

REIMAGINING MENTAL HEALTH

National Mental Health Consumer Alliance

**Strategic Plan
2025-2028**



ACKNOWLEDGEMENT OF COUNTRY

The National Mental Health Consumer Alliance acknowledges the Traditional Custodians of the lands and waters across Australia where we live, work, and advocate. We pay our deepest respects to Aboriginal and Torres Strait Islander peoples, and to their Elders past and present.

We acknowledge that First Nations lived experience is inseparable from the impacts of colonisation, dispossession, racism, and structural inequality. These ongoing injustices must be named, understood, and addressed.

The National Mental Health Consumer Alliance stands in solidarity with the **Indigenous Australian Lived Experience Centre**, recognising the critical leadership of First Nations peoples in truth telling, healing, and social and emotional wellbeing.

Note on language

All references to 'Consumer' and 'lived experience' refer to mental health consumers with lived experience of mental health challenges and/or suicidality. We use the term 'mental health consumers' as a catchall term due to its connection with our movement's history, but we acknowledge that different people self-identify with different terms. We do not include family, carers, kin or the bereaved in our definition of lived experience as it appears in this document.





A NOTE FROM OUR CHAIR

This strategic plan begins with a simple yet powerful truth: people with lived experience of mental health challenges are not just participants in the mental health system – they are the system’s thought leaders and changemakers.

This Strategic Plan marks a defining moment for the mental health consumer movement in Australia. For over six decades, mental health consumers have led courageous advocacy, transformed public discourse, and laid the foundation for more just, compassionate, and person-centred systems. As the federated national peak body led by and for mental health consumers, the National Mental Health Consumer Alliance unites this legacy into a shared national vision.

This Strategic Plan outlines our priorities for reform over the next three years – grounded in rights, driven by lived expertise, and shaped through a collaborative model that reflects the voices on the ground and leadership of consumers in every state and territory.

Together, we are reimagining a mental health system where consumer lived expertise is not only heard and applied – but leads mental health reform.

This plan is both a tribute to those who paved the way and a blueprint for the future. It affirms our shared belief that lasting change can only happen when consumer lived experience is trusted, valued, and placed at the centre of national decision-making.

We acknowledge those who have gone before us – whose advocacy and truth-telling have shaped the consumer movement over generations – and we stand beside those continuing the work every day, in thousands of different ways.

We respect and honour the strength, insight, and leadership of all people with lived experience of mental health challenges. We recognise the deep wisdom that comes from navigating systems, surviving harm, and reclaiming agency in the face of adversity.

In community, in solidarity, and with resilient purpose – we move forward.

Mathew Fagan, National Mental Health Consumer Alliance, Chair



Alliance Board Members
Front row (L-R): Leilani Darwin, Mat Fagan (chair), Priscilla Brice (CEO), Ellie Hodges, Vrinda Edan, Louisa Salee
Back row (L-R): Giancarlo de Vera, Darren Munday, Jorgen Gullestrup (resigned), Paul Thompson

WHO WE ARE

We are the national peak body for mental health consumers, led by and for people with lived experience of mental health challenges.

The National Mental Health Consumer Alliance (the Alliance) unites Australia's strongest voices for mental health justice: a federation of state and territory consumer peaks, each with deep roots in community, fierce integrity, and grassroots insight. Together, we represent over 8,000 active members and more than 135 years of collective lived experience leadership.

We believe real change happens when those who've lived it lead it.

We're not here to tinker at the edges of a broken system. We're here to advocate for human rights, person-led care, and consumer-driven reform. We're here to work with governments and communities to help rebuild mental health systems - from the ground up.

“When we speak, we do not speak alone. We speak with the weight and wisdom of thousands who've walked this path before us, and with the strength of those rising now to shape a better future.”

Priscilla Brice, National Mental Health Consumer Alliance, CEO





Our Vision

MENTAL HEALTH
CONSUMERS
DETERMINING OUR
NEEDS AND WANTS.



Our Purpose

Mental health consumers:

- design, deliver and lead mental health services and systems
- keep those who hold power to account
- have our human rights upheld
- embrace and elevate difference



Our Values

We value:

- frank and robust collaboration
- challenging the status quo
- diversity of experience and expertise
- being open and equitable



Our Strengths

LED BY LIVED EXPERTISE

Every board member, staff member, and policy contributor shares lived experience of mental health challenges.

FEDERATED POWER

7 state and territory peaks. 8,000 active members. 135+ years of collective consumer advocacy. We are community - and we are accountable to community.

DRIVEN BY JUSTICE

Born of the 50+ year mental health consumer movement, we are grounded in human rights, social justice, and disability justice.



WE STAND ON THE SHOULDERS OF GIANTS

For over five decades, mental health consumers across Australia have turned pain into purpose and marginalisation into movement.

We have spoken truth to systems that too often silenced or ignored us. We have transformed isolation into solidarity, invisibility into influence, and personal struggle into collective strength.

From community halls to parliamentary inquiries, mental health consumers have demanded dignity, challenged injustice, and offered bold new visions for care, support, and reform.

The establishment of the National Mental Health Consumer Alliance (the Alliance) is a direct result of this long and determined struggle. As Australia's first federated national consumer peak, the Alliance unites the strength and insight of State and Territory Mental Health Consumer Peaks across the country - each deeply grounded in the lived realities of the communities they serve.

Together, we are working to reshape mental health systems so that they are rights-based, person-led, culturally safe - and led by those who know them best.



“The movement is our compass - it keeps us focused on our North star, harnessing our collective strength.”

Giancarlo de Vera, BEING NSW, CEO

Timeline of Australian Mental Health Consumer Leadership

- 1970s** ● Mental health consumer movement in Australia formalised as Campaign Against Psychiatric Injustice and Coercion.
- 1981** ● Victorian Mental Illness Awareness Council (VMIAC) founded, incorporated in 1986.
- 1983** ● Richmond Hill Report (NSW) recommended the closure of all psychiatric hospitals in place of community care.
- 1986** ● World Health Organisation published 13 Principles of Psychosocial Rehabilitation (and added an additional 2 principles in 1990s) emphasising consumer-inclusive care.
- 1991** ● United Nations (UN) General Assembly adopted Principles for the Protection of Persons with Mental Illness and the Improvement of Mental Health Care which established international human rights standards for the treatment and care of people with mental health challenges.
- 1992** ● First National Mental Health Strategy launched mandating a National Consumer Advisory Group and direct line to federal health minister (decommissioned in the late 90s by incoming health minister).
- 1992** ● BEING - Mental Health Consumers - New South Wales (BEING) established, incorporated in 1994.
- 1993** ● Burdekin Report (National Inquiry into the Human Rights of People with Mental Illness) released, documenting systemic neglect, abuse and widespread violations of human rights and framing mental health as a human rights issue, not a clinical one.
- 1996** ● Consumer Consultants first employed in Victoria.
- 1997** ● ACT Mental Health Consumer Network (the Network) established.
- 2002** ● National Mental Health Consumer and Carer Forum established.
- 2003** ● National Mental Health Strategy mandated consumer participation.
- 2005** ● Consumers of Mental Health - Western Australia (CoMHWA) established.
- 2010** ● Mental Health Lived Experience - Tasmania (MHLET) established.
- 2017** ● Lived Experience Leadership & Advocacy Network - South Australia (LELAN) established.
- 2019** ● National Mental Health Consumer Alliance founded as a collective.
- 2021** ● Mental Health Lived Experience Peak Queensland (MHLEPQ) established.
- 2024** ● National Mental Health Consumer Alliance formally recognised and funded.



RATIONALE FOR REFORM

Despite decades of inquiries, recommendations, and reform efforts, Australia's mental health system continues to fail the very people it is meant to serve.

Too many of us are still locked out of timely, community-based, and culturally safe support. Services that claim to care often respond with coercion – using seclusion, restraint, and forced treatment instead of dignity, choice, or connection.

We see a system marked by silos and disconnection: between mental health and housing, justice, education, income support, and employment. Investment in early intervention is too little, too late. And no one is truly accountable.

We feel the consequences in every missed opportunity, every crisis that could have been prevented, every life that slips through the cracks.

The evidence is overwhelming, consistent, and long-standing: mental health systems remain fragmented, inaccessible, overly clinical, and harmful. From the 1993 Burdekin Report, which exposed widespread human rights violations, to the 2020 Productivity Commission Inquiry, which estimated the economic cost of mental health challenges at up to \$70 billion annually, the message is clear: the current system is broken – and must be transformed from the ground up.



493,600 Australians living with psychosocial disability are receiving little to no support.

Unmet needs report, 2024

“The stakes are so high in mental health policy that getting it wrong can cost us our lives; it doesn't just cause our death – it can rob us of living.”

Vrinda Edan, VMIAC, CEO

Landmark Human Rights Report

The 1993 *Burdekin Report* – Australia's landmark inquiry into the human rights of people with mental health challenges – exposed systemic abuse, neglect, and discrimination. It described the treatment of people with mental health challenges as a **“national disgrace”**, revealing that many lived in **“poverty, squalor and fear”**, excluded from services and stripped of dignity.

More than 30 years on, many of its core concerns remain unresolved: coercive practices persist, social determinants are ignored, and lived experience is still sidelined in policy. The Burdekin Report was a call for justice. Our movement ensures that call is not forgotten.



A CONSUMER-LED FUTURE

The time for consultation is over. The next era of reform must be grounded in lived expertise, rights-based practice, and structural justice.

This is not simply a matter of system improvement, it is a matter of dignity, safety, and survival.

“Lived experience is not an alternative to clinical knowledge. It is a different kind of expertise – one that is essential. (They) should be involved in co-design, implementation, and evaluation of all mental health policies and services” – Productivity Commission 2020

“The effectiveness of the next (National Mental Health National Mental Health and Suicide Prevention Agreement) governance arrangements should be improved by embedding and formalising the participation of people with lived and living experience of mental health and suicide in the design and implementation of governance arrangements” – Productivity Commission 2025

It is time to build a system that works for us, by us.

The case for change is clear:



Policy shaped by lived experience results in safer, more effective services



Peer-led support leads to greater hope, connection, and healing



Diverse leadership creates more inclusive, responsive systems



Consumer activism is essential to breaking cycles of discrimination

“Our difference gives us fresh eyes on systems that have stayed the same.”

Simon Katterl, MHLEPQ, CEO



WHAT WE'RE FIGHTING FOR



Nationally Legislated and Funded Services by, for, and with Mental Health Consumers

- National Disability Insurance Scheme (NDIS) access for people with psychosocial disability
- Foundational supports to address the unmet needs for people with psychosocial disability outside the NDIS
- First Nations-led mental health consumer initiatives, incorporating social and emotional well-being
- Primary Health Networks mental health consumer initiatives
- National funding, training and representation for lived experience and peer workforces
- Medicare rebates for mental health consumers, and access to choice in mental health services
- Mental health and suicide prevention services and research
- Physical health of mental health consumers
- Specialist eating disorder services
- Mental health inpatient safety, including sexual safety



Nationally Legislated and Negotiated Rights by, for, and with Mental Health Consumers

- Commonwealth Human Rights Act with specific rights for mental health consumers linked to obligations in United Nations declarations
- A mental health human rights framework to give practical effects to consumer rights in all settings, including avoiding and preventing, involuntary treatment, restrictive practice and other forms of abuse
- Improvements in the social, political, economic, cultural and digital determinants of mental health
- Self-determination for Aboriginal and Torres Strait Islander mental health consumers and communities
- Enforceable rights to service access, safety and choice for mental health consumers with intersecting strengths and vulnerabilities
- Prevention and protection of mental health consumers from discrimination in all settings



National Opportunities for Mental Health Consumers to Make Change and Drive Innovation

- Deliver, evaluate and extend existing Commonwealth-funded consumer-led innovation projects being delivered by the Alliance
- Build and improve the mental health lived experience and peer workforces, across all service setting and locations
- Enable mental health consumers to lead service and policy design, including models that centre empowerment, self-advocacy and trauma-informed care
- Provide a platform for mental health consumers to have their voices heard, and priorities addressed, at a national level
- Progress consumer-led change and innovation through and with:
 - other national mental health organisations and peak bodies
 - other national organisations and peak bodies for marginalised people
 - national media, and other forms of public communications
 - Australian Government ministers, departments, agencies, commissions, and inquiries, national political actors with roles in mental health



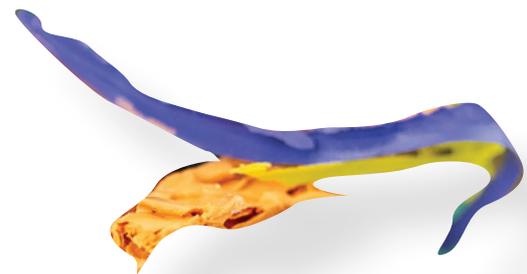
THE PATH AHEAD

The year ahead ● (2025–2026)

- A1** Maximising access and outcomes for mental health consumers with psychosocial disability in the NDIS
- A2** Ensuring that psychosocial ‘foundational supports’ – to be funded by Commonwealth and State governments in addition to the NDIS to address unmet need – are consumer-led, equitably accessible and designed to uphold choice, dignity and personal recovery
- A3** Advancing the implementation of a national human rights legislative and administrative framework for mental health consumers
- A4** Advancing the interests of mental health consumers in the next National Mental Health and Suicide Prevention Agreement (current Agreement being reviewed by the Productivity Commission now)
- A5** Evidencing and communicating the outcomes the Alliance is achieving for and with mental health consumers, including the collective work of State and Territory mental health consumer peaks, and allyship with the Indigenous Australian Lived Experience Centre

Medium-Term ● (2025–2028)

- B1** Aboriginal and Torres Strait Islander mental health consumers leading design and delivery of services and systems
- B2** Evidence-based innovation in mental health, led by mental health consumers
- B3** Supporting mental health consumer peer workers to implement trauma informed, rights-based, peer-led services; receive secure funding; meet the needs of peer communities; and evaluate impact
- B4** Transparent monitoring and evaluation of Australian mental health services, policy and systems, including indicators designed and assessed by mental health consumers, and the capacity for consumers to hold providers accountable
- B5** Mental health consumers shaping governance and delivery of mental health services and policy, and ensuring safe, high-quality provision of lived expertise



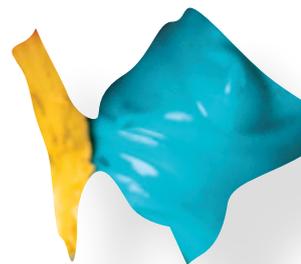


● Ongoing ●

- C1 Mental health consumers leading, designing and delivering identified national priorities with the support of the Alliance
- C2 Managing a national register of mental health consumer experts, in close partnership with the Indigenous Australian Lived Experience Centre and mental health consumer State/Territory Peaks
- C3 Evidencing and communicating the impact of the Alliance's work using data, testimony, and value for money analysis
- C4 Allyship with the Indigenous Australian Lived Experience Centre
- C5 Supporting the role and resourcing of mental health consumer State/Territory Peaks (including establishing NT in the short-medium term)
- C6 National mental health consumer training and capacity building
- C7 Designing and delivering service innovations by, for and with mental health consumers in response to Commonwealth tenders and grant opportunities and/or with philanthropic and corporate partners
- C8 Design, monitor and evaluate lived experience systems, frameworks and services for public and private national organisations
- C9 Sound administration and financial management
- C10 Strategic, responsible, transparent and accountable governance

“A key distinction within our movement is the difference between sharing personal lived experience and harnessing the collective voice of consumers. While personal stories are powerful, it’s the collective voice that drives systemic change, ensuring that diverse experiences are represented and that no one feels alone on their personal recovery journey.”

Dalane Drexler, The Network, CEO





OUR MODEL: HOW WE WORK

At the heart of the Alliance is a powerful idea: nothing about us, without us. This isn't just a slogan – it's a principle that drives every part of the Alliance's work.

Across the country, Consumer Advisory Groups rise up to name what's broken and reimagine what's possible. They bring frontline insight, local truth, and fierce determination – fuelling a collective voice and shared national agenda.

Our participatory model ensures that people with direct experience of mental health challenges drive policy, shape services, and hold systems accountable:

- **Consumer Advisory Groups (CAGs)** in every jurisdiction
- **Affinity groups** reflecting the diversity of identities, and experience and intersectionality of consumer lived experience
- **A network** of national policy experts with mental health consumer lived expertise synthesising input into formal positions
- **Board of Directors** (all with consumer lived experience) for strategic direction
- **National Office** – to convert expertise into action and drive tangible outcomes for consumers.

Every submission, every reform, every campaign carries the weight of thousands of voices – and more than 135 years of collective lived experience leadership.

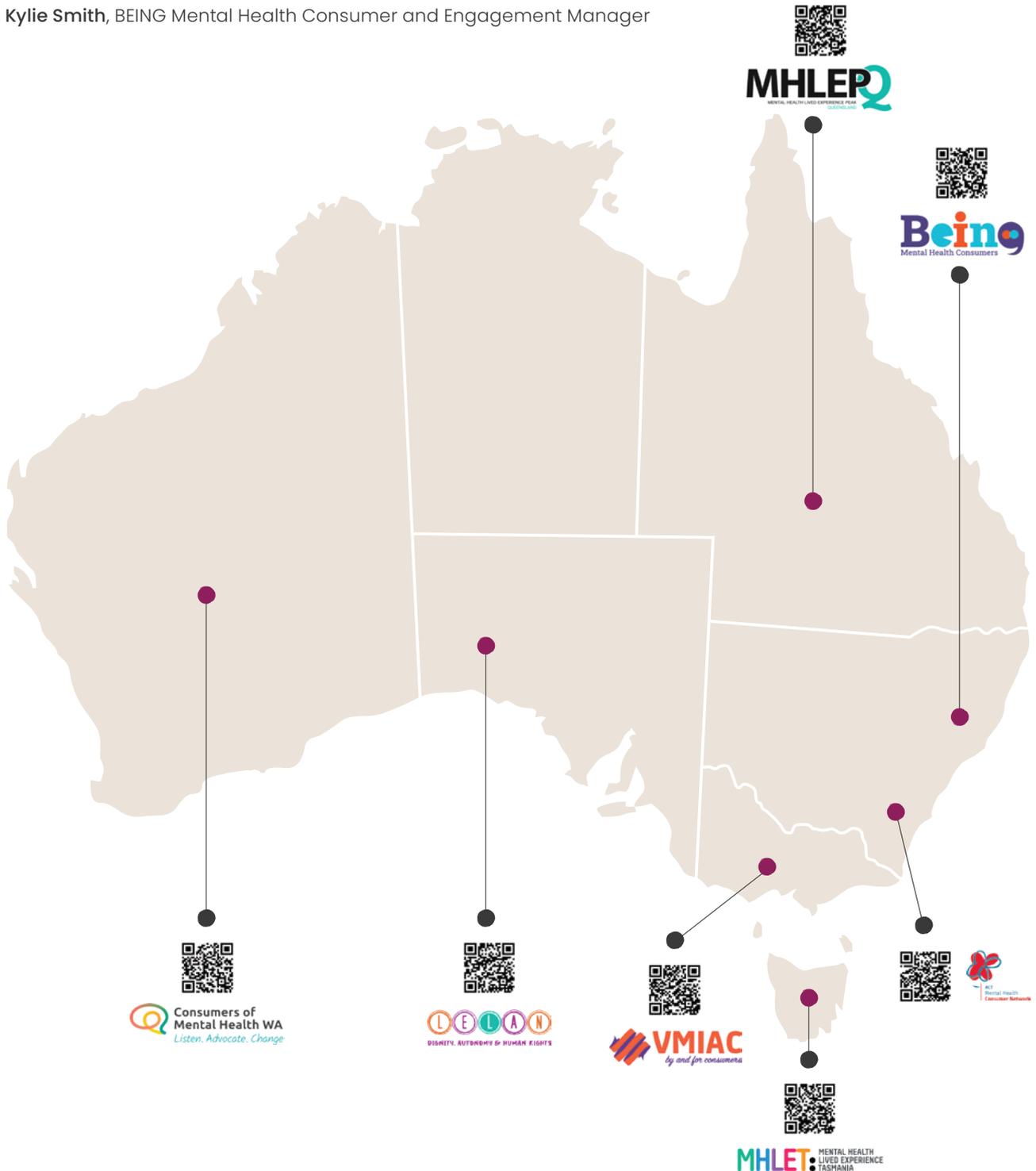
“Creating spaces where diverse voices can be heard and embraced, not only ensure we have a strong collective voice but also allows us to shape strategy that is dynamic, responding to the lived experience community's needs.”

Tash Smyth, MHLET, CEO



“Surviving those hardest days gave me a kind of strength I didn’t expect. It’s not about being “all better”, it’s about knowing that my story, and stories like mine, hold real power. That’s what drives me to contribute to the consumer movement: to help build something stronger, more compassionate, and more honest. Every step I take in this space is grounded in that lived experience, and it’s a way of saying, we’re still here, we matter, and we’re not done yet.”

Kylie Smith, BEING Mental Health Consumer and Engagement Manager







JOIN OUR MOVEMENT

This Strategic Plan sets out a shared vision – but the real work begins beyond these pages.

Because the changes we’re calling for aren’t just about policy. They are about social change.

For too long, people with lived experience of mental health challenges have been spoken for, spoken over, or spoken about. Rarely have we been trusted to lead. That must change.

This is the beginning of a new chapter – one where mental health consumers are not token voices, but co-designers, leaders, and system stewards.

“It’s only through this genuine collaboration that we can create a mental health system that works for everyone.”

Darren Munday, Consumers of Mental Health
Western Australia, CEO

We are moving:

- From systems that treat people as problems to systems built on trust, truth, and lived wisdom
- From fractured reforms to a bold, united, national agenda led by mental health consumers
- Whether you’re a policymaker, a mental health consumer, a peer worker, or someone who simply cares – you have a role in this movement.

You can:

- Back the leadership of mental health consumers – not just in words, but in funding, frameworks, and partnerships.
- Walk with us in allyship – challenge systems of power that continue to marginalise, disenfranchise and isolate people with mental health challenges.
- Challenge tokenism and demand authentic participation.
- Join your local peak and become a consumer advocate.
- Help us grow this movement, amplify our calls, and build the system we all deserve.



STRONGER TOGETHER, LOUDER THAN EVER

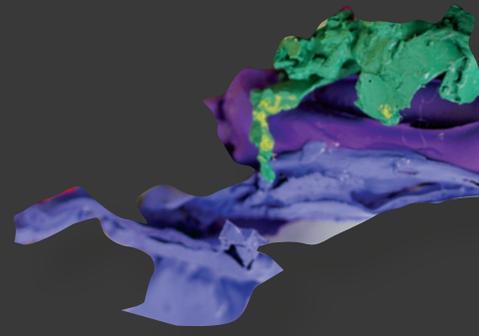
The first step to getting involved is simple: sign up to our mailing list and join your state or territory peak.

State and territory peaks play a vital role in supporting people with lived experience.

They provide free resources, training, and community events, create spaces for connection, and advocate for systemic change. Importantly, they also open pathways for people with lived experience to shape decisions - including through paid representative roles that recognise and value lived expertise.

Scan the QR code to connect with your peak body and add your voice to the movement.





“When we speak, we’re not just asking to be heard, we’re offering solutions grounded in reality. We’re showing up with courage, often after being silenced or overlooked, because we believe things can be better, not just for us, but for everyone.”

Kylie Smith, Engagement Manager, BEING NSW

“Being involved in the mental health consumer movement has helped me embrace my lived experience and be a part of the change now and moving forward. I feel valued as an individual and optimistic that I can be a part of something bigger.”

Anonymous, Consumer Advisory Group, Tasmania

“The meaning of using my lived experiences is one of self-empowerment, self-esteem and awareness, feeling less helpless in the face of injustice and gratitude for the opportunity to take some concrete action towards changing the system for the benefit of all.”

Martha Van Rees, Consumer Advisory Group, WA

“I would encourage anyone with lived experience to get involved in the movement... Though it’s easy to downplay the value of (your) own personal experiences and point of view, it has tremendous value when it comes to consumer advocacy.”

Daniel Meadows, Consumer Advisory Group, Tasmania





Out of the Shadows, Into the Streets

Artwork by Lissy Elliott, commissioned by National Mental Health Consumer Alliance 2025.
Photography by Jamie Hornsby.

ARTIST STATEMENT

Art has played a huge part in supporting my own mental health, it's helped me to realign with my true self, and to continually process and heal.

As a member of the LGBTQIA+ community with lived experience of mental health challenges, I've witnessed the power of visual language to connect, affirm, and uplift. My abstract work invites people to see themselves reflected - not as broken, but as bold, layered, and full of meaning.

I've used recycled paint fragments to symbolise how something cast aside can become something vibrant and vital. Bright colours burst from muted surrounds - some emerging, some overshadowed, others standing defiantly in the foreground.

Muted colours represent the broader population's desire for everyone to fit neatly into society. In contrast, the bright fragments represent those who live and lead outside the box - visionaries, truth tellers, survivors and advocates. People navigating mental health challenges. People reclaiming space.

The layers embody the complexity of our lived experience, while the shadows honour voices once marginalised, now rising with fierce new identity. This is a work of shifting autonomy, reclaimed words, and reclaimed rights.

Out of the shadows, into the streets: a call for collective courage, and a reflection of the movement reshaping mental health from the inside out.

This Strategic Plan is proudly designed by fresco-creative.com.au