



# Mental Health, Alcohol and Other Drugs Lived Experience Advisory Group Communique

**26 February 2026**

The Lived Experience Advisory Group (LEAG) supports the Mental Health and Alcohol and Other Drugs Joint Leadership Group (JLG) by providing advice grounded in lived experience and human rights, reflecting the voices of consumers, family, significant others and community with a lived experience of mental health, and/or alcohol and other drug issues, harms and service use across the service systems.

This Communique provides a summary of the key items tabled at the LEAG meeting for the specific purpose of providing advice to the JLG.

## **Community Treatment, Support and Emergency Response**

The LEAG was invited to provide advice to inform the implementation of the Community Treatment, Support and Emergency Response (CTSER).

A summary of key issues discussed by members, which informs advice to the JLG includes:

- The importance of a people-centred approach, ensuring individuals are supported to access appropriate care, including, where possible, direct connection to a person rather than referral pathways or waitlists.
- The provision of accessible, accurate and up-to-date public information, including eligibility criteria and clear articulation of available services and care pathways, to support system navigation.
- The value of coordinated partnerships between government, peak bodies and non-government organisations to support integration and effective implementation.
- Recognition that emergency departments remain a critical and trusted access point and they should be supported as part of a broader continuum of care.
- Acknowledgement that phone-based services may be accessed by individuals in crisis, requiring capability to deliver timely, appropriate and compassionate responses.
- The need to prioritise responses that are centred on individual needs and outcomes, supported through co-design, shared language and strengthened community capability.
- The importance of continuity of care through improved communication and data sharing across services, reducing the need for individuals to repeat their experiences.
- The need for targeted approaches for priority cohorts and settings, including regional and remote communities and individuals with frequent justice system interactions.
- Consideration of complementary, community-based supports, including postvention responses, safe spaces and bereavement supports, to enhance system responsiveness and community impact.
- The opportunity to draw on existing service learnings and lived experience insights to inform implementation, including approaches that address stigma and support inclusive practice.
- The prioritisation of workforce capability development through multidisciplinary, co-designed training that incorporates lived experience perspectives and extends beyond a biomedical understanding of crisis and distress.

## **Neurodiversity**

The LEAG was invited to provide advice to identify key considerations associated with the agreed priority areas to inform planning and future decision making.

A summary of key issues discussed by members, which informs advice to the JLG includes:

- The need for clarity of scope and terminology, including whether the focus is on neurodiversity or neurodivergence, to support shared understanding and consistency in implementation.
- The importance of embedding a neuro-affirming approach, including reducing deficit-based language and recognising neurodivergence as a natural variation.
- A focus on practical and achievable system improvements that enhance access, reduce fragmentation and support timely, appropriate care.



- The need to avoid unnecessary pathologisation, particularly for children, and to consider underlying contributors to behaviour, including the role of reasonable adjustments in settings such as education.
- Recognition of co-occurring presentations, including overlap between autism spectrum disorder and attention deficit hyperactivity disorder, and the need for holistic assessment approaches that consider both mental and physical health factors.
- The importance of improving access to assessment and diagnosis, including addressing barriers such as cost and wait times, and ensuring tools are strength-based and inclusive of diverse perspectives.
- The prioritisation of workforce education and training, including multidisciplinary, co-designed approaches informed by lived experience and best practice models.
- Consideration of sensory-informed and inclusive environments, including within emergency department design, to better support neurodiverse individuals.
- The importance of improving continuity of care through enhanced communication and information sharing across services.
- The need to consider specific cohorts who may have system contact, including those involved in the forensic system, and the need for tailored and equitable responses.
- The inclusion of cultural considerations and representation, including culturally informed assessment practices and acknowledgement of potential trust barriers in engaging with services.

**The next LEAG meeting is scheduled for 28 May 2026.**