CHIEF PSYCHIATRIST
of Western Australia

Terms of Reference

Office of the Chief Psychiatrist

Lived Experience Consultation Group

May 2025

Background

Chief Psychiatrist Standards and Guidelines

Under the *Mental Health Act 2014*, the Chief Psychiatrist is responsible for the treatment and care of patients of mental health services. This includes publishing standards and guidelines for treatment and care to be provided by mental health services and overseeing compliance with those standards.

Mental Health services are legally mandated, under the *Mental Health Act 2014*, to comply with the Chief Psychiatrist's Standards, as well as any other documents adopted as a Standard by the Chief Psychiatrist that are applicable to their service. Mental Health Services must also ensure that, in the provision of treatment and care to persons who have a mental illness, regard is had to any guidelines published by the Chief Psychiatrist.

The Chief Psychiatrist's standards and guidelines are crucial for consumers and their family/significant others because they provide the framework for the delivery of responsible and accountable care by health service providers. They also provide the opportunity to outline contemporary practices and procedures and provide consistent benchmarks for the level of care that consumers can expect from a mental health service.

The current Chief Psychiatrist's Standards are outlined in the table below.

OCP Standard	Date last published
Aboriginal Practice	2015
Assessment	2015
Care Planning	2015
Consumer and Carer Involvement in Individual Care	2015
Physical Health Care of Mental Health Consumers	2015
Risk Assessment and Management	2015
Seclusion and Bodily Restraint Reduction	2015
Transfer of Care	2015
Authorised Hospital Standards	2019
Sexual Safety of Consumers of Mental Health Services	2024 *
Administration of Electroconvulsive Therapy	2025 *
Standard for Prescribed Medical Practitioners	2025 *

*Not for review as part of this process.

The Chief Psychiatrist also notes that the accepted Standards for mental health services are:

- National Safety Quality Health Service Standards (second edition, 2021) – these are currently being revised – due 2027.
- National Safety and Quality Mental Health Standards for Community Managed Organisations (2022) – other mental health services.

Review of Standards and Guidelines Project

A project is underway to review the Chief Psychiatrist's standards and any related guidelines. Additional guidelines may be developed to support these standards, and new standards and guidelines will be considered as the project progresses.

The project aims to develop standards and guidelines which are:

- Clear, concise and measurable.
- Grounded in contemporary research, stakeholder input and best practice.
- Complies with all legislative requirements including monitoring and reporting per the MH Act 2014.
- Informed by respectful and inclusive consultation.
- Consistently formatted with clear links to other standards where applicable.
- Considerate of health service providers' resource limitations, challenges, and time constraints, ensuring clear reporting requirements which are achievable.

The project will utilise a hybrid consultation strategy to ensure a comprehensive, flexible, and tailored approach which will include the following:

- 1:1 consultation with experts and key stakeholders
- OCP Lived Experience Advisory Group
- Meetings and written feedback requests
- Consultancy Advisory Workshops

OCP recognises the value and imperative of engaging stakeholder feedback (service users and their supporters and allies), as this helps to illuminate unnoticed blind spots along with what is working well. OCP seeks to collaborate with diverse members of these communities to ensure that the standards are not only clinically sound but also resonate with what stakeholders feel is needed to ensure rights-oriented, effective and empathetic mental health care.

To achieve this, the project team will engage with those with lived experience in the following ways:

- Lived Experience Consultant: The Office of the Chief Psychiatrist (OCP) has engaged a Lived Experience Consultant to serve as a directing member of the Project Executive. This ensures that the lived experience perspective is integral to decision-making processes.
- Lived Experience Advisory Group: An OCP Lived Experience Advisory Group will have an ongoing role in the project, providing continuous advice and guidance on the Chief Psychiatrist's Standards and Guidelines and ensuring that key documents are discussed and refined with their insights.
- Co-Chairing Advisory Workshops: The OCP Lived Experience Consultant will co-chair Advisory Workshops alongside the Deputy Chief Psychiatrist. This collaborative leadership approach underscores the value placed on lived experience and ensures that these voices are heard and respected throughout the project.

Terms of Reference

These Terms of Reference are designed to be read in conjunction with the Mental Health Commission's Lived Experience (Peer) Workforces Framework and the Aboriginal and Torres Strait Islander Lived Experience-led Peer Workforce Guide.

1. Aim

The Lived Experience Consultation Group (LECG) supports the Office of the Chief Psychiatrist by providing advice grounded in lived experiences and human rights principles. This advice is to reflect the voices of consumers, family, significant others and other communities with a lived experience of mental health, and mental health service use across the mental health service sector.

The LECG will specifically provide advice to the Chief Psychiatrist as part of the review of the Chief Psychiatrist's Standards and Guidelines.

2. Vision Statement

Creating guidelines and standards which protect human dignity and personal rights through the provision of ethical, accountable and compassionate care.

3. Purpose

The LECG is an advisory body, responsible for ensuring that the voices of consumers, family members and significant others and community members with recent (within the previous 8 years) experience of mental health service engagement, are embedded in the Chief Psychiatrist's Standards and Guidelines.

4. Membership

The LECG will be comprised of 8 diverse designated Lived Experience members, inclusive of emerging Lived Experience Leaders.

The LECG will be co-chaired by the Office of the Chief Psychiatrist's Lived Experience Consultant, and the Deputy Chief Psychiatrist (see 4.2).

The role of the LECG members is to contribute their knowledge and experience to the review of the Chief Psychiatrist's Standards and Guidelines in an advisory capacity only, with final decision-making being held by the Project Executive Group.

To provide additional information and context to the group, the Review of Standards Project Manager will attend LECG meetings.

The expertise and experience required by members of the LECG will ensure diversity and representation across the mental health sector, inclusive of people who have experienced or are experiencing mental health challenges and mental health service use, including that of their families and significant others. Membership will strive to reflect diversity of communities and experiences of distress and service use, and may include, but is not limited to:

- Two people with personal Lived Experience (consumer) perspectives of recent (within the past 8 years) engagement with public mental health services.
- Two family members / significant other perspectives of supporting someone who has engaged with public mental health services voluntarily or involuntarily within the last 8 years.
- Two First Nations people with Aboriginal and Torres Strait Islander cultural expertise (if possible, to include one consumer perspective and one family member and significant other perspective).
- One dual experience service user/family or significant other.
- One person with lived experience of CAMHS or youth services.

The group aims to include representation from diverse backgrounds including gender diversity, age diversity, individuals living in regional or remote locations, Ethnoculturally and Linguistically Diverse, LGBTQIA+, individuals living with co-occurring issues (e.g. Disability, alcohol or other drugs), and those with experience using mental health services.

4.1 Appointments

Members are appointed by the LECG Co-Chairs through a transparent and public recruitment process, which may include informal interviews by a selection panel.

Members will be appointed based on their leadership, experience, knowledge and expertise in the mental health sector and do not represent specific organisations or professions.

Members must be residents of Western Australia.

Members are not to be members of more than two State Government Boards or Committees, including committees that are Ministerially endorsed, and individual membership to any one board should not exceed 10 years in total.

4.2 Co-Chairs

The LECG will be co-chaired by the Office of the Chief Psychiatrist's Lived Experience Advisor, and the Deputy Chief Psychiatrist.

The co-chairs are required to lead the LECG, ensure that it operates effectively, maintain a strategic focus and monitor performance. Specific responsibilities include:

Deputy Chief Psychiatrist:

- Responsibility to ensure any changes will be in line with legislative requirements and will align with the Chief Psychiatrist's policies and procedures.
- Bring system-wide perspective to support discussions and outcomes.
- Demonstrating commitment to a transparent and robust review of the Chief Psychiatrist's Standards and Guidelines.

Lived Experience Consultant:

- Facilitating a safe space for Lived Experience voices to flourish.
- Be the conduit for people to raise their voice.
- Be a contact person for follow up questions.

4.3 Replacement or Termination of Group Membership

Members may resign from the LECG at any time through a written statement to the Co-Chairs.

The Co-Chairs may appoint a replacement through an Expression of Interest, or from those who have previously applied to be a member of the LECG.

The Co-Chairs will work to resolve any emerging issues with group members. Where failure to resolve issues may significantly impact the project, the Co-Chairs reserve the right to terminate members with notice.

4.4 Lived Experience Expertise

Lived experience refers to having an experience which has deeply impacted a person where they have had to evolve or flex around the challenge. It is the embodied wisdom that only comes from living through such events.

Lived Experience expertise uses and builds upon this embodied knowledge and networks gained, to support and influence service delivery and design. Expertise moves from speaking from an individual experience towards representing the collective experience. Lived Experience Expertise has connections to rights-based movements such as CSX Movement, Mad Pride, Disability Justice Movement, Crip Rights, Neurodiversity Movement, Transformative Justice, LGBQTIA+ Movement, Young Carers Movement, Family Rights Movement, Treaty Advocacy Movement, First Nation Justice Movements, etc.

Peer supervision

The OCP supports and encourages peer supervision, but supervision is not required in this role.

4.5 Proxies

Proxies are not permitted, with the exception of staff in attendance from the Office of the Chief Psychiatrist.

5. Accountability

The LECG will be accountable to the Co-Chairs of the group, who will be responsible for the conduct and structure of the meetings.

6. Conduct

Members are required to comply with the Public Sector Code of Ethics outlined in the Public Sector Commissioner's Instruction 40 and the LECG Vision Statement.

Members are expected to uphold the values of mutual respect, shared responsibility, collaboration, flexibility, cultural sensitivity, accountability and ethical decision making.

6.1 Conflicts of Interest

A conflict of interest is defined as any instance where a member has a direct financial or other interest which influences, or may appear to influence, proper consideration within the meeting on a matter or proposed matter.

Members will be required to declare any potential, perceived or actual conflicts of interest which will be managed by the Co-Chairs in accordance with the Public Sector Commission's Conflict of Interest Guidelines.

6.2 Confidentiality

The proceedings, documentation and records of the LECG can be discussed within networks and communities for the purpose of broader consultation, unless otherwise stipulated.

7. Remuneration

Members of the LECG will receive remuneration in accordance with the Mental Health Commission's Consumer, Family, Carer and Community Paid Participation Policy under the Advisor Tier, in blocks of six (6) hours.

The Co-Chair, as a Lived Experience Consultant, will be remunerated in accordance with the terms and conditions of the letter of engagement.

8. Meetings

Meetings will be held when key project targets are met, and as such will be on an ad hoc basis (no more than one meeting per month). Meetings will be held on a Wednesday afternoon, and minimum of 2 two weeks' notice will be provided, at which time relevant papers will be sent to group members for reading prior to the meeting.

Meetings will be for a maximum of 2 hours.

Meetings will be held in person at Workzone, 1 Nash Street, Perth, and over Microsoft Teams.

The Co-Chairs must be in attendance for the meeting to be held.

9. Governance Support and Documentation

The LECG Governance Support is provided and resourced by the Office of the Chief Psychiatrist. Meeting organization including co-ordination of agenda, papers and reporting, drafting of minutes and other records will be the responsibility of, and maintained by the Governance Support.

An agenda and any documentation for pre-reading will be sent approximately one week prior to each meeting.

All documentation remains the property of the Office of the Chief Psychiatrist and will be preserved in accordance with the *State Records Act 2000* and the Freedom of *Information Act 1992.*