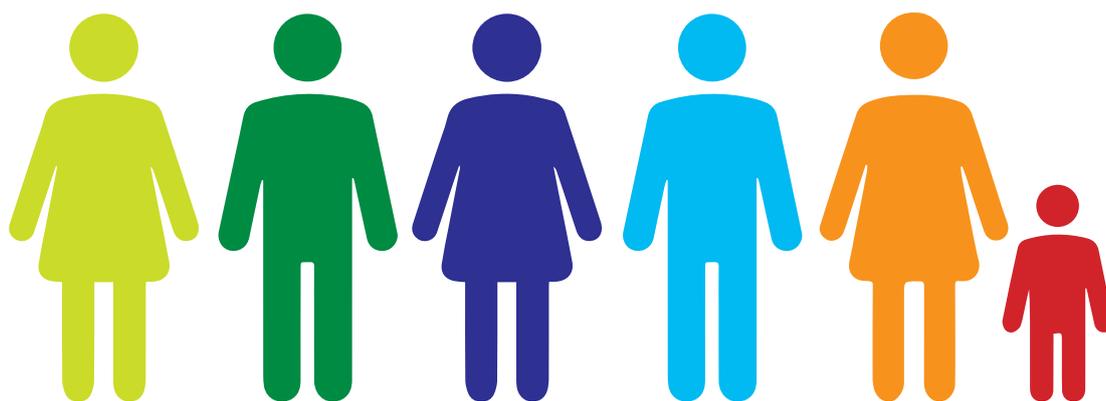


National Mental Health Commission

National Lived Experience (Peer)
Workforce Development Guidelines

Planning the future mental health workforce

*An introduction for mental health service managers
and human resource managers*



Australian Government

National Mental Health Commission

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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

A vital component of quality mental health services

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

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 ongoing 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 service managers and human resources managers in mental health service organisations is a companion document to the *National Development Guidelines*. It describes the Lived Experience workforce and outlines the strategic decision-making steps to include development of this workforce in organisational strategy and workforce planning.

Planning the future mental health workforce

Lived Experience workforce development

Lived experience practice is a unique and separate discipline in mental health services. The challenge for organisations is to embed this new source of knowledge and new ways of thinking about mental health, into an established service system. Misconceptions about the Lived Experience workforce are the most common barrier to successful integration of this discipline in mental health services.

Planning for development of a Lived Experience workforce requires the same human resource management practices as development of other professional groups, and these practices must be implemented from a foundation of understanding of the Lived Experience workforce. Developing understanding of the professional discipline, the range of possible roles and the specific challenges that Lived Experience workers may face in the workplace is the starting place for workforce development.

This briefing paper outlines the unique characteristics of the Lived Experience workforce and maps these to strategies for recruitment and developing organisational readiness. The paper should be read in conjunction with the *National Development Guidelines*.

Lived Experience roles

Designated roles that require the application of lived experience to improve the lives of others and to support the development of recovery-oriented services.

Lived Experience workers are employed to use their lived experience of mental illness, or supporting someone with a mental illness, to improve outcomes for mental health service users. Lived Experience workers bring a 'whole of life' understanding to the complex circumstances each service user is trying to navigate. They are boundary spanners able to work between individual, community and service provider, bridging the gulf of service engagement. This is a paid professional workforce that requires lived experience as an essential employment criterion, regardless of position type or setting.

This workforce is sometimes equated simply as peer support and positioned as an adjunct to 'business as usual' in existing health service provision. This limits the impact of Lived Experience work, keeping this unique source of knowledge on the margins of the service. Members of the Lived Experience workforce in Australia are employed in a range of positions across various settings. Roles may be summarised as:

- **Direct support roles**

Focussing on providing individual or group support to service users, or carers/family members. Peer support is social, emotional, or practical support that people with lived experience give to one another. Peer support work focusses on building mutual and reciprocal relationships. This is highly skilled and specialised work which requires training and ongoing supervision from experienced peer support workers. Roles include but are not limited to:

- Peer support workers
- Family/carer peer support workers
- Peer mentors
- Recovery coaches
- Peer navigators (service navigation)
- Consumer and carer advocates.

- **Specialist and advisory roles**

The focus of specialist and advisory roles is on service improvement, identifying practices, policies, and procedures that effect service user access, experience, and outcomes. Specialist roles include but are not limited to:

- Specialist functions in the organisation e.g. HR, quality management, risk management, communications, research and service evaluation
- Consulting or advisory roles supporting health professionals e.g. as consumer consultants or carer consultants, and training and professional development roles
- Education, developing and delivering or co-facilitating education and training for staff, consumers, families, other health disciplines and the general community.

- **Leadership and governance roles**

Lived Experience leaders recognise the unique challenges of the Lived Experience workforce and can provide appropriate management structure and supervision to maintain the integrity of the profession and maximise its impact on quality and service user experience. This includes:

- Senior leadership roles in the organisation identified as Lived Experience roles
- Lived Experience supervisors and line managers
- Designated lived experience roles in executive governance, paid board members and committee representation.

Lived Experience roles need to be embedded at all levels of the organisation including executive and governance. A key area for action is to employ Lived Experience roles within HR or have HR work closely with Lived Experience roles in the development of policies and processes. In planning for workforce development, plan to introduce lived experience across the whole organisation.

Lived Experience workers may take on a variety of responsibilities similar to those of other employees, reflecting the type of role they are in and their skills and qualifications. However, position descriptions for designated lived experience positions should clearly identify the need for the use of the lived experience perspective in the role and provide clear communication responsibilities for sharing lived experience insights with others in the work team.

Definitions of designated roles can be found in the *National Development Guidelines* (page 13).

A distinct professional discipline

Lived Experience work is framed by core values and principles that define the profession. The work is distinguished not so much by what Lived Experience workers do but how they do it.

Experience changes the way we understand what is happening around us. This is sometimes referred to as a 'lens'; something that influences perception, comprehension and evaluation (Merriam-Webster Dictionary). Lived experience practice is informed by diverse individual experience-based knowledge, the collective experience of mental illness, episodes of personal recovery, understanding service use and systems and history of consumer movement.

Lived Experience workers look at health care delivery through a complex lens made up of:

- Personal experience of mental illness or caring for someone with mental illness
- Cultural and identity experience
- Experience of trauma
- The collective experience of service users and history of the consumer movement
- The values and principles of the lived experience profession
- Other professional and work-related skills.

To realise the full potential of this workforce, Lived Experience workers must be engaged in meaningful roles where the application of this lens is needed. They need support to sustain this unique perspective when working in contexts that can pressure them to conform to traditional medical perspectives.

The *National Development Guidelines* include a more detailed description of the values and principles of Lived Experience work and the support required to make most effective use of this workforce.

Figure 1. The lived experience lens



Foundations for a thriving workforce

Safety and wellbeing underpin a thriving workforce. When individual workers do not feel safe or experience poor health because of their employment the workforce as a whole will not thrive.

Indicators of a thriving workforce include:

- Skilled:** Lived Experience workers have access to the training they need to confidently and safely perform their work.
- Supported:** Lived Experience workers have access to internal and external support including peer-led mentoring and supervision and feel supported in their workplace.
- Recognised:** Lived Experience workers are recognised for their contribution to service user and organisation outcomes and receive remuneration that is appropriate to support their continued employment in this field.
- Co-developed:** Lived Experience workers are partners in the co-creation of their own roles, the organisations practices and workforce development.
- Achieving:** Lived Experience workers contribute to action learning and evaluation to contribute to the evidence for change.
- Peer led:** there are career opportunities in advanced practice roles and in leadership roles at all levels in the mental health sector.

Embedding the Lived Experience workforce

Embedding the Lived Experience workforce in the organisation requires action in five areas:

1. Co-production, developing the workforce in partnership with lived experience
2. Workforce education, ensuring that Lived Experience roles are understood and supported
3. Review of policies and processes to remove any unintended barriers to lived experience practice
4. Robust recruitment strategies that reflect the characteristics of the profession
5. Professional support, including supervision and ongoing access to training, professional development, networking, and external support services.

1. Co-production for workforce development

Lived Experience workforce development planning and implementation needs to be co-produced, engaging all stakeholders in equal and respectful partnership. This is a core principle of the *National Development Guidelines*.

Co-production requires acknowledging lived expertise in recovery-orientation, being person-directed, and better understanding the experiences and views of people accessing services. Co-production is effective when all parties feel valued and have the skills and confidence to contribute fully.

2. Workforce education

Preparing the existing workforce before introducing Lived Experience roles ensures a smooth entry for Lived Experience workers. Whole-of-organisational training helps increase understanding, acceptance, and perceived value of lived experience roles, which in turn encourages genuine collaboration. Importantly, providing an opportunity to 'unpack' any difficulties existing staff may have with the idea of Lived Experience work, increases engagement and ownership, challenging discriminatory or prejudicial beliefs.

Ideally, training will be co-developed and delivered by lived experience professionals to ensure that it is consistent with lived experience values and concepts. Training is most beneficial when it is ongoing and revisited, rather than 'once-off'.

Training should focus on an introduction to Lived Experience work, including its purpose, values, practices, and benefits. This intersects with training in:

- Recovery-oriented practice
- Trauma informed practice
- Human rights, discrimination, and stigma
- Holistic approaches to healthcare
- Integrated team care
- Co-production.

Ideally, Lived Experience workers are managed and supervised by people in lived experience leadership roles. When this is not possible, specialised training to increase understanding of Lived Experience roles and recovery principles helps prepare line managers.

A related area for action is to enlist and encourage allies in positions of authority who can advocate to progress Lived Experience workforce development. Succession training is required during staff turnovers to ensure that the work of allies continues.

3. Reviewing policies and processes

The objective of policy review is to develop understanding of how policies and processes impact on staff practice and wellbeing. While the focus is on ensuring that Lived Experience workers can practice effectively, there are broader benefits for the whole workforce.

Where possible, policies and processes for Lived Experience workers should be the same as those for other staff. General policies and processes should reflect good practice for the whole workforce.

Key areas for review include:

- Mandatory expectations (e.g. practices, training). Are these relevant and safe for all employees?
- Employment conditions. Are these flexible and supportive for workers with mental health issues? Do they support a mentally healthy workforce?

Some aspects of Lived Experience roles will be distinctly different to those of others in the workforce and these require specific policies. Consideration should be given to appropriate and alternate policies particularly in relation to specific medical tasks such as medication monitoring and any form of restrictive or coercive practice.

4. Developing recruitment strategies

The *National Development Guidelines* encourage a planned approach to recruitment and training to maintain the integrity and effectiveness of this workforce. In the early stages of workforce development, there will be a need to recruit new workers to the field. Recruiting first time peer workers with the necessary combination of lived experience and job relevant values, skills, and competencies, can be a challenge for organisations.

Recruitment should focus on strengths and capabilities relevant to the specific job role. Capability refers to the person's current ability and future potential for development. It includes the ability to integrate knowledge and skills from different areas, adapting flexibly to new needs. It is closely related to the transferrable skills, such as empathy and self-organisation, that are vital for all employment situations.

Use the values and principles from the *National Development Guidelines* to develop selection criteria and interview questions. The companion document, the *National Guidelines Lived Experience Roles: A practical guide to designing and developing Lived Experience positions*, provides a detailed description of recruitment criteria.

When planning to interview new Lived Experience workers, place the emphasis on relationship building before formal recruitment processes start to create a collaborative, safe and trauma informed space in which all parties can identify whether the person is right for a particular job.

Recruitment strategies that support recruitment of first-time Lived Experience workers include:

- Soft-entry approaches, such as group information sessions or introductory workshops led by Lived Experience workers to help people to self-select their suitability for the work
- Two or more rounds of interviews, starting with a relaxed individual or group 'conversational' approach and becoming more formal as the recruitment decision is made
- Traineeships and facilitated access to pre-employment training is recommended where potential job applicants may not have achieved formal qualifications
- Partnering with training organisations to develop partial or introductory training skill sets and pathways
- Supporting workers to complete formal training after beginning employment.

Interview panels must include at least one experienced Lived Experience worker.

5. Providing professional support

Like other professions, Lived Experience workers require adequate resourcing and professional development including access to:

- Lived experience-led training
- Lived experience professional networks and communities of practice
- Peer supervision
- Regular debriefing for those in direct support roles.

Employers need to consider the emotional cost of Lived Experience work when allocating time and resources for processing, debriefing, and ensuring access to lived experience supervision and networks.

Professional or role supervision for Lived Experience workers is focused on role clarity, or 'how you do what you do'. It is imperative that Lived Experience workers receive role supervision from someone in a more senior lived experience position, who understands Supervision with an experienced Lived Experience worker provides the structure and safety to make the position successful and sustainable. An approach that promotes mutual two-way reflection on working practices is recommended.

In organisations where internal supervision by an experienced Lived Experience worker is not initially possible, options include:

- Seeking supplementary supervision from a lived experience peak body, a lived experience-run or led organisation or lived experience-run provider of training and supervision
- Sub-contracting with another organisation (or individual contractors) to hire senior Lived Experience workers to provide regular professional supervision.

Learn more about supervision, training and support for Lived Experience workers in the *National Development Guidelines* (page 46)

Prioritising Lived Experience leadership roles

Development of the Lived Experience workforce within mental health services needs to be driven and led by Lived Experience workers. Lived experience leadership/senior roles are important to guide and influence change. Leadership roles also provide access to internal lived experience-led supervision, protecting the authenticity of lived experience roles. Where possible, separate leadership roles will support those working from a consumer perspective and those working from a family/carer perspective.

Lived experience leadership roles may be developed in parallel with the growth of the workforce or they may be employed during the early preparation stages to embed understanding of lived experience perspectives and guide development of the Lived Experience workforce.

Lived experience leadership positions require prior experience in designated lived experience roles and demonstrated, sophisticated understanding of lived experience concepts, as well as connection to the wider movement. Roles also often require skills in leadership, supervision, and workforce development. Like any senior or leadership position, these are remunerated to attract suitable applicants. As with all lived experience positions, it is important to consider opportunities to grow lived experience leadership roles and avoid having only one senior role, as this can be isolating for Lived Experience workers in senior roles.

Workforce development checklist

- Educate the workforce about Lived Experience roles and the value of diversity.
- Develop relationships with Lived Experience agencies and peak bodies for expert advice on developing the Lived Experience workforce.
- Review HR policies and processes for flexibility to support Lived Experience work and a mentally healthy workplace.
- Prepare a Lived Experience workforce development plan including:
 - Leadership roles and employment targets.
 - Both personal and carer lived experience perspectives.
 - Representative of the groups and communities who use the service.
- Develop position descriptions and recruitment processes.
- Ensure access to peer supervision and professional development training.
- Enable Lived Experience workers to connect with lived experience networks.
- Identify champions and allies for the Lived Experience workforce are identified at all levels and in all relevant areas of the organisation.

Implementation actions

Co-produce and embed action checklist for employers

	Area of focus	What does it mean?
Leadership and workplace culture	Allyship with the Lived Experience workforce	Allyship/championing by people at various levels helps to provide advocacy and practical actions to embed Lived Experience work and gain whole-of-workforce support and collaboration.
	Create a detailed Lived Experience workforce development strategy	Use the <i>National Development Guidelines</i> and other resources to develop a Lived Experience workforce strategy with key performance indicators (KPI) and timelines.
	Strengthen commitment to diversity and inclusion	Actively support diversity e.g. by recruiting Lived Experience workers with diverse experiences, identifications and backgrounds. Build relationships with diverse communities.
Policies and planning	Develop an implementation plan with clear timeframes and responsibilities	Ensure that plans take into consideration the support needs of Lived Experience workers, and the training needs of the whole workforce.
	Develop position descriptions and recruitment processes	Position descriptions and recruitment processes are co-produced with lived experience ensuring the creation of meaningful and authentic roles.
	Financial commitment	Ensure that budgets allow for sufficient numbers of roles and Full-Time Equivalencies.
Training and development	Orientation training	Provide orientation for Lived Experience workers consistent with all other members of the organisation
	Team development training	Training for lived experience and non-designated staff to develop mutual understanding of the different role types and how they are able to work together.
	Ensure access to appropriate supervision	Ensure access to lived experience supervision. This could be provided internally or externally. If there is no lived experience supervisor available, ensure that supervisors are trained in the concepts, values and principles of Lived Experience work.
	Prioritise professional development and improving connections with Lived Experience networks	Enable access to external professional development and enable broad opportunities for Lived Experience workers to gain and share knowledge/resources/best practice and build networks.

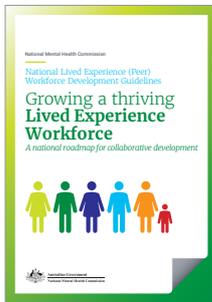
Note: This summary represents key actions that any employer may take to develop and embed a Lived Experience workforce. Actions for organisations with specific interests, including regional and rural services, involuntary services, and service planning and funding appear in separate checklists throughout the *National Development Guidelines*.

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.

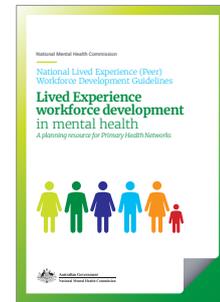
Companion documents to the *National Development Guidelines* include:



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



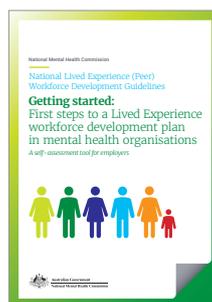
Investing in Lived Experience workforce development:
An introduction for mental health service organisation governance and executives.



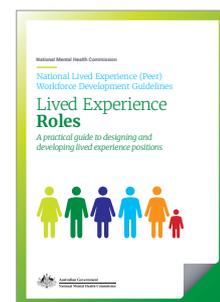
Lived Experience workforce development in mental health:
A planning resource for Primary Health Networks.



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

