Better Together: Lived Experience in WA Mental Health

Thanks to presenters Daniel Cazangiu, Lived Experience Coordinator North Metropolitan Health Service (NMHS), Renai Buchanan – Lived Experience Coordinator Child and Adolescent Mental Health Service (CAMHS) and Jessica Brentnall - Senior Program Officer - Lived Experience, Mental Health, WA Country Health Service (WACHS)

In this session Lived Experience Coordinators and leads tell us the varied progress made in WA public mental health services in embedding Lived Experience workforce and expertise.

Dr. Nathan Gibson: *Lived Experience should be central to how we work – it's not antithetical to clinical practice. In 2025 our organisation started a Lived Experience Consultation Group which is central to updating the Chief Psychiatrist Standards and Guidelines. I am very grateful and thank them and project leads. As an organisation we've had to develop and to be guided by this very important value: '**Nothing about us without us.**'.*

In my experience, true co-production can be challenging in the public sector, but that does not mean that we don't try to actively shift the dial at every opportunity. Change does come from within – in our systems and structures of our public mental health services. Change does not solely rely on messages from Lived Experience lobbies or advocates. Through incremental steps and listening, co-production processes do and will develop. Thanks to Dan, Jessica and Renai for leading this a sector-wide conversation and presenting with clarity and vision today.

Key Messages

1. **Lived Experience (capital LE) is a discipline** with its' own frameworks, interventions, values and perspectives.
2. It is a **values and rights-based profession.** Learn WA's peer worker history – Lived Experience 101 course, MHC
3. **Understand Lived Experience discipline's accountability**. In WA, several Lived Experience roles are accountable to Minister for Health and their voices shape key mental health strategic priorities and service directions.
4. **Provide Lived Experience specific supervision and courses to support Lived Experience staff.** Supervision should be about service delivery and teamwork and not overly focussed on about their wellbeing over their role.
5. **State, national and international mental health policy and research have led to growth and role definition.**
6. **It is about the consumer being heard at a different level - to have a voice.** We've been there so it's relational.
7. **Changing culture is everyone's job.** It's a shift to sharing power between clinical and Lived Experience perspectives and roles. It can be hard work fighting your corner in clinical teams - call it out, get support.
8. **Respect first.** What is the internal culture of our service? Never belittle another group.
9. **Be flexible – Allow peer workers to span settings** for consistency of care (inpatient /community/physical).
10. **Encourage Lived Experience mentorship**, recognise different levels experience, scaffold like for new clinicians.
11. **Invest in a diverse Lived Experience workforce including leadership, education, cultural and project positions.** Check that role responsibilities are commensurate with capability and experience.

How the Lived Experience and peer worker roles add value to the multidisciplinary team?

" We are all part of a team, and we work working together. Sometimes a consumer might not tell a clinician everything either due to a lack of trust, or an ever-changing case manager or, just not having enough time with the clinician.

*A peer worker has time to sit down with them and to hear, understand and see what the person is going through. Also, this can then be relayed back to the team which can inform treatment and person-centred care provided by the service.' **Daniel Cazangiu***

What about the cost and outcomes? A research paper from Sydney on Peer Supported Transfer of Care (Hancock et al. 2021) demonstrated savings and outcomes. This paper showed that for every $1.00 invested, there was $1.85 in benefits by having Lived Experience Workers in Mental health services. Some of the impacts included:

- 7904 beds were and a net budget impact (saving) of $1.85 million over the first 3 years of the program.
- 8.6 fewer days in hospital per year
- 32% fewer individuals were readmitted within twenty-eight days
- Net savings per participant of $12,211
- 54% increase in community-based contacts
- Increase if 13% of within the recovery metrics.

Resources and Policy

Although WA is several years behind the eastern states, WA Lived Experience leads connect through national forums and learns from similar experiences with legislation, what has gone well and the challenges.

WA Lived Experience (Peer) Workforces Framework - WA Mental Health Commission (MHC)
Aboriginal and Torres Strait Islander Lived Experience-led Peer Workforce Guide – WA MHC
Lived Experience Inclusion Plan (LEIP) (in development) - culture change, LE workforce safety, co-design
National Lived Experience (Peer) Workforce Development Guidelines – National MHC

What is most useful in the Lived Experience approach with consumers and carers?

We share our strategies and supports for self-care and resilience. We share our stories in ways that promote self-help. We don't say: *'Oh, if I did it, that means it's going to work for you.'.* Instead, we might say:
'I tried this, maybe give it a crack. If not, let's try something that will work for you. Let's go on a journey of discovery together and let's try some things. I'm here to do this with you.'. **Daniel Cazangiu**

System navigation is one of the most valued aspects of the role by CAMHS families.

It is not because clinicians aren't doing it well. Services can get caught up in the acronyms and may forget that this is a new and scary space. Maybe there was a promised a call that was never received. It's using plain language to create an understanding of the processes and of what care is going to look like which leads to trust. **Renai Buchanan**

Embedding LE workforce is about making sure that everyone has the psychological safety required in implementation – then it can result in real cultural shifts.

I've seen the impact in the regions where clinical teams may have both seen the Lived Experience staff member previously when very unwell, and also, seen them creating waves of positive impact for the next people walking through this journey. That has shifted the internal culture of services in a huge way. So, it has been really beneficial, in a lot of ways, but it has come with challenges. **Jessica Brentnall**

Sector Challenges– There are still limited career progression opportunities at coordinator level in several WA health services. However, recent workforce growth and developments at WACHS and CAMHS in varied positions across leadership, projects, education and peer work are promising. Maturity varies greatly between health services.

What you can do – Ask yourself - Would a peer worker fit in my service or in my team? Call the Lived Experience Coordinator in your HSP to talk about what peer workers can add to your service.

Listen to us - even if sometimes the truth hurts. Allyship is active not passive - we are better together.

Contact: Chief Psychiatrist WA / communityofpractice@ocp.wa.gov.au / 08 6 552 0000 / Recording on SharePoint: Recording : Chief Psychiatrist's Community of Practice - Better Together Lived Experience in WA Mental Health Services-20260212_041756UTC-Meeting Recording.mp4