GOVERNMENT OF WESTERN AUSTRALIA

Mental Health Commission

Lived Experience Inclusion Plan

2026–2031

Acknowledgements

Acknowledgement of Country

The Mental Health Commission acknowledges Aboriginal and Torres Strait Islander people as the traditional custodians of this Country and its waters. The Mental Health Commission wishes to pay its respects to Elders past and present and extend this to all Aboriginal people seeing this message.

Recognition of lived experience

The Mental Health Commission recognises the individual and collective expertise of those with living and lived experience of mental health, alcohol and other drug issues and/or suicidal crisis. This includes those who love and care for them, and those who have. We recognise that for Aboriginal and Torres Strait Islander peoples, lived experience is carried through culture, community, Country and Spirit, and has been passed down across generations. It encompasses social, emotional, cultural, spiritual, physical and mental wellbeing, and holds the ongoing impacts of history within it. We value the vital contribution that all people with lived and living experience make. Their knowledge is essential.

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Accessibility

This publication is available in alternative formats for people with a disability on request to the Mental Health Commission.

Contents

Foreword

I am pleased to present the Mental Health Commission's Lived Experience Inclusion Plan (LEIP), which sets out our next steps and commitment to long-term, sustained and transformative organisational culture change, aligned with the aspirations of the Mental Health and Alcohol and Other Drug Strategy 2026-2031.

The Mental Health Commission is deeply committed to creating systems that place people, families and communities at the centre of everything we do and to ensure that when needed, there is access to programs and services that are outcomes focused, trauma informed and meet the diverse needs of all people. The development of our LEIP is a critical step in this journey.

This Plan marks the beginning of a longer-term organisational culture shift – one that aligns with broader system reform and reflects the values we expect to see within our agency and across Western Australia's mental health, suicide prevention and alcohol and other drug sectors.

At its heart, the LEIP is a commitment to building on our current strengths, and being responsive to different ways of working and thinking as we evolve– to listening with care, acting with intention and ensuring lived experience perspectives genuinely shape how we design, commission, deliver and evaluate services.

The LEIP reflects insights from our organisational readiness project, including results from a baseline survey, alongside broader input from Lived Experience stakeholders and systems partners. It provides a clear direction, building on existing strengths and addressing areas for development across the Commission and the systems we support. Implementation will be supported with staged planning and coordinated action across our agency, aligned with key initiatives such as commissioning maturity, policy development, workforce development, and education and training.

I would like to thank our valued and committed team members from across the Commission for their genuine engagement and consultation to the development of this LEIP, particularly our Lived Experience and People and Culture teams and our whole-of-agency change champions.

I look forward to working alongside our lived experience communities, partners, and other stakeholders as we begin this important phase of transformation together.

Maureen Lewis
Commissioner,
Mental Health and Alcohol and Other Drugs
Mental Health Commission

Introduction

The Lived Experience Inclusion Plan (LEIP) sets out how the Mental Health Commission (Commission) will support longer-term and sustained transformative organisational culture change to achieve the aspirations of the Mental Health and Alcohol and Other Drugs Strategy 2026-2031 (MHAOD Strategy). It provides a shared framework for how the Commission will strengthen the role of lived and living experience as a central influence across organisational culture, governance, policy, commissioning and ways of working and thinking.

The Lived Experience Inclusion Plan (LEIP) recognises that the word 'inclusion' carries more than one meaning.

In one sense, 'inclusion' refers to the intentional integration of lived and living experience expertise into the operations, decision-making and culture of our agency and across the mental health, suicide prevention and alcohol and other drugs systems. This interpretation focuses on ensuring that people with lived experience are not positioned at the margins, but are centred as essential contributors to policy, reforms, commissioning, service design and systems improvement. This is the foundation of the LEIP's commitment to Lived Experience leadership.

Equally important, 'inclusion' is an invitation and an outward-facing commitment from the Commission to the community. In this sense, inclusion means asking to be welcomed into people's lives, experiences and perspectives with humility, respect and accountability. It acknowledges that lived experience is not something that is "taken" or "extracted," but something offered by individuals and communities when trust, safety and genuine partnership are present.

The LEIP holds both meanings deliberately. It outlines the Commission's intention to centring lived experience within its structures and processes, while also recognising that inclusion requires an ongoing relationship with the community – one built on connection, humanity and shared purpose. It also acknowledges stigma and discrimination remain significant barriers to meaningful inclusion, and must be actively addressed to enable safe, equitable and culturally responsive participation across the systems.

In doing so, the LEIP positions inclusion not as a single action, but as a continuous practice that shapes how we work, how we engage and how we evolve.

Background

The Mental Health and Alcohol and Other Drugs Joint Leadership Group (JLG) is responsible for the oversight of outcomes from the Independent Review of WA Health System Governance Report (IGR) relating to mental health and alcohol and other drugs systems. This includes the following recommendation:

> *The Mental Health Commission and Department of Health to begin implementation of a phased change plan to build capacity and shared understanding, integrate lived experience perspectives and to apply contemporary, recovery-oriented approaches to mental health and alcohol and other drugs.*

In October of 2025 the JLG endorsed a Statement of Commitment, to support the implementation of this recommendation. A deliverable of this was for the Commission, Department of Health (DoH) and each Health Service Provider (HSP) to develop individual agency LEIPs aligned to the National Lived Experience (Peer) Workforce Development Guidelines (National Guidelines). The Statement of Commitment outlines expectations for how the LEIPs were to be developed, implemented and monitored, including the principles, scope, best-practice approaches and reporting requirements.

The development of individual LEIPs recognises that the different organisations across the mental health and alcohol and other drugs systems are at different stages of readiness and maturity in relation to lived experience inclusion. Some have well-established Lived Experience roles and engagement practices, while others are still developing a shared, foundational understanding, as well as capability and confidence. A staged methodology outlined in the National Guidelines is designed to be flexible and applicable across this diversity, supporting progress regardless of an organisation's size, resources or current stage of development.

The Commission's LEIP includes actions, planning and development activities that consider partners and stakeholders, both internal and external. Initiatives are to be delivered in a staged, sustainable way, aligned with the National Guidelines, the Western Australian Lived Experience (Peer) Workforces Framework (WA Lived Experience Workforces Framework) and the Working Together: Mental Health and Alcohol and Other Drug Engagement Framework (Engagement Framework).

> We share a commitment to ensuring lived experience is at the heart of our mental health system and expanding services where we need the most – in the community.
>
> **Maureen Lewis, Commissioner, Mental Health and Alcohol and Other Drugs**

Language notes

Language in this LIEP is consistent with language used in the WA Lived Experience Workforces Framework and the National Guidelines.

lived experience refers to personal, life-defining experience of mental health challenges, alcohol and other drugs use, and/or suicidal crisis (including thoughts, feelings or actions). This includes the experience of family members, carers and significant others who support someone with these experiences, or who have been bereaved by suicide.

When we use the term lived experience or **lived and living**, we are referring to the experience held by people who have or are currently navigating mental health challenges, alcohol and other drug concerns, suicidal distress or supporting someone in an ongoing caring or kinship role. It recognises the immediacy and evolving nature of their experience. Different sectors and disciplines use these terms in different ways – some distinguish between past experience ("lived") and current experience ("living"), while others use "lived experience" as an umbrella term.

Lived Experience (capitalised) refers to the intentional, professional application of lived experience within a designated Lived Experience role, grounded in human rights, social justice and relational ways of working. People in these roles draw on their lived experience in combination with training, reflective practice and professional development, contributing a distinct and essential form of knowledge – their **lived expertise**.

Lived Experience Workforces (noting the plural) refers to three distinct but connected workforces operating across the mental health, alcohol and other drugs, and suicide prevention sectors. As noted in **figure 1**, the Consumer Lived Experience workforce; the Family, Carer and Significant Other Lived Experience workforce; and Aboriginal Lived Experience-led workforces. People in these roles operate across a range of specialisations including direct peer support, research, training, policy and project work, governance, committees and leadership.

Figure 1 - Extract of the Western Australian, Lived Experience (Peer) Workforces Framework

Development and Implementation of the LEIP

From planning through to implementation, the Commission's LEIP will be delivered using a staged approach aligned with the National Guidelines. This approach recognises that strengthening the role of lived and living experience as a core part of organisational and system practice is a process of cultural and structural change that takes time, intention and sustained commitment.

It also recognises the need to prioritise organisational readiness actions that are required to create safe and supportive environments for thriving Lived Experience workforces and for preparing and supporting sustained organisational culture change.

> The Mental Health and Alcohol and Other Drug Strategy talks about systems transformation, which means changing our ways of thinking and working so that services, programs and supports are designed and delivered in ways that people want and need.
>
> **Microsite, Mental Health and Alcohol and Other Drugs Strategy 2026-2031**

The National Guidelines identify four interrelated stages that support the development of sustainable Lived Experience workforces and the integration of lived experience perspectives into systems, services and decision making over time. Actions identified in this LEIP align to these stages and focus on:

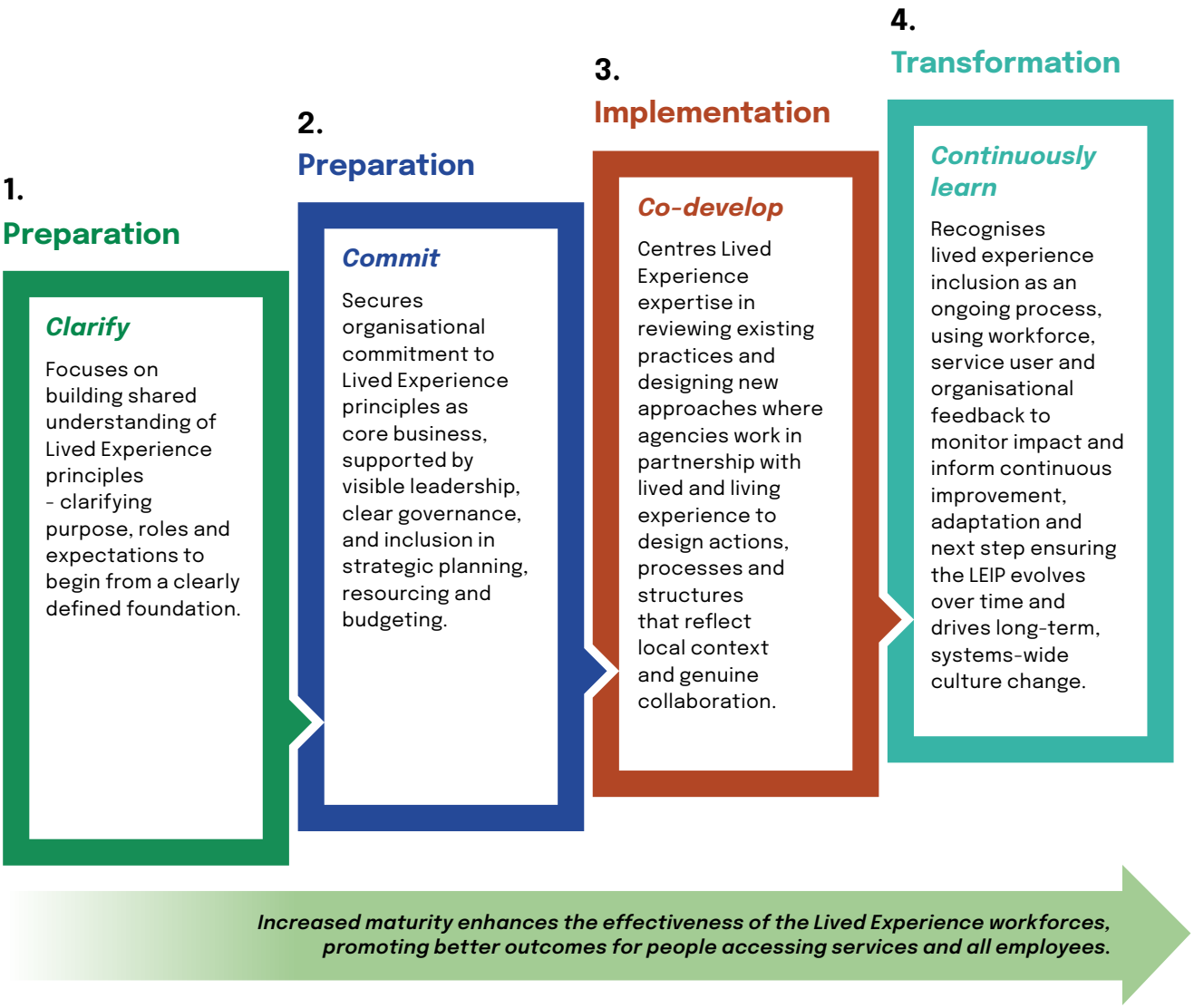


Figure 2 - Stages of development

Progress through these stages builds increasing maturity, capability and consistency in how lived and living experience is included over time and how we work to ensure our ways of working and thinking are trauma-informed, inclusive, responsive and secure. Together, the stages strengthen workforce sustainability and contribute to meaningful service and system transformation.

Ways of working

The LEIP reflects a principles-based approach to systems reform

Through the developmental process, the Commission clarified the shared commitments underpinning our work and shaping how we engage with individuals, families, communities and stakeholders. Our Commission values – Respecting individuals and culture, Engaged and accountable, Leading with courage, and Keeping integrity at our core – are supported by guiding principles that emphasise safety, equity, diversity, humanity, authenticity, connection, mutuality and human rights (Figure 3). Together, they reflect a commitment to cultural, emotional and relational safety, and to recognising the strengths, rights and diversity of people with lived and living experience.

The way the Commission works is just as important as what we do. These values and principles ensure that lived experience shapes decision making rather than being considered at the margins. They reinforce a commitment to sharing power, so systems are shaped with, not for, the people and communities they affect.

Implementation of the LEIP strengthens this commitment by supporting ways of working grounded in compassion, respect and integrity. It promotes approaches that recognise and value people's strengths, resilience and right to self-determination, and that are informed by holistic, trauma-informed approaches and cultural awareness.

The LEIP also provides a framework for improving equity and inclusion in how the Commission works, by reducing barriers to participation, reducing stigma and discrimination, strengthening the accessibility and safety of engagement processes, and supporting greater openness and accountability through clear intent, transparent communication and shared responsibility for change.

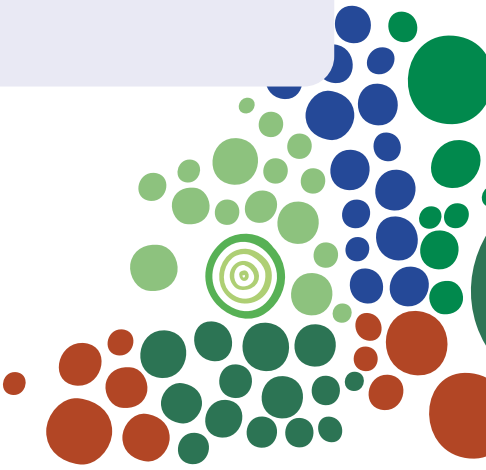
Meaningful and lasting transformation occurs when Lived Experience knowledge, professional expertise and organisational commitment come together through shared power, co-design and continuous learning.

Through this approach, the LEIP supports collaborative ways of working that enable reflection, adaption and improvement over time, contributing to sustained organisational culture and systems change.

Co-design and co-production are collaborative approaches that bring people with lived and living experience together with government, service providers and other stakeholders to shape policies, services and systems. Within a government context, these approaches are applied in ways that are responsive to scope, constraints and stages of work.

Co-design focuses on working together from the earliest stages of planning and problem-definition. It acknowledges the power imbalances and competing priorities that exist between community and government, and commits to addressing inequality by valuing lived experience expertise and creating conditions where people most affected by decisions can meaningfully influence them. Co-design does not always start with a blank page; it often involves working collaboratively within defined parameters to improve, refine and strengthen existing policies, services and approaches.

Co-production extends this partnership into the development, delivery and refinement of policies or services. It involves sharing responsibility and influence wherever possible, recognising that Lived Experience knowledge is essential to creating effective, equitable and sustainable outcomes.



Mental Health Commission Values

Respecting individuals and culture

- We promote respect and strive for equality for everyone.
- We work to reduce the incidence and negative impacts of stigma.
- We encourage diversity.

Engaged and accountable

- We support engagement and participation at all levels.
- We take accountability for our commitments and actions and expect no less of others.
- We listen deeply, are reflective and open to feedback.

Leading with courage

- We communicate honestly and compassionately.
- We champion change to advance progress that is in the best interests of the community.
- We speak up, for ourselves and for others, when we see something that does not seem right.

Keeping integrity at our core

- We use evidence to inform our decisions, which are fair and ethical.
- We continue to research, learn and grow to deliver best practice.
- We are open, honest and trustworthy.

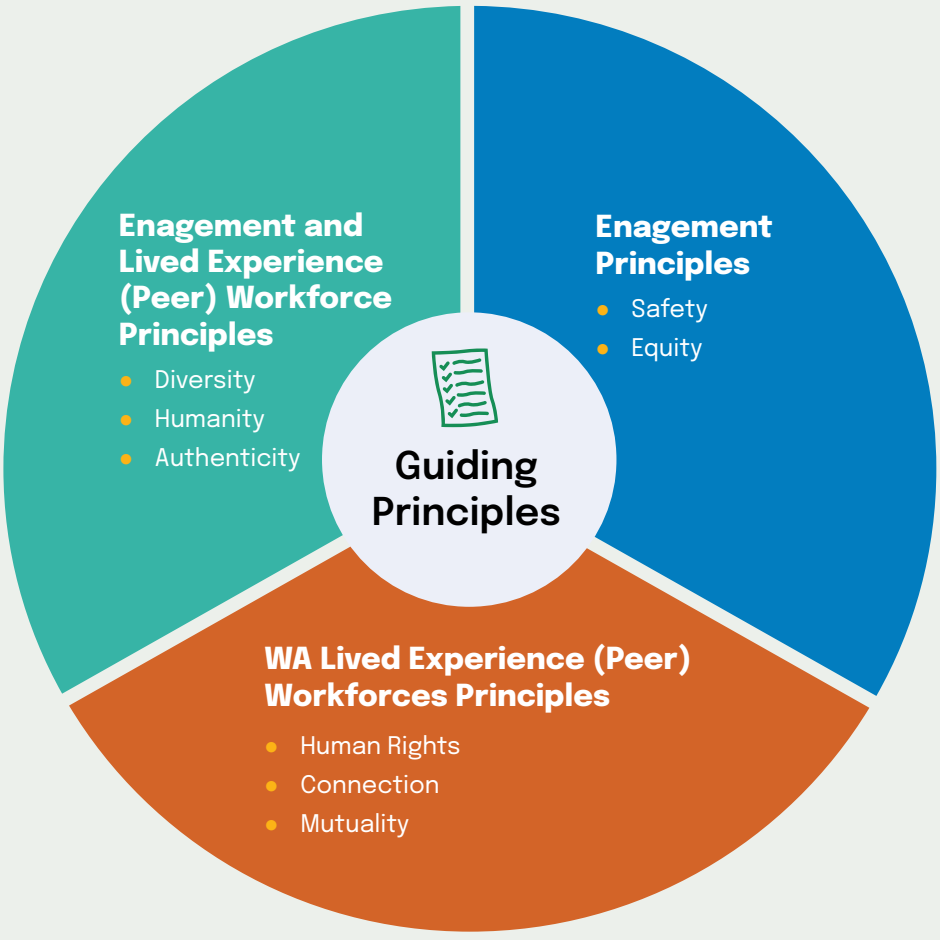


Figure 3 - Mental Health Commission Values and guiding principles

Scope of the Lived Experience Inclusion Plan

This section clarifies the primary areas of focus for the LEIP and the types of activity it seeks to influence. It does not define all roles, responsibilities or interfaces across the Commission or the systems it supports.

The scope is intentionally strategic, setting the overall direction for the LEIP, guiding priorities and supporting consistent practice, while recognising that implementation will continue to evolve through staged delivery, shared leadership and partnership.

In scope

- Strengthening the Commission's organisational culture, systems, governance and workforce capability to ensure lived and living experience is recognised as essential expertise across all roles and functions.
- Building internal capability and readiness, strengthening the role of lived experience across policy, commissioning, engagement and evaluation, and supporting sustainable Lived Experience workforces.
- Supporting system stewardship through improved commissioning practice, policy guidance, lived experience inclusion across funded services and systems partners, including support for agencies to develop and implement their own LEIPs.
- Reinforcing governance, accountability and reporting arrangements that support transparency, learning and continuous improvement.

Out of scope

- Clinical service redesign or operational service delivery changes not directly related to lived experience inclusion.
- Development of statewide policies or strategies that do not have a defined lived experience focus.
- Work delivered through other corporate or statutory plans unless directly connected to Lived Experience workforce development or inclusion.
- Direct management of programs beyond the Commission's lived experience leadership or commissioning roles.
- Oversight of operational decisions within JLG member agencies.
- Broader systems reform not aligned with the Independent Review of WA Health System Governance or the JLG Statement of Commitment are also outside scope.

Goals

The LEIP is structured around three interconnected goals that together support sustained organisational and systems change. These goals focus on strengthening culture, shared decision making, and building the workforce capability and capacity required to sustain change over time.

Goal 1

Drive System Wide Organisational Culture Change

The Commission will drive long-term, systems-wide organisational culture change so that mental health, suicide prevention, and alcohol and other drugs programs and services are genuinely centered on the people, families and communities they serve. This includes supporting agencies to strengthen holistic, trauma-informed, and culturally safe practice that is equitable and responsive to diverse needs, and to develop actions aligned with their organisational readiness, engagement approaches and community contexts.

Reducing stigma is foundational to this goal and is essential for effective lived experience engagement and the success of the Lived Experience workforces across the system.

Goal 2

Strengthen Authentic Lived Experience Engagement and Co-Design

The Commission will strengthen lived experience engagement by positioning co-design and co-production as core approaches within commissioning, policy and service planning. Engagement will be transparent and inclusive, valuing diverse perspectives and support relational ways of working.

This goal focuses on reducing stigma and discrimination across program design, delivery implementation, monitoring and evaluation. It includes building workforce capability, fostering a culture that values lived and living experience expertise across both clinical and non-clinical roles, and supporting approaches that create safe, equitable and culturally secure services.

The Commission aims to align commissioning, policy and service planning with holistic, trauma-informed approaches ensuring lived and living experience perspectives genuinely shape decision-making.

Goal 3

Grow and Support Sustainable Lived Experience Workforces

The Commission is committed to developing and sustaining lived and living experience workforces across the mental health, suicide prevention and alcohol and other drug systems that are representative of the community. This encompasses people with lived or living experience of mental health challenges, alcohol and other drug issues, suicidal distress, and those in family, caring and supporting roles.

The Commission will strengthen workforce development by aligning with the National Guidelines and supporting organisational readiness internally and across the sector. This includes promoting supportive policies, workforce planning, training, supervision and leadership that enable lived experience roles to be safe, valued and effective.

Reducing stigma and discrimination across the system is recognised as essential to creating environments where Lived Experience workforces can thrive and contribute meaningfully. This supports Lived Experience expertise being recognised as an integral part of organisational culture, practice and decision making.

Key activities and milestones

Staged overview

The following stages translate the LEIP's strategic intent into sequenced, practical actions aligned with organisational readiness and system priorities. These stages are further categorised across the areas of Organisational Readiness and Culture; Engagement; Policy, Procedures and Systems; Leadership and Governance; Education, Training and Capability; and Evaluation and Monitoring. The tables also indicate how each stage contributes to the delivery of the MHAOD Strategy.

Stage 1

Preparation – Clarify

Focus Area	Category	Key activity/milestones	LEIP Goal Alignment
Building shared understanding, organisational readiness and foundations for safe and effective lived experience inclusion ***High level outcome:*** *The Commission has a comprehensive baseline understanding of its lived experience capability, culture, systems and workforce needs, providing clarity on gaps, risks and opportunities to guide future planning.* **MHAOD Strategy strategic pillar alignment:** 1 5	**Organisational Readiness & Culture**	**Underatake an organisational readiness assessment** to understand workforce awareness, knowledge, attitudes, confidence, capability, culture and engagement maturity, and to identify priory areas for capability building and change.	1 3
	Engagement	**Complete a needs assessment and scope options to identify an ongoing engagement platform** for sustained connection beyond project-based engagement. Ensure community priorities and perspectives continuously inform the Commission's work including considerations of appropriate hosting and partnership models.	1 2
		Review existing engagement resources to clarify scope and identify best-practice tools that support consistent, inclusive and effective engagement with lived and living experience.	2
	Policy, Procedure & Systems	**Review internal Policy, Integrity and Commissioning processes including through the Commissioning Maturity Action Plan** to understand existing policy, reporting and contract mechanisms, and identify opportunities to strengthen lived and living experience inclusion within current frameworks.	1
	Leadership & Governance	**Identify shared priorities, collaboration opportunities and systemic barriers across the Commission, DoH and HSPs** in relation to the expansion and sustainability of the Lived Experience workforces.	1 3

Focus Area	Category	Key activity/milestones	LEIP Goal Alignment
		Collaborate at a national level to explore pathways to formally recognise the Lived Experience workforces as a distinct professional discipline through strengthened regulatory mechanisms.	1 3
		Identify opportunities to strengthen Lived Experience governance and leadership to increase lived and living experience influence within decision-making, advisory and leadership structures.	1 3
	Education, Training & Capability	**Map and analyse the Commission's internal Lived Experience workforces and training needs** to understand current capability, roles and development priorities, and to inform future workforce planning and support structures.	3
		Scope opportunities to strengthen onboarding and professional development for non-lived experience staff to support managers and teams to better understand Lived Experience roles and the application of lived and living experience knowledge in practice.	1
		Contribute to sector-wide training and education discussions to ensure contemporary relevance and suitability of discipline specific training.	3
		Map of current availability, capacity and quality of Lived Experience supervision to understand workforce support needs and sustainability risks.	3
	Evaluation & Monitoring	**Scope current evaluation and monitoring practices across the systems, in partnership with Performance Monitoring and Evaluation Directorate** to identify strengths, gaps and opportunities to strengthen approaches aligned with the Outcomes Measurement Framework and ensure measures reflect what matters to people.	1 2 3

Stage 2

Preparation – Commit

Focus Area	Category	Key activity/milestones	LEIP Goal Alignment
Securing leadership commitment, governance, resourcing and shared accountability for implementation. ***High level outcome:*** *Robust governance, co-design structures and early capability building initiatives are established, enabling consistent, informed and collaborative development of lived experience practices across the organisation alongside increased organisational confidence and capability to support sustained and thriving Lived Experience workforces.* **MHAOD Strategy strategic pillar alignment:** 1 5	**Organisational Readiness & Culture**	**Allocate appropriate resourcing and structural supports** to sustain internal organisational readiness activities and support ongoing workforce development.	1 3
	Engagement	**Endorse and commence the co-review of the Commission's Engagement Framework and associated tools and training** to ensure engagement approaches algin with lived and living experience principles and support consistent, inclusive and effective practice.	2
		Establish regular, accessible platforms for engaging with communities and lived experience stakeholders to enable ongoing input into Commission priorities and strengthen relationships beyond project-based engagement.	2
	Policy, Procedure & Systems	**Commence staged policy review and development** to strengthen lived experience inclusion, workforce support and safe respectful and accountable practice across the organisation.	1
	Leadership & Governance	**Secure formal internal leadership endorsement, project sponsorship and allocation of budget and resources** to support education, training and capability building required to deliver the LEIP.	1
		Establish internal governance structures to support organisational readiness and engagement activities to enable lived experience-informed oversight and decision-making through steering groups, co-review and co-design mechanisms.	1 2 3
		Participate in regular system level forums with HSPs and the DoH Executive Sponsors and HSP Lived Experience Coordinators to strengthen coordination, connection and alignment in implementation of LEIP activities across the systems.	3
		Partner with the DoH and HSPs to progress shared priorities and address identified system barriers to support coordinated systems reform and strengthen governance and workforce approaches, including strengthening the Lived Experience discipline.	1 3

Focus Area	Category	Key activity/milestones	LEIP Goal Alignment
	Education, Training & Capability	**Develop internal annual education and training plan informed by Lived Experience and organisational readiness findings** to build capability across the Commission and support consistent understanding and application of lived experience principles.	1 3
		Establish and commence co-design education, lived experience orientation and targeted training across the Commission to strengthen awareness, knowledge and confidence in applying lived experience approaches in practice, including tailored capability building for managers (supporting Lived Experience roles), and for staff in key roles such as planning, recruitment commissioning, procurement and contracting where effective engagement is critical.	1 2
	Evaluation & Monitoring	**Develop and implement recommendations to strengthen evaluation and monitoring approaches in partnership with Performance, Monitoring and Evaluation Directorate based on stage one scoping** to improve alignment with the person-centred Outcomes Measurement Framework and ensure measures reflect what matters to people with lived and living experience, including across data, engagement, workforce and commissioning practices, and to support progression under the Commissioning Maturity Action Plan.	1 2 3

Stage 3

Implementation – Co-Develop

Focus Area	Category	Key activity/milestones	LEIP Goal Alignment
Advancing lived experience inclusion by developing co-designed systems, strengthening workforce capability and ensuring lived experience is central to organisational policy and practice. ***High level outcome:*** *Lived experience principles are operationalised through strengthened policies, procedures, training, recruitment pathways and engagement resources, supporting consistent and effective practice across the agency and broader systems.* **MHAOD Strategy strategic pillar alignment:** 1 2 3 4 5	**Organisational Readiness & Culture**	**Co-develop and implement principle-based recruitment approaches and workforce resources** to strengthen attraction, selection and onboarding practices that recognise and value lived experience across roles.	1 2 3
		Co-develop and implement supervision guidance resources to support safe and supportive environments for thriving Lived Experience workforces.	1 2 3
	Engagement	**Strengthen engagement processes across the commissioning cycle through clearly defined roles, responsibilities and accountability mechanisms** to support consistent, transparent and meaningful inclusion of lived and living experience in governance, documentation and decision-making.	1 2
	Policy, Procedure & Systems	**Co-produce and apply lived experience, trauma-informed and person-centred approaches across all stages of the commissioning cycle** to strengthen service design, procurement, delivery and evaluation in line with the MHAOD Strategy and the Commissioning Maturity Action Plan.	1 2
		Implement policies and organisational processes that are centred in Lived Experience principles to ensure systems are accessible, consistent and aligned with person-centred, strengths-based and culturally responsive approaches.	1
	Leadership & Governance	**Work with the DoH and HSPs to identify and address systemic barriers to Lived Experience workforce development** to support coordinated system reform and strengthen workforce sustainability across Western Australia.	1 3
	Education, Training & Capability	**Deliver and support internal and external education and training initiatives, including scalable and accessible learning modules** to build capability across the Commission and broader sectors to apply lived experience-informed approaches in practice.	1 2 3

Focus Area	Category	Key activity/milestones	LEIP Goal Alignment
	Evaluation & Monitoring	**Co-develop evaluation and monitoring guidance with Lived Experience stakeholders and Performance, Monitoring and Evaluation Directorate** to support consistent inclusion of lived and living experience across the Commission activities and ensure alignment with the Outcomes Measurement Framework and what matters to people and communities.	1

Stage 4

Transformation – Continuously learn

Focus Area	Category	Key activity/milestones	LEIP Goal Alignment
Evaluating impact, sustaining change and strengthening Lived Experience leadership. ***High level outcome:*** *Lived experience becomes a sustained and continually improving part of the Commission's culture and systems, supported by long term investment, ongoing evaluation, expanded roles and strong governance mechanisms.* **MHAOD Strategy strategic pillar alignment:** 1 2 3 4 5	**Organisational Readiness & Culture**	**Review and enhance internal organisational culture initiatives** to ensure lived and living experience inclusion is sustained and continues to evolve in line with organisational maturity.	1
		Expand and evolve internal designated Lived Experience roles and workforce models to align with increasing organisational capability, strengthening leadership, influence and workforce sustainability over time.	3
	Engagement	**Establish Lived Experience-led governance mechanisms** to support ongoing learning, reflection and continuous improvement informed directly by lived and living experience.	1
		Evaluation and refine engagement mechanisms across the commissioning cycle to ensure aligned with engagement principles, and to strengthen accountability and transparency in how lived and living experience informs governance, commissioning and decision-making.	1 2
	Policy, Procedure & Systems	**Implement continuous policy review and improvement processes informed by lived and living experience** to ensure organisational policies remain responsive, accessible and aligned with lived experience principes and evolving practice.	1
	Leadership & Governance	**Partner with the DoH and HSP's to consider and support an external review of Lived Experience workforces** to assess role impact, utilisation and supporting structures across the Commission, DoH and HSPs, and inform future workforce development and systems transformation.	1 3
	Education, Training & Capability	**Evaluation of education, training and workforce initiatives** to understand effectiveness, identify areas for improvement and inform future capability development.	1 2 3

Focus Area	Category	Key activity/milestones	LEIP Goal Alignment
	Evaluation & Monitoring	**Review and strengthen evaluation and monitoring practices, in partnership with Performance, Monitoring and Evaluation team** to assess effectiveness, address gaps, and refine approaches to ensure ongoing alignment with the Outcomes Measurements Framework and continuous learning based on what matters to people with lived and living experience.	1

What success looks like

Through implementation of this LEIP, the Commission will strengthen the role of lived and living experience as a core system capability, ensuring it consistently informs how the organisation leads, governs, commissions, designs, evaluates and improves the mental health, suicide prevention and alcohol and other drugs systems.

Success will be evident when:

Governance and decision-making

- Decision-making across the Commission is consistently informed by lived and living experience in line with the MHAOD Strategy's emphasis on meaningful participation in decisions and people-centered systems design.
- Lived Experience knowledge contributes to governance that supports quality, accountability and continuous improvement and a commitment to systems transformation.

> Designated Lived Experience roles raise expectations of what is possible for people who have lived experience and significantly contribute to reducing discrimination and prejudicial attitudes.
>
> **National Lived Experience Workforce Guidelines, Growing a Thriving Lived Experience Workforce**

System design, policy and commissioning

- Lived and living experience expertise is central to all aspects of policy, program and service development, with clear rules of engagement for influencing decisions and priorities.
- Commissioning practices reflect contemporary, co-designed approaches, with lived experience embedded in all stages of the commissioning cycle.
- The Commission demonstrates leadership in delivering the intent of the Independent Governance Review through coordinated, systems-wide reform in partnership with stakeholders.

Workforce and organisational culture

- A sustainable and well-resourced Lived Experience workforce is established across the Commission, with clear roles, career pathways, governance, supervision and leadership opportunities.
- Staff are supported, equipped and confident to work alongside and effectively support Lived Experience roles, with access to targeted training, tools and guidance that strengthens capability and contributes to thriving Lived Experience workforces.
- lived experience expertise is recognised as a valued and legitimate form of knowledge alongside professional and cultural expertise.
- Organisational culture reflects shared power, equity, accountability and supportive workplace environments in how the Commission works.

Engagement, relationships and community influence

- The Commission engages consistently with individuals, families and communities through accessible, inclusive and culturally appropriate approaches, fostering reciprocal relationships and supporting co-design and shared decision making.
- Ongoing mechanisms enable lived and living experience to inform work beyond individual projects, with feedback visibly influencing decisions over time.

Reducing stigma and improving outcomes

- Stigma and discrimination are actively reduced across Commission-led activities, policies and commissioning processes, with positive, measurable flow-on effects across funded services and partners, contributing to more inclusive workplaces, improved service experience and better wellbeing outcomes for people, families and communities.
- All Commission staff and volunteers are met with openness, and understanding, and work in an environment free from stigma and discrimination.

> Where possible, community-led solutions and approaches should be co-designed to ensure programs and services are equitable, trauma-informed, culturally safe, responsive and secure for all, regardless of how people identify.
>
> **Western Australian Mental Health and Alcohol and Other Drugs Strategy 2026-2031**

Overall, success means lived and living experience and expertise functions as a system-shaping influence, strengthening policy, commissioning and service delivery, and contributing to more equitable, responsive and wellbeing-focused systems for Western Australians.

> Our Aspirations align to the themes of People, Communities, Services and Leadership. This places the needs and wishes of people, families and communities at the centre of everything we do - supporting thriving communities through developing and implementing localised solutions and recognising the social determinants of health; delivering programs and services that support people in a safe and people-centred way; and ensuring the system's foundations support better outcomes for people and families.
>
> **Maureen Lewis, Commissioner, Mental Health and Alcohol and Other Drugs**

Implementation, governance and accountability

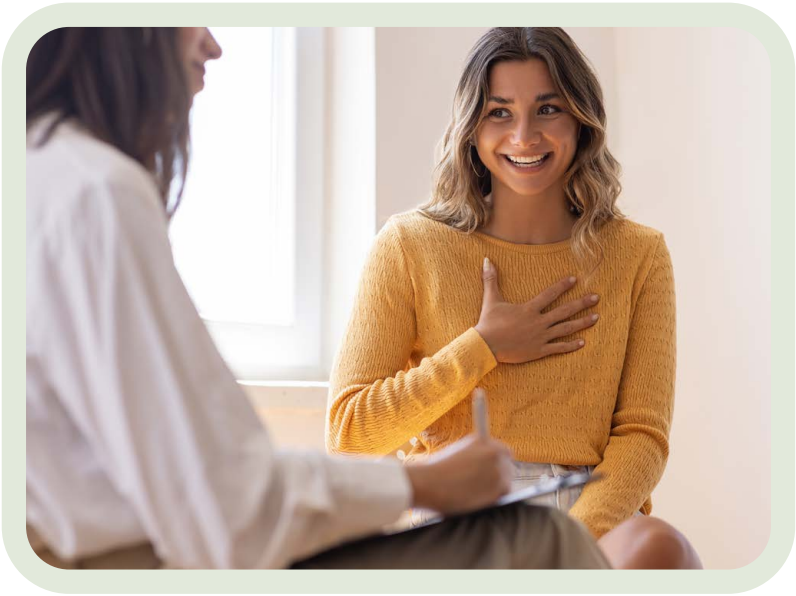
Alignment and key interdependencies

The LEIP will be reflected across all areas of the Commission's work. It complements and strengthens existing initiatives and reporting requirements, and aligns to a range of key strategies, frameworks and reform activities.

Key interdependencies include, but are not limited to:

- Mental Health and Alcohol and Other Drug Strategy 2026–2031 including reporting for Strategy Annual Implementation and Monitoring (AIM) Plans.
- Commissioning Maturity Action Plan, which strengthens co-design, cultural responsiveness and the influence of lived and living experience across the commissioning cycle.
- Aboriginal policy, cultural governance and reform initiatives, ensuring lived experience inclusion aligns with culturally secure approaches and Aboriginal leadership.
- Workforces Strategic Action Plan (in development), which will support the development, growth, and retention of a skilled, sustainable workforce capable of delivering high-quality, person-centred and place-based services, including actions that aim to support and strengthen the Lived Experience discipline in Western Australia.
- LEIP development and progress across JLG member agencies, supporting shared learning, consistency and system wide improvement.
- Outcomes Measurement Framework, to support a shift in culture by focusing on outcomes that truly matter to people and communities.

Where possible, LEIP actions will be aligned with these initiatives to maximise impact, reduce duplication and support coherent systems reform.



> A specific focus on aligning commissioning and policy development to the Western Australian Aboriginal Empowerment Strategy, National Social and Emotional Wellbeing Framework and Closing the Gap reforms must be prioritised to deliver improved outcomes for Aboriginal people.
>
> **Western Australian Mental Health and Alcohol and Other Drugs Strategy 2026-2031**

Governance, monitoring, evaluation and reporting

Progress against the LEIP will be monitored through existing governance arrangements and reported annually to the JLG.

A detailed internal implementation plan will support delivery of the LEIP, identifying actions, responsibilities and timeframes across the Commission, and enabling coordinated implementation and accountability.

Annual Implementation Snapshot Reports, monitored by the JLG, will commence from July 2027, reporting on activity and progress from the preceding financial year and highlighting the focus for the year to come.

Monitoring and evaluation will consider both activity and impact, including:

- Completion of milestones and activities outlined in the LEIP and further refined in the internal implementation plan.
- Annual organisational surveys to monitor changes in knowledge, awareness, confidence and attitudes relating to lived experience and engagement, measured against the organisational readiness baseline data captured in 2025.
- Workforce participation in education and training that supports effective lived experience inclusion and engagement.
- Changes in organisational practices, policies and commissioning approaches, including evidence of lived and living experience influencing decision-making, and on related work such as the Commissioning Maturity Action Plan and the Commission's Evaluation Framework.
- Application of the Outcomes Measurement Framework to strengthen how the Commission evaluates impact across mental health and alcohol and other drug systems and services.

Monitoring and evaluation approaches will build on existing frameworks and capabilities, positioning lived and living experience as foundational to standard practice. Over time, these approaches will evolve from a focus on implementation and inclusion toward strengthened assessment of outcomes, learning and system impact.

Looking ahead

The LEIP provides strategic guidance and direction for strengthening the role of lived and living experience as essential expertise across the Commission's leadership, governance, commissioning and workforce practices. It supports sustained organisational and system change aligned with the MHAOD Strategy.

Successful implementation of the LEIP depends on sustained leadership commitment, workforce capacity and system readiness. Progress will be achieved through staged, realistic implementation, strong governance, and ongoing partnership with people with lived and living experience, families, communities and system partners.

The LEIP guides the Commission's work over time. As organisational maturity and system contexts evolve, the Commission will continue to learn, reflect and adapt in partnership with people with lived and living experience, ensuring this work remains purposeful, ethical and grounded in shared accountability.

Mental Health Commission

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