

Consumer Advised Systemic Advocacy Meeting (CASAM)

Annual Report

November 2025

CASAM

1. Membership Details

Facilitator: Mad Magladry

Number of regular meetings between 1 November 2024 – 30 October 2025 (not including coffee catchups): 12

Extraordinary meetings: 1

Trainings: 1 (Advanced Consumer Representation for CASAM)

Total number of members as of October 2025: 12

Average number of members present per regularly scheduled meeting: 8.25

Guest speakers:

- Darren Munday, CEO of CoMHWa, to hear from the group on a quarterly basis and give an update on CoMHWa and Alliance work
- Bridget Clarke, manager of CoMHWa's Collaborate to Connect program
- Priscilla Brice, CEO of the National Mental Health Consumer Alliance
- Trish Tran, Assistant Commissioner Lived Experience (Consumer) of the Mental Health Commission
- Delaney Gibbons, Director of Safety and Quality of the Women and Newborn Health Service
- Shannon Calvert, Lived Experience Advocate and Consultant

2. Purpose and objectives of group as per Terms of Reference

Role/Purpose

The purpose of CASAM is to highlight, represent and communicate the rights of consumers by examining systemic issues through the lens of lived experience.

Objectives

- To provide direction and input into CoMHWa's Systemic Advocacy priorities and actions
- To maintain an informed perspective on the broader issues affecting consumers through relationships with other local, state, and regional consumer networks.
- To identify and respond to consumer issues through liaison with CoMHWa, and to progress matters beyond CoMHWa if required.
- To consult with the diversity of voices and perspectives of consumers who are involved with CoMHWa.
- To liaise with other Consumer Advisory Groups and be aware of State mental health consumer issues.
- To promote consumer awareness and recovery understanding within CoMHWa, related services, and the local community.

- To advise on matters relating to service delivery and consumer engagement at CoMHWa when required
- To promote consumer awareness and recovery understanding within CoMHWa, related services, and the local community.

3. Key Issues Discussed by CASAM

3.1 Lived Experience Leadership

As a group we had several opportunities to learn about, reflect on and discuss how Lived Experience leadership can be leveraged to transform our mental health system. We heard from Trish Tran, the Assistant Commissioner Lived Experience (Consumer) at the WA Mental Health Commission (MHC) who shared her experience working in a senior Lived Experience position for the Government, and its associated opportunities and challenges. She shared her stories about imposter syndrome, as well as the trusting and collaborative working relationships she developed with MHC leadership and with her fellow assistant commissioners.

Earlier in the year, Priscilla Brice, CEO of the National Mental Health Consumer Alliance, spoke to CASAM to outline the structure and priorities of the Alliance, ahead of their official consumer webinars and Strategic Planning process.

Within our own context, we had a discussion around what makes consumer representative roles safe and what workplaces need to have in place to ensure consumer rep roles are valued, meaningful and sustainable.

3.2 Feedback and Consumer involvement

CASAM has long been interested in exploring ways in which consumers feel empowered to give feedback and get involved in decisions made about how services are run. We heard from Delaney Gibbons, Director of Safety and Quality of the Women and Newborn Health Service, who is a strong proponent of Care Opinion, an independent public platform to make complaints directly and anonymously to health services. Delaney shared insights on moving on from tokenistic to meaningful consumer engagement, including structural changes to their Consumer Advisory Committee, advocating for a consumer engagement officer role, and implementing quarterly complaints reports to elevate consumer experience.

The manager of our Collaborate to Connect (C2C) project, Bridget Clarke, asked for CASAM's experiences with co-design – both positive and negative – to help inform the development of C2C's 'Co-design 101' online learning module. The group described the importance of lived experience leadership in the project, clarity around project and role expectations, and timely and fair remuneration.

3.3 Long Covid/ME/CFS

The intersections, overlaps and gaps between mental health and chronic illness including ME/CFS and Long Covid has been on CASAM's list of 'burning issues' since early 2024. We addressed it together this year, led by members of CASAM who shared their experiences and offered education to other members on how energy limiting conditions can impact mental health, as well as how mental health services are often

inaccessible to people experiencing these conditions. The group decided that CoMHWA can help address these issues through systemic advocacy arguing for accessible, low-stimulus services with online options where possible, and more education about ME/CFS and Long Covid in mental health services. CASAM also asked CoMHWA to reach out to national ME/CFS peak body, Emerge, to offer our support in bolstering their advocacy in the mental health space, with a meeting arranged between CoMHWA and Emerge for late 2025.

4. Key Actions, Achievements and Decisions Made by CASAM

Throughout the year, CASAM made several important decisions to enhance its functionality and strengthen its role in representing consumer voices. These included:

- **Making space for new voices:** The group welcomed three new members, broadening its collective expertise and ensuring diverse perspectives inform its advocacy. CASAM also instituted a three-year term limit on membership to systematically and intentionally create room for new CASAM members.
- **Evaluation, reflection and recognition for leaving members:** CASAM co-planned the process by which current members who have reached their term limit will transition out, including creating exit surveys/interviews, offering co-chairing responsibilities or other opportunities to upskill before leaving, and creating opportunities for members to stay connected to CoMHWA and to each other after leaving the group.
- **Increasing Visibility:** To improve transparency and engagement, the group committed to sharing regular updates about its work in the CoMHWA newsletter. This initiative aims to keep CoMHWA members and staff informed of the group's activities and impact.

CASAM actively contributed to shaping CoMHWA's advocacy priorities and service delivery improvements through thoughtful discussions and actionable feedback. Key actions and decisions included:

- Co-planning CoMHWA's Town Hall meeting agenda
- Contributing to CoMHWA's response to the WA Suicide Prevention Framework
- Prompted CoMHWA to engage with FCWA to get involved in advocacy to expand Work and Development Permit Scheme

5. Documents Reviewed

CoMHWA position papers:

- Involuntary Treatment
- Restrictive Practice
- Supported Decision Making
- Lived Experience