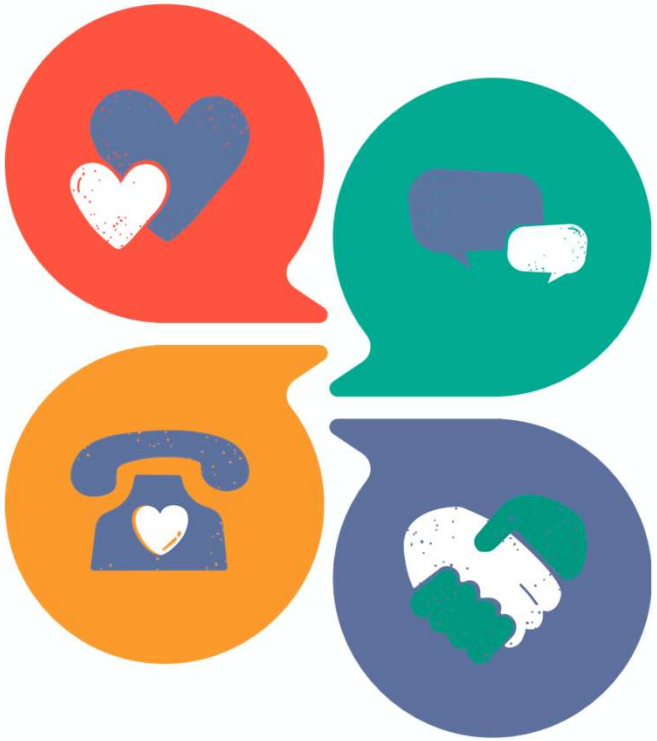
lifewise
mental health peer services

Embedding Lived Expertise

A Mental Health Systems Change Approach



Presented by:
Sarah White
Operations Manager

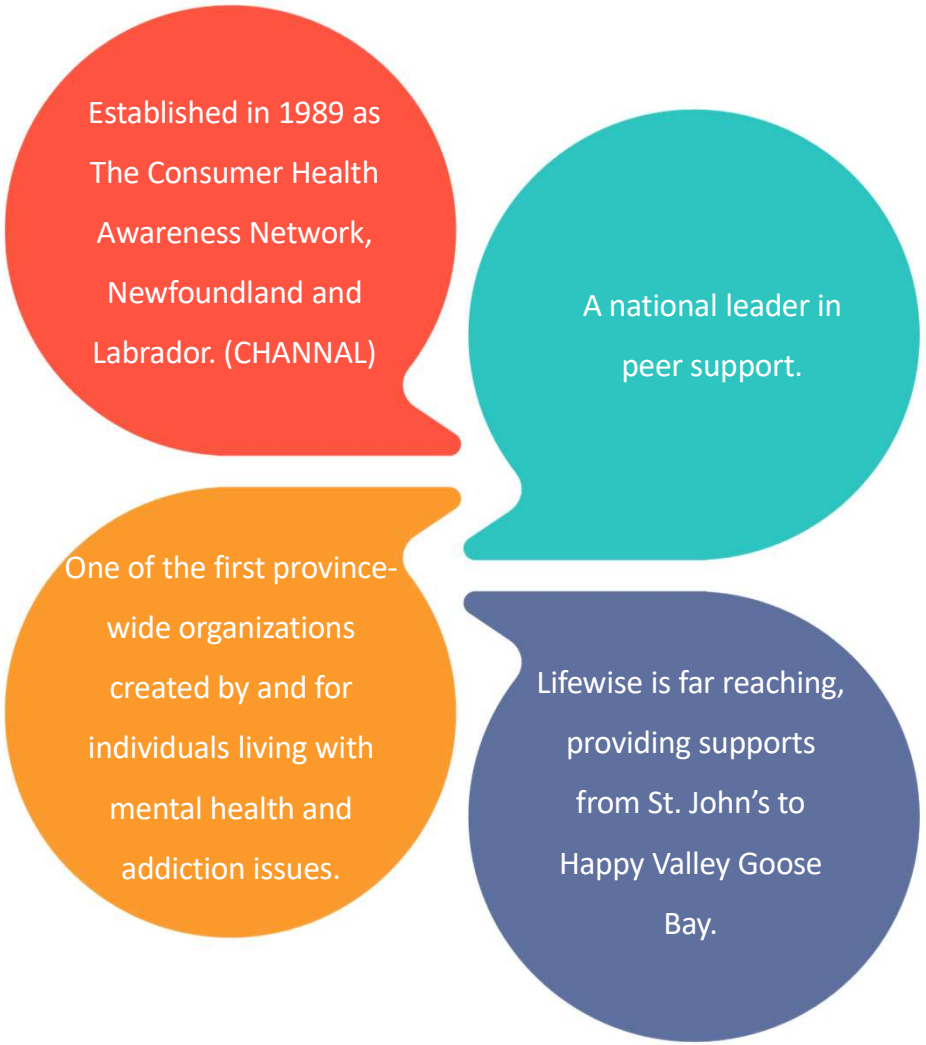
Land Acknowledgement

Lifewise respectfully acknowledges the land on which we gather as the ancestral homelands of the Beothuk, the island of Ktaqmkuk (Newfoundland) as the unceded, traditional territory of the Beothuk and the Mi'kmaq, and Labrador as the traditional and ancestral homelands of the Innu and the Inuit. We respect the cultures, ceremonies, and traditions of all who call it home. With an open heart and mind, we are committed to working in a spirit of truth and reconciliation to make a better future for all (NLHS, 2025)

About Lifewise

A peek into the Lifewise landscape

Lifewise is a provincial organization created by and for individuals living with mental health, substance use health, and addiction issues. With over 65 staff across St. John's and Happy Valley-Goose Bay, we strive to connect and support as many people as possible by encouraging individual recovery through self-determination and working to break the stigma surrounding these issues in society.



Our Services

Support through experience



Reducing stigma by spreading information

Supporting change on a larger scale

Lifewise's Provincial Scope

Lifewise services extend province-wide & across the country. Our services cover urban, rural, and remote regions throughout Newfoundland and Labrador.

Lifewise Peer Support services are provided through:

NLHS

Doorways
MHAC
FACTT/ACTT
Harm Reduction
Opioid Treatment Team
The Recovery Centre
Humberwood
NavNet

Community Organizations

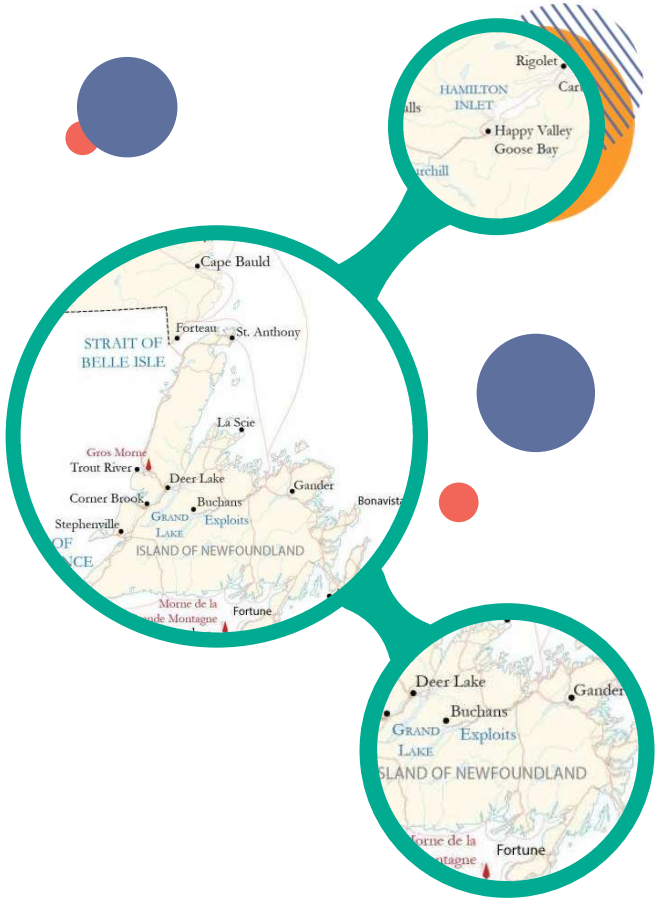
Stella's Circle - Just Us, Naomi Centre, Emmanuel House
John Howard Society - HMP
Perinatal Peer Support

Lifewise Offices

In-person one on one support
In-person groups
Wellness workshops
St. John's & Mount Pearl

E-Mental Health Programs

Lifewise Warmline
Lifewise Virtual Peer Groups
First Responders Warmline
Messages of Hope



Hiring for Mission

- Relevant lived experience for the role.
- No formal educational requirements.
- Clear criminal record check not required.
- Interview questions shared ahead of the interview.
- Contracted partner involved; from hiring to embedding



Lifewise Staff Training & Onboarding

Critical Knowledge, Skills, and Abilities of Trained Peer Supporters

Training Protocol

- Completion of Lifewise Peer Support Training (Modules 1-5)
- Completion of written test (75% passing grade)
- Shadowing: Warmline, Peer Support Groups
- Mental Health First Aid
- Applied Suicide Intervention Skills Training
- Mentorship
- Certification
- Ongoing support
- Refreshers



Core Competencies

1) Recovery-oriented
2) Individualized
3) Voluntary
4) Relationship-focused
5) Trauma-informed

Training can be hosted virtually to organizations outside of NL as well.

(SAMSHA, 2015)

Implementing Person-Centered HR Policies

Five examples of Lifewise's Human Resource Policies:

1. Respectful workplace & harassment policy
2. Workplace violence policy
3. Conflict and complaint resolution policy
4. Employee performance review policy
5. Progressive discipline policy

Mental Health Commission of Canada | Commission de la santé mentale du Canada

Newfoundland Labrador

Bridge the gapp

NL Health Services



lifewise
mental health peer services



RICHARDS LEGACY FOUNDATION

STEPPED CARE SOLUTIONS

Thank you!

INNU FIRST NATION
SheshatshiU

Questions

doorways

Canadian Mental Health Association
Newfoundland & Labrador
Mental health for all

Health Canada

thrive
Personal Support. Community Growth.

END HOMELESSNESS
ST. JOHN'S #WECANENDIT

Stella's Circle
Hope Lives Here

John Howard
THE JOHN HOWARD SOCIETY OF NEWFOUNDLAND & LABRADOR









TOGETHER

A Bold Vision for a Community Mental Health System that Works for Everyone

By the Community,
For the Community

Edmonton Strategy for Community Mental Health

Tân'si!

Greetings from amiskwacîwâskahikan (ᒥᐢᑲᐧᐋᐢᑲᐦᐃᑲᓂ), otherwise known as Edmonton, in Treaty 6 Territory and the Otipemisiwak Métis homelands. It's great to be here visiting Treaty 8 Territory! I acknowledge this land is home to many diverse Indigenous peoples and also recognize we are connected through our work to many other First Nations, Métis, and Inuit people, including some for whom their land is unceded. In our work in Edmonton, we are committed to honouring these peoples' communities, their Elders past, present, and future, and the land upon which we gather. We recognize we are on a learning and healing journey which welcomes guidance as we strive to champion reconciliation, build respectful relationships, and support Indigenous sovereignty, justice, and equity in all aspects of our work.



Image by Kateryna Barnes

https://katerynabarnes.com/2019/02/19/unsettling-colonial-mapping-sonic-spatial-representations-of-amiskwaciwaskahikan/



Currently, there is no coordinated, comprehensive approach to supporting mental health in our communities.

What we need is a new system. One that utilizes the strengths of community and works in parallel with the existing health care system.

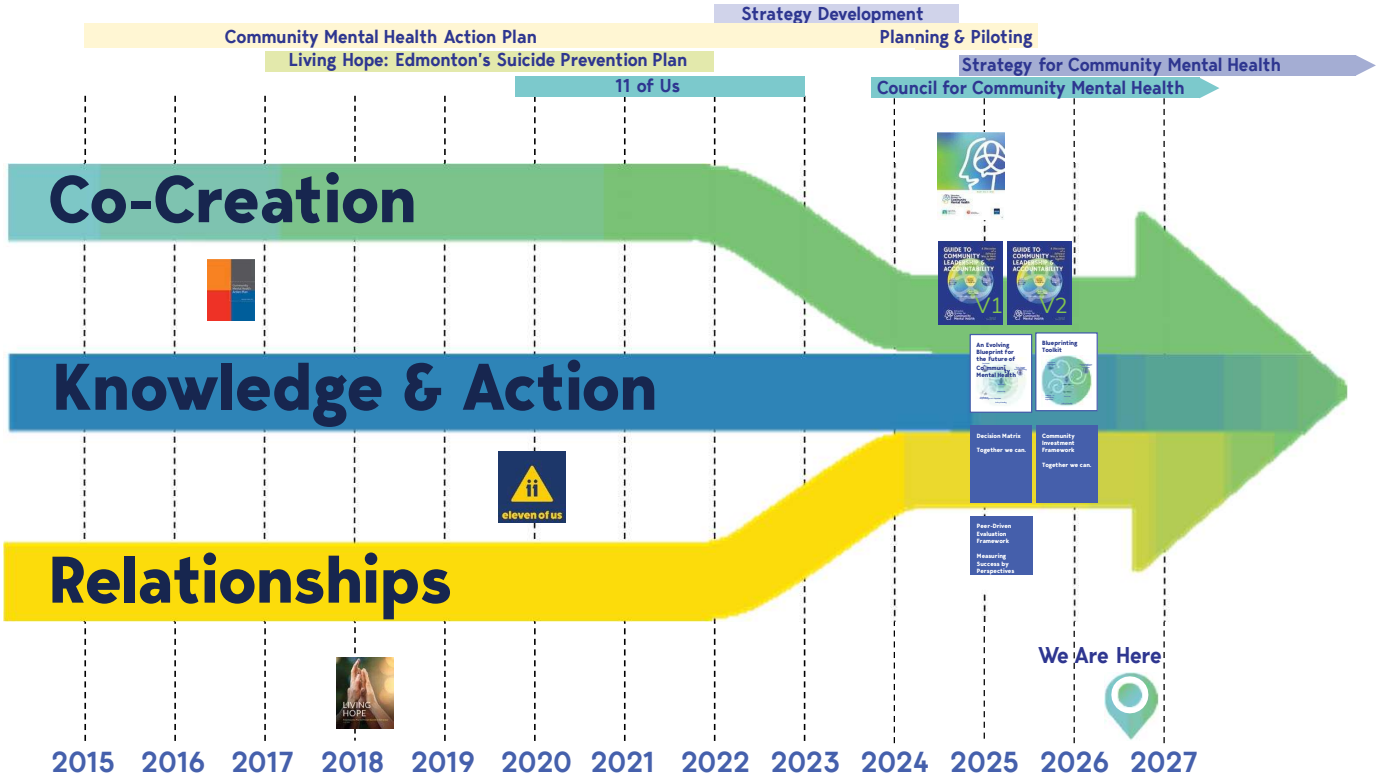
We need a strategy for community mental health.

A strategy that is preventative, holistic, strength-based, accessible, inclusive, and affordable.



A strategy shaped by years of collective experience and insight.

We are Informed & Engaged



Hundreds of Edmontonians shared their experiences, priorities, and solutions through years of engagement and co-design. Their voices, combined with CMHA's deep knowledge of community mental health, guide every step of this work.

Much like our hope for every Edmontonian, this Strategy does not stand alone. It is supported by a suite of foundational documents that delve deeper into, and detail, innovations to set us up for success:

1. A Blueprint for the Future Community Mental Health System
2. A Blueprinting Toolkit to guide facilitated innovation activities
3. The Guide to Community Leadership & Accountability
4. Peer-Led Evaluation Framework and Toolkit
5. Community Investment Framework



Commitments

- **Align around lived experience**
- **Promote funding and service integration**
- **Support access, understanding, and promotion of community mental health**

Key Strengths

- **The expertise and involvement of people with lived experience**
- **Relationships established through past work**
- **Foundation of documentation, knowledge, and experience in continuous improvement of mental health**
- **Wealth of existing cultural and natural supports**
- **Ongoing collaboration and coordination efforts**

Actions

- **Establish strong governance that centers Lived Experience**
- **Build capacity to understand and meet the needs of Edmontonians across cultures**
- **Support and strategically develop multi-sector collaboration, enabling**
- **seamless journeys for individuals in their experiences**
- **Coordinate funding and update funding policies to accelerate development of the community mental health system**
- **Recognize and enhance natural and existing support pathways through collaboration, capacity building, training, and resources**

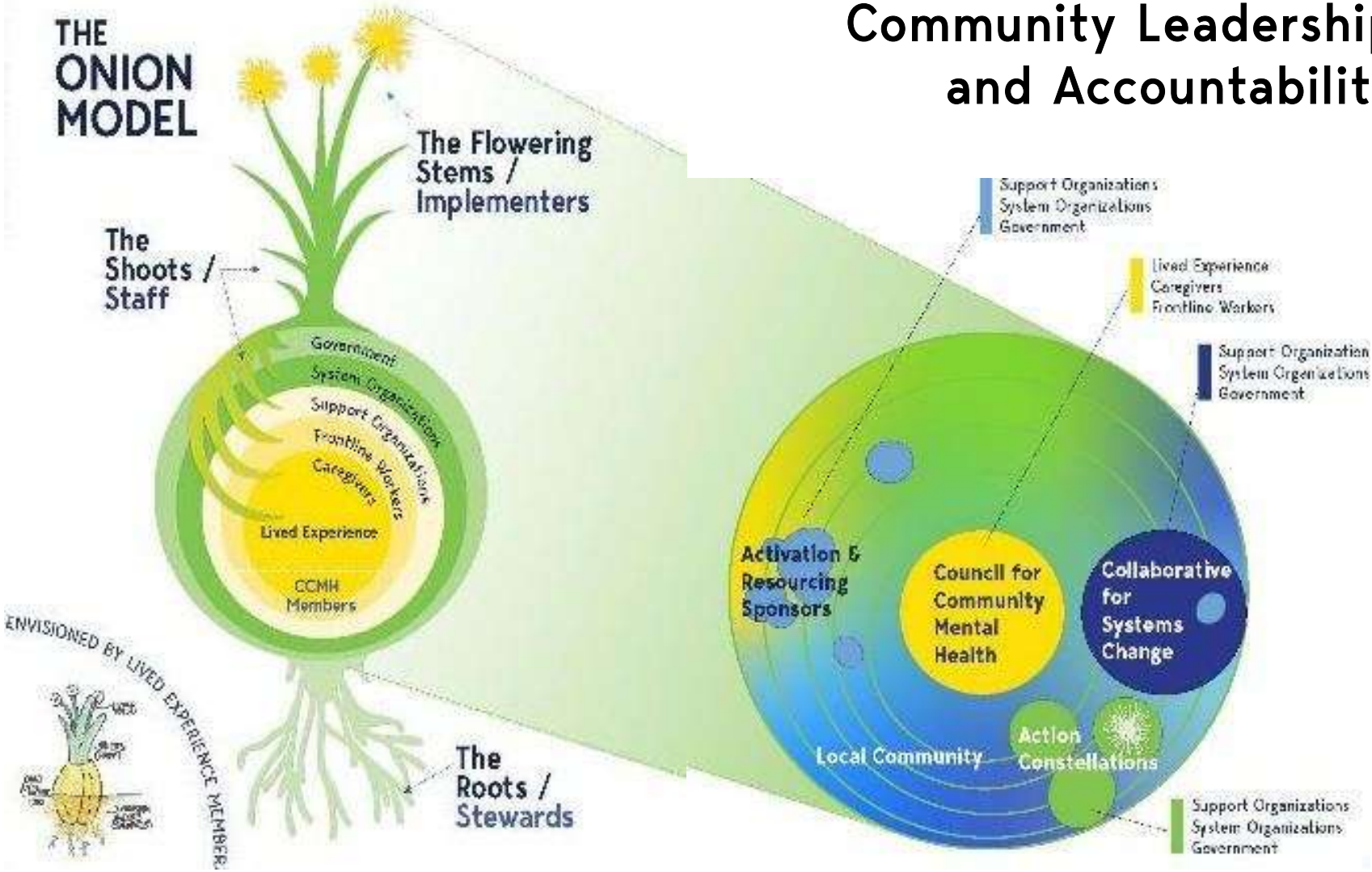


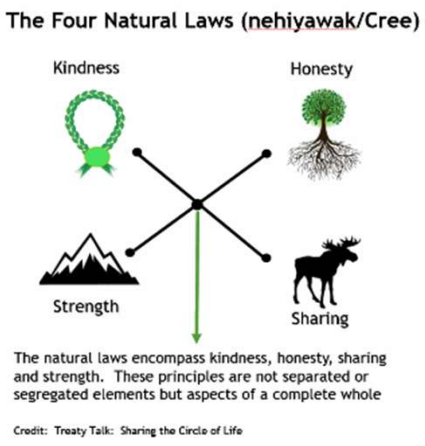


Lived experience is the foundation of our strategy.

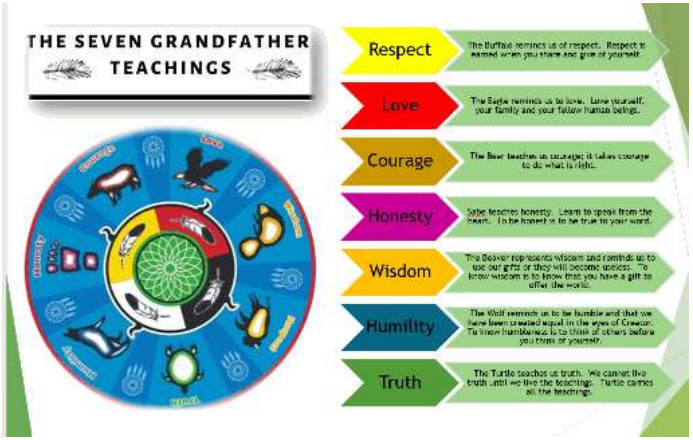
Those who have faced mental health challenges guide us toward improved outcomes.

Community Leadership and Accountability









Purpose of the Council for Community Mental Health

To contribute to improving mental health and wellbeing in the Edmonton area and influencing the work of the *Strategy for Community Mental Health*, ensuring that lived and living experience is considered and implemented across the collaborative's strategy and actions.

We are on a journey of respectfully listening, understanding, advocating, and addressing the needs of the community.



Guideposts for success in lived experience governance

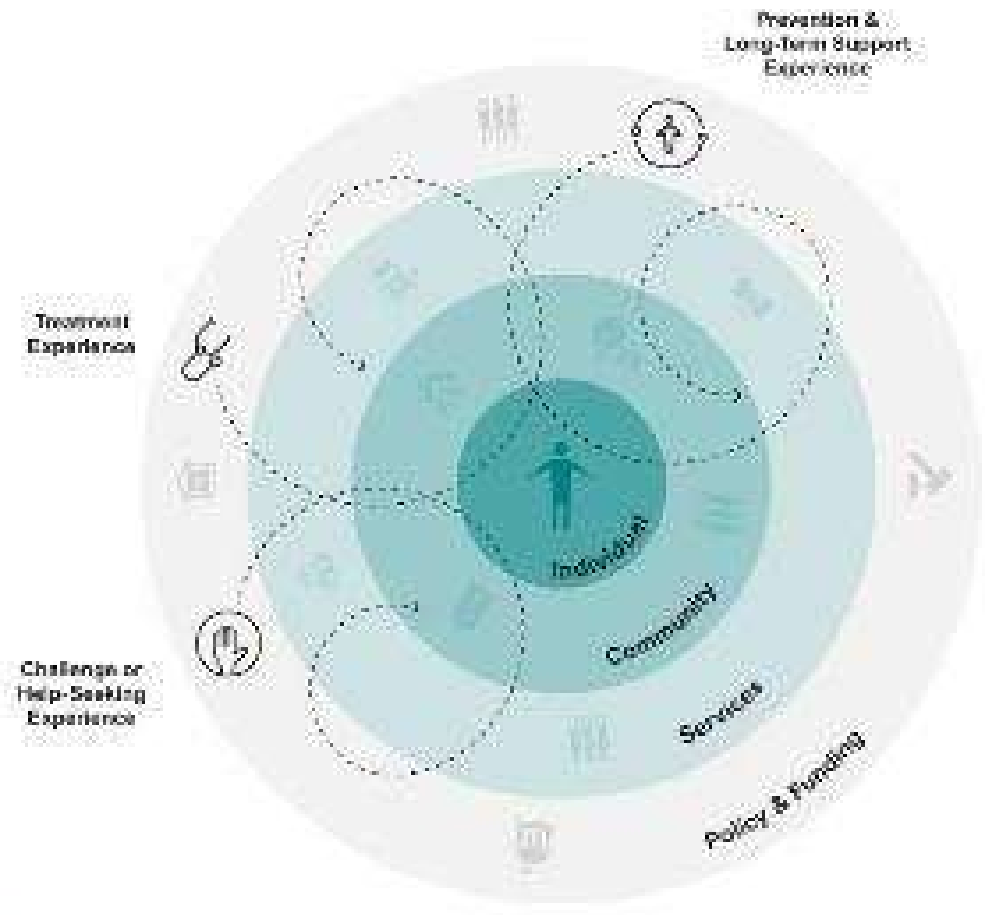
- Lived Experience is unique and ongoing, but it does not define a person's identity. One person may embody multiple types of Lived Experience, and governance groups could be representative of interrelated issues.
- Take a holistic view: consider connection to self, the community, and the land.
- Nothing about us, without us: there should be shared accountability with the different systems to allow people with Lived Experience to shape policies that affect them.
- Ensure that voices are heard. Lived Experience governance should yield concrete results.
- Meetings and meeting spaces should foster healing, safety and inclusivity (e.g. different learning styles are considered, meeting format is hybrid, culturally relevant practices are incorporated).
- Governance should be action-oriented, political and yet non-partisan, meaningful, and authentic (no rubber stamping).
- Define roles and responsibilities: who controls what, and in what context.
- Social media is an effective tool to reach youths and to let the community know about progress. Consider a designated communications role.
- Let things happen naturally; do not force or rush progress and take on only what is manageable.
- Lived Experience governance should be seen and valued as equal to other governing bodies.

We asked people to imagine the future they wanted.

Our Blueprint for a Community-based Future Mental Health System brings that vision to life.



Community-based Model for Mental Health



The System:

1. **Individual.** How an individual experiences their mental health, the system, and what they want their experiences to be like.

2. **Community.** The community that surrounds the individual. The people and places they interact with on a day-to-day basis, including their families, their workplaces, their coworkers, etc.

3. **Services.** The services an individual might need to access for their mental health and well-being.

4. **Policy & Funding.** The municipal, provincial, and national public policy systems that support the individual, their communities, and services being delivered in ways people need.

The Experiences:

Prevention & Long-Term Support
Good MH & No MI or Managed MI

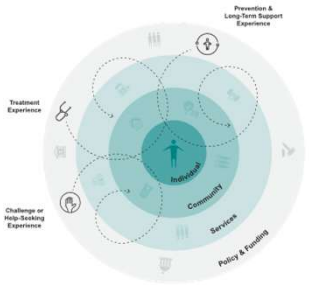
The loop people find themselves in when they have good mental health, feel supported, and have the tools they need to manage their MI.

Challenge or Help-Seeking
Changing MI or Lower MH

The loop people find themselves in when they start experiencing symptoms of a mental illness or declining mental health.

Treatment
Active Treatment of MI & MH

The loop people find themselves in when they are seeking help around MI or declining mental health.



Sharing data with loved ones

Experience	Prevention & Long-Term Support		Challenge/Help-Seeking			Treatment		
	"I am able to ask for help without fear or shame."	"My family is able to talk to me about how I'm feeling."	"There are opportunities in my community for wellness and connection."	"I feel respected and understood."	"I am able to find the spaces to express myself and process through my thoughts."	"Every door is the right door."	"I am able to share my data with natural supports and involve them in my journey."	"I am able to find care that feels culturally relevant."	"I am able to make choices about how I receive care."

SYSTEM LEVEL

Community

Feedback

- Communities are consulted to design locally relevant interventions.
- There are trusted people in communities that are knowledgeable, approachable, and able to have conversations about mental health.
- There is awareness, education, and discussion in the community about mental health, addiction, intergenerational trauma, etc. that reduces stigma and share around mental illness.

Proactive community resources fairs & workshops

'Fire Pit Fridays' – safe spaces in community for gathering & talking about mental health

- System navigators assist people looking for supports.
- Social supports are well prepared and understand how to support their loved ones around mental health.
- The community is educated about mental health, addiction, and prevalence of mental illness.
- Schools, universities, community centers, libraries, and other public gathering spaces provide services and information about mental health. The people who work in these spaces are equipped to recognize mental health needs, especially in children and young people.

- Community members are empowered to provide supports and services.
- Public spaces function as access points and have trained individuals to support people.
- The value of non-clinical and non-traditional supports is recognized for people's mental health needs and supports.

Unstructured play for children

Sharing Data with loved ones

Service

Feedback

- There are many stories and lived experiences used to design and inform treatment, services, and programs.
- Service providers recognize that different communities have different needs, and this is reflected in services.

Opportunities for healing through connection to nature and land

Sharing data between organizations and building relationships

- There are community-based response teams for people in crisis made up of peers, families, neighbors, and loved ones.
- Relevant police services are co-housed with social services.
- First responders are trained to recognize and support mental illness, crisis, and addictions.

Visible resources in community spaces

Lived experience supports in community

- Service providers are knowledgeable about newcomer, immigrant, refugee, Indigenous, and other populations and provide culturally responsive and respectful care.
- People's families and other natural supports are brought into treatment and recognized as an important part of their care.
- There is respect, dignity, and autonomy for a person in their care across service providers.

Placing peer supports within existing resources

Policy & Funding

Feedback

- Community and service providers are involved in funding decisions.
- People's basic wellness needs (social connection, physical wellness, food, and shelter) are all met.
- Language and related actions across sectors signals a focus on collective well-being, preventative supports, and destigmatization.

Funding shifting from crisis supports to community services

Telling more stories of how community programs and services relieve the pressures of the health system

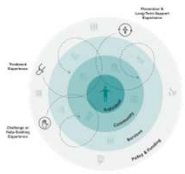
- Community-based solutions are funded and are built into strategies.

- There is funding to educate professionals (medical professionals, police, corrections officers, etc.) around natural supports to a person's care.

Shifting AHS mindsets from protecting to sharing

Enabling **Values** and *Mindsets*

Accessible	**Collective responsibility**	**Culturally rooted**	**Human centered**	**Hope**	**Honest**	**Holistic**	**Transparent**
Preventative	**Trauma informed approach**	**Justice**	**Relationship centered**	**Accessible**	*Honoring root causes*	*Intuition matters*	*Nothing about us without us*
Engage in a constant pursuit of deepening our understanding of each other	*Always seeking to build upon existing good work*	*Honoring history, where we've been*	*Lived experience is centered, listen to, and valued*	*Provide a diversity of choice and options*	*Support connection to the land, spirit, and each other*	*There are many accessible doors in*	*Understanding of the connection between mental and physical health*



Desired Experiences

Support
"Although I am not feeling great, I know who I can call for support"

Help
"My experience is a valuable part of what and how I receive care"

Treatment
"My systems of supports are complementary and feel seamless"

The Future Of Suicide Prevention Systems Blueprint

Community

Strong, caring relationships within the community foster a sense of belonging, encouraging individuals to seek and offer support.

Community members take pride in creating a supportive environment that helps individuals feel empowered to take charge of their well-being.

Open dialogue within communities makes vulnerability acceptable, reducing shame and isolation.

Community members feel confident and capable of supporting others, knowing their care contributes to individuals feeling empowered to manage their well-being.

Services

Bridging Community and Formal Care – Services support transitions between community care, support programs, and medical care

Co-Creation of Solutions – Communities and service providers work together to design and adapt services that reflect real needs and lived experiences.

Holistic, Person-Centered Care – Services are designed to treat individuals as whole people, not just as service users.

Seamless Navigation of Supports – Individuals experience consistent, well-connected services without barriers or confusion.

Accessible and Responsive Support – Services actively collaborate with communities to understand their needs, ensuring that improvements make support more approachable and timelier.

Strengthened Peer Leadership - Services invest in peer support approaches, empowering peer leaders to take active roles in shaping service delivery and providing meaningful, relatable support to individuals.

Policy & Funding

Sustainable Investment in Community Care – Long-term funding supports scalable, community-based services that reduce reliance on crisis interventions.

Integrated Support Frameworks – Funding streams and policies create cohesive support systems that bridge medical, peer, and community care.

Flexibility in Service Delivery – Policies encourage adaptable service models that evolve with changing community needs.

Policy Alignment with Lived Experience – Policies are informed by real-world experiences, ensuring they effectively address community and system needs.

Recognition of Informal Supports – Policies formally acknowledge the value of peer and natural support networks in maintaining mental health.

Decentralized and Locally Led Care – Funding supports community-specific solutions rather than one-size-fits-all programs.

Peer-Led Evaluation Framework

What is Peer-Led Evaluation?

Peer-led evaluation is an approach where people with lived and living experience of mental health challenges—including caregivers, frontline workers, and community members—lead and shape the evaluation process. It is built on the belief that those most affected by a system are best positioned to evaluate and improve it.

This approach challenges traditional models of evaluation that are often top-down, clinical, and disconnected from real-life experience. Instead of treating people as "subjects" of research, peer-led evaluation treats community members as analysts, co-designers, and decision-makers. It reimagines evaluation as a tool for truth-telling, learning, and community healing.





Humor, emotion, grief, and celebration are all welcomed–
because healing is part of the work.

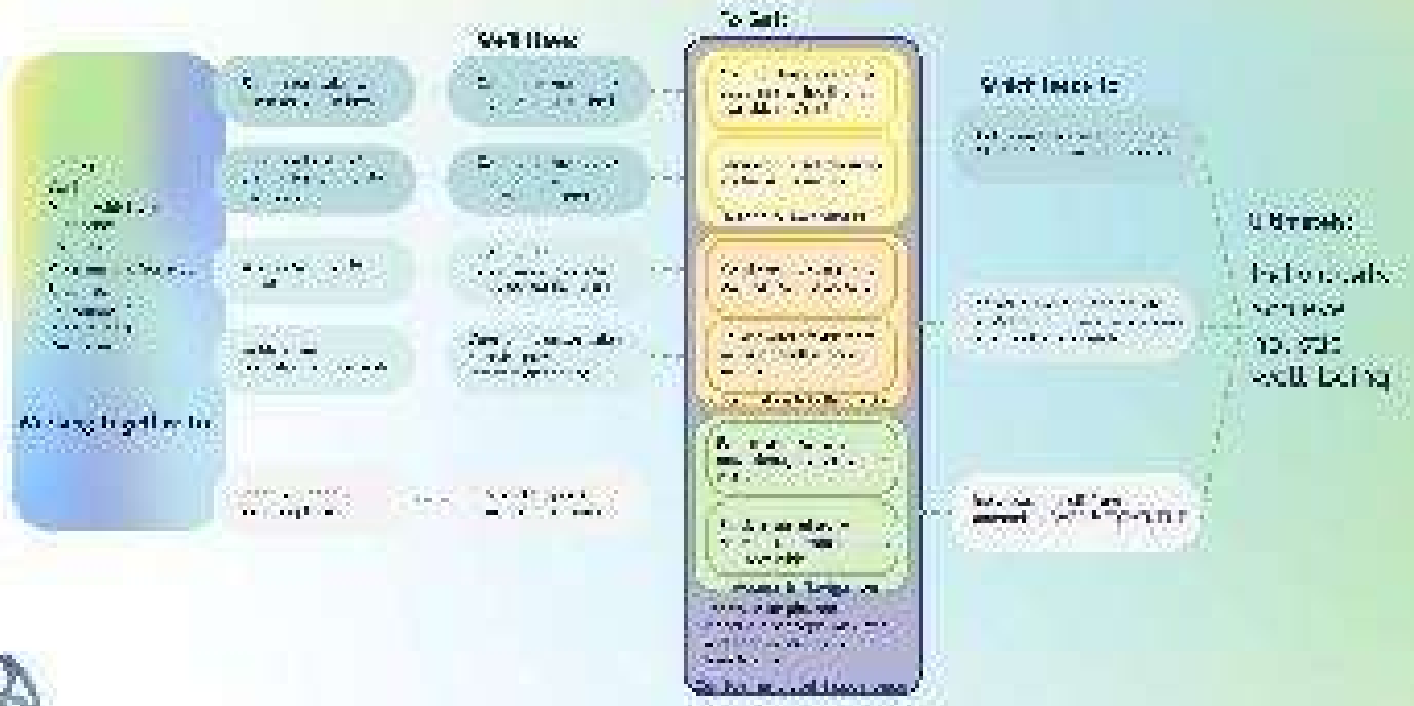
Peer-led evaluation asks whether [the action] worked for the people it was meant to serve – and whether they were meaningfully involved from the start.

Why Peer-Led Evaluation Matters:

- **It Builds Trust:** People are more likely to participate meaningfully when evaluation is rooted in care, respect, and shared experience.
- **It Surfaces Hidden Knowledge:** Many of the most pressing mental health issues–like stigma, racism, or unsafe systems–are best understood by those who have lived through them.
- **It Shifts Power:** Community members are not simply consulted; they lead the work. Their knowledge shapes the questions, the methods, and how the findings are interpreted.
- **It Leads to More Just Decisions:** When lived experience drives the process, the outcomes are more accurate, ethical, and relevant to the people the system is meant to serve.

Theory of Change & Logic Model

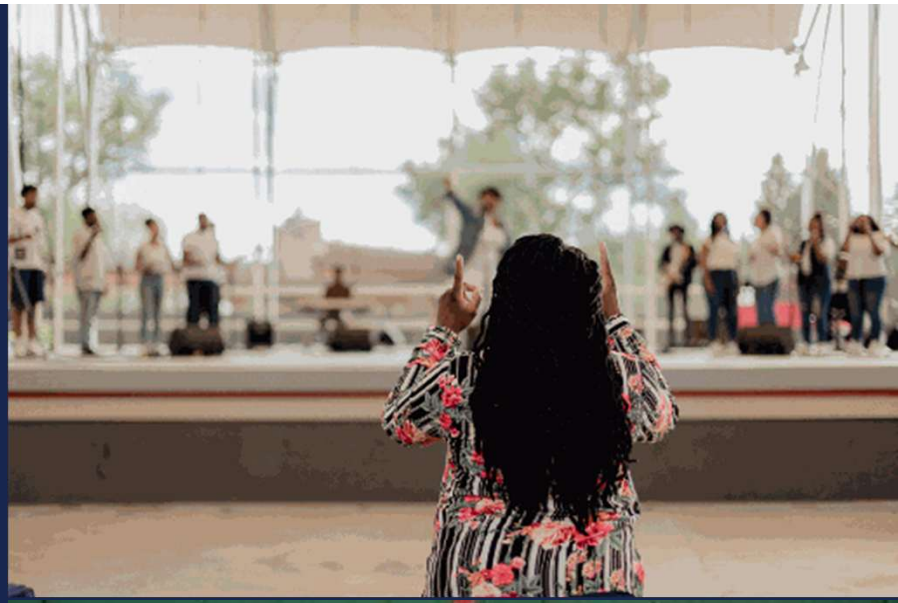
LOGIC MODEL WITH OUTCOMES



IF individuals, community members and service providers work together
THEN the following will happen:
- Increased awareness and understanding of available services and equity gaps
- Increased availability of culturally relevant community mental health services
- Increased collaboration and coordination between community supports and service providers
- Seamless transitions between service providers and equitable access to the broader mental health system

WHICH WILL RESULT in all individuals receiving culturally relevant supports, services and care in their communities
CONTRIBUTING TO
individuals achieving holistic well being.

TOGETHER,
we can create a community mental health system that works for all of us.







Transforming mental health care in community starts with each one of us.

Join us in building a mental health system that truly supports everyone.

Together4CMH.ca

Unsinkable

BEYOND THE ADVISORY COMMITTEE

Leading From Lived Experience

How lived experience shows up in leadership, shaping culture, relationships and systems.

Hailey Hechtman, Executive Director, Unsinkable

Converge Mental Health Coalition · October 22, 2026



A PATHWAY, NOT AN EXCEPTION

From storyteller to Executive Director

A story I heard

A stranger on a podcast named what I couldn’t yet admit to myself, and started my healing.

A story I shared

I joined Unsinkable as a storyteller in 2023. 2023. Someone recognized herself in it and and reached out.

A seat at the table

Soon after, I became Executive Director, bringing that lived experience into how I lead.

Lived experience wasn’t something I overcame to lead. It was the way in. Organizations can build Organizations can build that path on purpose: from storyteller, to facilitator, to leader.

THREE DIMENSIONS, ONE CONVERSATION

Where lived expertise lives

BRAD · LIFEWISE

Workforce

Staff bring lived or living expertise to their their roles.

DAVID · CMHA EDMONTON

Governance & evaluation

Shaping decisions and measuring what matters.

HAILEY · UNSINKABLE

Leadership

Informing strategy, and shaping culture, relationships and systems.

When lived experience sits at the leadership table, it doesn't only inform the plan. It shapes how everyone else feels allowed to show up.

BEYOND THE ADVISORY SEAT

From being consulted to leading

Consulted
Asked for input, once

→

Advising
An ongoing seat, beside the decision

→

Deciding
A vote on what happens

→

Leading
Holding strategy, budget and and culture

What gets built
Programs designed around how people actually live it.

Who feels seen
Community members see themselves in who leads, and believe it can get better.

Who trusts you
Communities see themselves in who is leading.

Who feels safe
Staff and storytellers see it's safe to be human here.

68% of Canadians say engaging with personal stories changes how they understand and empathize with others.

Source: Mental Health Research Canada, Poll 29 (2026) · Beyond the Advisory Committee

1 · CULTURE

Culture shifts in micro moments

When the leader can be human here, so can everyone else. It happens in small, everyday choices.

Genuine check-ins to open meetings, not a status round

Naming capacity and pressure honestly, honestly, including your own

Naming uncertainty during periods of change

Reflecting on lessons learned from challenge, out loud

Emotional realities recognized alongside performance

Modelling boundaries that make the work sustainable

From the Summit in May: relatability, not detail · share from reflection, not reactivity · boundaries stay intact · a story becomes an invitation becomes an invitation

2 · RELATIONSHIPS AND SYSTEMS

Power inside, trust outside

INSIDE THE TEAM

Positional power changes how a story lands

- People may feel they must respond or reciprocate
- Keep stories purposeful
- Create invitation, not expectation
- Find your support outside the team

BEYOND THE ORGANIZATION

People connect with people

Awareness → relationship

Messaging → connection

Performance → authenticity

Expertise alone → expertise + humanity

Once a story is shared, it lives in relationship: with your team, your partners and the system around you.

LIVED AND LIVING EXPERTISE

What it asks of organizations

What makes it hard

- Stigma, and the risk of disclosure
- Becoming “the lived experience person”
- The emotional labour of being visible
- Boards that see it as a risk to manage

What organizations can offer

- Flexibility and accommodation, built in
- Support beyond the team they lead
- Choice over what, when and whether to share
- Boards that act as allies, not gatekeepers

“From a scar, not a wound” is about what we choose to share. It is never a test of who gets to lead.

IN PRACTICE AT UNSINKABLE

Lived experience at every level

Leadership · Founded and led by storytellers

Programs · Created with youth, for youth

Facilitation · Storytellers become facilitators

Evaluation · Measured through participants' own reflection

"I'm glad I have people here to hear me out and not judge me."

Unsinkable Youth participant



Quote: Sun Life Unsinkable Youth Mini Impact Report, Jan–Jul 2026 · Image: Legend of Unsinkable youth group collage

A STARTING POINT

If you lead with lived experience

Before you share, ask

- Why am I sharing this?
- What outcome am I hoping for?
- Am I creating connection, or looking for support?
- What boundaries feel important here?

Then try one thing this week

- Share what shaped one of your values
- Open a meeting with a genuine check-in
- Name one uncertainty honestly
- Go first, small, and make passing easy

Small is enough. You don’t need a big story, just a true one.

HOW UNSINKABLE CAN HELP

Bring this work into your organization

SESSIONS FOR YOUR TEAM

Leadership storytelling sessions

- Leadership teams and retreats
- Team or all-staff, in person or virtual
- Film screenings with a facilitated conversation

Tailored to your team, and every session helps fund community storytelling groups.

FREE TOOLS

Start on your own

- Our Engaging in Workplace Conversations toolkit
- Facilitation guides for storytelling conversations
- The Legend of Unsinkable workbook, with a facilitation guide to run a 13-week group

Unsinkable

Thank you

STAY IN TOUCH

Hailey Hechtman, Executive Director
hailey@weareunsinkable.com
weareunsinkable.com

Systems are shaped by people, and people are shaped by the stories the stories they carry.

