

2025—2028

# Lived Experience Plan



**Mental Health  
and Wellbeing**  
Commission





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The voice of lived  
experience will be a powerful  
force for change

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# Acknowledgment of Victorian Aboriginal people



The Mental Health and Wellbeing Commission acknowledges with deep respect all Victorian Aboriginal people and Traditional Owners groups.

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We recognise their enduring connections to Country, Culture and Kin, a connection that has been nurtured for over 60,000 years.



We pay our deepest respects to Elders both past and present, recognising their ongoing resilience, wisdom, and leadership. We acknowledge that this land was, is and always will be Aboriginal land.

The Commission is committed to truth telling as an essential, and foundational, aspect of reconciliation. We acknowledge the devastating impact of colonisation on Aboriginal people, including the displacement, dispossession and ongoing social, emotional, biological and political consequences they experience.

We specifically acknowledge the ongoing injustices that exist in the mental health system. We recognise that many Aboriginal people have experienced and continue to experience trauma when they interact with the system, and we understand that the current structural framework of the system needs to be reformed to address these issues.

The Commission is committed to Aboriginal self-determination. Our Lived Experience Plan understands that this is about more than just consultation but requires deep listening and respectful partnership. We will look for opportunities to hand over power and resources to the Aboriginal community, as we understand that any change is best guided by them. The development of a culturally safe complaints process will be led by the Aboriginal community.

The Commission is committed to and fully supports Victoria's Treaty process. We have listened to the Yoorrook Justice Commission's Report and the aspirations of the First Peoples' Assembly. We are committed to ensuring our Lived Experience Plan is aligned with, and supportive of, Treaty processes.

This Plan outlines many opportunities for engagement, and we approach our engagement with Aboriginal people in a culturally respectful manner. The Commission will look to ensure all of our interactions with Aboriginal people are accessible, safe and responsive. This means that we are also committed to ensuring they are free from racism and discrimination.

We believe that Aboriginal ways of knowing, being and doing need to be respected at all times, and it is our hope that all parts of the mental health and wellbeing system are culturally safe for Aboriginal people.

# Diversity Statement

People with lived experience come from diverse backgrounds, bringing invaluable insights shaped by their identities, cultures, histories, and personal journeys. The experiences of these individuals reflect the richness of our collective diversity. Our commitment is to work from an intersectional lens, recognising that individuals embody multiple, interwoven dimensions of identity that shape their experiences and influence the challenges they face.

Using intersectionality as a foundational frame in our Lived Experience Plan allows us to make meaning of these diverse perspectives and examine how societal constructs impact individuals' representation, voice, and validation within systems of power and privilege. This approach calls upon us to actively dismantle power disparities and envision a collective future rooted in justice and equity for all.

By centering intersectionality in our analysis and actions, we aim to foster environments that honour the complexity of each person's lived experience and respond with compassion, inclusivity, and effectiveness. This plan is dedicated to valuing diverse lived experiences as the foundation for addressing systemic barriers and upholding the full breadth of the communities we serve. Through a commitment to equity and justice, we strive to create spaces where each journey is recognised and responded to.

We are an organisation that understands the value of solidarity between groups. Because of this, we want to look at justice and equity for all. It is important to recognise that while this plan has a number of outputs, in the first instance, we will look at developing a collective impact piece that is understood by, and meaningful for, all groups.

# Recognition of Steering and Project Groups

The Mental Health and Wellbeing Commission would like to express our deep gratitude to the Steering and Project group members in helping us to develop this plan.

Their lived experience and sector expertise was invaluable in shaping this document.

| Steering Group          |  | Project Group        |  |
|-------------------------|--|----------------------|--|
| <b>Katie Larsen</b>     | MIND Australia                         | <b>Cate Bourke</b>   | Eastern Health                         |
| <b>Larissa Dern</b>     | Forensicare                            | <b>Gloria Sleaby</b> | Independent carer advisor              |
| <b>Violeta Peterson</b> | Alfred Mental & Addiction Health       | <b>Laura Demaio</b>  | Mental Health and Wellbeing Commission |
| <b>Caroline Lambert</b> | Victorian Collaborative Centre         | <b>Dean Duncan</b>   | Independent carer advisor              |
| <b>Nathan Meteoro</b>   | Black Dog Institute                    | <b>Rick Corney</b>   | Independent consumer advisor           |
| <b>Robyn Callaghan</b>  | Independent consumer advisor           |                      |  |
| <b>Simon McKenzie</b>   | Mental Health and Wellbeing Commission |                      |  |
| <b>Michelle Gissara</b> | Black Dog Institute                    |                      |  |
| <b>Eliza Kitchener</b>  | Black Dog Institute                    |                      |  |

# Lived Experience Commissioners' message

We would like to note that we see this plan as very much a living document – one that will continue to evolve, rather than being a static set of words.

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Achieving systemic change can seem overwhelming, but it is brought about by individuals; people who believe that they can make a difference and have the courage to share their stories. This Lived Experience Plan is a culmination of the work of many individuals who have advocated for systemic and cultural change in mental health care and have generously shared their voices, perspectives and pain to help create meaningful change.



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**Jacqueline Gibson**  
Lived Experience  
Carer Commissioner

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**Maggie Toko**  
Lived Experience  
Consumer Commissioner

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Achieving systemic change can seem overwhelming, but it is brought about by individuals; people who believe that they can make a difference and have the courage to share their stories.

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This plan acknowledges that reform of the mental health system in Victoria can only be achieved through genuine partnership with those who have lived through the system.

The Lived Experience Plan is grounded in the belief that every person receiving mental health care has the inherent right to actively participate in their recovery. Everyone deserves respect, dignity, access to clear information, and the ability to make informed choices about their own lives. We also believe that families, carers, supporters and kin are critical participants in reform. Those who love and support people navigating the mental health system are not only vital in the lives of these individuals, but they play a key, and often unsung role, in supporting the broader mental health system.

At the Commission, we envision a system where lived experience is an essential part of decision-making, working at every level of the system to improve outcomes for everyone who uses it. We wholeheartedly support the findings and recommendations of the Royal Commission into Victoria's Mental Health System, and we believe that true system reform can be achieved.

This plan calls for both government and the sector to embed and infuse every piece of work and every space and setting in the mental health and wellbeing sector with the experience and the expertise of those with lived experience. It outlines how the Commission will support this — by becoming an exemplar organisation for lived experience, elevating the lived experience workforce, supporting leadership in the sector, tracking, monitoring and reporting on the system and ensuring government is accountable for its commitments.

We have set out clear objectives and goals to ensure that the plan is a truly practical, living document that says what we will do and what we hope the outcomes will be.

We would like to thank all the people who gave their time and expertise to the development of the Lived Experience Plan. We thank them for partnering with us in system reform and we honour the work of everyone in government, in the mental health and wellbeing sector, and in the community who have worked, and continue to work, to make mental health and wellbeing an accessible, inclusive and essential service.

## A quick note on language



As much as possible, this plan reflects language and definitions used in the interim and final report of the Royal Commission into Victoria's Mental Health System.

Acknowledging that those reports were released some years ago, we also recognise that language and terminology can evolve over time. The Commission is now choosing to use the term 'family, carers, supporters and kin' as part of reflecting individuals with a caring role.

We also acknowledge that the terms Aboriginal, Indigenous, and First Nations or First Peoples are used interchangeably in this plan and do not capture the unique language groups of many within the community. The Commission does not favour one approach over the other and we respect all people's rights to self-identification.

# Why have we created this Plan?

At the heart of this document are two core Commission values:

## 01

**Rights-based approach**

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That the reformed mental health system must prioritise a rights-based approach.

## 02

**Partnership with lived experience**

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That partnership with lived experience is essential to a well-run mental health system.





A rights-based approach ensures that all people experiencing treatment have a right to shape their care. This includes access to information, dignity, informed choice, involvement of loved ones, and the ability to make decisions about their own lives whenever possible. We also recognise that families, carers, supporters and kin play a key role in not only the lives of their loved ones but are a major support for the clinical and psychosocial mental health systems.

True and lasting reform will require real and meaningful collaboration with people who have a lived experience of the mental health system; people who have first-hand experience of what it means to live with mental distress — and therefore have the expertise to inform what our reformed system should be like. At the Commission we believe in a future where this expertise works alongside system managers and clinicians to ensure the best outcomes for people entering services.

This plan, in its goals and focus areas, is interested in innovating the service system; to scale best-practice and ensure poor practice is understood as something that has no place in a reformed system. This will involve scaling up current models of lived experience leadership; identifying best-practice across the health system for governance that is inclusive of people with lived experience, and evolving complaints systems to ensure they protect the rights of people with lived experience while driving service improvement.

We welcome the findings and recommendations from the Royal Commission that call for these approaches, and we hope that this Plan will help drive a system that builds on the advocacy from the consumer and carer sectors, not least the many voices that contributed to the interim and final reports.

# Themes informing this Plan

The following themes provide the historical context that informs this plan.

## Theme 1

### Royal Commission into Victoria's Mental Health System:

The findings, vision and recommendations of the Royal Commission in relation to lived experience within the mental health system, and the current system context

The Royal Commission found that the system was failing. It envisioned a future mental health system where people with lived experience of mental illness or psychological distress, families, carers, supporters and kin, as well as local communities, are central to the design, development and delivery of mental health treatment, care and support services.

In its interim and final reports, the Royal Commission made recommendations to establish new lived experience designed and delivered services, expand the lived experience workforce, and elevate and embed lived experience leadership across the system to shift power.

This included Recommendation 29 to establish a non-government agency led by people with lived experience.

A significant shift to shared power will need to take place across the system.

There is also a need to understand how different parts of the reformed Victorian system will cooperate with each other.

## Theme 2

## Human Rights

The lived experience or ‘consumer’ movement is a human rights movement. Empowerment and participation by people with a lived experience is considered essential internationally to progress this human rights agenda.

The World Health Organization’s Mental Health Action Plan 2013—2020 sets out ‘cross-cutting principles and approaches’ that integrate human rights and public health and applies them to mental health care and promotion. This includes the principle of empowering people with lived experience of mental illness in all aspects of the system.

Understanding how human rights intersect with the mental health sector and the law is critical. For example — restrictive practices and coercive care have gone on for a long time; the human rights perspective challenges those practices. The convergence is a key point.

Other critical instruments and frameworks include:

- The 1979 Convention on the Elimination of All Forms of Discrimination Against Women.
- The Victorian Charter of Human Rights.

- Convention of Rights of Persons with Disabilities — the first human rights document to speak on people with disabilities that does so speaking of people as subjects who have rights rather than objects of charity - focused on mental illness, a lot of the rights are driven by consumer movements.

- United Nations Declaration on the Rights of Indigenous Peoples - article 24 relates to accessing health services without discrimination.

# Themes informing this Plan

## Theme 3

### Underpinning evidence of lived expertise and philosophy

Lived experience roles that embed the perspective of people with a lived experience in service delivery have been shown to improve outcomes for people using services in ways that can be measured from both clinical and recovery perspectives.

There is evidence of service and system improvement from embedding lived experience in the Alcohol and Other Drugs (AOD), disability, LGBTQIA+ and homelessness sector, as well as evidence of the benefits of carer leadership.

The benefits of consumer leadership include improvements in innovation of services, accountability, quality of care, improved knowledge of the health system, and improvements in public perceptions of mental health organisations (Happell and Scholz 2018).



Theme 4

The effects of ongoing negative historical impacts and/or specific events on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples

Acknowledging the impact of power structures in the lived experience space

Acknowledging that lived experience for Aboriginal and Torres Strait Islander peoples is different.

Acknowledging the impact of racism and discrimination.

Recognising the wisdom of First Nations people in managing and responding to the mental health and wellbeing of communities.

Theme 5

There are many forms of prejudice and historical context that have impacted the experience of people across intersectional groups

Broader social and cultural events that impact people with lived experience.

Acknowledging stigma and discrimination.

Social, cultural, political and historical experiences and events.

Acknowledging other communities that are underrepresented in the system and the lived experience movement.

# Our commitment to lived experience

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As reflected in our *Strategic Direction: Establishing the Commission (2023)*, the Commission is committed to being an exemplar organisation for lived experience leadership and grounded in the expertise of people with lived experience.

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Our Strategic Direction outlined our key deliverables in our establishment year 2023/24 which included developing a Lived Experience Plan (this document).



Our commitments are outlined and are embedded throughout our Lived Experience Plan.

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This Lived Experience Plan provides information about the Commission's approach to elevating lived experience leadership and participation in Victoria's mental health and wellbeing system.



As with all our work, the Commission prioritises the voices of people with lived experience of mental ill-health and psychological distress (consumers), their families, carers, supporters and kin. We note that their perspectives and priorities often intersect but may differ significantly.

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## Purpose statement for this Plan



At the Commission, we will be:



Fearlessly independent



Grounded in the expertise of  
people with lived experience



Brave, fair, impartial, and  
transparent in our work



An exemplar organisation for lived  
experience leadership



A voice for inclusion,  
understanding and compassion



Focused on addressing the most  
important issues at the time that  
best serves the public interest.

The Lived Experience Plan is grounded in the diverse experiences and expertise of consumers, families, carers, supporters and kin and communities, as well as the vision articulated by the Royal Commission into Victoria's Mental Health System.

It demonstrates that the Mental Health and Wellbeing Commission is driven by lived experience across its functions, activities and ways of working.

Through this Lived Experience Plan, the Commission will help shift power in the mental health and wellbeing service system towards consumers, families, carers, supporters and kin. This will contribute to a Victoria where people with lived experience are valuable leaders and active partners in service and system design, delivery and transformation.

# High level aspirations for lived experience

Our overall aspirations for lived experience that will result from the work of the Commission and this plan are:

Across organisations, the mental health and wellbeing sector, and wider society, there is an acknowledgement and change in power dynamics so consumers, families, carers, supporters and kin have the power to make decisions that are right for them.

A system with co-governance and models of support for communities and individuals that have been co-designed or co-produced to respond to specific needs.

There is inclusive leadership across organisations and the sector that values lived experience and challenges existing systems and norms around leadership.

Policies and practices have an intersectional focus that reflects, includes, and values families, carers, supporters and kin from a diverse range of backgrounds and experiences.

Services recognise that people have multiple roles as consumers, families, carers, supporters and kin.

The Commission leads the way with its own practices.



# Lived Experience values

01 We are genuine and put people and communities first.

02 We are committed to inclusion, representation and equity.

03 We are courageous, bold, and focused on outcomes.

04 We acknowledge and share power.

05 We are purposeful; our actions are intentional.

06 We are accountable and transparent.

07 We are committed to collaboration, co-production and evaluation.

08 We acknowledge the fact we stand on the shoulders of those who have been before us.

# The Mental Health and Wellbeing Act



The Royal Commission into Victoria's Mental Health System's final report was the beginning of a 10-year reform program for the State's mental health system.

As part of this reform, the Royal Commission set out its requirements for a new Mental Health and Wellbeing Act. The Bill was tabled in 2021 and became an Act in 2022 — *The Mental Health and Wellbeing Act 2022 (the Act)*. The new Act sets out the Commission's 32 functions, which outline how the Commission will handle complaints, provide oversight to the system, and ensure the government is accountable for the implementation of the reforms.

A key change in the Act is the inclusion of lived experience in system oversight, as well as the traditional role of lived experience in supporting complaints.

Through the expanded Lived Experience team, the Commission is excited about how lived experience will inform all of our operations, including complaints functions, performance management and oversight, and engagement.

We are particularly excited about the dedicated lived experience functions in the Act which include:

- to elevate the leadership, and support the full and effective participation, of people with lived experience of mental illness or psychological distress in decision-making processes (s.415(b));
- to develop and support the leadership capabilities of people with lived experience of mental illness or psychological distress (s.415(c));
- to design and deliver initiatives to develop awareness and understanding of the experiences of people with lived experience of mental illness or psychological distress s.415(d)); and
- to promote the role, value and inclusion of families, carers, supporters and kin of persons living with mental illness or psychological distress in the mental health and wellbeing system (s.415 (e)).

# The scope of this Lived Experience Plan

The scope of this Lived Experience Plan covers all the 32 functions of the Commission that are in its legislation. This includes four lived experience functions.

The ambition is that this Lived Experience Plan will be cross-cutting, not just defined to a specific remit. The scope of the Plan is to have activities that sit across other functions of the Commission.

The Commission has 32 functions that can be categorised into five function areas that support our objectives (shown within the pie chart). The full 32 functions are outlined on the following pages.

There are 4 specific lived experience functions. They sit in the 'lived experience leadership and participation' section and in 'awareness raising and challenging stigma and discrimination related to mental health'.

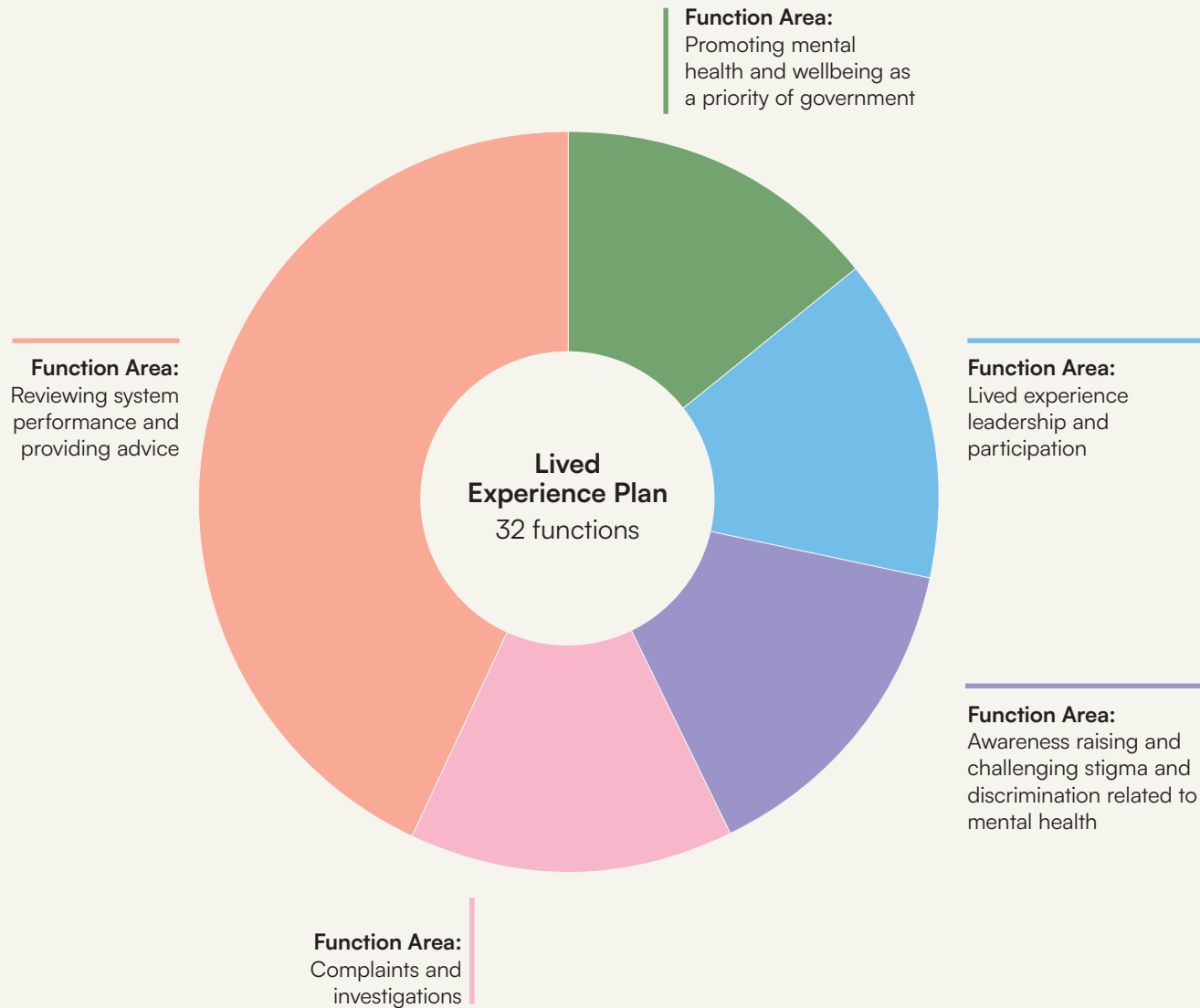
There are also 3 wider areas in scope for the Lived Experience Plan that sit across all Commission functions, (see diagram on the right).

Broader areas in scope across all Commission functions

Intersectionality especially voices of Aboriginal and Torres Strait Islander people

Developing the Commission's own workforce and internal ways of working

Strong relationships and partnerships with external stakeholders



Specific Lived Experience functions:





To elevate the leadership, and support full and effective participation in decision-making processes (s.415(b))


To develop and support the leadership capabilities of people with lived experience of mental illness or psychological distress (s.415(c))

To promote the role, value and inclusion of families, carers, supporters and kin of persons living with mental illness or psychological distress in the mental health system (s.415(e))

To design and deliver initiatives to develop awareness and understanding of the experiences of people with lived experience of mental illness or psychological distress (s.415(d))

# 32 functions of the Commission

| Colour of the wheel   | Function area   | Function  |
|---|---|---|
|    | <b>Promoting mental health and wellbeing as a priority of government</b>                    | <ul style="list-style-type: none"> <li>to promote the improvement, awareness and understanding of mental health and wellbeing across government, business and the wider community (s.415(a))</li> </ul>   |
|    | <b>Lived experience leadership and participation</b>  | <ul style="list-style-type: none"> <li>to elevate the leadership, and support the full and effective participation in decision-making processes (s.415(b))</li> <li>to develop and support the leadership capabilities (s.415(c))</li> <li>to promote the role, value and inclusion of families, carers and supporters (s.415(e))</li> </ul>  |
|    | <b>Awareness raising and challenging stigma and discrimination related to mental health</b> | <ul style="list-style-type: none"> <li>to design and deliver initiatives to develop awareness and understanding of the experiences of people with lived experience of mental illness or psychological distress (s.415(d))</li> <li>to lead and support initiatives to prevent and address stigma and discrimination related to mental illness (s.415(f))</li> </ul>   |
|  | <b>Complaints and investigations</b>  | <ul style="list-style-type: none"> <li>accept, assess, manage and investigate complaints (s.415(k))</li> <li>resolve complaints (s.415(l))</li> <li>make complaints' procedure accessible (s.415(p))</li> <li>publish guidance materials for making a complaint (s.415(q))</li> <li>prepare complaints handling standards for mental health and wellbeing service providers (s.415(o))</li> <li>provide information, education and advice to service providers to improve complaint procedures (s.415(r))</li> <li>assist consumers to resolve complaints (s.415(s))</li> <li>complaints data reporting (s.415(t))</li> <li>compliance (s.415(m))</li> <li>investigate at the request of the Minister (s.415(x))</li> </ul> |

| Colour of the wheel   | Function area  | Function  |
|---|--|---|
|  | <b>Reviewing system performance and providing advice</b> | <ul style="list-style-type: none"><li>• identify, analyse and review quality, safety and other issues of the Commission's performance (s.415(v))</li><li>• monitor and report on other matters related to the Commission's performance (s.415(j)(iii))</li><li>• monitor and report on the performance, quality and safety of the system (s.415(h))</li><li>• report on the use of restrictive interventions (s.415(h)(ii))</li><li>• to report services who are not complying to the Health Secretary (s.415(u))</li><li>• to report any contraventions of the Act to the Health Secretary (s.415(zd))</li><li>• to monitor and report on performance, quality and safety of state initiatives (s.415(h)(i))</li><li>• to monitor and report on the Victorian Government's progress on implementation of the recommendations made by the Royal Commission (s.415(j)(ii))</li><li>• to consult on the purposes of fulfilling the Commission's functions under the Act (s.415(n))</li><li>• to work collaboratively and share information (s.415(zb))</li><li>• to refer to the relevant regulator or oversight body (s.415(ze))</li><li>• initiate and conduct inquiries in relation to Commission objectives and functions (s.415(y))</li><li>• provide information and make recommendations to key stakeholders across the sector (s.415(w))</li><li>• make recommendations to the Premier, Minister (s.415(za))</li><li>• issue guidance materials about how mental health principles should be applied (s.415(g))</li><li>• promote and support compliance with the Act (s.415(zc))</li></ul> |

# Mental Health and Wellbeing Act – Principles

The Mental Health and Wellbeing Principles of the Act are intentionally included as an essential mechanism to ensure people experience safe and quality services.

The principles “guide service providers and decision makers to support the dignity and autonomy of people living with mental illness or psychological distress; ensure people are involved in decisions about their treatment, care and support; recognise the role of families, carers and supporters; and ensure the service system responds to the diverse needs and preferences of Victorians” (*Explanatory Memorandum to the Mental Health and Wellbeing Bill 2022*).

Many of the principles existed in the Mental Health Act 2014. New principles have been included with an expectation that these will enliven the transformation of the mental health service system as outlined in the final report of the Royal Commission.

One of the key functions of the Commission is to issue guidance materials about how the mental health and wellbeing principles should be applied in relation to actions and decisions under this Act.

Under s431-433 of the Act, consumers, family members and supporters can make a complaint to the Commission about a failure by a mental health and wellbeing service provider to make all reasonable efforts to comply with the principles when delivering their services.

The Commission is also required to give proper consideration to the principles in performing a function or duty or exercising its powers under the Act (s414).

The guidance aims to support the implementation and continuous improvement of these principles in Victoria’s mental health and wellbeing services, and in doing so, to improve the experience of people accessing public mental health and wellbeing services in Victoria.

## The 13 Mental Health and Wellbeing Principles:

Dignity and autonomy

Supported decision-making

Family and carers

Gender safety

Wellbeing of dependents

Least restrictive

Diversity of care

Wellbeing of young people

Health needs

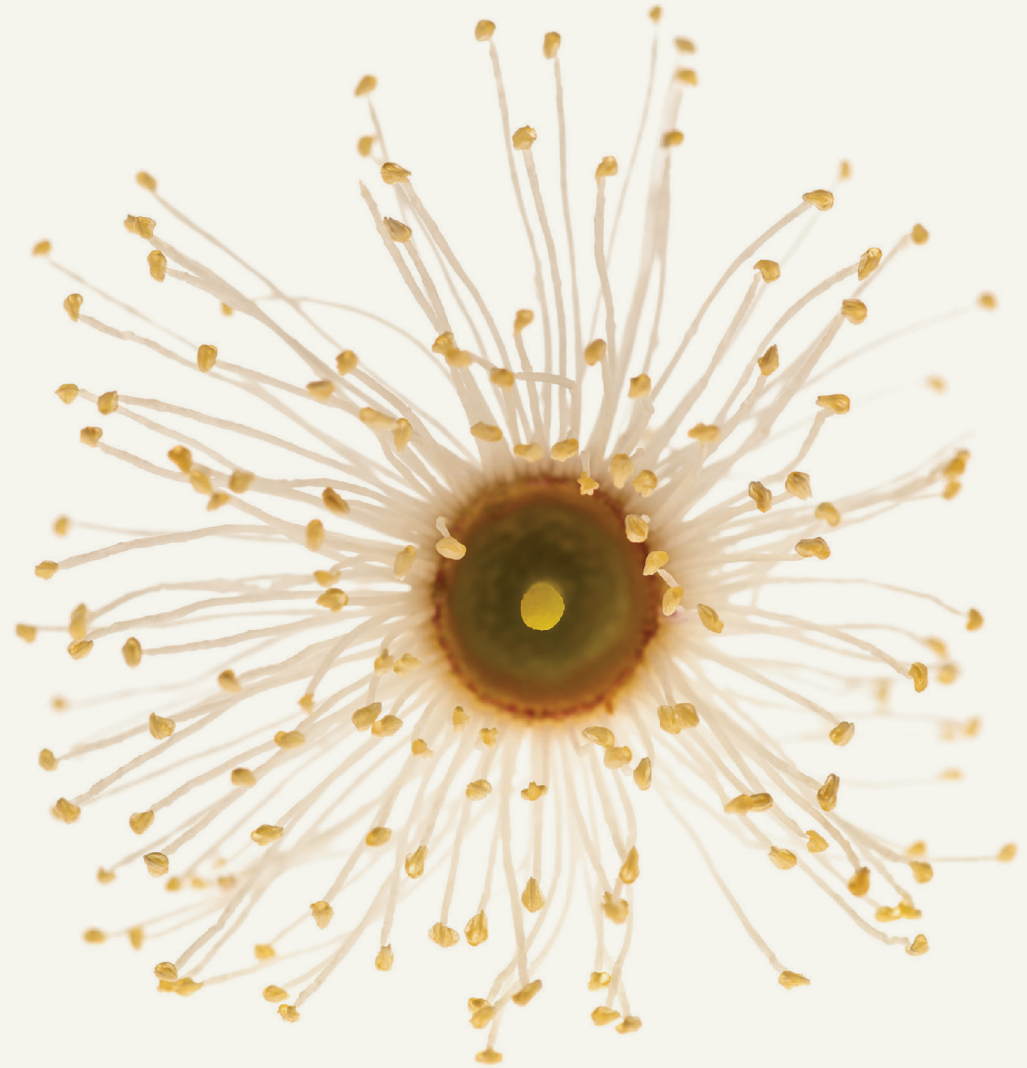
Dignity of risk

Lived experience

Diversity

Cultural safety

# Goals and intended impacts



## Goal 1

# People's diverse lived experiences, and the role of the Commission, are understood

### Focus areas

- Build and strengthen relationships with the Victorian Aboriginal Community Controlled Health Organisation (VACCHO) and other Aboriginal organisations to enhance understanding, shared perspectives, and positive outcomes for Aboriginal Victorians.
- Listen to and deepen our understanding of the Yoorrook Justice Commission's recommendations, the First People's Assembly and the ongoing Treaty process in Victoria.

- Engage and expand connections with diverse communities and groups, including those with intersectional experiences, to harness their expertise and inform inclusive practices.
- Establish and maintain contemporary advisory structures and communication channels with diverse people and communities, with a commitment to ongoing review and improvement.
- Build and foster relationships and trust.

- Understand the diverse experiences of Victorian communities to inform stigma and discrimination reduction efforts, aligning with Goal 4 of this plan.

### Actions

1. Facilitate yarning circles with Aboriginal leaders and elders, and community members, to build a relationship between Aboriginal Victorians and the Commission.
2. Seek guidance from the Victorian Aboriginal community to further our knowledge and help us consider and enact findings from the Yoorrook Justice Commission.
3. Seek advice from the Aboriginal community on how we can support progress toward Treaty in Victoria with regard to the mental health and wellbeing system.

1. Seek and support conversations with diverse communities to understand their experiences of treatment and/or mental health and wellbeing.
2. Establish community advisory structures and forums as components of stakeholder engagement.
3. Conduct ongoing reviews and evaluations of advisory structures to ensure they reflect diverse communities, and align with their priorities.

1. Collect insights on the experiences of stigma, discrimination, and related issues specific to diverse populations.



## Intended impacts

Information gained from diverse communities leads to greater engagement in services and the Commission's complaints' processes.

There is a greater level of engagement from diverse communities in the work of the Commission.

The Commission's advisory structures include people from diverse backgrounds in a way that reflects the Victorian population.

That diverse populations, including Aboriginal and Torres Strait Islander people, are confident with making complaints to services and/or the Commission.

Diverse populations, including Aboriginal and Torres Strait Islander people, work with the Commission on strategic priorities including stigma and discrimination reduction and social and emotional wellbeing.

The Mental Health and Wellbeing Principles are understood by diverse communities including Aboriginal and Torres Strait Islander people when seeking support.

Services have strong and robust practices to explain how they are using the principles when supporting diverse communities and Aboriginal and Torres Strait Islander people communities.

Relationships are established with a variety of peaks and people to ensure that the Commission is informed and leans into the lived experience of diversity.

## Goal 2

# The Commission has listened to, heard and responded to the stories of people with lived experience

### Focus areas

- Work with communities to build awareness and understanding of their rights, with a focus on compulsory treatment and restrictive practices.
- Work with services to ensure understanding and integration of Mental health Principles and the objectives of the Act into practice.

### Actions

1. The Commission will actively seek and share the perspectives of people with lived experience on the implementation of the Royal Commission recommendations and their views on the system's operation.
2. Monitor the implementation of key guidelines including those for working with families, carers, supporters and kin, and cultural safety, as part of the lived experience monitoring framework.
3. Monitor the implementation of emerging policy in relation to Royal Commission recommendations including those relating to restrictive practice and compulsory treatment.
4. Collect information from various sources on the implementation of key principles and relevant guidelines, with a focus on engagement with families, carers, supporters and kin.
5. Embed reporting on the principles and guidelines in lived experience section of the Commission's annual report.

- Explore how consumer and carer experiences are measured and used to inform service delivery and design.

1. Analyse the outcomes of the YES and CES surveys to identify consistent findings and recurring themes as part of the lived experience leadership monitoring framework.
2. Conduct an analysis of how YES, CES, and other surveys are being utilised by services to track and improve system performance.
3. Identify key improvements and success stories and share them with services through targeted engagement and communication channels.

| Focus areas   | Actions   |
|---|---|
| <ul style="list-style-type: none"><li>• Develop an understanding of the evidence, tools, campaigns and reports aimed at reducing stigma and discrimination to inform future initiatives and activities.</li></ul> | <ol style="list-style-type: none"><li>1. Collect inputs on the experience of stigma and discrimination-related issues.</li><li>2. Design and deliver stigma and discrimination reduction initiatives.</li></ol>   |
| <ul style="list-style-type: none"><li>• Support services in understanding, engaging, collaborating and innovating with people with lived experience to drive positive change.</li></ul>                           | <ol style="list-style-type: none"><li>1. Explore the use of the Lived Experience Engagement Framework and available resources that could support services to do co-production.</li><li>2. Explore best-practice methodologies for co-production.</li><li>3. Develop resources that increase capacity and capability across the system for co-production.</li><li>4. Collect insights on stigma and discrimination-related experiences through engagement, conversations and forums with experts, services, and the community.</li></ol> |
| <ul style="list-style-type: none"><li>• Increase and embed the voice of lived experience across all elements of the complaints process.</li></ul>   | <ol style="list-style-type: none"><li>1. Analyse complaints and other data sources to inform the Commission's reporting.</li><li>2. Use the complaints analysis to improve and inform policies and practices within services.</li><li>3. Connect with groups and individuals to understand their experiences with the complaints system, focusing on under-reported communities.</li></ol>  |
| <ul style="list-style-type: none"><li>• Co-produce a plain language guide to support understanding of lived experience.</li></ul>   | <ol style="list-style-type: none"><li>1. Research existing language guides.</li><li>2. Publish a plain-language guide that acknowledges and respects the language used and world views of people with lived experience.</li></ol>   |

## Goal 2

# The Commission has listened to, heard and responded to the stories of people with lived experience

### Intended impacts

There will be year-on-year growth in engagements with services and the community on the rights, needs and voices of consumers, families, carers, supporters and kin.

The Commission measures year-on-year consumer, carer and lived experience workforce experience of how the principles are being implemented.

Services have strong and robust practices to explain how they are using the principles.

YES, CES and service feedback/ surveys are being used to positively improve service quality and safety.

Principles are understood by consumers, families, carers, supporters and kin when seeking or providing support.

Services are accessing educational resources and guidance from the Commission that promote consumer and carer rights.

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The Commission will actively seek and share the perspectives of people with lived experience on the implementation of the Royal Commission recommendations and their views on the system’s operation.

There are improved opportunities for consumers, carers, family, supporters and kin to make complaints.

There will be an increased understanding of lived experience.

Increased awareness and contact from consumers and carers, families, supporters and kin on complaints, both at service levels and directly with the Commission.



## Lived experience leadership and pathways across the sector and communities are defined

### Focus areas

- Engage with lived experience workforces to map current leadership, identify approaches, and address gaps across the sector.
- Explore diverse communities and settings to facilitate mental health conversations and increase engagement.
- Identify and facilitate clear, sustainable pathways for lived experience leadership within the sector.
- Co-produce leadership, learning and development initiatives in the community with people with lived experience.
- Collaborate with organisations focused on lived experience leadership including the Centre for Mental Health Learning (CMHL), the Victorian Collaborative Centre and the Centre for Mental Health Nursing.

### Actions

1. Through roundtables and quarterly meetings with services, define lived experience workforce models, as well as challenges regarding leadership and the establishment of lived experience disciplines.
2. Release a guide on lived experience leadership.
1. Facilitate at least four round tables with lived experience leaders across the sector (including workforce, community leaders, and consumers/carers) to explore ways to support existing leadership and foster emerging pathways.
2. Develop a lived experience leadership reporting framework, for inclusion in the Commission's annual report.
3. Develop resources/stories from lived experience leaders on the role they play and embed in the Commission's website and other communications channels.
4. Undertake a project to analyse and assess education and training programs for lived experience workforces (curriculum) to identify gaps, inconsistencies and recommendations for improvement.

## Intended impacts

There will be an increase in the level of lived experience leaders supported and working to represent consumers, families, carers, supporters and kin.

There will be clearly articulated pathways into lived experience disciplines and professional development where sought.

There will be an increased level of connectivity that supports collaboration.

Emerging lived experience leaders will have the guidance and resources they need to support their communities.

The Commission will have positive and proactive relationships that support lived experience leaders and their communities.

## Goal 4

# Lived experience is integrated in and across the governance and performance management of the mental health and wellbeing system and services, with shared power and increased accountability

### Focus areas

- Embed lived experience perspectives and engagement in the Commission's oversight activities, including systemic reviews and inquiries.

### Actions

1. Support lived experience staff across the system in transitioning to a mental health system that meets all Royal Commission's recommendations, including the elimination of restrictive practices within 10 years.
  2. Monitor service-based advisory structures to ensure they are inclusive of lived experience and intersectional perspectives, and are trauma-informed.
  3. Report on government's activities to grow and support lived experience across its operations, with a focus on influence and decision-making.
  4. Develop a lived experience tracking and reporting framework/ checklist to hold government and the mental health system to account on system reform.
  5. Develop a lived experience governance reporting approach to include in the Commission's annual report.
  6. Request updates from all designated mental health services on embedding the Mental Health and Wellbeing Principles across their service delivery, including governance.
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## Focus areas

- Increase partnership with lived experience across the system by drawing on best practices and existing frameworks.
- Increase services' lived experience capability by facilitating and encouraging the integration of best practices into governance and operations.

## Actions

1. Document and highlight examples of governance best-practice across the system.
  2. Facilitate a forum on embedding best-practice lived experience governance, such as the implementation of the National Lived Experience Governance Toolkit.
  3. Identify approaches used by organisations to assess and track lived experience participation in governance.
  4. Host a forum to understand the implementation of the principles and to translate best practice across the system. A report will be issued and shared widely after the event.
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## Goal 4

### Intended impacts

An increase in lived experience participation across the Commission's governance and performance measurement operations.

The Commission is directly informed by best-practice lived experience governance approaches within the service system.

The Commission's report on levels of lived experience involvement across designated mental health services will assist services to meet the expectations for lived experience workforce in the Royal Commission report.

Best practice lived experience participation and governance has been identified and leads to ongoing systemic improvement.

The Commission will see a high level of implementation of the mental health and wellbeing principles.

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The Commission will request updates from all designated mental health services on embedding the Mental Health and Wellbeing Principles across their service delivery, including governance.



## Goal 5

# Lived experience values are at the heart of the Commission's culture, which is seen as an exemplar organisation for lived experience and inclusion

### Focus areas

- Continue to create a culture of safety and inclusion within the Commission, where all perspectives are welcomed and valued.

- Clearly demonstrate the integration of lived experience across all aspects of the Commission's functions.

- Strengthen and embed lived experience through the review, enhancement, and creation of systems and policies within the Commission.

- Develop Commission-wide communications explaining the purpose, value and delivery of lived experience perspectives to inform internal system and culture change.

### Actions

1. Deliver two relevant training sessions to executive and staff.
2. Develop an internal education and engagement program that includes lived experience experts, such as guest speakers.
3. Develop a process and practice guideline that ensures all the Commission's advisory structures embed lived experience participation.

1. Develop a statement, online resources, and communication materials that reaffirm and articulate the Commission's approach to lived experience, based on the content of the Lived Experience Plan.
2. Establish an internal working group to implement the National Lived Experience Governance Toolkit within the Commission.
3. Complete Human Resource and Position Description reviews to ensure lived experience values are reflected in internal documentation.
4. Review the Commission's policies on lived experience and identify potential improvements, focusing on consumer and carer perspectives.
5. Report on the Commission's activities to grow and support lived experience across its operations, with a focus on influence and decision-making.

## Intended impacts

The sector increasingly looks to the Commission as an exemplar organisation for embedding, and partnering with, lived experience.

Commission staff have strengthened, as well as contemporary knowledge around lived experience practice and advocacy.

The Commission's key guidelines, policies and procedures reflect best practice lived experience approaches, including those outlined in the consumer, family, carer, supporter and kin literature, and national frameworks.

Designated lived experience leadership roles are established, and are incorporated across the full range of the Commission's work.

# Plan on a Page



## **The Lived Experience Plan 2025-2028**

is a roadmap for embedding lived experience leadership, systemic reform, and meaningful inclusion at the core of Victoria's mental health system. This plan is a commitment to consumers, families, carers, supporters and kin to ensure that lived experience expertise informs every aspect of mental health governance, policy, and service delivery.



# Plan on a Page


**Reason for creating this plan?** 

At the heart of this document are two key Commission values:

- A rights-based approach and
- A commitment to genuine partnership with lived experience.

This Plan calls for:

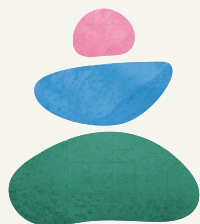
- Genuine partnership with people who have lived experience.
- Elevating lived experience leadership in decision-making.
- Addressing systemic barriers to create an inclusive, equitable, and culturally safe system.

**LE Plan Values** 

The Lived Experience Plan values serve as the foundation for our commitment to genuine, inclusive, and accountable leadership in mental health reform. These values emphasise community-first approaches, power-sharing, transparency, and collaboration to drive meaningful change.

## Goals and Intended Impacts

|        | Goals  | Intended impacts  |
|--------|--|---|
| Goal 1 | <b>People’s diverse lived experiences, and the role of the Commission, are understood</b>  | Build relationships with Aboriginal and diverse communities, address stigma, and ensure inclusive engagement.           |
| Goal 2 | <b>The Commission has listened to, heard and responded to the stories of people with lived experience</b>  | Monitor system implementation, engage with services, improve complaints processes, and promote clear communication.     |
| Goal 3 | <b>Lived experience leadership and pathways across the sector and communities are defined</b>  | Define leadership models, develop resources, and improve education and training for lived experience leaders.           |
| Goal 4 | <b>Lived experience is integrated in and across the governance and performance management of the mental health and wellbeing system and services, with shared power and increased accountability</b> | Incorporate lived experience in governance, ensure accountability, and engage services to improve governance practices. |
| Goal 5 | <b>Lived experience values are at the heart of the Commission’s culture, which is seen as an exemplar organisation for lived experience and inclusion</b>  | Train staff, develop policies, and review practices to embed lived experience values across the Commission.             |



**Mental Health  
and Wellbeing  
Commission**

## Contact us

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