

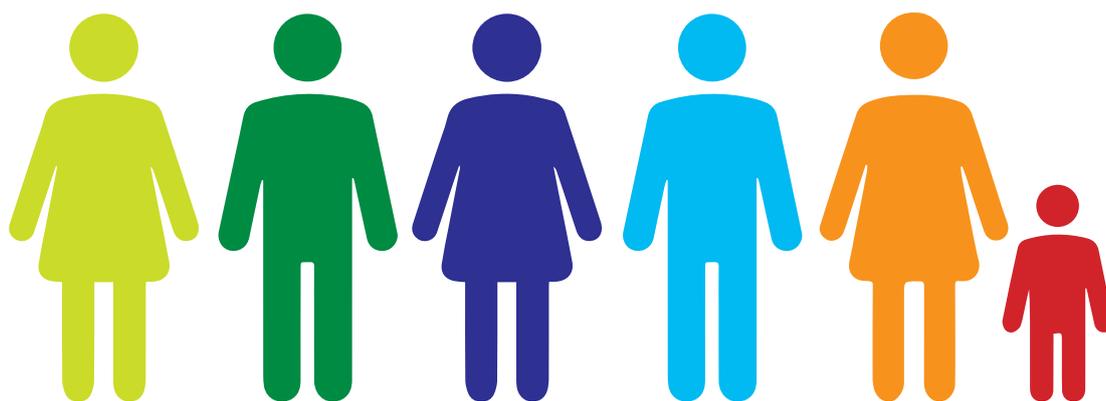
National Mental Health Commission

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National Lived Experience (Peer)  
Workforce Development Guidelines

# Investing in Lived Experience workforce development

*An introduction for mental health service organisation  
governance and executives*



Australian Government

National Mental Health Commission

## About this report

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**Cover graphic:** The Contributing Life silhouette shown on the cover represents the diverse range of individuals within our communities. It supports the Contributing Life framework – a whole-of-person, whole-of-system, whole-of-life approach to mental health and wellbeing. Learn more about this approach on our website: [www.mentalhealthcommission.gov.au/Lived-Experience/Contributing-Lives,-Thriving-Communities](http://www.mentalhealthcommission.gov.au/Lived-Experience/Contributing-Lives,-Thriving-Communities)

# A vital component of quality mental health services

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**A mental health Lived Experience workforce is a vital component of “quality, recovery-focussed mental health services” (Department of Health, 2015).**

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Lived experience is central to mental health reform. It is the responsibility of every agency in the mental health system to take steps to bring lived experience into the design and delivery of services.

Organisations that provide mental health services have an important role to play in building the foundations for an effective Lived Experience workforce. They are at the frontline in creating employment opportunities, supporting the development of individual workers, and demonstrating the impact of this employment strategy.

The Lived Experience workforce is not an optional addition to service delivery. Investment in developing this workforce is essential to improve outcomes for people who use mental health services and their families. Lived Experience work needs to be supported and embedded as an integral part of the way all mental health services are delivered. The challenge is not simply to create new jobs or recruit new workers, but to embed a new source of knowledge and new ways of thinking about mental health, into an established service system.

The National Mental Health Commission has led the development of the *National Lived Experience Workforce Development Guidelines* (the *National Development Guidelines*) as a key reform initiative of the *Fifth National Mental Health and Suicide Prevention Plan*. The *National Development Guidelines* provide an overview of the professional Lived Experience workforce together with detailed steps for employers at each stage from planning a Lived Experience workforce through to embedding as part of the services core business.

This briefing paper for decision makers and mental health service planners is a companion document to the *National Development Guidelines*. It describes the role of the Lived Experience workforce in optimising service user experience and outcomes and achieving compliance standards for mental health services.

# Optimising service user experience in mental health services

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## Strategic development of a Lived Experience workforce

Contemporary approaches to mental health put the person and their family at the centre of all decision-making. Optimising service user experience is critical to achieve recovery-oriented practice standards.

Australian mental health standards require mental health services to collaboratively work with people with lived experience and their supporters in the design and delivery of those services. Service providers need mechanisms to continuously develop understanding of the experiences of service users and to meaningfully engage them in decision-making. The Lived Experience workforce provides one useful way of ensuring that this standard is met, and that development of services is focused on the people who use those services.

Lived Experience workers are health care professionals who approach mental illness from a human rights and social justice perspective rather than a medical perspective. They are employed to use their own lived experience of mental illness, or supporting someone with a mental illness, to understand and relate to the experiences of others and improve the experience of service use and treatment outcomes. This is a professional discipline bounded by a framework of values and principles. Lived experience professionals may work at an individual level, supporting a person or family; at a team level, supporting other workers; or at an organisational level, identifying the impact of organisational practices on service users.

Organisational practices that can be enhanced through development of a Lived Experience workforce include:

- 1. Compliance adherence:** appropriate engagement of Lived Experience workers contributes to achievement of:
  - National Safety and Quality Health Service (NSQHS) Standards (see Appendix 1 for a summary of standards that may be met through a Lived Experience workforce)
  - National Standards for Mental Health Services
  - ISO 9000 Quality Management Principles: customer focus and engagement of people.

- 2. High-quality practices and outcomes:** a Lived Experience workforce contributes to improvements in service user and family experience and clinical outcomes. Access to peer support can reduce the need for longer, possibly unfunded, inpatient stays and reduce the rate of readmission. The Lived Experience workforce contributes to achievement of several of the KPI for Mental Health Services (MHDAPC, 2013) e.g. (1) change in consumer's clinical outcomes (2) 28-day readmission rate (4) average length of acute inpatient stay (12) rate of post-discharge community care (15) rate of seclusion.

Demonstration of best contemporary practice positions the organisation as a service provider and an employer of choice. A paid and respected Lived Experience workforce identifies the organisation as committed to recovery-oriented practice and co-production, increasing reputational value.

- 3. Workplace safety:** reducing work-related risk factors for mental health problems, creating a stigma free work environment, and increasing work satisfaction are key to a mentally health workplace. Lived Experience workers can contribute to:
  - Reduction in incidents in the workplace and improvement in incident management practices
  - Reduction in stigma for workers experiencing mental health issues
  - Policies and processes that support a mentally healthy workplace for all workers.

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**Designated Lived Experience roles raise expectations of what is possible for people who have lived experience and significantly contribute to reducing discrimination and prejudicial attitudes.**

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- 4. Strategic responsiveness:** Lived Experience workforce can contribute to responsive approaches as the mental health system is progressively transformed and as the needs of consumers and carers change.

# Developing a policy position on Lived Experience workforce development

Engaging a Lived Experience workforce has the potential to deliver a high return on investment. To realise the potential of this workforce, Lived Experience workers must be engaged in meaningful and supported roles that are fully embedded across the organisation. The *National Development Guidelines* provide a detailed outline of the steps to achieve this level of effective workforce development.

The minimum action consistent with safety and quality standards is to develop a policy position on Lived Experience workforce development, or review an existing policy, informed by the *National Development Guidelines*, and endorsed by representatives of the organisation's service users. This approach complies with Standard 1.1b of the *National Safety and Quality Health Service Standards*, which requires all relevant service providers to be involved in reviewing strategic plans. It ensures that the selected approach relates to service user defined measures of successful performance.

Employing a Lived Experience workforce, or choosing not to do so, is a strategic decision. Reviewing the organisation's status on contemporary practice in the areas of consumer and carer engagement and employment of lived experience professionals is the first essential step.

## Define performance goals to optimise service user and carer experience

Compare the organisation's strategic goals and KPIs with service user defined measures. While cost and clinical outcomes are a key focus for mental health services, service user defined outcome measures are likely to focus on factors such as hope, self-efficacy and empowerment.

## Develop understanding of the lived experience profession

Assess and develop the current level of understanding of co-production and the Lived Experience workforce. Ensuring that decision makers in the organisation are familiar with the *National Development Guidelines* is a practical first step.

## Review current co-production strategies

Review the effectiveness of current practices for engaging service users (consumers and carers) and external Lived Experience consultants or agencies. Effective engagement is inclusive of diversity, meaningful to participants, and directly influences decision-making. Identify areas of the organisation that are not currently influenced by lived experience insight.

## Review existing Lived Experience designated roles

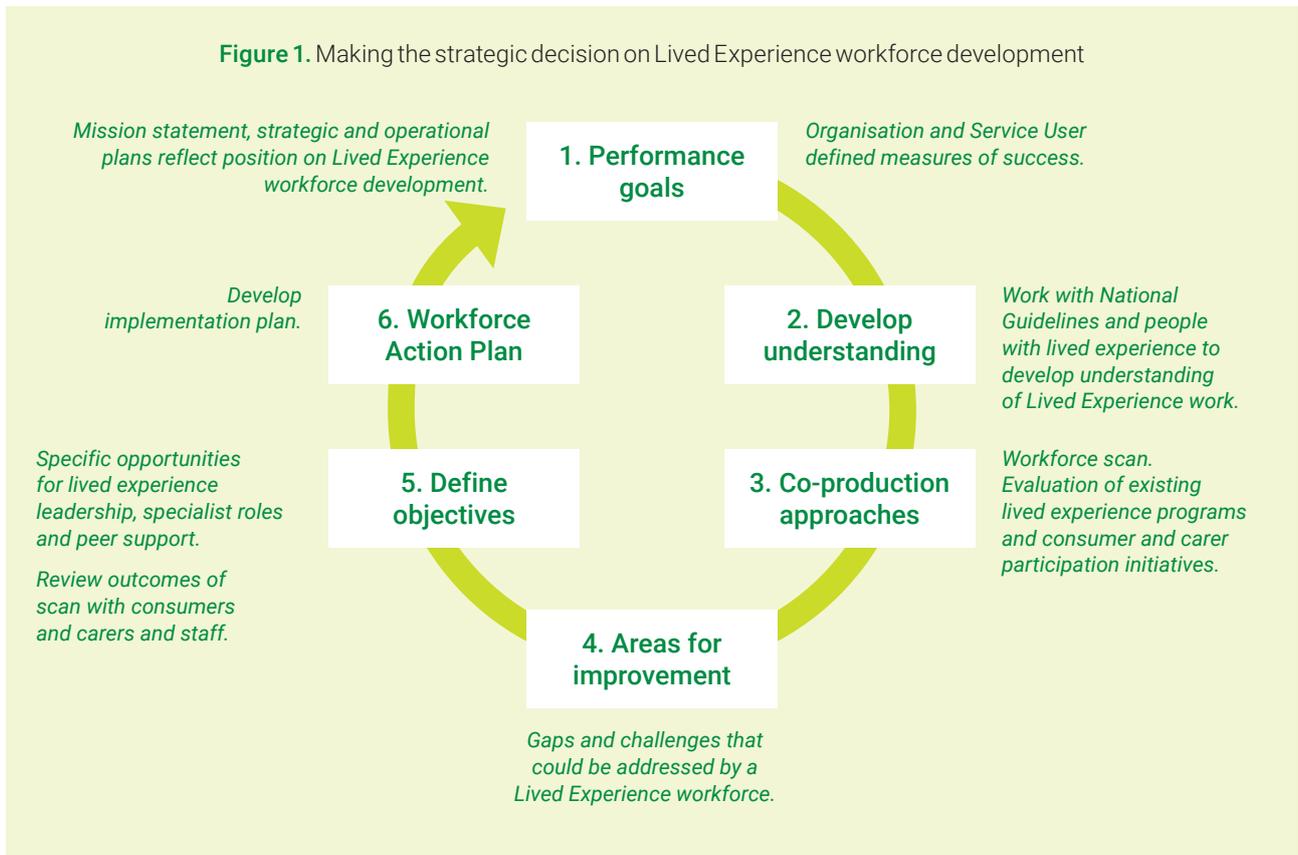
Conduct a workforce scan to identify where Lived Experience roles are already deployed in the organisation and how effectively the workforce reflects the diversity of service users and the local community. Review any existing Lived Experience roles and programs and identify practices for replication. The *National Development Guidelines* include a self-assessment tool that can assist in this review.

## Gap analysis

Assess organisational needs identifying areas in which lived experience expertise can improve issues that negatively affect services users, the organisation, or the wellbeing of the workforce.

Once the organisational position on Lived Experience workforce development has been outlined, engage consumers and carers in reviewing the proposal. Once endorsed by lived experience, the approach to Lived Experience workforce development should be embedded across the Mission statement, strategic and operational plans, and budgets.

**Figure 1.** Making the strategic decision on Lived Experience workforce development

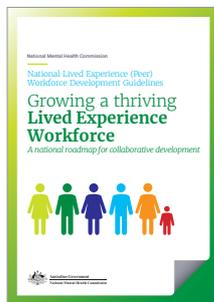


# National Development Guidelines on Lived Experience workforce development

The *National Development Guidelines* are published as a suite of documents that will continue to be developed as the Lived Experience workforce grows and our shared knowledge and understanding of this essential work deepens.

The *National Development Guidelines* are intended to support ongoing development of the Lived Experience workforce in Australia, foster greater consistency in working conditions, and strengthen understand and collaboration across the mental health sector, contributing to more effective services and ultimately, better outcomes for people accessing services, their families, carers, supporters, and communities.

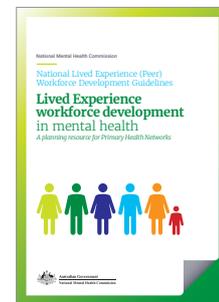
## Companion documents to the *National Development Guidelines* include:



**Growing a thriving Lived Experience Workforce:**  
*A national roadmap for collaborative development.*



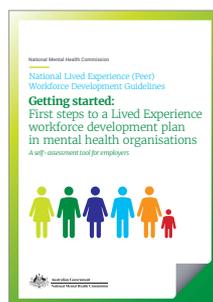
**Investing in Lived Experience workforce development:**  
*An introduction for mental health service organisation governance and executives.*



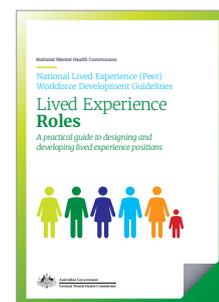
**Lived Experience workforce development in mental health:**  
*A planning resource for Primary Health Networks.*



**Planning the future mental health workforce:**  
*An introduction for mental health service managers and human resource managers.*



**Getting started: First steps to a Lived Experience workforce development plan in mental health organisations:**  
*A self-assessment tool for employers.*



**Lived Experience Roles:**  
*A practical guide to designing and developing Lived Experience positions.*

All published guidelines are available for download on the Commission's 'Mental Health Reform' webpage:  
[www.mentalhealthcommission.gov.au/Mental-health-Reform](http://www.mentalhealthcommission.gov.au/Mental-health-Reform)

