East Metropolitan Health Service

Lived Experience Strategy 2024-2027

EMHS Lived Experience Strategy

Together in recovery

Document Control

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The following documents should be reviewed in conjunction with this report.

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Executive endorsement

Name	Title	Date
Sandra Miller	Executive Director, Safety, Quality and Consumer Engagement	

Contents

About the EMHS Lived Experience Strategy

The East Metropolitan Health Service (EMHS) Lived Experience Strategy (The Strategy) outlines our approach to systematically and sustainably incorporate the insights and expertise of those with lived experience into our service delivery and organisational culture. This includes a commitment and strategy to support, integrate, and grow the Peer Support (Lived Experience) workforce to enhance the effectiveness, inclusivity, and empathy of our services.

Lived experience provides a knowledge base that supports genuine reform within the mental health sector, organisation and mental health services. International and national evidence highlights the need to ensure that lived experience is an essential knowledge base, creating a platform for change and development of responsive services.

The growing demand for mental health services across all continuums of care requires innovative approaches to broaden care beyond conventional models. The Strategy aims to embrace innovation and contemporary care by embedding lived experience throughout service provision.

This strategy has been developed in collaboration with a dedicated working group comprised of Lived Experience representatives, the EMHS Peer Support Worker Coordinator, EMHS Eating Disorders Specialist Service Peer Support Worker, and clinical representatives from across EMHS mental health services. Consultation has also occurred with the WA Mental Health Commission Lived Experience project team and other WA Health Service Providers to share lessons learned.

Ongoing consultation and collaboration with appropriate Lived Experience and other stakeholders will occur throughout the life of the strategy development, implementation, and evaluation.

Purpose

To utilise Lived Experience as a powerful tool for enhancing mental health services, ensuring services are culturally sensitive, person centred, recovery focused, and trauma informed.

EMHS Vision for Lived Experience

Mental Health services where lived experience drives innovation, fosters genuine empathy, resilience, and inclusivity, and enhances service delivery to improve the health and wellbeing of the people accessing care.

Objectives

- Empower people with Lived Experience: Empower people through leadership roles, decision-making positions, and by valuing their contributions as central to service design, delivery, and evaluation.
- Cultivate an inclusive work environment: Develop a culturally safe and inclusive work environment that recognises and utilises the diverse lived experiences of our staff and people accessing care.
- Strengthen Community Connections: Utilise Lived Experience to forge stronger links with the community, making services relevant and accessible to the people who are engaged with them.

Strategic Alignment

The EMHS Lived Experience Strategy is aligned with, and shaped by, existing interconnected strategies and frameworks.

EMHS LIVED EXPERIENCE STRATEGY

EMHS Strategic Plan 2021-2025

Mental Health Commission and Black Dog Institute: Aboriginal and Torres Strait Islander Lived Experience-led Peer Workforce Guide

WA Department of Health Sustainable Health Review

WA Department of Health Aboriginal Workforce Strategy 2014-2024

Mental Health Commission's Mental Health, Alcohol and Other Drug Workforce Strategic Framework: 2020-2025

Mental Health Commission: Lived Experience (Peer) Workforces Framework

Guiding Principles

All Lived Experience roles are guided by Lived Experience core values and principles. These principles were generated in a co-design process during the development of the Western Australian Lived Experience (Peer) Workforces Framework, for and by people with Lived Experience and Peer Support Workers.

- Connection: Building trust and understanding through shared experiences
- Authenticity: Ensuring genuine, transparent interactions
- Humanity: Acknowledging the inherent value and resilence of every individual
- Human Rights: Upholding rights and advocating for social
- Mutuality: Promoting equal, reciprocal relationships justice

Recovery Focused Language

The EMHS Lived Experience Strategy aims to promote and embed the use of contemporary, recovery focused language and approaches across all EMHS services.

Language has a profound impact on people, where the use of inclusive and contemporary language can empower people, minimise stigma and change culture over time. Recovery refers to the journey that a person experiences in relation to their mental health. It is a concept which can incorporate hope, self-determination, and a meaningful life to the person. This concept may have different meanings for different individuals. It is recognised that people may experience barriers and challenges on their mental health journey, but this does not mean there is not progress and growth. It is important to recognise not only challenges, but positive aspects of mental health journeys. Using recovery-focused language can support and enhance this journey, fostering a sense of hope.

Recovery and trauma informed approaches guide mental health practice and are embedded into national policy and standards. The Recovery Oriented Language Guide developed by the Mental Health Coordinating Council provides a comprehensive, contemporary guide to using recovery focused language.

Lived Experience Concepts

This section details key concepts of the EMHS Lived Experience Strategy, focusing on utilising personal experiences for empathetic and effective care. These concepts encompass the foundational ideas and the theoretical underpinnings that guide the integration of lived experience into mental health services.

Philosophical Underpinnings

Empathy and Relatability: Central to the conceptual framework is the belief that those who have navigated their own mental health challenges bring unique empathy and understanding, which are invaluable in designing and delivering mental health services.

Recovery-Orientated Practice: Supports the philosophy that recovery is a personal and unique process and that services should be designed to empower people along their mental health journey.

Concept of Lived Experience Integration

Defining Lived Experience: Broadly includes personal experiences with mental health and alcohol or other drug challenges, and the impact of these experiences on one's life. This also encompasses the experiences of family and significant others who play a critical role in the support network.

Role of Peer Support Workers: Peer Support Workers are non-clinical roles integrated across various levels within Mental Health services, offering knowledge and expertise of people with lived experience in service design, delivery and evaluation. They can be mentors, advocates, and role models who embody the journey of recovery and resilience.

Service Design and Delivery

Co-Design: Services are designed collaboratively with stakeholders, particularly those with lived experience, ensuring that services are grounded in real world needs and perspectives.

Person-Centred Approaches: Emphasises designing services that are flexible and responsive to the individual needs of people accessing services, rather than a one size fits all approach.

Cultural Sensitivity and Inclusivity

Diverse Perspectives: Recognises the importance of integrating diverse lived experiences, including those from various ethnocultural, socioeconomic, and demographic backgrounds, to ensure services are inclusive and equitable.

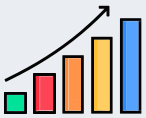
Cultural Competence: Services must be culturally informed and sensitive, respecting and integrating the varied cultural understandings of mental health and wellness.

Advocacy and Leadership

Empowerment through Leadership: Encouraging people with Lived Experience to take on leadership roles within the organisation to advocate for systemic change and influence policy.

Community Engagement: Active engagement with the broader community to educate and raise awareness about the benefits of Lived Experience in mental health care.

Impact Measurement and Continuous Improvement



Feedback Systems: Establishing robust mechanisms for collecting and analysing feedback from Lived Experience representatives, people accessing care and their support people to continually refine and improve services.

Outcome Measures: Developing specific metrics to assess the impact of lived experience integration on service outcomes, satisfaction, and overall service delivery.

EMHS Lived Experience Strategic Pillars

The EMHS Lived Experience Strategy consists of seven strategic pillars to support effective implementation and sustainability. These pillars serve as the foundation for The Strategy, ensuring that it is grounded in principles that honour the voices and contributions of Lived Experience. Delivering care in alignment with these pillars, will support mental health services to deliver culturally sensitive, person centred, recovery focused, and trauma informed care.

Strategic Pillar 1: Leadership and Governance

Empowering people with Lived Experience within services and supporting advocacy is vital. This pillar supports the development of leadership skills among Peer Support Workers, supporting them to influence policy, contribute to service design, and lead initiatives that promote recovery and resilience.

PHASE 1: INITIATION

(1+YEARS)

- Leadership Training: Offer specific leadership training for the Peer Support workforce.
- Leadership Opportunities: Map out potential leadership roles within the organisation and broader community.
- Organisational Culture:
  - Literature review to inform approach to guide staff through the process of change and address barriers.
  - Organisation policies are consistent with vision and pillars of The Strategy.
  - Identify and engage Lived Experience champions.
- Engaging Aboriginal leaders and communities to guide actions.

PHASE 2: DEVELOPMENT

(2+YEARS)

- Consider other scaffolding and positions required, to support and develop Lived Experience positions and leadership roles.
- Provide resources and support for Lived Experience leaders to implement strategic projects and initiatives.
- Conduct workshops and roadshows clarifying expectations and roles of Peer Support Workers to all current staff.
- Aboriginal Lived Experience representatives on organisation committees/boards and engagement with Aboriginal community Elders.

PHASE 3: SUSTAINABILITY

(3+YEARS)

- Expand leadership roles to more areas of the organisation, ensuring Lived Experience input in all decision-making processes.
- Evaluate the effectiveness of leadership roles and projects, providing feedback and additional resources where needed.
- Review and enhance the impact of Lived Experience leadership on organisational culture and service delivery.
- Integrate Aboriginal Lived Experience positions into strategic planning and service delivery.
- Establish a succession planning program to ensure continuous development of Lived Experience leaders.

Strategic Pillar 2: Workforce Engagement and Inclusion

This pillar emphasises the active involvement of people with Lived Experience in all stages of mental health service planning, delivery, and evaluation. It ensures that people with Lived Experience are not only participants but also key decision makers in the processes that affect their lives and the lives of other people accessing mental health services.

PHASE 1: INITIATION

(1+YEARS)

- Scope current and future workforce profile and opportunities to prioritise and develop Peer Support Worker roles, including Aboriginal specific Peer Support Worker roles.
- Develop Job Description Form, recruitment guide, and induction model for Peer Support Worker roles through a codesign process.
- Review existing recruitment related policies and procedures with a Lived Experience lens and look for opportunities to enhance.
- Develop an EMHS recovery focused language guide that is respectful of different roles and contributions of people with lived experience.
- Develop a Change Management Strategy
  - Change Impact and Organisational Readiness Assessment
  - Voice of staff survey
  - Co-design workshops
  - Communication & Education

PHASE 2: DEVELOPMENT

(2+YEARS)

- Information about Peer Support Work is included in staff induction packages, explaining the role of Peer Support Workers.
- Ongoing Co-design Workshops: Organise workshops where people with Lived Experience collaborate with service providers to design or redesign culturally responsive services.
- Expanded Inclusion: Utilise recruitment strategies to enhance the diversity of the Peer Support Workforce and Lived Experience representation, including diversity in demographics, types of experiences, and cultural backgrounds.
- Identify Change Champions and scope development of champions program.

PHASE 3: SUSTAINABILITY

(3+YEARS)

- Identify Stakeholders: Map out and engage key stakeholders with Lived Experience and other stakeholders relevant to mental health services.
- Establish Advisory Panels: Create panels consisting of people with lived experience to provide input on service development and policy. (In line with DOH Improving safety and quality in health care - A strategic plan for 2024-2026)
- Embed the use of recovery-focused language and approaches across EMHS.
- Evaluation of Change Management Strategy.

Strategic Pillar 3: Professional Development and Training

Ongoing training and support are crucial for empowering Peer Support Workers to effectively fulfill their roles. This includes initial training on peer techniques, mental health literacy, advocacy, and continuous professional development opportunities to enhance their skills and knowledge.

PHASE 1: INITIATION

(1+YEARS)

- Training Resource Development: Develop resources identifying available Lived Experience / Peer Support training opportunities.
- I dentify relevant training opportunities for staff working with Peer Support Workers (PSW).
- Ensure Aboriginal Peer Support Workers receive appropriate training and support to assist people in a culturally responsive way.
- Peer Supervision Training and Resource Development: Develop Peer Supervision resources and provide training opportunities for Peer Support Workers including the Peer Support Worker Coordinator
- Partnerships: Collaborate with external education/training providers and Lived Experience organisations to identify training opportunities and emerging Peer Support Workers.

PHASE 2: DEVELOPMENT

(2+YEARS)

- Support Initial Training: roll out training programs/e-learning modules for new and existing Peer Support Workers.
- MDT training opportunities: offer training programs to staff working with Peer Support Workers.
- Development of growth and progression pathways for Aboriginal Peer Support Workers.
- Peer Supervision Guideline: Develop Peer Supervision Guideline document.
- Mentorship: Establish mentorship programs linking new Peer Support Workers with experienced peers and discipline support provided through the Peer Support Worker Coordinator.
- Ensure funding for external Peer Supervision services for new and existing Peer Support Workers including Peer Support Worker Coordinator.

PHASE 3: SUSTAINABILITY

(3+YEARS)

- Ongoing Professional Development: Provide regular opportunities for professional development, including workshops, conferences, and additional certification programs.
- Support Networks: Develop and maintain internal and external peer support networks for ongoing personal and professional support.
- Ongoing internal Peer Supervision and Professional Lead support for Peer Support Workers through the Peer Support Worker Coordinator.
- Implement and evaluate External Peer Supervision for new and existing Peer Support Workers.

Strategic Pillar 4: Policy and Practices

Integrating Lived Experience perspectives into policy making is essential for creating responsive, flexible and inclusive mental health services. This pillar involves revising existing policies and developing new policies that recognise the value of Lived Experience in improving service outcomes and promoting holistic approaches to mental health care.

PHASE 1: INITIATION

(1+YEARS)

- Conduct an Audit of EMHS Areawide Mental Health Policies: Review existing areawide mental health policies to identify gaps where Lived Experience perspectives can be integrated to enhance service delivery and internal processes.
- Implement Audit Recommendations: Based on the audit findings, commence policy update process for areawide policies, in line with scheduled review dates, to integrate Lived Experience voice.
- Policy Process: Review and ensure current policy / service development process includes Lived Experience input including Peer Support Workers and Lived Experience representation (including carers), to ensure that the review and development process includes diverse perspectives.

PHASE 2: DEVELOPMENT

(2+YEARS)

- Implement Policies: Implement new or revised policies, and monitor impact and compliance and gather detailed feedback.
- Develop appropriate education communiques that explain the changes in policy and the reasons behind them, emphasising the incorporation of Lived Experience.
- Policy feedback loop: that supports for ongoing input from Peer Support Workers and Lived Experience representatives.
- Based on feedback from implementation, refine policies to better meet the needs of people accessing services and staff, ensuring that Lived Experience perspectives are effectively integrated.

PHASE 3: SUSTAINABILITY

(3+YEARS)

- Support development and/or review of models of care and operational guidelines that incorporate a Peer Support Workforce and Lived Experience voice.
- Encourage and support Peer Support Workers and Lived Experience Representatives to participate in external advocacy efforts, sharing successful practices and learning from the broader community.

Strategic Pillar 5: Lived Experience & Community Engagement

Building strong connections between mental health services and the community helps ensure that services are culturally relevant and socially inclusive. This pillar focuses on developing partnerships with community organisations, other health services, and stakeholders to support a network that enhances the social integration of people accessing mental health care.

PHASE 1: INITIATION

(1+YEARS)

- Community Mapping and Partnership Development: Identify key community groups / NGO providers, organisations and stakeholders that align with service objectives.
- Form strategic partnerships: With identified community organisations, focusing on collaborative projects that utilise Lived Experience to address specific community needs.
- Pilot small scale co-design projects: With community partners to test and refine collaborative processes.

PHASE 2: DEVELOPMENT

(2+YEARS)

- Expand Community Engagement Initiatives: Based on the success of pilot projects, expand co-design initiatives to more communities and diversify the types of projects.
- Develop Community Ambassador Roles: Create roles for people with Lived Experience to act as ambassadors in community settings, promoting mental health awareness and providing information on service available/options.
- Strengthen Community Training Programs: Offer training programs for community partners in collaboration with community organisations, Peer Support Workers, and people with Lived Experience in mental health service delivery.

PHASE 3: SUSTAINABILITY

(3+YEARS)

- Embed Community Engagement: Make community co-design and collaboration a standard part of service development and delivery.
- Evaluate and Adapt Community Strategies: Regularly evaluate the effectiveness of community strategies and adapt them based on feedback and changing community needs.
- Establish Long-term Community Partnerships: Develop long-term strategic plans with key community partners to ensure ongoing collaboration and support.
- Systemic advocacy of Aboriginal Peer Support Workers.
- Ongoing engagement of Aboriginal community and community Elders in planning service delivery.

Strategic Pillar 6: Quality and Effectiveness

Monitoring and evaluating the impact of Lived Experience roles on mental health outcomes is crucial. This pillar ensures that services deliver high quality care in line with best practice, and actively seek out and implement feedback from people accessing mental health services to continually improve and adapt service delivery.

PHASE 1: INITIATION

(1+YEARS)

- Define Specific Quality Metrics: Identify and define metrics that will measure the impact of integrating Lived Experience on service quality and outcomes for people accessing care.
- Implement Initial Quality Assessments: Begin collecting data on current services to establish baseline measurements for future comparisons.
- Data Collection: Ensure consistent and comprehensive data collection for Peer Support Workers through PSOLIS and medical record documentation.

PHASE 2: DEVELOPMENT

(2+YEARS)

- Regular Data Review and Analysis: Conduct regular reviews of quality data to identify trends, successes, and areas for improvement.
- Ongoing monitoring and tracking of:
  - pocess data (e.g., number of Peer Support Workers, interactions with people accessing care)
  - existing workforce experiences
  - Lived Experience engagement in service improvement and development
  - outcome data (what impact does it have).
- Implement Targeted Improvement Project: Based on data analysis, scope and launch specific projects aimed at addressing areas where improvements are needed.

PHASE 3: SUSTAINABILITY

(3+YEARS)

- Standardise Successful Quality Initiatives: Incorporate successful quality improvement initiatives into standard practice across the other services.
- Promote Quality Achievements: Share successes and lessons learned from quality initiatives with internal & external stakeholders to advocate for Lived Experience integration.
- Quality Recognition: Recognise teams and individuals within the organisation who make significant contributions to quality improvement from a Lived Experience perspective.

Strategic Pillar 7: Sustainability

Ensuring the long-term sustainability of lived experience initiatives is critical. This involves securing funding, resources, and leadership commitment

PHASE 1: INITIATION

(1+YEARS)

- Scoping of areas for embedding Peer Support Workers in current models of care.
- Consideration of Embedding Peer Support Worker roles in new models of care, highlighting the expected outcomes and benefits from this workforce.
- Develop a model to support consistent approaches to engaging people with Lived Experience in service improvement.

PHASE 2: DEVELOPMENT

(2+YEARS)

- Invest in Capacity Building: Allocation of resources for all staff to build service capacity to support and expand Lived Experience initiatives.
- Partnerships: Establish partnerships with other organisations and stakeholders to share resources, knowledge, and opportunities.

PHASE 3: SUSTAINABILITY

(3+YEARS)

- Embed Peer Support Workforce: Fully integrate Peer Support Workers and Lived Experience programs into the core services and operations of EMHS mental health services and ensure they are maintained as a priority.
- Monitor and Adapt Sustainability Strategies: Regularly review and adjust sustainability strategies to respond to changing economic conditions, funding landscapes, and organisational needs.

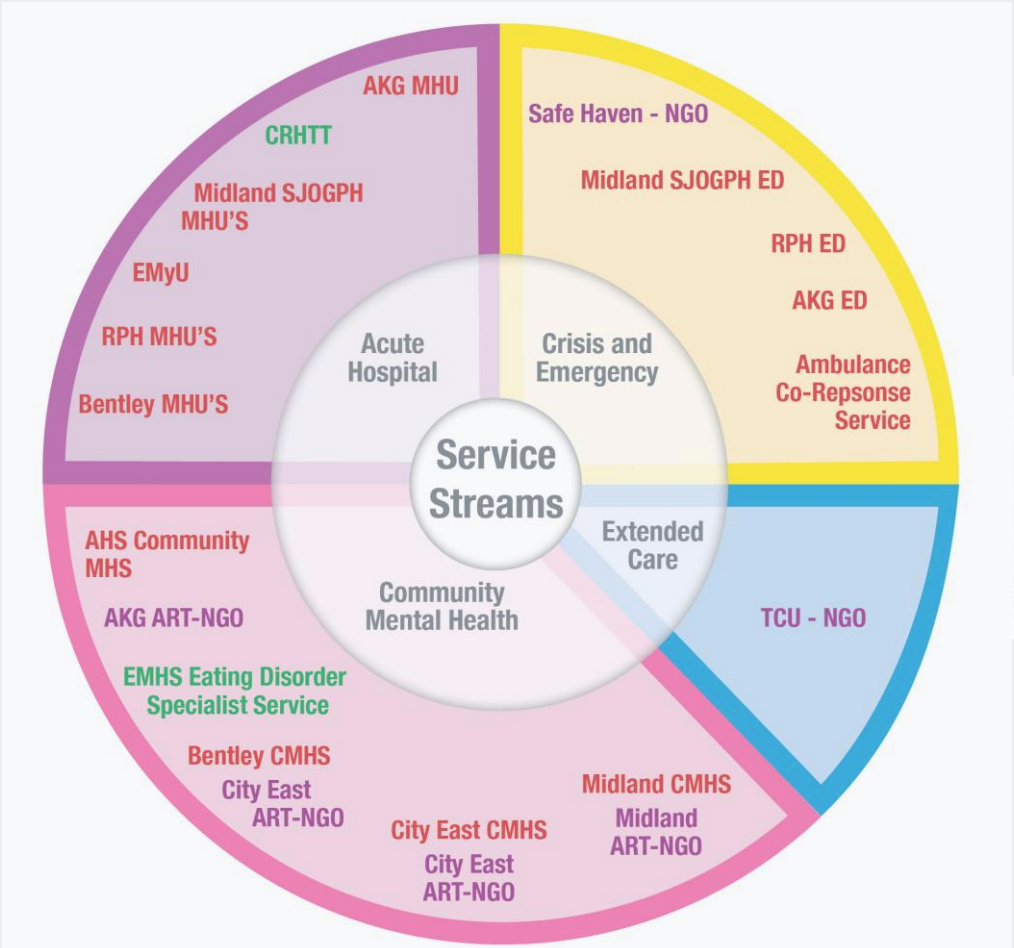
EMHS Peer Support Worker Service Model

Scoping and planning of current and future Peer Support workforce requirements is required. This may include the creation of new Peer Support Work positions within existing models of care, engagement with NGO Services providing in reach Peer Support services or Peer Led programs, or linking services to Peer Led programs in the community setting. Workforce requirements need to be considered at all levels of service provision, including:

- Crisis and Emergency Department
- Acute Hospital
- Extended Care
- Community mental health

The figure below outlines current EMHS services where the Peer Support Workforce is integrated into models of care and indicates the intended future state.

Figure 1. EMHS Peer Support Worker current and future state



The intended Peer Support Worker model, outlined in Figure, 1 aligns with current best practice for the inclusion of Peer Support Workers across all continuums of care. However, the actual approach may differ according to service needs, as outlined in Strategic Pillar 2.

Implementation, Monitoring, and Evaluation

Implementation Roadmap

The Implementation Roadmap is intended to be a high-level guide which identifies short, medium and long-term priorities and actions to guide implementation activities. The priorities in the Implementation Roadmap align with the Initiation, Development and Sustainability phases of the Strategic Pillars (see Figure 1).

A detailed action plan to guide implementation, including roles and responsibilities, timelines, and key dependencies will be developed following stakeholder consultation.

Monitoring and evaluation

Implementation and outcomes of The Strategy will be monitored via relevant governance committees, including the EMHS Mental Health Leadership Committee.

Key evaluation points will be measured across the life of the strategy and specific to the strategic pillars. Evaluation will be conducted through both qualitative and quantitative means. Evaluation points may include, but will not be limited to:

- Monitoring of action plan progress.
- Development, integration and expansion of the Peer Support Workforce, including regular assessment of workforce needs.
- Voices of staff, people accessing services, and support people
- Pilot program outcomes.
- Number of policies updated to reflect The Strategy.

Figure 2. Implementation Roadmap

References

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