

Mind's Lived Experience Strategy





Acknowledgement of Country

Mind acknowledges that Aboriginal and Torres Strait Islander peoples are the Traditional Custodians of the lands on which we work and we pay our respects to Elders past, present and emerging. We recognise the intergenerational impact of the history of invasion, dispossession and colonisation and are committed to the recognition, respect, inclusion and wellbeing of Australia's First Peoples.



Inclusion Statement

Mind values the experience and contribution of people from all cultures, genders, sexualities, bodies, abilities, spiritualities, ages and backgrounds. We are committed to inclusion for all our clients, families and carers, employees and volunteers.



Contributors and process

This strategy has been developed by Katie Larsen, Senior Manager Inclusion and Participation in consultation with people with lived experience within Mind's services, staff and across the sector. These have included Mind's lived experience workforce, Lived Experience Advisory Team and lived experience advocates within the organisation. Thanks also to the lived experience leaders outside Mind who shared ideas and feedback including Dr Louise Byrne, Kerry Hawkins and representatives of the National Mental Health Commission.

Reference

Mind Australia (2021) Mind's Lived Experience Strategy. Mind Australia, Melbourne.

Contents

Background and context	4
About Mind	4
Current commitments to lived experience	5
The evidence for a whole-of-organisation approach to lived experience	6
Mind's approach to lived experience	8
Definitions	8
Mind's model of lived experience	9
Strategy overview	11
Purpose	11
Objectives	11
Approach and governance	11
Shifting mindsets and culture	12
Core principles	13
Deliverables 2021 - 2024	14
Timeline of Mind's Lived Experience	18
References	19

Background and context

About Mind

Mind Australia Limited (Mind) is one of the country's leading community-managed specialised mental health service providers. We have been supporting people managing the day-to-day impacts of mental illness, as well as their families, friends and carers for over 40 years. Mind has over 1,100 staff who deliver a diverse range of services around Australia. In the last financial year, Mind provided over 210,000 hours of recovery-focused, person-centred support service to more than 11,000 people, including residential rehabilitation, personalised support, youth services, family and carer services and care coordination.

We are committed to an evidence-informed, recovery-oriented approach to mental health and wellbeing that looks at the whole person in the context of their daily life, and focuses on the social determinants of mental health, as they play out in people's lives. We value

lived experience knowledge of what works to support recovery and support the ongoing development of a lived experience workforce. We value the role that carers, families and friends play in providing significant emotional, practical and financial support to those experiencing mental ill-health and distress.

Mind significantly invests in research about mental health recovery and wellbeing and shares this knowledge, developing evidence informed new service models, evaluating outcomes, and providing training for peer workers and other mental health professionals. We also advocate for, and campaign on basic human rights for everyone; constantly challenging the stigma and discrimination experienced by people with mental ill-health and distress.

Current commitments to lived experience

Mind Australia is a leader in the development and innovation of lived experience (page 18 provides a timeline of our lived experience activities over the last thirty years). We have contributed to the development and understanding of the role of lived experience in mental health services recently through activities such as:

- co-publishing and co-editing the book *Peer Work in Australia: A new Future for Mental Health* in 2018
- significant contributions to the Royal Commission into Victoria's Mental Health System in peer and lived experience expertise through submissions, expert witness testimony and case studies
- establishing a Mental Health Carer Development Fund with significant achievements including: co-developing the resource *A Practical Guide for Working with Carers of People with a Mental Illness* and, establishing *The Economic Evaluation of the Contribution Made by Unpaid Carers, Factors Impacting on Carers' Employment* - some of the only national research on mental health carers in an Australian context.

We have consumer and carer/family lived experience represented formally within our Board membership. Several senior leaders also openly disclose their personal and family and carer lived experiences.

Mind's organisational strategy and decision-making processes are supported by our Lived Experience Advisory Team (LEAT). The LEAT is made up of consumer, family and carer representatives from diverse locations and backgrounds who provide strategic advice to our CEO and Executive, along with senior leadership across our operations, research and advocacy, communications and innovation functions. At a service level, consumers and their families are engaged through co-design and co-production processes, reference councils, feedback systems and service development projects.

As of July 2021, Mind has almost 100 lived experience roles, more than ten percent of our workforce. Most are consumer peer roles (peer practitioners) but we also have specialised and designated lived experience roles relating to carer and family, participation, peer research and

systemic lived experience. We also have more than twenty family and carer engagement and practice roles. Fifty percent of Mind staff have a personal lived experience of mental illness or distress and twenty per cent of staff identify as being a carer.

Mind's Peer Work Framework guides the way we develop and support our peer workforce including our Model of Peer Work, which articulates the knowledge, values and practice principles that inform peer work at Mind.

Mind's Participation and Co-design Framework draws from innovative and evidence-based approaches, along with lived expertise, to provide practical guidance on Mind's approach to working authentically with communities across our governance, leadership, service design and delivery.

Lived experience is a central feature in our 2021-2026 organisational strategy, particularly in relation to the growth of peer and lived experience workforces and, the critical role of participation and co-design. Mind's What We Believe statement articulates our commitments to 'amplifying the voices of people with lived experience' and 'honouring and valuing the power of diverse lived experiences through co-design'. Our Employee Value Proposition commits to proactively recruiting people who have lived experience and the unique skillsets of peer disciplines and the development of our lived experience workforce is a key component of the workforce strategy.

The evidence for a whole-of-organisation approach to lived experience

Future mental health systems must and will be informed by the knowledge and expertise of lived experience. Mind's commitment to delivering a whole of organisation strategy for lived experience, reflects our understanding that to effect meaningful change, we need to work at multiple levels of the organisation, engage different voices and experiences and deliver across multiple platforms to build on current commitments and set new targets for growth and development.

Our strategy is defined by four pillars:

- leadership and culture
- design and decision-making
- workforce development; and
- innovation and influence.

Our commitments in these areas are further outlined in the strategy approach. The following section provides a brief overview of the evidence that these areas are critical in ensuring lived experience is centred, embedded and authentic to enable improved outcomes and experiences within mental health services.

Leadership and culture

The role of senior leadership in ensuring a psychologically safe and de-stigmatised culture is crucial. The literature suggests that amongst senior managers within mental health service providers there are still ongoing concerns about consumers being in leadership positions, despite previous research criticising such views (Scholz et al. 2017). Byrne et al. (2019) found that continuing impacts of stigma and discrimination within the workplace had significant implications for lived experience practitioners to work effectively to enable inclusion for service users. They argue that mental health leaders and decision-makers must act as allies if we are to enable a more inclusive environment for people with lived experience to have impact and influence. In addition to the role of senior management, an inclusive culture is also strongly influenced by the degree of support and acceptance for lived experience roles demonstrated within service teams (Byrne et al. 2019).

Further to the role of current leaders, Australian consumer academics have demonstrated the need to address barriers to leadership of people with lived experience of mental ill-health and distress and have called for systems that better enable pathways to lived experience leadership (Byrne et al. 2018b; Cleary et al. 2016; Scholz et al. 2019). The benefits of consumer leadership include improvements in innovation of services, accountability, and quality of care, improved knowledge of the health system, and improvements in public perceptions of perception of mental health organisations and that service users also benefit from the way that consumer leaders can help to shape services that better meet consumers' needs (Happell and Scholz 2018).

Design and decision-making

When engaging lived experience in decision-making processes, we are seeking to move to systems of authentic participation and co-design where power dynamics are understood and challenged and diverse and opposing views are heard. There is recognition that we need to progress our thinking about how best to accomplish authentic and effective engagement, and to think about which views and experiences are engaged with, when and why (Daya et al. 2020). This reflects the understanding that one-off lived experience roles or limiting engagement only with groups of people whose views are similar, can never result in an authentic, respectful, or effective engagement process (Daya et al. 2020).

Unless involvement of lived experience perspectives is engaged during conceptual design stages, influence and impact can be limited (Byrne & Wykes 2020). Multiple approaches, platforms and activities are necessary to ensure meaningful change through the involvement of consumers, carers and families in participation and co-design processes. This includes service design, governance, business development and strategic advice at senior decision-making levels, i.e., Board and Executive.

Workforce development

There is extensive empirical research to date that provides evidence in support of lived experience workforces to support improved mental health service delivery and development. Lived experience roles encompass a range of skills, values, and theoretical propositions that provide a framework that distinguishes lived experience work as different from traditional mental health roles (Roennfeldt & Byrne 2021). Research findings suggest that peer roles reduce overall service costs, lead to better recovery orientation and support a greater focus on person-directed care, a stronger natural focus on recovery and can inspire hope and enable more equitable relationships between services and users (Byrne et al. 2018a). They are also understood to contribute to help reduce stigma and create safety for the broader team in disclosing mental health issues and challenges (Byrne et al. 2021). Higher benefits occur when effective recruitment and ongoing support for peer workers is prioritised.(Byrne et al. 2018a).

Furthermore, there is growing recognition of the multiple ways and levels that lived experience workforces can influence and impact positively on the mental health system. The Interim Report of the Royal Commission into Victoria's Mental Health System (2019, p. 512) stated that: "Lived experience work will be a central pillar to of the future of the mental health system: new lived experience roles will be established and supported, spanning service design and delivery, service and system leadership, research and evaluation, and system accountability and oversight." Strategies are needed to ensure the growth and expansion of lived experience workforces is matched by appropriate supports and understanding of the unique discipline and role of lived experience work. Mind is committed to the development, growth and increased influence and impact of our lived experience workforce and to providing the supports and environment to enable this.

Innovation and influence

Lived experience work has provided significant influence within the mental health sector and has been instrumental in shaping policy reforms towards the recovery agenda (Roennfeldt & Byrne 2021). Lived experience is a central theme of all current major pieces of mental health reform including the Productivity Commission Mental Health Inquiry Report, the National Suicide Prevention Strategy, Vision 2030 and Royal Commissions into Victoria's Mental Health System.

The Royal Commission into Victoria's Mental Health System has commitments to lived experience woven through its 74 recommendations. Its recommendations are well aligned with the existing and proposed strategies for lived experience at Mind. The recommendations indicate that we need the future mental health and wellbeing system to have multiple and substantive lived experience leadership roles – to lead change and balance power. Mind is committed to the voices, perspectives and knowledge base of lived experience influencing and shaping service design, service delivery, governance, advocacy, policy and research.

Mind's approach to lived experience

Definitions

Personal lived experience

At Mind, we primarily understand lived experience as a personal experience of mental ill-health and the journey of recovery. It can be understood within the mental health lived experience movement in Australia as: “mental health challenges that have caused life as we knew it to change so significantly we have to reimagine and redefine ourselves, our place in the world, our future plans” (Byrne and Wykes 2020). It recognises the unique insights, awareness and opportunities lived experience provides and differentiates between the lived experiences all people have, and those uniquely informed by life altering mental health challenges.

Mind also wishes to acknowledge Aboriginal and Torres Strait Islander understandings of lived experience as unique. The Black Dog Institute's Indigenous Lived Experience Centre (2020) states: “A lived experience recognises the effects of ongoing negative historical impacts and or specific events on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. It encompasses the cultural, spiritual, physical, emotional and mental wellbeing of the individual, family or community... and takes into consideration Aboriginal and Torres Strait Islander peoples ways of understanding social and emotional wellbeing.”

Family and carer lived experience

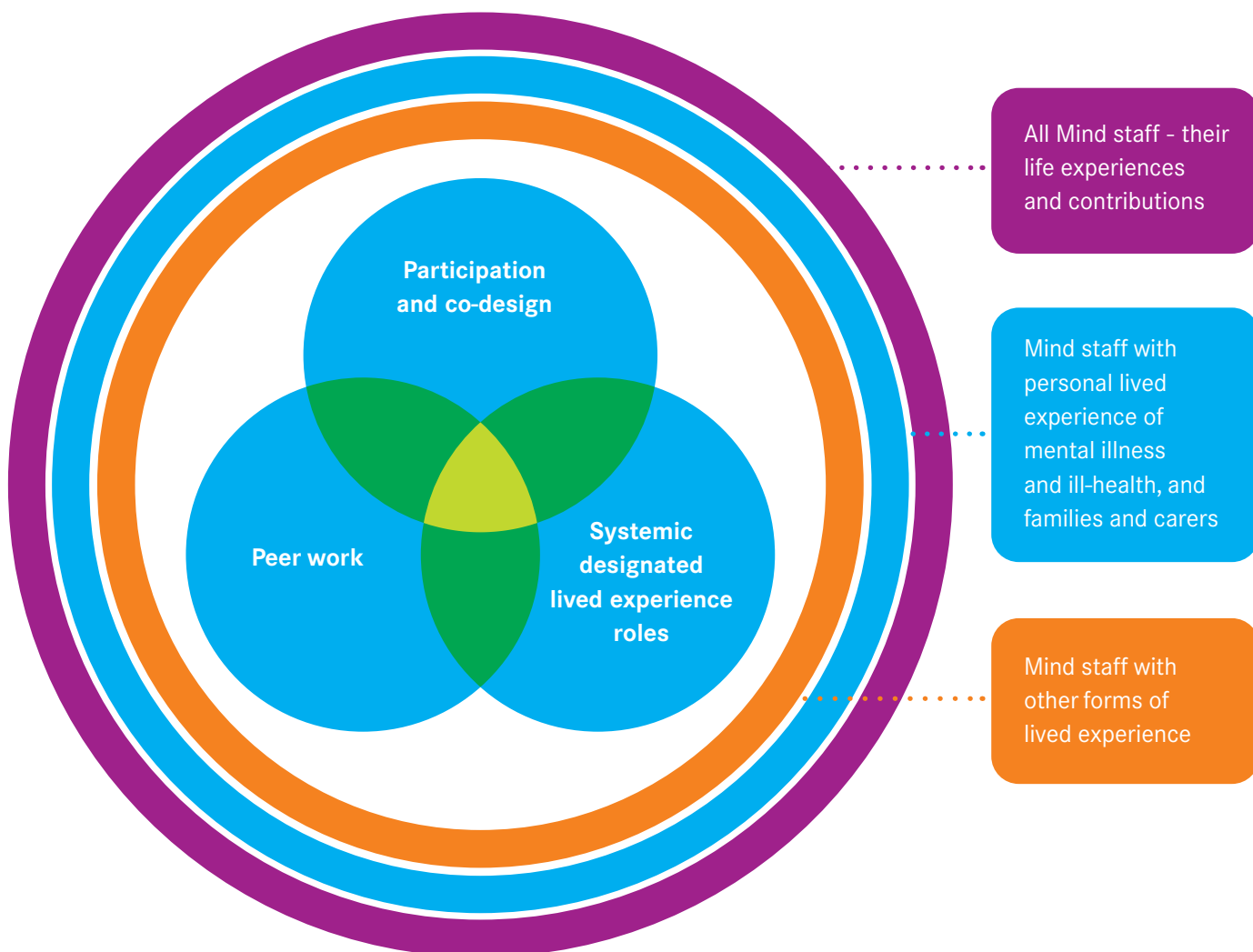
At Mind we recognise families and carers as a family member, friend or supporter of a person living with mental illness or distress. Family members and friends are often motivated to use their lived experience to influence and make changes in the system because mental ill health affects someone they love. Mind recognises the insights gathered through the contribution of families and carers, including: navigating the mental health and disability systems to get support for their loved one; advocating on behalf of their loved one; co-ordinating services and supports; developing creative workarounds to address systemic challenges; and managing the impact of caregiving on their own mental and physical health. Through these experiences, families and carers develop in-depth understandings of the types of support available to people with mental ill-health and gaps in the system. Mind recognises the unique needs and experiences of families, chosen families and carers across Aboriginal and Torres Strait Islander, culturally and linguistically diverse and LGBTIQ+ communities.

Lived expertise

Lived expertise refers to “the knowledge, insights, understanding and wisdom gathered through lived experience” (Sandhu, 2017). Lived experience work in mental health is distinguishable by the use of lived expertise and experiential knowledge gained through experiences of diagnosis, service use and recovery from mental health challenges for the purpose of helping others and contributing to system change (Gagne et al. 2018 in Roennfeldt & Byrne 2021). It involves the contribution of the knowledge base of lived experience – informed by the views of many as opposed to the views of an individual delivered only through their personal lived experience. Lived expertise describes the application of lived experience to shape governance, operations, workforces, culture and reform in mental health services.

Mind's model of lived experience

Figure 2 shows all the components of Mind's approach to lived experience. These are interrelated and co-existing. The components are detailed below.



All Mind staff

We recognise that all Mind staff have different life experiences, and all people contribute to and are shaped by the experiences that define them. However, these are different and separate from the unique insights of lived experience of mental ill-health and distress and those of other social issues or injustices.

Mind staff with lived experience

Mind's Employee Engagement data (2021) shows 53% of staff identify as having a personal lived experience of mental ill-health and 16% identify as being a carer. Our commitment is to provide a psychologically, socially and

culturally safe, affirming and inclusive organisational and workplace culture that actively addresses issues of stigma and discrimination relating to mental ill-health and distress.

Other forms of lived experience

Within this strategy and our organisational approach, Mind recognises other forms of lived experience relating to social issues and injustices that provide additional or differing insights and expertise that are critical for our services to support the communities in which we work.

These are often intersectional, in that individuals can experience overlapping and interdependent systems of discrimination or disadvantage relating to their lived experiences, including and beyond mental health.

Other lived experiences include:

- Aboriginal and Torres Strait Islander backgrounds
- Age related – youth and elders
- Body diversity
- Disability (could include chronic conditions, neurodiversity, physical, genetic, intellectual, sensory)
- Experiences with the justice system
- Gender
- Homelessness or housing insecurity
- Intimate partner and family violence
- LGBTIQ+ identities
- Multicultural backgrounds
- Poverty
- Refugee and migrant experience
- Substance misuse, addiction and rehabilitation

Participation and co-design

Participation and co-design opportunities enable a platform for lived experience to contribute to decision-making at every level of Mind. Primarily these activities occur with consumers, carers and families but can also be undertaken with other people with relevant lived experience, for example peer practitioners, Elders or community members.

Further definition of our approach can be found within Mind's Participation and Co-design Framework.

Peer work

Peer work is a unique and distinct discipline based on sharing experiences, modelling hope, empowerment, mutuality and advocacy. At Mind, peer work primarily refers to the work of lived experience staff involved in client service delivery through peer support, guided by Mind's Model of Peer Work. In peer support, it is only peer support if both parties have shared experience.

Peer work can also refer to peer workers in other roles such as research, policy and leadership who practice within the discipline of peer work, such as peer researchers. Some peer workers practice with specialisations relating to other experiences or issues in addition to mental health, e.g., identifying as Indigenous, LGBTIQ+, or having experienced homelessness.

Further definition of our approach can be found within Mind's Peer Work Framework.

Systemic designated lived experience roles

There are designated lived experience roles across different divisions of the organisation that recognise lived expertise as an attribute of the role and require the person to work systemically to contribute this in addition to other professional skills and competencies. This could include roles in inclusion, participation, learning and development, human resources, research and advocacy, operational and senior leadership roles, business development or marketing and communications. Staff within these roles are connected to support and learning opportunities that build confidence and competency in the use and application of lived expertise in their work and are designed to ensure fidelity with the discipline and movement of lived experience. They are additional to peer support roles and their role scope must be overseen by people with lived expertise. This is a developmental area of our lived experience workforce and we will be developing guidelines for these roles before trialling them in greater numbers through the delivery of the strategy.

Strategy overview

Purpose

Lived experience provides a knowledge base that can support genuine reform within our services, organisation and the mental health sector more broadly.

Mind has developed this lived experience strategy to amplify lived expertise as a knowledge base, create a platform for change, to deepen and refine service provision and, to support us to lead best practice. It has been developed and will be guided by people with lived experience.

Objectives

Through a whole-of-organisation approach, we want to:

- re-position Mind as a leader in peer and lived experience innovation
- support an inclusive, affirming and de-stigmatised organisational culture
- contribute new approaches to service design and delivery that is lived experience led
- increase our lived experience workforce.

Approach and governance

The strategy will be delivered through four pillars:

- Leadership and culture
- Design and decision-making
- Workforce development
- Innovation and influence

Each deliverable will be delivered within timelines and accountabilities that will address current gaps in our current organisational approach to lived experience. Deliverables draw from governance, workforce, training, research and other organisational development processes to enable change.

They will be delivered over a three-year period, supported and monitored by a Lived Experience Strategy Advisory Group comprised with minimum 50% lived experience membership alongside other critical organisational roles for implementation. The Senior Manager, Inclusion and Participation will provide quarterly reports on the strategy deliverables to Mind Executive and the Program, Practice and Quality Board Sub-Committee.

Shifting mindsets and culture

To continually strive for a psychologically safe, affirming and de-stigmatised culture for people with lived experience, we share responsibility and understand that this work applies to all of us working in and for the organisation. Alongside the actions we take to embed lived experience, must be mindsets that enable this change at all levels of the organisation. We are committed to reducing stigma and discrimination for people with lived experience through the provision of safe environments, amplifying inclusive language and perspectives and committing to ongoing learning and growth. We are committed to the language of recovery, human rights and lived experience led solutions. We want to demonstrate ability to adjust in line with the increasing role of knowledge, insight and expertise of lived experience.

In our approach to achieve the strategy deliverables, Mind will encourage questions of individuals, processes and the organisation such as:

- What conditions do we need for people to speak, contribute and be heard?
- Who are we missing? Why might that be?
- How might we challenge or adapt our usual processes to invite, value and affirm?
- How is power distributed in this process?
- How much are we willing to share?
- What systems, ideas, knowledges and beliefs are privileged?
- What are the strengths and assets of the lived experience community?
- What assumptions are we making by appearance, approach, role, background?
- How are we valuing lived experience, both as expertise and through recognition and remuneration for contribution?
- What expectations do we currently have regarding lived experience? Are these realistic. Are these helpful?
- Are there hidden or buried values within the organisation that support lived experience or create a barrier to innovation and leadership in this space?

Figure 3 provides a visual reflection on how mindsets of questioning and reflection can enable change.

Embedding lived experience



Core principles

Mind's delivery of the strategy will be shaped by a commitment to five core principles.

Power shifting

“

Power means having the ability to bring about change in your life or the lives of others. (McKercher 2020).

”

The perspectives and voices of people with lived experience have long been underrepresented in decision-making and leadership relating to the development, delivery and governance of mental health services. To achieve representation of voice and influence of lived experience, issues of power, privilege and bias must be addressed within decision-making and leadership. Incorporating the principles of participation and co-design can enable greater access, representation and voice of people with lived experience in decisions that affect them – a recognised universal human right. There remain significant gaps in achieving this in real terms, e.g., through proportionate representation across leadership, government, organisations and service providers.

Curiosity

We call for curiosity into how we can better engage multiple perspectives and challenge ourselves to actively explore differing worldviews, knowledges, ideas and contributions. This involves being individually and collectively curious to learn from different forms of

expertise and experience. We encourage deep and active listening to challenge assumptions and privilege diverse ways of knowing.

Respect

We respect the movement of lived experience and the knowledge, expertise, values and insights it provides. We respect the unique contributions and courage of people with lived experience who share these insights to improve and reform the systems in which we operate. We respect differing perspectives and experiences. We acknowledge people as the experts of their own experience.

Compassion

At the heart this work is an attitude that reaches into the felt experience of lived experience through kindness, empathy and openness. Within a compassionate approach, we recognise our common humanity and take a non-judgemental approach. We acknowledge self-compassion as the core of compassion.

Intersectionality

Many people with lived experience also identify within other marginalised groups and populations, so our approach to lived experience is strengthened through acknowledgement and responsiveness to intersectionality. Intersectionality recognises how multiple and intersecting identities and experiences can create complex and unique barriers, reactions, challenges or forms of discrimination. Our lived experience work must work alongside an understanding of how intersections of race, culture, sex, sexuality, gender, spirituality, body diversity, disability, age and background can add complexity to lived experiences relating to mental ill-health and distress.

Pillars	Deliverables	Success measure	Timeline	Responsibility
Leadership and culture	Defined expectations established for senior leadership relating to participation activities.	Senior leadership consistently engage lived expertise.	June 2022	CEO
	Visibility of lived experience representation across leadership positions, including lived experience contribution at Executive level.	Lived expertise representation at all levels of the organisation.	December 2022	CEO
	Mind's approach to strategic partnerships is inclusive of lived experience partnerships.	Strategic partnerships with lived experience led organisations and leaders.	Ongoing	Executive Director Research, Advocacy and Policy Development
	Mind's approach to lived experience (strategy and frameworks) are shared and promoted amongst external networks.	Mind is recognised as a leader in lived experience approaches.	Ongoing	Executive Director Research, Advocacy and Policy Development
	Identify pathways to leadership for peer practitioners.	Career development pathways in place for peer practitioners.	June 2024	Executive Director People Experience
	Senior leadership team to complete lived experience training (incorporating lived expertise, co-design and peer work).	Increased understanding of principles and models across senior leadership.	June 2022	Executive Director People Experience
	All managers of lived experience staff undertake Mind's manager training.	Increased understanding of how to support lived experience staff.	December 2022	Executive Director People Experience
	Explore activities that actively addresses stigma and inaccurate perceptions relating to lived experience.	Engagement Survey data shows increasing lived experience staff numbers and satisfaction.	December 2023	Executive Director People Experience

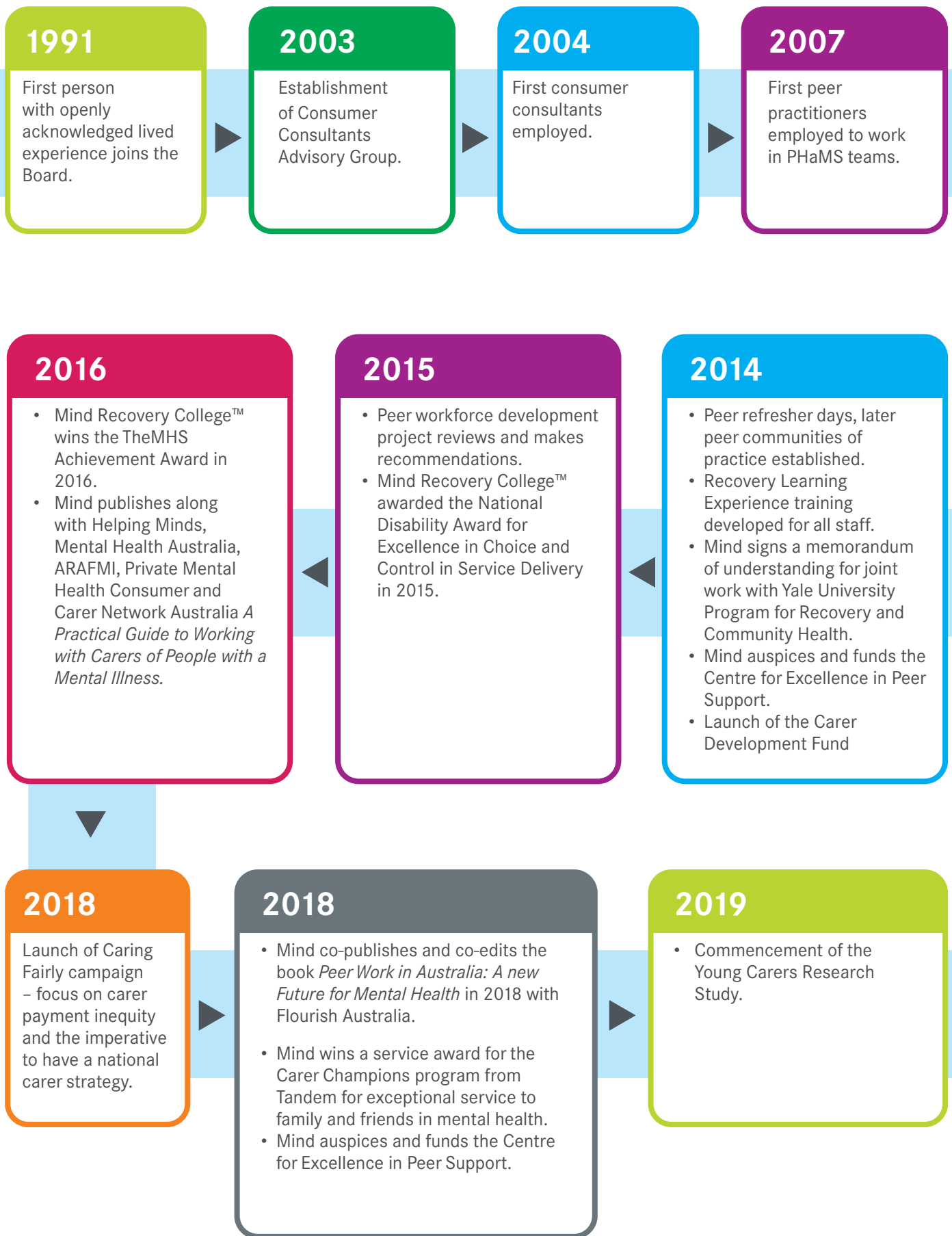
Pillars	Deliverables	Success measure	Timeline	Responsibility
Design and decision-making	Fidelity with LEAT model to ensure participation is incorporated into organisational strategy; business development; operations; and communications, policy, advocacy and research functions.	LEAT reporting shows depth of involvement.	Ongoing	Senior Manager Inclusion and Participation
	Engagement with LEAT and other consumer and carer participation in organisational planning and development processes are tracked and analysed to measure growth, e.g., independent cost centre for hours.	Reporting process formalised then reported on year on year.	Ongoing	Senior Manager Inclusion and Participation
	Recruited consumer and carer positions to relevant national committees and subcommittees to ensure oversight and co-design opportunities on areas including workforce, learning and development; policies and procedures; practice and models of care.	All formal organisational committees and project control groups have 1-2 lived experience positions.	June 2024	Operational Executive Directors
	Policy and procedures developed for consistent practices for lived experience representatives on interviews panels.	Procedure in place.	June 2022	Senior Manager Human Resources



Pillars	Deliverables	Success measure	Timeline	Responsibility
Workforce development	<p>Achieve overall growth of designated lived experience workforce to 20% of total workforce in three years.</p> <ul style="list-style-type: none"> • Reclassification of CMHP roles to peer • Increase number of peer practitioners in services • Peer leadership roles • Development of systemic designated lived experience roles – position descriptions, and key competencies relating to lived expertise. 	Delivery of lived experience workforce growth project showing increase to 20% of total workforce after three years.	December 2024	Senior Manager Inclusion and Participation; Senior Manager Human Resources
	Further development of approach to peer specialisations e.g., Indigenous, Youth, Cultural, LGBTQ+, AOD and Homelessness.	Increased understanding and development of specialisation roles.	Ongoing	Senior Manager Inclusion and Participation
	Provide consistency in peer roles across Mind, i.e., titles, minimum expectations for services.	Guidelines and specifications developed.	December 2023	Senior Manager Human Resources
	Implementation of Peer Cadet Program to support growth of peer workforce.	Cadets graduate and are employed at Mind.	June 2023	Senior Manager Inclusion and Participation
	Establish role of LEAT alumni and opportunities for consultation into the organisation ongoing – business partner supports.	Delivery of pipeline/ pathway for alumni.	December 2022	Senior Manager Inclusion and Participation
	Review Flexible Working Arrangements Procedure in line with access for staff with lived experience.	Policy reviewed.	December 2022	Senior Manager Human Resources

Pillars	Deliverables	Success measure	Timeline	Responsibility
Innovation and influence	Explore approaches to fully lived experience led services.	Mind delivering >3 lived experience led services.	December 2024	Executive Director Research, Advocacy and Policy Development; Operational Executive Directors
	Development of lived experience led research and implementation partnerships. E.g., working with a tertiary institutions to develop minimum post grad diploma level Peer Work qualifications.	Partnerships in place and contributing new knowledge and opportunities across sector.	Ongoing	Executive Director Research, Advocacy and Policy Development
	Research and lived experience development projects: 1. Defined role for peer researchers 2. Research co-production methodology 3. Research consultation and focus group methodology 4. Research Advisory Group methodology	1. Peer researcher role guidelines/PD in place 2-4. Guidelines and specifications developed	December 2023	Manager, Research and Service Design
	Ensure policy and advocacy approaches are influenced by the needs and experiences of people with lived experience.	All significant activities and responses are informed by LEAT or other relevant lived expertise.	December 2024	Executive Director Research, Advocacy and Policy Development
	Ensure communications materials amplify lived experience perspectives.	Lived experience perspectives and voices consistently reflected in Mind communications.	Ongoing	Senior Manager, Marketing and Communications
	Development of evaluation processes to measure impact of lived experience strategy.	Systems for evaluating success are in place, e.g., consumer feedback	Ongoing	Manager, Research and Service Design
	Development and delivery of learning opportunities for the broader Mind community, clients, families and carers capturing innovative thinking from the sector and beyond. Modules will include: • Participation 101 • Lived Experience Leadership • Trauma-informed research and design	Training is available and well attended by community members to improve quality and recognition of Mind as leaders in lived experience thought leadership		Senior Manager Inclusion and Participation

Timeline of Mind's Lived Experience journey



2010

- Consumer, Carer, Family and Peer Engagement Unit established.
- Peer worker training course established.

2012

Anthony Stratford is appointed the board of the International Association of Peer Supporters based in the USA.

2013

Mind merge with ARFEMI Victoria in late 2013, making Mind one of the leading employers of family and carer dedicated practitioners nationally.

2014

Mind joins Mental Health Carers Australia.

2013

- Mind creates the executive level position of Senior Advisor Lived Experience, filled by Anthony Stratford.
- Mind wins TheMHS Silver Achievement Award for the peer worker training course.
- Mind Recovery College™ established.

2019

Mind contributes to significant recommendations in the Mental Health Productivity Commission Report.

2020

- Launch of Mind's Lived Experience Advisory Team (LEAT).
- Bianca Childs, Senior Lived Experience Advisor contributes expert advice and input Royal Commission into Victoria's Mental Health System regarding lived experience workforce.
- Redevelopment of Mind's Peer Work Program.

2021

- Launch of
- Mind's Lived Experience Strategy
 - Mind's Peer Work Framework (including Mind's Model of Peer Work)
 - Mind's Participation and Co-design Framework.

References

- Black Dog Institute 2020 'Aboriginal and Torres Strait Islander Lived Experience Centre', viewed 11th August 2021 <<https://www.blackdoginstitute.org.au/education-services/aboriginal-and-torres-strait-islander-network/>>
- Byrne, L, Roennfeldt, H, Davidson, L, Miller, R & Bellamy, C 2021, 'To disclose or not to disclose? Peer workers impact on a culture of safe disclosure for mental health professionals with lived experience', *Psychological Services*.
- Byrne, L, Roennfeldt, H, O'Shea, P & Macdonald, F 2018a, 'Taking a Gamble for High Rewards? Management Perspectives on the Value of Mental Health Peer Workers', *International Journal of Environmental Research and Public Health*, vol. 15, Iss 4, p 746 (2018).
- Byrne, L, Roennfeldt, H, Wang, Y & O'Shea, P 2019, "You don't know what you don't know": The essential role of management exposure, understanding and commitment in peer workforce development', *International Journal of Mental Health Nursing*, vol. 28, no. 2, p. 572.
- Byrne, L, Stratford, A & Davidson, L 2018b, 'The global need for lived experience leadership', *Psychiatric Rehabilitation Journal*, vol. 41, no. 1, pp. 76-9.
- Byrne, L & Wykes, T 2020, 'A role for lived experience mental health leadership in the age of Covid-19', in Great Britain, p. 243.
- Cleary, M, Lees, D, Escott, P & Molloy, L 2016, 'Leadership and mental health recovery: Rhetoric or reality', *International Journal of Mental Health Nursing*, vol. 25, no. 4, pp. 267-9.
- Daya, I, Hamilton, B & Roper, C 2020, 'Authentic engagement: A conceptual model for welcoming diverse and challenging consumer and survivor views in mental health research, policy, and practice', *International Journal of Mental Health Nursing*, vol. 29, no. 2, pp. 299-311.
- Happell, B & Scholz, B 2018, 'Doing what we can, but knowing our place: Being an ally to promote consumer leadership in mental health', *International Journal of Mental Health Nursing*, vol. 27, no. 1, p. 440.
- Roennfeldt, H & Byrne, L 2021, 'Skin in the game: The professionalization of lived experience roles in mental health', *International Journal of Mental Health Nursing*.
- Sandhu B, 2017, 'The Value of Lived Experience in Social Change: The Need for Leadership and Organisational Development in the Social Sector', *The Lived Experience Leadership Report*, Clore Social Leadership & Knowledge Equity Initiative, Tsai Center for Innovative Thinking at Yale <http://thelivedexperience.org/report/>
- Scholz, B, Bocking, J & Happell, B 2017, 'How do consumer leaders co-create value in mental health organisations?', *AUSTRALIAN HEALTH REVIEW*, vol. 41, no. 5, pp. 505-10.
- Scholz, B, Roper, C, Juntanamalaga, P & Happell, B 2019, 'Understanding the role of allies in systemic consumer empowerment: A literature review', *Issues in Mental Health Nursing*, vol. 40, no. 4, pp. 354-61.

A trusted provider of
community mental health
support services to people
and their families, friends
and carers for over 40 years.



Registered NDIS provider



Mind Connect

1300 286 463

Carer Helpline

1300 554 660

mindconnect@mindaustralia.org.au
mindaustralia.org.au



Mind Central Office | 86-92 Mount Street
PO Box 592 | Heidelberg VIC 3084

Mind Australia Limited ABN 22 005 063 589