported that the presence of the graphic recorder freed them to focus entirely on deep listening, group dynamics, and participant support — rather than dividing attention between facilitation and note-taking. The completed record also allowed facilitators to re-engage with discussion content after stepping out to support a participant.

Shared Learning Environment

Graphic facilitation created an environment in which multiple forms of expertise were valued simultaneously — clinical knowledge from facilitators, creative and reflective skill from the graphic recorder, and lived experience from participants. Several facilitators described this as fostering a quality of collective sense-making distinct from more hierarchical consultation formats.

CONFERENCE FINDINGS

Engagement at National Mental Health Conferences

The project generated sufficient interest within the mental health sector that SVHM clinical staff chose to present findings at two national conferences in 2024. Natalie Newman (Occupational Therapist, SVHM) and Philippa Hemus (SVHM Transformation Team) presented at TheMHS National Conference in Canberra; Natalie Newman also presented at the Occupational Therapy Australia National Conference in Melbourne. Sketch Group graphically recorded both presentations, which also included participatory workshops allowing conference delegates to experience graphic facilitation firsthand.

Conference	Year	Presenters
TheMHS National Mental Health Services Conference, Canberra	2024	Natalie Newman and Philippa Hemus (SVHM)
Occupational Therapy Australia National Conference, Melbourne	2024	Natalie Newman (SVHM)

Conference delegates were experienced mental health professionals encountering graphic facilitation in a novel context. Their responses demonstrate that the benefits observed in the SVHM clinical setting generalise to professional learning environments — and in several domains, conference attendees returned the highest scores of any cohort.

96%	97%	92%	94%	92%
enjoyed the process	improved attention	felt listened to	generated ideas	rated sketch better than written notes

> *“I loved the accessibility of it for consumers and the effectiveness in communicating consumer's needs within mental health services.”*
>
> — Conference attendee

> *“Fantastic presentation — so glad you presented this at the forum. I have used this approach with mental health projects and I appreciate how useful and powerful it is in gathering voices.”*
>
> — Conference attendee

DISCUSSION

What the Findings Mean

The results of this evaluation are consistent across all cohorts and outcome domains, which is perhaps the most significant finding. Whether the participant was a consumer managing active mental health conditions, a family carer attending their first focus group, an experienced clinical manager, or a health professional at a national conference, the core outcomes held: graphic facilitation increased engagement, supported a sense of being heard, and helped people generate and share ideas.

It works in difficult environments.

The consumer sessions in this project were conducted in some of the most challenging contexts for a group facilitation method — inpatient psychiatric wards, noisy common areas, with participants managing active symptoms. The results remained strong. This suggests that the benefits of graphic facilitation are robust rather than dependent on ideal conditions.

It produces artefacts that outlive the session.

Unlike notes or minutes, graphic records are visually striking, accessible without high literacy levels, and designed to be displayed. In this project, artefacts hung in SVHM clinical areas for months after sessions concluded, continuing to prompt conversations between staff and service users. The investment in the session generates ongoing returns.

It changes the room.

The presence of a graphic recorder appears to shift group dynamics in ways that survey data only partially captures. Facilitators consistently described a different quality of participation — more equitable, more generative, more connected — in graphically recorded sessions compared to traditional formats. This is consistent with the literature on participatory design methods and suggests graphic facilitation earns its place not just as a documentation tool but as a facilitation tool in its own right.

On limitations

This report documents findings from a single client engagement. The absence of a control condition means it is not possible to make causal claims about the effects of graphic facilitation relative to other methods. Consumer survey completion rates (61%) reflect the clinical complexity of the cohort and may introduce some response bias toward participants with greater capacity on the day. These limitations are inherent to practice-based evaluation in complex service environments.

ABOUT

About Sketch Group

Sketch Group is an award-winning visual consultancy based in Melbourne, Australia. We use sketching to tell stories, solve problems, explain ideas, and capture conversations — working with corporate, government, health, education, and not-for-profit organisations across Australia and internationally.

Our team of illustrators, animators, graphic recorders, and videographers believe everyone wants to be understood — and that visual literacy is the key to better communication. We use our visual capabilities to bring important stories to life: on the screen, in the boardroom, and in the hearts and minds of an audience.

Our Services

LiveSketch™

Our graphic recording service for single-source formats — keynotes, plenary presentations, and panel discussions where one voice or a defined sequence of voices drives the content. A Sketch Group illustrator captures what is said in real time, producing a large-format visual record that distils the key ideas, themes, and moments from the session.

GroupSketch™

Our graphic recording service for facilitated group discussions — workshops, co-design sessions, focus groups, and stakeholder engagements where the conversation flows between multiple participants. GroupSketch™ requires the illustrator to work in genuine partnership with the facilitator, presenting a unified front to the group and helping participants feel that their contributions are seen, valued, and accurately captured.

Strategic Visuals

Visual frameworks, illustrated summaries, and infographics that make complex ideas accessible and memorable — from boardroom presentations to clinical hallways and public-facing communications.

Animated Video

Explainer videos and animated communications for health, education, and corporate audiences. Our peer-reviewed work in health education animation demonstrates measurable impact on comprehension and behaviour change.

For enquiries about LiveSketch™, GroupSketch™, or any of our visual communication services, please visit **sketchgroup.com.au**