



The Royal
Australian &
New Zealand
College of
Psychiatrists

Lived and Living Experience Strategy

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A Shared Destination Vision

By embedding Lived and Living Experience expertise into the RANZCP, we strive to achieve excellence and equity in mental healthcare, foster community trust and confidence in psychiatry, and deliver effective, compassionate, relational, evidence-based psychiatric care accessible to all.





What is Lived and Living Experience

Lived and Living Experience (LLE) is defined 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 and our future plans.' ¹

Family / kin / whānau LLE is defined as 'experience of supporting someone through mental health challenges, service use, periods of healing / personal recovery' ²

LLE expertise emphasises the importance of perspectives informed by personal experiences of mental illness, recovery and learning or experiences of having witnessed, walked beside and supported someone with those experiences, informed by the collective knowledge and expertise of the LLE movement, and learning how to use those experiences in a way that's useful to other people.

¹ Byrne, L & Wykes, T 2020, A role for lived experience mental health leadership in the age of Covid-19, Journal of Mental Health, 29:3, 243-246, DOI: 10.1080/09638237.2020.17660022

² National Experience (Peer) Workforce Development Guidelines, Mental Health Commission, p24

Core Values

Core values	What does it mean?
Hope	Belief in people's fundamental capacity to overcome challenges.
Equality/equity	Working from a place of common humanity and vulnerability. Actively working to minimise power imbalances.
Mutuality	Being in a relationship with another person where both people learn, grow and are challenged through the relationship. Sharing responsibility in relationships.
Empathy	Understanding another's experience from a point of common experience and genuine connection.
Choice	Acknowledging and respecting each person's choices, dignity of risk and boundaries. Acknowledging that the person is the expert of their own experience.
Respect	Honouring another's view and experience without judgement or making assumptions.
Authenticity	Integrity, being open, honest, trustworthy, and transparent in work practices and relationships. Valuing the use of LLE and vulnerability in the service of others transforms these from what may have been perceived as weaknesses into strengths.
Belonging/inclusion	Respecting and understanding the value of inclusion and impact of exclusion. Recognising intersectionality and valuing diversity culture, spirituality, membership in chosen groups and community
Interdependence/ interconnectedness	Recognition that we exist in relationships and that the relationships with families and/or social networks are often impactful in our lives and important to healing.
Justice/Human Rights	Understanding the impact of social justice/inequity on identity and opportunity e.g. race, culture, sexual orientation. Recognising that equal access to resources and support is an important factor in everyone's recovery and healing. Recognising the consumer movement as a response to the history of social injustice and discrimination towards people with LLE. Recognising how LLE work is connected to the human rights movement and upholding the human rights of people with LLE.

LLE work is **values-based**, with values acknowledged as important in setting priorities in practice.¹

This practice focuses on how LLE is collectively understood and applied to benefit others and used to **contribute to system change**.

Authenticity in embedding the LLE perspective requires equity, fairness, and inclusion.

1. Values at the heart of Lived Experience work: National Lived Experience (Peer) Workforce Development Guidelines, National Mental Health Commission

Core Values of Lived Experience work, National Lived Experience (Peer) Workforce Development Guidelines, National Mental Health Commission

Guiding Principles

Principles	What does it mean?
LLE as expertise	The expertise that arises from a LLE is of equal value to other types of expertise, including academic qualifications.
Self-determination	Respecting individual choice and personal agency.
Recovery-focused	Recognises that individuals can define what recovery/healing means to them, and each person can create a life that is meaningful for them. Interactions are underpinned by hope.
Person-directed	Service access and individual recovery planning/journey is directed by the person themselves and recognises the person as the expert of their own experiences. Respects where each individual happens to be in their journey of recovery/healing, and recognises that goals, values, spirituality, beliefs, and choices will be unique to each person.
Strengths-based	Identifying and drawing on existing strengths to support growth, recovery and healing. Recognising the value/ learning that can come from experiences of crisis.
Relational	Relationships are the basis of practice, and connection is used to build relationships of trust. Recognises relationships built on trust and respect as foundational to working effectively with other LLE workers and within multi-disciplinary environments.
Trauma-informed	Acknowledges the impact and prevalence of trauma, negative experiences and loss of control and power. Emphasises the need for physical, psychological and emotional safety. Creates opportunities for empowerment and for people to take an active role in their own healing/ recovery. This is also captured in the LLE conviction that it is better to ask " <i>What happened to you?</i> " not " <i>What is wrong with you?</i> "
Humanistic	The relational nature of LLE work is recognised for its effectiveness to engage people through human connection and a holistic focus.
Voluntary	Participation is always voluntary (not coercive) and LLE workers often take an active role in working towards eliminating forced treatment and restrictive practice.

Guiding principles flow from values, and shape how LLE work is practiced. In essence, principles embody the 'character' and philosophy of LLE workforce ¹

¹ Guiding Principles: National Lived Experience (Peer) Workforce Development Guidelines, Mental Health Commission

Why LLE Matters

Taking a **systematic approach** to including LLE is crucial to enhancing the reputation, trust, and confidence in psychiatry. **That starts at the College.**

Our strategy's underlying theme is centered on creating health and social care systems that support people and those important to them, enable their recovery, protect their **human rights**, and promote their leadership.

Centering LLE requires **everyone involved** to bring a particular ethic and values focus to relationships and interactions.

Success will see the College develop and implement systematic processes to **strengthen the voices of communities and their** participation across the psychiatry spectrum.



Embracing LLE is Essential for the Future of Psychiatry

Crucial, Not Just Beneficial

Adopting a systematic approach to partnering with LLE which is vital for advancing psychiatry.

Responsive and Ethical Practice

Ensures the profession remains responsive, ethical, and aligned with the needs of those it serves.

Leadership Role

The College can lead by example, setting standards for meaningful engagement.

Enhanced Reputation and Trust

Strengthens the reputation, trust, and confidence in psychiatry across Australia and New Zealand.

How did we get here?

Our **Community Collaboration Committee**¹ was established in 2009. **Position statement 62** 'Working in partnership/ psychiatrist and the community' was delivered in 2017. Updated in 2021, that statement is now called "Partnering with people with Lived Experience".

The representation of LLE in the College has grown over time as the College's understanding of LLE evolves. In 2024, the number of **Community Members** actively engaged in College Committees was more than 30.

The College **Strategic Plan 2022-2025** referenced the role of stakeholders and people with LLE of mental illness in achieving our priorities.

The **LLE Strategy** was endorsed by Board in December 2023. It is an enduring document, to be supported by an **Implementation and Evaluation Plan**.

¹ The RANZCP partners with people with Lived and Living Experience of mental illness (also referred to as consumers) and carers, through our Community Collaboration Committee (CCC).

Development of the LLE Strategy



Significant work and **collaboration** went into the development of the LLE Strategy, including:

- three workshops with the **Community Collaboration Committee** (CCC) followed by formation of a specialist Strategy Sub-Group
- engagement sessions with **College staff**, and
- presentations to **24 individual College committees**, spanning the various specialist psychiatry areas and geographic boundaries.

Development of the LLE Strategy drew on materials available from the broader LLE sector, including the LLE Governance Framework.

Our Goals - Overview

Excellence and equity in the provision of mental healthcare

Community trust and confidence in psychiatry

Compassionate, relational, evidence-based psychiatric care for all

Training, education and learning
that increases capability and quality

Advocacy and collaboration
to improve access and equity

Connected and contemporary College
for community and member benefit

LLE expertise and evidence is embedded in all aspects of the RANZCP

Education &
Training

People &
Culture

Policy &
Practice

Comms &
Events

Advocacy

Governance

Engaged and supported strategic Community Members actively contributing to the College

Recruitment

Orientation

Support

Our Goals

Governance

Governance structures and processes within the College actively partner with LLE expertise, ensuring more effective decision making.

Governance that is responsive, representing and serving the needs of consumers, families, kin, and whānau.

Education and Training

Psychiatrists are educated and trained with LLE expertise as a central component, promoting the delivery of care that centres the person's values, priorities and experiences, and considers their supports.

Advocacy

Psychiatrists are effectively positioned to support people with LLE of mental illness within the systems intended to assist them.

Advocacy efforts are attuned to the expectations and perspectives of consumers, carers, kin, and whānau.

Our Goals

Policy and Practice

High-quality policy positions, practices, and clinical guidelines developed by the College consistently include LLE evidence, expertise, and perspectives. This ensures that the College's policy priorities are aligned with those impacting the community, fostering policies that are responsive, relevant, and beneficial to those they serve.

People and Culture

College staff actively embed LLE expertise into all aspects of the College's work, fostering a transformative culture that meets and exceeds community expectations of inclusion. This commitment is further strengthened by employing designated LLE Advisors within the College.

Communication and Events

LLE expertise is actively integrated into the RANZCP communications and member engagement activities, enhancing the relevance, authenticity, and positive influence of the College's initiatives.

Delivering Progress

To meet our goals, the College will address **41 actions** across the life of the **Implementation and Evaluation Plan 2025-2027**.

The responsibility to deliver each action will be allocated to the relevant **College Committee and staff** for that area, with guidance and support provided by LLE Senior Advisors and the Community Collaboration Committee.

These initial 41 deliverables are **foundational actions** which will be built on during the life of this Strategy and set us up for future activity.



LLE Governance

Committees implementing actions under the LLE Strategy will follow their usual governance processes.

The **Community Collaboration Committee** (CCC) will have oversight of the progress in implementing the Strategy (with regular engagement with other Partnerships committees).

Progress on implementation of the actions will be **reported monthly** to the Co-Chairs of the CCC and to the Board.

CCC reports to the Board through the **Practice, Policy and Partnerships Committee** (PPPC). If the CCC has any issues or concerns with the implementation of the Strategy, it will raise these with the Board through the PPPC. **Branches** should seek to localise the strategy. If Branches have any issues or concerns with implementation of the Strategy, these should be reported through the **Member Advisory Committee** (MAC).



Acknowledgements

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This RANZCP publication has been co-created and co-designed, a partnering between those with LLE; Consumers, Carers, family/kin/whānau, and, the RANZCP.



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