

Lived Experience Engagement and Participation Strategy 2018-2021

Introduction

The involvement of people with a lived experience in the health system is not a new concept, but continues to build momentum. The *National Safety and Quality Health Standards* acknowledge the importance of partnering with consumers in service planning and evaluation to improving healthcare outcomes. This is reinforced at the State level in Queensland Health's vision for the health system in Queensland, *My health, Queensland's future: Advancing health 2026*, with input from consumers being central to improving the quality and efficiency of services.

The mental health sector has an established policy mandate since the early 1990's to engage consumers and carers in all levels of decision making, via the National Mental Health Strategy. *The Fifth National Mental Health and Suicide Prevention Plan* notes that "consumers and carers should be at the centre of, and enabled to take an active role in shaping the way in which services are planned, delivered and evaluated"¹. Meanwhile, in the alcohol and other drug sector, the *National Drug Strategy 2017 – 2026* has articulated the need for engagement with consumers, families and communities as critical to successful implementation of the strategy. Further to this, *Connecting Care to Recovery 2016 – 2021: A plan for Queensland's State-funded mental health, alcohol and other drug services* is underpinned by a commitment to, and contains a range of actions targeted at improving lived experience engagement and participation.

The *Queensland Health Mental Health Alcohol and Other Drugs Branch Lived Experience Engagement and Participation Strategy 2018 – 2021* is a sub-strategy of *Connecting Care to Recovery 2016 – 2021*. It brings together the above policy commitments and actions under one

unified strategy and demonstrates Queensland Health's commitment to mental health alcohol and other drug lived experience engagement and participation.

People with a lived experience have a right to be involved in shaping the mental health, alcohol and other drug system. Lived experience engagement and participation in the service system works toward a better system for all. I look forward to seeing what we can develop together.



Associate Professor John Allan
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Defining lived experience

For the purposes of this strategy, a person with lived experience is defined as a person who:

- has experienced a mental illness or accessed mental health treatment services (also known as a 'consumer')
- has experienced problematic alcohol and/or other drug use, including those who have received services from alcohol and other drug treatment services
- has experienced suicidal thoughts or survived a suicide attempt
- is or has been a carer for a person who has received services from a mental health treatment service (also known as a 'carer')
- has cared for someone through suicidal crisis, or been bereaved by suicide
- is a significant other who has provided support to a person who has received services from a mental health or alcohol and other drug treatment service.

Vision

People with a diverse range of lived experiences of mental illness, and/or problematic alcohol and other drug use are engaged and participate at every level of Queensland's public mental health and alcohol and other drug system.

Purpose

To improve Mental Health Alcohol and Other Drug Branch's approach to:

- engaging people with lived experience in state-wide policy and planning development activities and
- supporting engagement practices by mental health and alcohol and other drug services in Queensland Health Hospital and Health Services.

Types of engagement

Five types of lived experience engagement applied to Queensland Health ²

Type of engagement	How it relates to Queensland Health
1. Information for support and access	Engaging the public through provision of information so individuals can gain service information to seek and access support
2. Treatment and care	Engaging consumers in their own treatment and care decisions. Carers, families and significant others are supported to also participate in this process where appropriate
3. Service level review and development	Engaging people with a lived experience in Queensland Health mental health alcohol and other drug service review and development
4. Statewide policy development and planning	Engaging people with a lived experience in Queensland Health mental health alcohol and other drug statewide policy development and planning
5. Workforce inclusion	Engaging consumers and carers through inclusion of lived experience workers alongside the clinical workforce

1. Department of Health, 2017. *The Fifth National Mental Health and Suicide Prevention Plan*. Commonwealth of Australia, Canberra.

2. Mental Health Alcohol and Other Drugs Branch acknowledges the *Consumer and Community Engagement Framework* developed by Health Consumers Queensland which informed the five types of engagement applied to Queensland Health.

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The following table shows an action plan for how these five types of engagement will be improved through actions by Mental Health Alcohol and Other Drugs Branch

Domain	Objective	Headline actions	
 Information for support and access	Provide transparent and accessible information about the nature of mental illness, problematic alcohol and other drug use, the service system, how to access support and what the public can expect from service delivery (including their rights and responsibilities)	Conduct an external review of the 1300 MH Call service in Queensland (single point of contact for individuals to access adult mental health services) to determine its effectiveness	Promote the Alcohol and Drug Information Service (ADIS) – the State-wide, 24 hour, 7 days a week phone line to enhance accessibility to individuals experiencing problematic use of alcohol and other drugs, their family and friends, and health professionals in Queensland
 Treatment and care	Encourage and support mental health alcohol and other drug services in Queensland Hospital and Health Services to engage people with a lived experience in treatment and care decisions	Update the Consumer, Carer and Family Participation Framework which will provide a guide for services in engaging people with a lived experience in their own treatment and care and in service level review and development activities	Develop training for Hospital and Health Service staff on engaging consumers, carers and clients in treatment and care and service level review and development
 Service level review and development	Encourage and support mental health alcohol and other drug services in Queensland Hospital and Health Services, to incorporate the views and opinions of people with a lived experience in local service review and development (that builds on existing mechanisms)	Co-design training to better prepare consumer and carer representatives who wish to participate in service level review and development and state-wide policy review, development and planning	Implement the ‘Carer Experience Survey’ across Queensland public mental health services
 Statewide policy development and planning	Engage people with a lived experience in state-wide mental health alcohol and other drug policy development and planning activities	Develop a guide for Mental Health Alcohol and Other Drugs Branch staff for engaging people with a lived experience in policy review and development and planning activities, including standardised remuneration processes and practices for payment of participating individuals	Implement a new model for lived experience representation in Queensland
 Workforce inclusion	Plan for the development of the lived experience workforce across mental health and alcohol and other drugs services within Queensland Health Hospital and Health Services	Conduct a review of current practices, protocols and scope of practice of the existing mental health peer workforce to inform a Peer Workforce Development Plan	Hold two forums per annum for the mental health lived experience workforce for networking and information sharing.