

National Mental Health Commission

National Lived Experience (Peer) Workforce *Development Guidelines*

*Placing lived experience at the centre
of mental health reform*



Australian Government
National Mental Health Commission

About this report

This report can be downloaded from our website
www.mentalhealthcommission.gov.au

Requests and enquiries concerning reproduction and rights should be directed to:

Director of Communications
National Mental Health Commission
PO Box R1463
Royal Exchange NSW 1225

This publication is the second in a series of annual consumer and carer perspectives reports. A complete list of the Commission's publications is available from our [website](#).

ISBN: 978-0-6452319-5-3 (Online)

Acknowledgement

The Commission has worked closely with mental health stakeholders to develop the *Lived Experience (Peer) Workforce Development National Guidelines*.

The Commission would like to thank all of the people who gave their time and expertise to the development of *National Development Guidelines* including the Steering Committee:

- Margaret Doherty (Carer Peer Worker; Deputy Co-Chair)
- Tim Heffernan (Consumer Peer Worker; Deputy Co-Chair)
- Darren Jiggins, Lived Experience Australia
- Sandi Taylor, Indigenous Sector Perspective
- Heather Nowak, Consumer Peer Worker
- Jessica English, Consumer Peer Worker
- Max Simensen, Consumer Peer Worker
- Ruth O'Sullivan, Carer Peer Worker
- Susan Adam, Lived Experience Australia
- Emma Cadogan, Government Perspective
- Megan Still, Employer/ Service Perspective

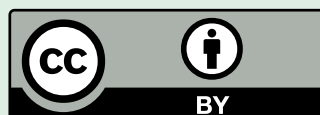
We would also like to thank Lesley Cook for her contribution to development of the *National Guidelines*.

Suggested citation

Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M.
National Lived Experience Workforce Guidelines.
2021, National Mental Health Commission.

Learn more about our work

www.mentalhealthcommission.gov.au



© National Mental Health Commission 2021

This product, excluding the National Mental Health Commission logo, Commonwealth Coat of Arms and material owned by a third party or protected by a trademark, has been released under a Creative Commons BY 3.0 (CC BY 3.0) licence.

The excluded material owned by a third party includes data, images, accounts of personal experiences and artwork sourced from third parties, including private individuals.

You may distribute, remix and build upon this work. However, you must attribute the National Mental Health Commission as the copyright holder of the work in compliance with our attribution policy. Address copyright enquiries:

Director of Communications
National Mental Health Commission
PO Box R1463
Royal Exchange NSW 1225

Contents

Foreword from the Commission	2
Introduction	4
A shared agenda for change	6
The <i>National Lived Experience Workforce Development Guidelines</i>	9
Principles to guide workforce development	10
How to use the <i>National Development Guidelines</i>	11
Talking about lived experience: language and definitions	13

Clarity: ***Understanding Lived Experience work*** 16

Chapter 1 Achieving integrated regional planning and service delivery	17
---	----

From commitment to co-production: ***Employing the Lived Experience workforce*** 33

Development stages for employing organisations	34
--	----

Chapter 2 Preparation: clarify and commit	36
---	----

Chapter 3 Implementation: co-develop and embed	44
--	----

Chapter 4 Transformation: embedding through learning	51
--	----

Chapter 5 Development in regional, rural and remote areas	56
---	----

Chapter 6 Intensive and involuntary service settings	58
--	----

Planning and supporting mental health reform 61

Chapter 7 Partnering for workforce development	62
--	----

Chapter 8 Priorities for funding and service commissioning	66
--	----

Appendices 68

Appendix 1 Key sources that informed the <i>National Development Guidelines</i>	69
---	----

Appendix 2 Policies, frameworks and guides related to the <i>National Development Guidelines</i>	71
--	----

Appendix 3 Peak agencies	72
------------------------------------	----

Appendix 4 Guideline development process and evidence base	73
--	----

Foreword from the Commission

The Fifth National Mental Health and Suicide Prevention Plan is clear, Australia's mental health workforce is in need of growth and development.

The future of mental health care is in building recovery-oriented approaches, providing meaningful support to people and modelling positive outcomes from service experiences. A thriving mental health Lived Experience workforce is a vital component of quality, recovery-focused mental health services.

The Lived Experience (Peer) Workforce Development Guidelines (the *National Development Guidelines*) are the result of extensive consultation and a co-production process to ensure that national standards for Lived Experience workforce development are grounded in the expertise of lived experience.

The *National Development Guidelines* are published with 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 first documents to be released are the *National Development Guidelines*, a roadmap for ongoing collaboration and a summary of the feedback that informed them.

In the next phase we will work with the Steering Committee to co-design a series of targeted employer resources to support implementation. We would like employers to feel confident and supported as they begin to implement the Lived Experience workforce in their organisations.

For many employers the concept of a new way of working may seem daunting. We would encourage you to consider the many benefits of the Lived Experience workforce for your organisation and particularly for improving the experience of carers and consumers.

The Commission would like to thank all of the people who gave their time and expertise to the development of the Guidelines.

We would also like to thank the research and writing team from RMIT, Dr Louise Byrne, Dr Lena Wang, Helena Roennfeldt, Dr Melissa Chapman, Ms Leilani Darwin, Calista Castles, Leanne Craze AM, Margaret Saunders. In addition we would like to acknowledge the work of Ms Lesley Cook in helping us to build on the feedback from the Lived Experience workforce survey, discussion and interviews.



Christine Morgan
Chief Executive Officer,
National Mental Health Commission



Lucy Brogden AM
Chair,
National Mental Health Commission



Dedication

The Contributing Life framework subsequently underpins all of the Commission's work to ensure individuals live a contributing life; have equitable opportunity; have the best possible mental health and wellbeing; are included; and have knowledge, assurance and respect. The importance of recovery-oriented practices are a critical aspect of enabling people to live full and contributing lives.

These *National Development Guidelines* would not have been possible without the many hundreds of people who contributed their valuable time and expertise to help inform, shape and refine them. Nor would they have been possible without the pioneers in the consumer movement who paved the way over many decades for the possibilities that exist today. Therefore, we dedicate this work to all people with a lived experience of mental health challenges, as well as their families and significant others. We stand with them in solidarity, with hope that anyone can go on to live a purposeful and meaningful life of their own choosing.

Acknowledgement and commitment to Aboriginal and Torres Strait Islander Peoples, perspectives and priorities

It is critical that the *National Development Guidelines* embrace a commitment to honouring and celebrating Aboriginal and Torres Strait Islander cultures and promote alignment of lived experience work to Aboriginal and Torres Strait Islander perspectives and practice. Australia's First Nations Peoples represent two distinct cultures, Aboriginal, and Torres Strait Islander Peoples. Within these broad cultural groups, there is also great diversity of cultures, languages, kinship structures and ways of life.

Definition for Aboriginal and Torres Strait Islander peoples' Lived Experience:

A lived experience recognises the effects of ongoing negative historical impacts and or specific events on the social and emotional wellbeing of Aboriginal and Torres Strait Islander Peoples. It encompasses the cultural, spiritual, physical, emotional and mental wellbeing of the individual, family or community.

People with lived or living experience of suicide are those who have experienced suicidal thoughts, survived a suicide attempt, cared for someone through a suicidal crisis, been bereaved by suicide or have a loved one who has died by suicide, acknowledging that this experience is significantly different and takes into consideration Aboriginal and Torres Strait Islander Peoples ways of understanding social and emotional wellbeing.

Without intentional and specific inclusion of appropriate and respectful responses in our pledge and commitment to closing the gap in Aboriginal and Torres Strait Islander social and emotional wellbeing, these National Development Guidelines would not reflect the significant need for inclusivity and collaboration. The leadership, cultural practices and expertise of Aboriginal and Torres Strait Islander Peoples across all parts of the Australian mental health and suicide prevention sector is critical to improving outcomes and building strong and powerful input to the Lived Experience workforce.

This aligns with the foundational principles of the Gayaa Dhuwi (Proud Spirit) Declaration

https://natsilmh.org.au/sites/default/files/gayaa_dhuwi_declaration_A4.pdf

Introduction

A thriving mental health Lived Experience (Peer) workforce is a vital component of “*quality, recovery-focused mental health services*”.¹ This principle is embedded in the mental health plans and policies that influence all mental health care services in Australia.

Lived Experience work or practice is recognised as a unique and separate discipline that offers a valuable contribution to the mental health sector. As its own discipline, Lived Experience work has distinct values, principles, and theories that define Lived Experience work and the way it is practiced.

Lived Experience workers draw on their life-changing experiences of mental or emotional distress, service use, and recovery/healing, and their experiences, or the impact of walking beside and supporting someone through these experiences, to build relationships based on collective understanding of shared experiences, self-determination, empowerment, and hope. It is common to have experiences of distress and emotional pain, loss, stigma, discrimination, loss of rights, and navigating complex systems. Lived Experience also includes experiences and an understanding of losing and regaining hope, and emancipation. People's paths to healing, hope, and recovery are also different.

The Lived Experience workforce is made up of people who are employed in paid positions that require Lived experience as an essential employment criterion, regardless of position type or setting. This is a professional approach in which diverse personal experience-based knowledge is applied within a consistent framework of values and principles. To realise the full potential of this workforce, Lived Experience workers need to be engaged in meaningful and supported roles that are consistent with this framework.

Lived Experience workers provide a resource for change. Regardless of the job position, each worker is a ‘change agent’ providing a resource to support personal change in service users and cultural and practice change in the service. A core purpose of the Lived Experience workforce is to help service providers to understand everything

in mental health care through the lens of lived experience and recovery. Workforce development is not simply about creating new jobs; it is about the internal organisational and individual professional development that shifts the focus to the experience of mental illness.

The dual focus of Lived Experience work is a unique characteristic that requires other health professionals and employing organisations to actively partner with the Lived Experience workforce. 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 recruit new workers, but to embed a new source of knowledge and new ways of thinking about mental health, into an established service system. A commitment to change, collaboration, and co-development is essential.

The Lived Experience workforce provides one way to harness the power of experience-based knowledge. National Mental Health Service Standards require the involvement of consumers and carers in the development, planning, delivery and evaluation of services. Supporting the Lived Experience workforce is about engaging consumers, carers and their families, enabling them to find their place in the co-production of improved approaches to mental illness.

A well supported Lived Experience workforce results in benefits for people accessing services, families, and service providers, as well as the broader community. Tangible benefits to mental health service providers include improved engagement with service users, more sustainable treatment outcomes, a reduction in critical incidents and the need for urgent care. This has flow-on benefits for the health workforce as a whole, improving staff retention and wellbeing.

¹ Department of Health, 2015

Introduction *continued*

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.

To achieve the benefits of engaging a Lived Experience workforce, the workforce needs to be well supported, sufficient in numbers and embedded across all areas of the mental health system. The responsibility for workforce development sits across a diverse range of jurisdictions, agencies, and professions. The partnership for change sits between employers, health professionals, Lived Experience agencies and Lived Experience workers. Therefore action is required by all stakeholders to ensure the development of the Lived Experience workforce.

The purpose of Lived Experience workforce development is to ensure that skilled Lived Experience workers are available to meet the needs of people with mental health challenges, their carers, families and supporters and the needs of mental health services.

The national goal for workforce development is to engage all stakeholders to address key development priorities collaboratively in order to grow and sustain a viable Lived Experience workforce. Specific issues for workforce development include: developing understanding of the Lived Experience workforce, increasing the size of the workforce, improving awareness of recovery-oriented service delivery, and promoting consistency in quality of practice and outcomes for service users across Australia.

A shared agenda for change

The *National Development Guidelines* are intended to strengthen understanding and collaboration across the mental health sector and beyond, contributing to more effective services and ultimately, better outcomes for people accessing services, their families, supporters and communities. Five priorities are identified for the mental health service system as a roadmap for leaders across diverse settings to establish policies and practices that support sustainable and effective workforce growth.

1 Develop understanding as a foundation for workforce development

The Lived Experience workforce is an essential element in the development of recovery-oriented care. Lived Experience workers need the support of employers and colleagues who are committed to recovery-oriented practice. A key priority is to increase shared understanding of the role of Lived Experience work in the continuous development of recovery-oriented mental health services.

2 Support a thriving Lived Experience workforce

Safety, training, support and recognition underpin a thriving workforce. Today's employment experiences will influence the potential for future workforce development. A key priority is to ensure that people employed in Lived Experience roles thrive in appropriate employment conditions.

3 Planning for workforce growth

Lived Experience workers are needed everywhere, at all levels in service delivery and decision-making and across diverse communities. Growing and diversifying the Lived Experience workforce will provide services users, their families and supporters with more choice and support. A key priority is to support planning for growth in the Lived Experience workforce in terms of the breadth of employment opportunities and diversity of the workforce.

A shared agenda for change

4 Integrate Lived Experience work in community care

The development of community based stepped care in every region must include lived experience-led and lived experience delivered services. A key priority is to increase the integration of Lived Experience-led services and co-delivered Peer Support services into regional health care systems, ensuring that everyone has access to care that supports recovery including people in rural and remote areas and people from diverse communities.

5 Development is supported by a national Lived Experience strategy

Investment in the personal and family/carer Lived Experience workforces is vital for consistent national development. Development of national professional peak bodies representing the Lived Experience workforce is identified as a key priority. A national peak organisation could support the development of professional leadership for both the consumer and carer Lived Experience workforces at national and state levels.

A shared agenda for change

Figure 1. Priorities for Lived Experience workforce development



Measuring progress

Collaborative effort towards these priorities will contribute to a mental health service system in which:

- All mental health services are committed to recovery-oriented practice.
- Everyone has access to care that supports recovery including people in rural and remote areas and people from diverse communities.
- Lived Experience work is valued and identified as 'core business' in all mental health services.
- Flexible workplace strategies support the wellbeing of all employees including the Lived Experience workforce.
- Employment opportunities support the integrity of Lived Experience work and fidelity to the professional values and principles of the profession.
- The Lived Experience workforce is reflective of diverse communities and different experiences of mental health and mental health services.
- Co-production in equal and respectful partnership between lived experience expertise and mental health service provider expertise is the foundation for all mental health service development and evaluation including development of the Lived Experience workforce.
- All stakeholders collect meaningful data and participate in evaluation and auditing to measure success and identify opportunities for ongoing development.

The National Lived Experience Workforce Development Guidelines

The National Mental Health Commission (the Commission) has led the development of the *National Lived Experience Workforce Development Guidelines* as a key reform initiative of the Fifth National Mental Health and Suicide Prevention Plan.

Recent reports by the Mental Health Productivity Commission² and Royal Commission into Victoria's Mental Health System,³ highlight the significance of lived experience understanding in helping shape the future of Australia's mental health system. Successive national and state plans have recommended further development of Lived Experience work.⁴

The *National Development Guidelines* are the result of extensive consultation and a co-production process to ensure that national standards for Lived Experience workforce development are grounded in the expertise of lived experience. Stakeholders included people with personal or direct lived experience (consumers), families/carers, designated Lived Experience workers, people working for government departments, mental health commissions, managers/employers, and non-designated colleagues. Across the engagement activities, 787 people participated. All engagement activities sought diverse perspectives, to ensure a broad range of views, experiences, identifications and cultural perspectives were included. (Refer to [Appendix 4](#) for a description of the method used to develop the *National Development Guidelines*).

As a national document, the *National Development Guidelines* bring together key issues from state, territory, and organisational policies and guides, with the expertise of lived experience to create a single overarching framework for consistent national development of the Lived Experience workforce. (See [Appendices 1 and 2](#) for lists of documents reviewed in the development of the *National Development Guidelines*).

The core theme identified through the national consultation process was the need to develop flexible, recovery-oriented workplaces where Lived Experience workers are empowered to achieve in their professional roles with flow-on benefits for the whole workforce and for service users and their families.

The *National Development Guidelines* provide an overview of the professional principles, values and roles of the 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.

The stepped actions in the *National Development Guidelines*, with their emphasis on organisation-wide change, promote the role of Lived Experience workers as change agents and boundary spanners. Change-oriented work environments that recognise and support the holistic nature of Lived Experience work are essential to realise the intended outcomes and impact of the Lived Experience workforce.

2 Productivity Commission (2019). Mental Health, Draft Report, Canberra. Retrieved from: <https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf>

3 State of Victoria (2019). Royal Commission into Victoria's Mental Health System, Interim Report Summary, Parl Paper No. 101 (2018–19). Retrieved from: https://rcvmhs.vic.gov.au/download_file/view_inline/2179

4 Council of Australian Governments, The Fifth National Mental Health and Suicide Prevention Plan. 2017, Canberra: Commonwealth of Australia <https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-fifth-national-mental-health-plan>

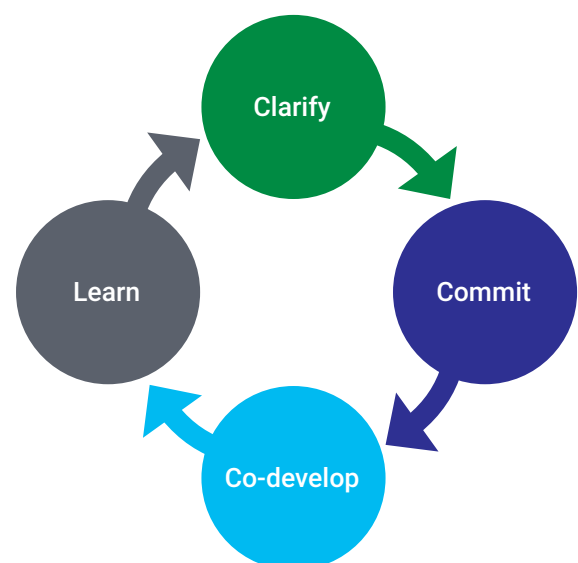
Principles to guide workforce development

The *National Development Guidelines* promote six core principles that are relevant to employers, policy makers, funding bodies and service planners and commissioners:

1. **Co-production**, engaging all stakeholders in equal and respectful partnership for all aspects of workforce development is essential for Lived Experience workforce development to be effective and meaningful.
2. **Maintain the integrity of Lived Experience work** ensuring that all work is consistent with the values, and principles of Lived Experience work and develops from its strong foundations in the consumer movement.
3. **Create the conditions for a thriving workforce**, developing flexible, recovery-oriented workplaces where Lived Experience workers are enabled to achieve in their professional roles with flow-on benefits for the whole workforce and for service users and their families.
4. **Respond to diversity**, engaging with diverse communities to ensure that all aspects of service delivery meet their needs and engaging a Lived Experience workforce that reflects the diversity of service users and their families and supporters.
5. **Reduce coercive and restrictive practice**, ensuring that Lived Experience workers are not placed in positions where they are expected to support coercive or restrictive practices, and working to co-produce more effective alternatives to restrictive practices.
6. **Support systemic change and professionalisation** of the Lived Experience workforce, identifying areas for prioritisation in funding, policy, planning and service commissioning.

Depending on the current status of an organisation or region's Lived Experience workforce, many steps may be required to fully embed a sufficient workforce to support change. The *National Development Guidelines* identify four simple stages of development that can be implemented by any organisation or service provider, regardless of resources or current stage in development.

1. **Clarify** – develop understanding of Lived Experience work and recovery. Assess current practices for alignment with this understanding. Create opportunities to connect with consumers, carers and families, and lived experience services in your area.
2. **Commit** – put Lived Experience workforce development and recovery-oriented practice on the agenda as core business. Include it in all planned activities and budgets.
3. **Co-develop** – work with people with lived experience and their families and supporters to review existing practices and develop new approaches.
4. **Continuously Learn** – collect data, service user and staff feedback. Regularly co-evaluate and apply new knowledge to the next steps in development.



How to use the *National Development Guidelines*

The *National Development Guidelines* provide an overview of the professional principles, values and roles of the Lived Experience workforce. They provide detailed steps for employers at each stage of the process, from planning a Lived Experience workforce through to embedding it as part of the service's core business. It includes links to additional resources and action checklists making it suitable as a learning tool for managers and decision makers in health service organisations.

There are specific sections and information for funders/policymakers, employers, and Lived Experience leaders/workers across all sectors and at all stages of Lived Experience workforce development.

The *National Development Guidelines* are separated into three sections, each focussing on the information needs of different stakeholders. Together, they provide a shared agenda for change that acknowledges the different but equally important roles of each stakeholder group.

Understanding the value of Lived Experience work: Chapter 1

This section outlines the underpinning values and principles of designated Lived Experience work and provides clarity to understand authentic lived experience practice, different types of Lived Experience work, and direction on how non-designated colleagues and managers can best support Lived Experience workforce development.

This section is essential reading for everyone in mental health care, at all levels and in all roles, including senior leadership and health practitioners and Lived Experience leaders and the existing Lived Experience workforce. Understanding authentic Lived Experience work is necessary for all aspects of Lived Experience workforce development.

Development stages for employing organisations: Chapters 2 to 6

This section provides information for organisations that employ people in designated Lived Experience roles or that are planning to develop a Lived Experience workforce. Organisations, sectors and jurisdictions are at different stages of Lived Experience workforce development. This section details the recommended stages and steps to build a robust, effective, and well supported Lived Experience workforce. The first step is developing understanding and is relevant to everyone in mental health care.

The order of tasks within the Stages of Development will differ across organisations, settings and jurisdictions depending on the current level of development. The important thing is that all tasks are addressed at some point to provide conditions for the most effective and impactful employment of Lived Experience workers.

Planning and supporting mental health reform: Chapters 7 and 8

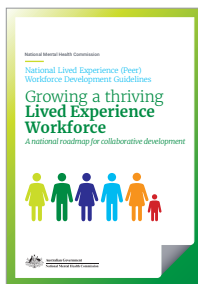
The final section provides information on areas of interest to Lived Experience agencies and leaders, funding bodies, policy makers and service commissioners. In this section you will find information on systems level development to support professionalisation and workforce growth, including suggested funding priorities.

How to use the *National Development Guidelines*

A suite of resources

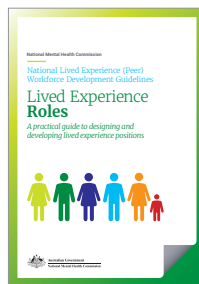
The *National Development Guidelines* are published as a suite of documents that will continue to be developed as the Lived Experience workforce grows and our shared knowledge and understanding of this essential work deepens.

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



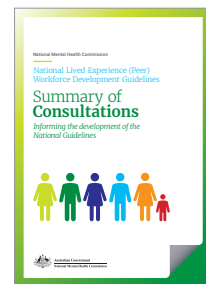
**Growing a Thriving
Lived Experience Workforce:**
*A national roadmap for
collaborative development*

This provides a brief overview of the *National Development Guidelines* with an emphasis on a national shared agenda for change in mental health care.



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

This provides practical guidance to managers and Human Resource services on the design and implementation of new Lived Experience positions.



Summary of Consultations:
*Informing the development
of the National Guidelines*

Findings from the survey, focus groups and interviews undertaken during the development of the *National Development Guidelines*.

Future companion documents may include:

- **Developing Employment Opportunities:** *A self-assessment decision-making tool for employers*
The future companion document will provide a brief overview of the actions for employers in mental health including reflective tools to assist in the first essential steps in workforce development: clarification, developing understanding, and commitment.
- **Lived Experience workforce role in regional mental health and suicide prevention:** *A self-assessment tool for Primary Health Networks and regional service planners.*
- **Investing in Lived Experience Workforce Development:** *Priorities for service planners, policy makers and funding bodies (work in progress).*

All published *Guidelines* are available for download on the National Mental Health Commission's 'Mental Health Reform' webpage: <https://www.mentalhealthcommission.gov.au/LivedExperienceWorkforceGuidelines>

Talking about lived experience: language and definitions

The way we talk about lived experience makes a fundamental difference to the way we engage with and prioritise the development of the Lived Experience workforce.

Defining the Lived Experience workforce

Members of the Lived Experience workforce in Australia are employed in a range of positions across various settings. The Lived Experience workforce includes but is not limited to: Consumer Consultants; Carer Consultants; Peer support workers; family/carer peer support workers; specialist peer workers; and various designated Lived Experience roles in executive governance; paid board and committee representation; education; training; research; consultancy; policy design; and systemic advocacy across various service settings.

Designated Lived Experience roles include all positions that require lived experience as key criteria, regardless of position type or setting. Key to qualification for Lived Experience roles, is that the experiences were so significant they caused the individual to reassess and often change their lives, their future plans, and their view of themselves.

Designated roles have two distinct perspectives and ways of working and are informed by either:

1. **Personal experience** of mental health challenges, service use, periods of healing/personal recovery; or
 2. Experience of **supporting someone** through mental health challenges, service use, periods of healing/personal recovery
-

Multiple perspectives and language choices of the *National Development Guidelines*

A variety of terms and titles are used across different settings, roles, and jurisdictions. Since there is such diversity in the language used nationally, the *National Development Guidelines* engagement activities – particularly the survey – sought majority preference on several key terms for use within the documents. The terms and titles chosen all had a majority preference from people working in both designated Lived Experience and non-designated roles.

A tenet of Lived Experience work is the ability to hold space for and respect different views, allowing for multiple perspectives. This also reflects a core principle of personal recovery: that each person's experience will be individual and different from that of others.

With this in mind, the *National Development Guidelines* do not intend to dictate the terms and concepts used for and with the Lived Experience workforce, rather common language needed to be employed and these were the preferences of participants. The language of Lived Experience work will undoubtedly continue to be diverse and it is recommended stakeholders discuss which terms are most appropriate within their own context.

Talking about lived experience: language and definitions

Title to describe the collective workforces

The *National Development Guidelines* include both the personal lived experience (consumer) and family/carer workforces, collectively referred to in the *National Development Guidelines* as the 'Lived Experience workforce'. However it is recognised that these are separate workforces and the role types have distinct ways of working, informed by different types of understanding/experience and with differences in the way values are applied.

In the National Survey, to describe the workforces collectively, the majority of participants supported the use of 'Lived Experience' workforce or roles. Survey respondents preferred 'lived experience' as the overarching or umbrella title because it was perceived as inclusive of both personal (consumer) and family/carer roles. Additionally, many respondents said the common alternate title – 'peer workforce' – is often misunderstood as referring only to direct peer support work (individual peer-to-peer or group-based support) and was not commonly understood as inclusive of other types of designated work (e.g. positions focused on policy, education, strategy, or research).

The term 'Lived Experience' when referring to roles or the workforce, is capitalised to distinguish the professional from the personal, i.e. working in a Lived Experience role as opposed to 'having a lived experience'.

Term to describe direct experience/'consumer' roles

The term 'Lived Experience' was the most popular term to describe what are sometimes called consumer or peer roles, with 'personal experience' a close second. Because 'Lived Experience' was also preferred for the overall workforce title, the *National Development Guidelines* use 'personal Lived Experience' to describe consumer perspective roles. As with all terms, it is acknowledged that in different states and settings other terminology is favoured.

Term to describe support experience/'carer' roles

'Family/carer' was the majority preference to describe roles informed by supporting another person experiencing mental health challenges.

Need for culturally appropriate and inclusive terminology and concepts

The *National Development Guidelines* acknowledge the criticality of culturally appropriate terminology and language in the mental health and suicide prevention sectors. The Survey results and cultural engagements reinforce the need for a term that acknowledges the complexity of people's experiences. They recognise that Aboriginal and Torres Strait Islander Peoples, as well as many people from non-western cultures, have differing concepts of mental health from the mainstream service system and may place greater significance on the role of kinship, interconnectedness and spirituality. These differences are often demonstrated by the use of alternate terms, including 'spiritual imbalance' and 'strong spirit' in understanding experiences.

Concepts of mental health also need to consider the impact of wide scale inequality in social determinants of health, including the impacts of racism and discrimination, child removals and trauma, and denial of access to traditional lands and language, as well as lack of access to housing, employment, education, services and socioeconomic status. These disparities in social and economic conditions disproportionately effect marginalised communities, including the social and emotional wellbeing of Aboriginal and Torres Strait Islander Peoples. This is especially true for people in remote communities.

Talking about lived experience: language and definitions

Term to describe the ‘experience’ by which designated roles are informed

In relation to the ‘experience’ designated roles draw upon and are informed by, the majority preference was ‘challenges with social and emotional wellbeing’. The second preference was ‘trauma’, followed by ‘mental health challenges’. Similar results were found in a 2019 survey conducted by the Victorian consumer peak body (VMIAC).⁵

Although Survey respondents preferred ‘social and emotional wellbeing’, this term has not been used in the *National Development Guidelines* due to the specific cultural, spiritual, and social meaning and significance of the term to Aboriginal and Torres Strait Islander communities. Additionally, it was outside the scope of this project to undertake in-depth wider engagement with Aboriginal and Torres Strait Islander leaders, organisations and communities on the appropriateness of using this language in a mainstream document and context. However, there is an urgent need for this engagement to occur, to progress use of more relevant and culturally appropriate language which is guided by communities.

While the term ‘trauma’ was nominated as the second preference, experiences of trauma are not universally identified by all people with lived experience. For these reasons, the third preference ‘mental health challenges’ has been used within the *National Development Guidelines*.

Alternative terms to describe ‘stigma’ and ‘anti-stigma interventions’

The term ‘stigma’ is often considered unhelpful and inaccurate by members of the Lived Experience workforce. For this reason, the Stages of Development do not talk about ‘anti-stigma interventions’. What is commonly referred to as ‘stigma’ is the result of discriminatory and/or prejudicial beliefs, attitudes and assumptions. Workplace culture encompasses and is formed by the attitudes and beliefs of workers. In the Stages of Development, significant attention is given to workplace culture strategies/actions, as well as training and development (anti-stigma interventions), that improve the attitudes of the wider workforce, challenging discriminatory or prejudicial beliefs and creating more accepting and inclusive workplaces.

‘Stigma’ as a term, also lacks relevance for different cultures. For example, for Aboriginal and Torres Strait Islander Peoples, stigma is not seen as culturally appropriate. Instead the term ‘shame’ is accepted as culturally significant, important and different from stigma.

People employed in non-designated roles

All positions that are not designated Lived Experience roles are referred to within the *National Development Guidelines* as ‘non-designated’. Many people in non-designated roles may identify privately or publicly as having a lived experience. Their lived experience insight is acknowledged as valuable, and the Stages of Development address strategies for increasing the acceptance and valuing of these perspectives within the workplace. However, people in these roles are not employed specifically to work from the perspective of their lived experience. Instead, their positions are informed by different priorities and/or disciplines, and as a result, are not part of the designated Lived Experience workforce.

Importantly, while the lived experience perspectives of people in non-designated roles add value to the workplace, their role should not be considered as a substitute for designated roles. Designated positions are firmly focused on, and informed by, lived experience priorities and perspectives and therefore have a unique role to play.

5 VMIAC (2019). *The VMIAC Declaration: Our Collective Vision*. <https://www.vmiac.org.au/declaration/>.

Clarity:

Understanding Lived Experience work

Chapter 1

Achieving integrated regional planning and service delivery

This section provides insight into the way in which Lived Experience work differs from other health professions. The content of this section relates to the first step in workforce development: improving clarity and understanding.

Lived Experience workers are 'change agents' providing a resource to support personal change for service users and cultural and practice change in the service. This dual focus is a unique characteristic that requires other health professionals and employing organisations to actively partner with the Lived Experience workforce. Understanding the dual focus is the first step towards workforce development.


A resource for change

Lived Experience workers provide a resource for change: the personal and social change that provides the necessary foundation for individual recovery, and the cultural and practice change that can move health care services towards recovery-oriented practice.

The relationships made possible through Lived Experience work strengthen connection, resiliency, choice, and hope, improving the lives of individuals and assisting to transform services.

Positive relationships are the starting place and necessary foundation for connection between service users and service providers. They are also an essential element in helping people to build recovery resiliency, reducing the negative impact of future experiences of illness. Relationships also play a key role in enabling workplace change. Engaging individual practitioners is the critical point at which change becomes embedded in practice. Developing trusting relationships takes time, and the experience and credibility which is found in Lived Experience work. The following table illustrates the connection between the relational work of the Lived Experience workforce and the change outcomes that can be achieved.

Table 1: A model of Lived Experience roles



Change mechanisms (1)	Change mechanisms (2)	Process outcomes	Impacts
<ul style="list-style-type: none">Building trusting relationships based on lived experience.Establishing a connection.Enabling talking and listening.	Role-modelling recovery and living well with mental illness	Personal outcomes <ul style="list-style-type: none">hopeempowermentsocial functioningself-care	Personal recovery and wellbeing
	Bridging between mental health professionals and service users	Engagement between service providers and service users	Service use <ul style="list-style-type: none">improved clinical outcomesreduced acute and crisis-care
	Developing mental health professional understanding of recovery	Recovery-oriented workplace culture and practices	Effective services demonstrate return on investment

(Based on a model by Gillard, Gibson, Holley and Lucock, 2015)

Benefits of the Lived Experience workforce

A well supported Lived Experience workforce results in benefits for people accessing services, families, social networks, and organisations, as well as the broader community.

Benefits that can be measured within the individual service setting include:

- improved rates of engagement and retention in treatment.
- reduced critical incidents or need for restrictive practices.
- improved self-management.
- reduced need for readmission or acute care.
- improved staff retention, safety and wellbeing.

Benefits for all

- Social justice
- Equality
- Diversity
- Increased value of lived experience
- Increased hope and optimism – raising expectations of what is possible for people with lived experience
- Greater wellbeing and inclusion
- Improved culture for safe sharing
- Challenge discrimination and prejudice

Benefits for families, carers and social networks

- Lived understanding aids rapport and relationships built on connection and trust
- More equitable relationships
- Foster a sense of belonging/ community
- Focus on human rights/ social justice
- Living example of hope
- Increased empathy
- Advocacy
- Mutuality

Benefits for people accessing services

- Risk adverse approaches replaced by dignity of risk
- Lived understanding aids rapport and relationships built on connection and trust
- More equitable relationships
- Foster a sense of belonging/ community
- Focus on human rights/ social justice
- Living example of hope
- Increased empathy
- Advocacy
- Mutuality

Benefits for organisations and colleagues

- Greater recovery understanding/ orientation
- Contribute to more person-directed approaches
- Co-production leads to safer and more accountable services
- Contribute to more inclusive, flexible, resilient work culture
- 'Bridge' of understanding between people accessing services and colleagues in traditional roles
- Reduced need for ongoing formal support and hospitalisation

Adapted from Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L. *Queensland Framework for the Development of the Mental Health Lived Experience Workforce*. 2019, Queensland Government: Brisbane

What informs Lived Experience work?

Lived Experience workers bring a 'whole of life' understanding to the complex circumstances each service user is trying to navigate. Lived Experience workers are boundary spanners able to work between individual, community and service provider, bridging the gulf of service engagement. An effective Lived Experience workforce is recruited to reflect and engage with the diverse experiences of service users and the local community.

Lived Experience work is not only informed by a person's individual experiences but also universal experiences of discrimination, marginalisation, exclusion and feeling powerless. In the case of personal Lived Experience roles, common experiences also include loss of identity/human rights/citizenship. Importantly, people in Lived Experience roles have experienced loss of hope and understand that regaining hope is essential.

Originating alongside other human rights movements, the concepts and practices of the consumer movement have grown in sophistication. Collective lived experience views enable people to reframe their own lived experience in ways that are healthier and more helpful, as part of a whole life, rather than the defining or limiting characteristic.

Accessing services, particularly involuntarily, includes surrendering a degree of control and autonomy. Returning to self-agency can be a long and difficult process and is not something people are taught how to do. As a result, at times people who access services can develop what is known as a 'patient identity', taking a more passive role in decisions, becoming overly dependent on the opinions of others. There is also a risk of self-stigma: learning to view oneself as fundamentally flawed or 'less than' other people. Particularly for people in personal lived experience roles, part of the work involves regaining a stronger sense of self by challenging unhelpful and damaging messages or beliefs and creating a new identity based on ideas that empower and build hope.

All Lived Experience workers share a humanistic focus, with relationships as central to the work. By virtue of the common experiences shared by Lived Experience workers and people accessing services, these relationships can work towards being more equitable and with a lesser power imbalance than traditional service provider/service user relationships.

Lived Experience work is based on common experiences, some of which can be traumatic or draining for workers to remember and engage with. Employers need to consider this emotional cost in work planning and allocate time for processing, debriefing and ensuring access to Lived Experience supervision and networks.

The uniqueness of Lived Experience roles

The starting point for understanding the uniqueness of Lived Experience work is the recognition of its specialist knowledge and experience base.

Unique knowledge, abilities and attributes

- Profound life-changing mental health challenges that have led to a new life direction and concept of self or life-changing experiences while supporting someone with mental health challenges that have profoundly impacted their life/world view.
- Personal identification with, and experiences of service use and/or advocating for someone using services.
- Understanding experiences of marginalisation, exclusion, discrimination, loss of identity/human rights/citizenship.
- Willingness to purposefully share experiences and parts of personal story in work role.
- Understanding both experiences of hopelessness and the critical need for hope – how to move from a position of hopelessness to one of hope.
- Willingness to use emotional understanding and knowing as key to work role.
- Willingness to be vulnerable and publicly 'out'.
- Understanding the personal impact of experiences of trauma.
- The degree of empathy and what they are able to understand and empathise with.
- Greater equality and efforts to reduce power imbalances with people accessing services, including no involvement with coercive or restrictive practice of any kind.
- Being an advocate/change agent.
- Level of awareness about self-care and skills/strategies to prioritise it.

What makes Lived Experience work effective?

- Applying lived expertise: not just having a lived/living experience but what has been learned through that experience and how it's applied.
- Links with and understanding of the wider consumer movement and concepts.
- Work that is values-based and authentically lived experience-informed, person-directed and aligned with recovery principles.
- A social justice and fairness focus informed by understanding power imbalances.
- Significant understanding and ability to use personal story effectively and appropriately, for the benefit of the other person or system/service reform.
- Convey or inspire optimism and hope.
- A bridge between organisations and people accessing services/supporting people accessing services.
- Understanding of overlapping identities and experiences (intersectionality) and the impacts of culture and identification.
- Trauma-informed: awareness of the role/impact of trauma and how to respond sensitively and appropriately.
- Resilience in the face of discriminating, prejudicial and disempowering attitudes, practices and policies.
- Focus on the relationship.
- Greater flexibility/scope/ability to be responsive to the person, rather than being driven by a prescribed agenda.
- Specialisation may be useful depending on the context and experience e.g. people from the Deaf community, Youth, people with experiences of family violence etc.

Adapted from Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L. *Queensland Framework for the Development of the Mental Health Lived Experience Workforce*. 2019, Queensland Government: Brisbane

Values and principles informing Lived Experience work

Lived Experience roles, regardless of position type or level of authority, are distinguished by a commitment to using lived experience to benefit others, uphold human rights and achieve systems transformation. Lived Experience workers frequently talk about having personal investment in the work and the desire to help improve mental health systems and build a more inclusive society.

Lived Experience workers identify as change agents: actively contributing to ongoing transformation of service design and delivery. This may take on an added layer of responsibility and drive for change for Lived Experience workers in representative roles from diverse cultures and communities including: Aboriginal and Torres Strait Islander, culturally and linguistically diverse and LGBTQIA+ communities.

Values at the heart of Lived Experience work

Lived Experience work is values-based, with values acknowledged as important in setting priorities in Lived Experience practice. For Lived Experience workers, practice that matches values leads to job satisfaction, whereas a mismatch of values and practice is a source of tension.

Embedding Lived Experience work involves embracing difference, accepting that different perspectives can be equally valid and important, and respectfully renegotiating influence and approaches to shared decision-making.

Peer to peer work is based on principles of reciprocity and equality, each person giving from their experience for mutual benefit. When Lived Experience workers engage with other health professionals, they need a similar respectful exchange of knowledge as they mutually contribute to problem solving. Lived Experience workers need to experience equity, fair and impartial inclusion. This type of equality is a fundamental aspect of human rights.

Ultimately, Lived Experience work is distinguished not so much by what Lived Experience workers do but how they do it. The how is guided by Lived Experience work principles and values. Values are the pillars of the Lived Experience workforce and inform Lived Experience practice. The following lists of values and principles have been developed from reviewing existing literature and engagement with the Australian Lived Experience workforce.

Regardless of the role and position, Lived Experience work focuses on how lived experience is collectively understood and applied to benefit others, and used to contribute to system change.

Importantly, organisational support enhances the efficacy of Lived Experience work allowing this potential for contributing to system change and advocacy to be realised.

Table 2: Core values of Lived Experience work

Core values	What does it mean?
Hope	Belief in people's fundamental capacity to overcome challenges.
Equality/equity	Working from a place of common humanity and vulnerability. Actively working to minimise power imbalances.
Mutuality	Being in a relationship with another person where both people learn, grow and are challenged through the relationship. Sharing responsibility in relationships.
Empathy	Understanding another's experience from a point of common experience and genuine connection.
Choice	Acknowledging and respecting each person's choices, dignity of risk and boundaries. Acknowledging that the person is the expert of their own experience.
Respect	Honouring another's view and experience without judgement or making assumptions.
Authenticity	Integrity, being open, honest, trustworthy, and transparent in work practices and relationships. Valuing the use of lived experience and vulnerability in the service of others transforms these from what may have been perceived as weaknesses into strengths.
Belonging/inclusion	Respecting and understanding the value of inclusion and impact of exclusion. Recognising intersectionality and valuing diversity culture, spirituality, membership in chosen groups and community.
Interdependence/interconnectedness	Recognition that we exist in relationships and that the relationships with families and/or social networks are often impactful in our lives and important to healing.
Justice/Human Rights	Understanding the impact of social justice/inequity on identity and opportunity e.g. race, culture, sexual orientation. Recognising that equal access to resources and support is an important factor in everyone's recovery and healing. Recognising the consumer movement as a response to the history of social injustice and discrimination towards people with lived experience. Recognising how Lived Experience work is connected to the human rights movement and upholding the human rights of people with lived experience.

Guiding principles

Guiding principles flow from values, and shape how Lived Experience work is practiced. In essence, principles embody the 'character' and philosophy of Lived Experience workforce. These principles are written from the perspective of the Lived Experience workforce. However, principles inform practice and are also intended to guide and inform funding bodies/ policy makers and organisations in developing Lived Experience roles, designing programs, and deciding policy.

Table 3: Guiding principles

Principles	What does it mean?
Lived experience as expertise	The expertise that arises from a lived experience is of equal value to other types of expertise, including academic qualifications.
Self-determination	Respecting individual choice and personal agency.
Recovery-focused	Recognises that individuals can define what recovery/healing means to them, and each person can create a life that is meaningful for them. Interactions are underpinned by hope.
Person-directed	Service access and individual recovery planning/journey is directed by the person themselves and recognises the person as the expert of their own experiences. Respects where each individual happens to be in their journey of recovery/healing, and recognises that goals, values, spirituality, beliefs, and choices will be unique to each person.
Strengths-based	Identifying and drawing on existing strengths to support growth, recovery and healing. Recognising the value/learning that can come from experiences of crisis.
Relational	Relationships are the basis of practice, and connection is used to build relationships of trust. Recognises relationships built on trust and respect as foundational to working effectively with other Lived Experience workers and within multi-disciplinary environments.
Trauma-informed	Acknowledges the impact and prevalence of trauma, negative experiences and loss of control and power. Emphasises the need for physical, psychological and emotional safety. Creates opportunities for empowerment and for people to take an active role in their own healing/ recovery. This is also captured in the lived experience conviction that it is better to ask "What happened to you?" not "What is wrong with you?"
Humanistic	The relational nature of Lived Experience work is recognised for its effectiveness to engage people through human connection and a holistic focus.
Voluntary	Participation is always voluntary (not coercive) and Lived Experience workers often take an active role in working towards eliminating forced treatment and restrictive practice.

Personal and family/carer roles

Lived Experience roles have two distinct perspectives and ways of working and are informed by either:

- personal experience of mental health challenges, service use, periods of healing/personal recovery **or**
- experience of supporting someone through mental health challenges, service use, periods of healing/personal recovery.

Most research into Lived Experience work has focused on personal or direct Lived Experience roles. There is little written about family/carer work and the similarities and differences between the roles. Building this knowledge base is key to supporting people in both roles to maintain the authenticity of their identified perspective.

Similarities between personal Lived Experience and family/carer roles

Similarities between the roles centre on the values that underpin the work; differences relate to type of experiences, perspectives, and populations. Workers in both role types highlight the need for mutual respect and understanding, recognising the benefits of learning from each other and working collaboratively.

Both personal lived experience and family/carer roles stress the importance of hope, shared humanity, and empathy. Both roles share the goals of supporting personal recovery and transforming services to better meet people's needs and both roles were considered to hold relationships as core to the work, both are also informed by lived experience.

Many skills are similar across personal lived experience and family/carer roles including:

- fostering connection and rapport
- peer to peer support
- system navigation
- individual advocacy
- advocacy to achieve system change.

Differences between personal Lived Experience and family/carer roles

Personal Lived Experience roles require first-hand or direct experience of service use/diagnosis/challenges and the consequent impacts. Whereas people in designated family/carer roles are employed to draw on their experience of having witnessed, walked beside and supported someone having those experiences. Ultimately, the roles differ in terms of who is being supported and whose perspective is primarily being represented (either the people accessing support or their family/carers/significant others). This results in differences in work practice.

While both aim to support personal recovery, family/carer workers may be more inclined to view recovery as a 'relational' rather than an 'individual' process: emphasising the importance of interpersonal relationships and a more family-inclusive approach to recovery. For people accessing services and those in personal Lived Experience roles, this focus may be less emphasised depending on an individual's experiences with their family/significant others, broader consumer perspectives, and experiences of the impact of coercive treatment and discrimination (within systems, society and sometimes, families).

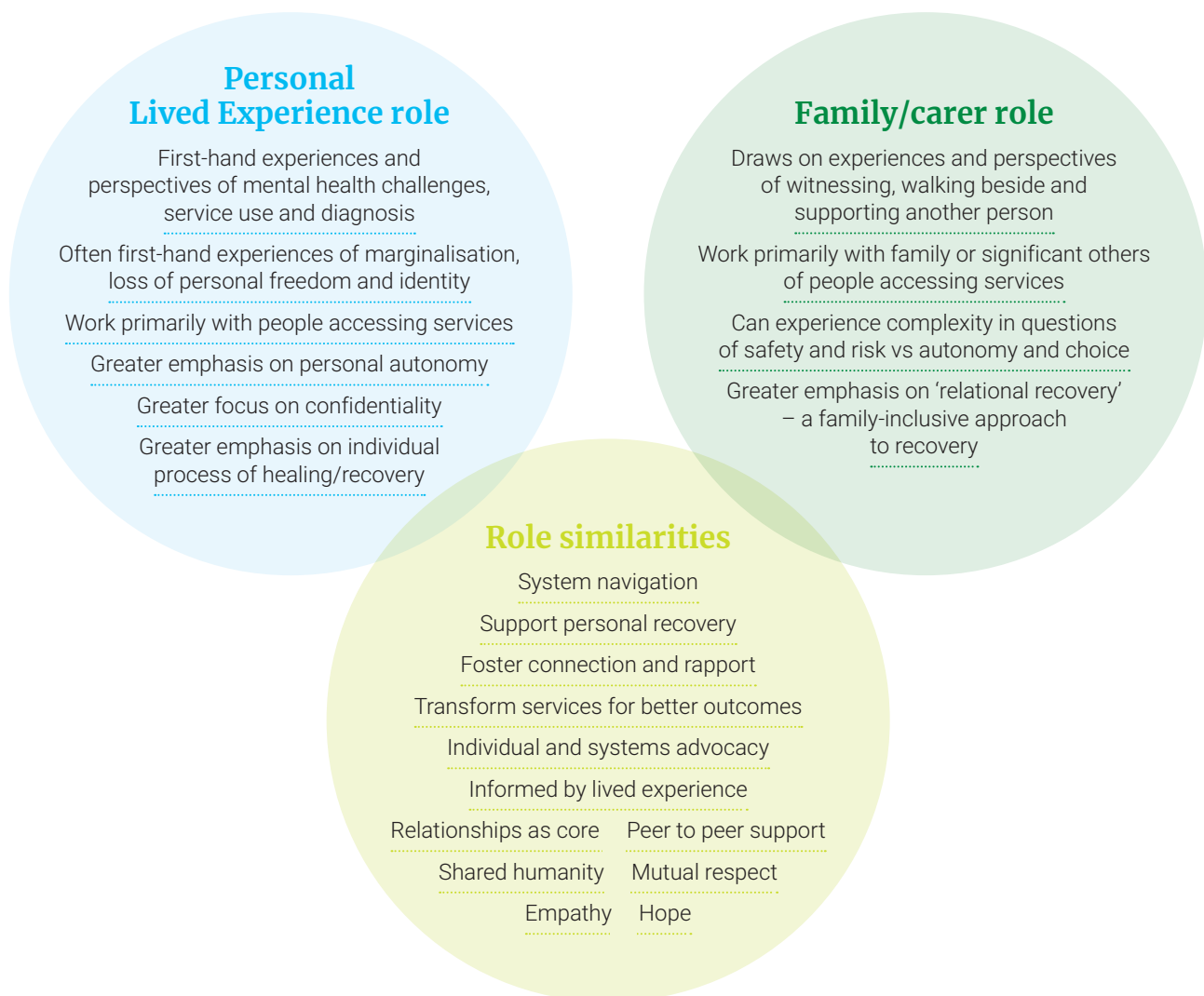
Depending on the individual's experiences, people in the two role types may have different views about certain work practices. For example, personal Lived Experience workers are more likely to have a first-hand understanding of the traumatising impacts of coercive and involuntary practices. As a result, they are often more likely to emphasise the personal toll of human rights infringements. For some family/carer workers, concerns about safety and risk can make the question of coercion more complex.

Identified differences are also found in how values are applied within work practice. People in personal Lived Experience roles generally place greater emphasis on:

- upholding personal autonomy/respecting a person's right to make choices and decisions
- dignity of risk
- confidentiality
- mutuality and collaboration – "*nothing about us without us*".

Further research is needed to improve the understanding of family/carer roles, including similarities and differences between family/carer roles and personal Lived Experience roles. This is a priority area for funding.

Figure 2: A comparison of personal and Family/Carer roles



Multiple types of experience

In reality, many people have experiences of both direct or first-hand service use/diagnosis/challenges, *and* experiences supporting others. Most people gravitate to the job type that reflects whatever experiences were most life-changing for them, i.e. made the *most significant* impact on their lives and sense of self. For some, this may change over the course of their lives, and some people are employed at different times in either personal lived experience or family/carer roles.

Roles that combine both personal Lived Experience and family/carers perspectives

Working in a role utilising both perspectives is likely to cause confusion, issues with boundaries, and conflicts of interest. Combined roles are not recommended and should not be considered without intensive exploration and consultation with the Lived Experience workforce and agreement reached by both personal (consumer) and family/carers leaders and workforces.

Family/carers workers can provide short-term, generalised support and referrals to people accessing services if this is welcomed by the individual. Similarly, people in personal Lived Experience roles may provide generalised support and information to family, carers or significant others.

Due to the mutuality of peer support and the emphasis on equal power, peer support relationships are seen to occur between people with ‘like’ experiences, (i.e. personal Lived Experience workers engaging in peer support relationships with people accessing services; family/carers workers with family, carers or significant others.) This is important to uphold lived experience values, particularly in situations where people accessing services have experienced family violence and/or trauma in the home.

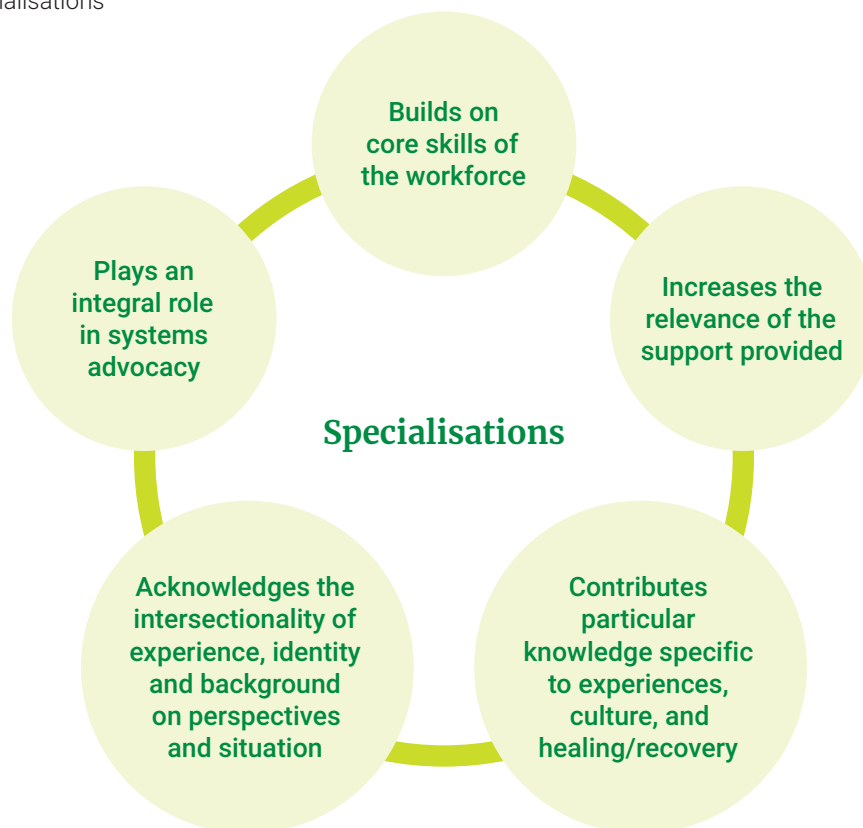
It is recommended that job titles distinguish which perspective Lived Experience workers are working from to ensure transparency.

Specialisations

Specialisations build on the core skills of the Lived Experience workforce and contribute specific skill sets in areas of work and knowledge relevant to particular experiences, populations or settings. The development of Lived Experience specialisations mirrors what has occurred in other health and community service disciplines. Increasingly, designated Lived Experience workers, like non-designated workers, may be either generalists or specialists.

Although specialisations are still relatively new in the designated Lived Experience workforce, early indications suggest specialisations are valued as they acknowledge intersectionality and increase the relevance of support for people from diverse backgrounds and experiences. Intersectionality recognises that many people will have overlapping experiences, identifications and/or backgrounds that impact on, and influence their perspective and situation. Understanding how diverse experiences share commonalities and are related, is useful in Lived Experience work and enhances the effectiveness of specialisations.

Figure 3: Role specialisations



The growth of specialisations has brought a number of challenges. For example, current funding, structures and systems do not always support the employment of specialist Lived Experience workers. Developing the knowledge-base through research initiatives, and placing an emphasis on building the perceived value of diversity and inclusion will assist to address this.

As with all Lived Experience workforce development, the development of specialist roles and/or services must be led by Lived Experience leaders and workers who have those specific experiences, identifications or backgrounds. Specialist roles and services must also be guided by the existing knowledge and values of the wider movement and defined by an experience of both mental health challenge/supporting someone and the specialist area.

The *National Development Guidelines* companion document, 'Lived Experience Roles: A practical guide to designing and developing Lived Experience positions', provides additional information on specialisations. All Guidelines documents are available for download on the Commission's 'Mental Health Reform' webpage: <https://www.mentalhealthcommission.gov.au/LivedExperienceWorkforceGuidelines>

Lived Experience leadership

Lived Experience leaders are important to support the Lived Experience workforce and to ensure that decisions and practices are informed by lived experience at all levels. For people in Lived Experience 'leadership' or senior roles (including designated Lived Experience management, education, training, and research positions) it is strongly recommended they have worked previously in Lived Experience positions, and critical that they have understanding and can demonstrate connection to the broader consumer movement/Lived Experience workforce. Like any senior role, designated Lived Experience leadership roles are not an entry level position. Rather, they require deep understanding and ability to actualise the concepts and practices of Lived Experience work.

Allies/advocates of the Lived Experience workforce

Allies are essential to the success of designated Lived Experience workforce development. Allies are people employed in non-designated roles who actively champion and promote the Lived Experience workforce. The role of an ally is to support the Lived Experience worker to navigate the system, understand the business rules and ways of working so that they can better advocate for change. Allies recognise their position of privilege and accompanying responsibility in advocating for change to support the designated Lived Experience workforce. They vocally and practically support the designated Lived Experience workforce, are instrumental to social and organisational change and play a vital role in both the initial preparation and ongoing development of the designated Lived Experience workforce.

The term allyship is used to denote the ongoing process and role of allies. Allyship is needed at all levels within organisations, including colleagues, management, and funding bodies to ensure that understanding, acceptance and collaboration with Lived Experience workers is promoted and prioritised throughout the workforce. Allies who are independent or external to organisations also provide valuable additional support and advocacy. Allies may step into an advocacy position to support Lived Experience workers to self-advocate, advocate by publicly showing support for Lived Experience workers, or advocating for systemic changes. Allyship can be demonstrated at each level of the sector/individual organisations.

The issue of power is central to allyship and allies actively work towards equity and shared power with Lived Experience workers. They recognise and consciously work to remove barriers for the Lived Experience workforce, including practical constraints, attitudes/ workplace culture, and bureaucratic processes that restrict effective Lived Experience work.

Broadly, effective allyship is recognised when allies engage in the following actions:

- actively oppose discriminatory language, policies and practice
- actively and vocally support the work of the Lived Experience workforce
- work collaboratively and respectfully in authentic partnerships
- defer to and step aside to credit lived expertise and share power
- facilitate opportunities for Lived Experience leadership
- seize opportunities to creatively use resources and invest in Lived Experience roles
- advocate for Lived Experience roles at multiple levels
- engage in co-production
- educate, organise and involve others in supporting the Lived Experience workforce.

Allies each have a range of skills; hence, multiple allies with different skills are necessary to enact change. Succession training is also essential so that the gains are not lost when allies leave the organisation. Training, co-developed by Lived Experience workers and experienced allies, can equip new allies to effectively take on the role of allyship.

A key 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.

Figure 4: Actions of allies in different roles

Colleagues	Managers/governance	Funding bodies/policy makers
<ul style="list-style-type: none"> • 'call out' practices that violate values and principles of Lived Experience work and personal recovery • educate other colleagues on the value and benefits of Lived Experience work • recommend Lived Experience workers for roles • advocate for Lived Experience leadership roles • advocate for meaningful co-production • create formal and informal networks, meetings and processes to increasingly involve more potential allies and Lived Experience workers • guide new Lived Experience workers and share knowledge of navigating internal processes and organisational systems • refer consumers and families to Lived Experience workers 	<ul style="list-style-type: none"> • demonstrate tangible commitment to workplace conditions and policies that support authentic Lived Experience work • promote Lived Experience work to the whole workplace, people accessing services, their families and significant others • build co-production as routine practice • encourage collaboration and networking • invest in professional development and career pathways to build Lived Experience leadership • use resources creatively to increase Lived Experience roles • allocate committed funds for Lived Experience workforce development • take a proactive stand against discrimination and prejudicial attitudes 	<ul style="list-style-type: none"> • investing substantially and sustainably in Lived Experience work • require service delivery to incorporate Lived Experience roles • ensure funding guidelines are informed by best practice e.g. more Lived Experience leadership • ensure that the Lived Experience workforce is incorporated into new overarching policies and practices • provide leadership roles for Lived Experience within funding bodies, including government bodies and commissioning bodies • advocate and invest in stable and ongoing Lived Experience roles and Lived Experience-led programs • make meaningful co-design and co-production a requirement of funding • fund Lived Experience-led training, research and resource development

Co-production

Successful workforce development depends on the leadership and active engagement of people with lived experience and the communities they come from. Workforce development should always be contextualised to local needs, reflecting the diverse perspectives of lived experience.

Co-production is increasingly cited in policy and practice, but not always well understood. For Lived Experience workforce development to be effective, meaningful co-production is critical. Co-production requires giving equal status to lived experience knowledge and acknowledging lived expertise in recovery-orientation, being person-directed, and better understanding the experiences and views of people accessing services.

Lived Experience work is based on mutual sharing, with each person giving from their experience in a respectful exchange of knowledge as they contribute to problem solving. Like all other workers, Lived Experience workers are best able to contribute in an environment of equity, where there is fair and impartial inclusion.

Co-production requires equal partnership between designated Lived Experience and non-designated collaborators. True co-production means that designated Lived Experience workers need to be involved in providing meaningful input at all stages of development and review e.g. identifying the priorities to progress; and assisting in the planning, decision-making, design, delivery and evaluation of policies, practices, services, roles.

Co-production is effective when all parties feel valued and have the skills and confidence to contribute fully. For co-production to be transformational there must be a sharing of power between designated Lived Experience and non-designated workers. Proactive attention is needed to ensure designated Lived Experience collaborators are not inadvertently left out of the conversation or not having the jargon/language needed to participate fully.

Figure 5: Co-production

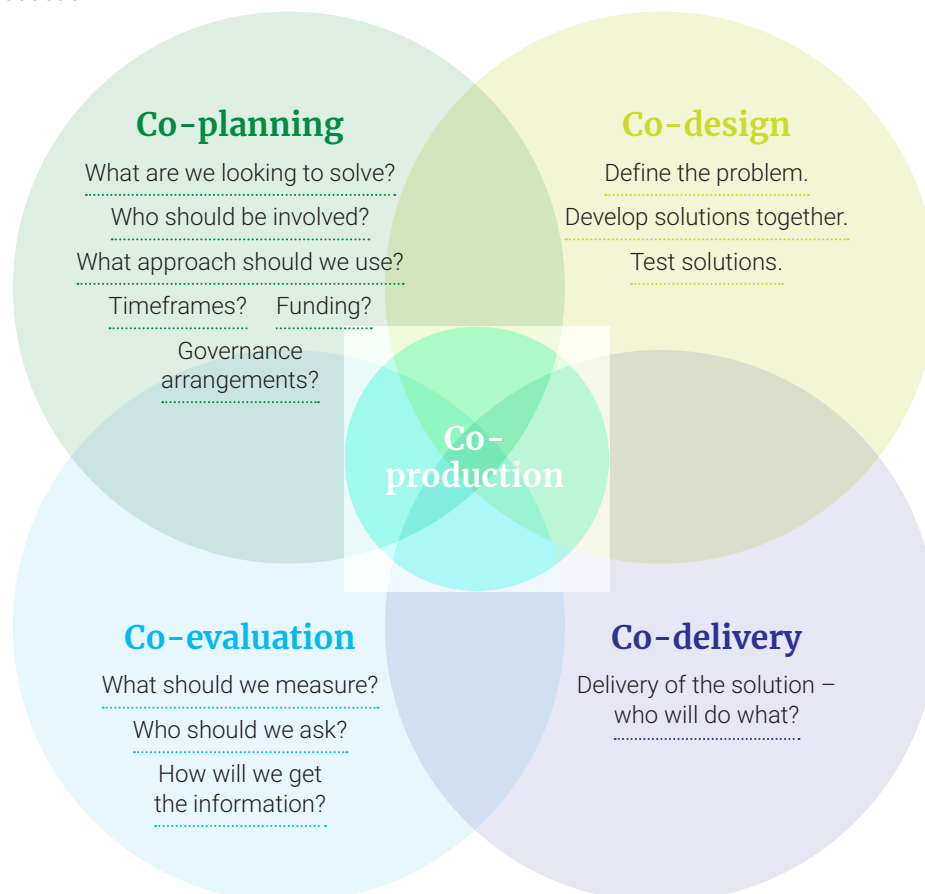


Image source: Roper, C, Grey, F, & Cadogan, E (2018). Co-production: Putting principles into practice in mental health contexts.

Co-production with Aboriginal and Torres Strait Islander communities

Australia's First Nations Peoples represent two distinct cultures, Aboriginal, and Torres Strait Islander Peoples. Within these broad cultural groups there is also great diversity of cultures, languages, kinship structures and ways of life. Building strong understanding of Aboriginal and Torres Strait Islander perspectives and priorities for Lived Experience work and reform of mental health services is a vital part of the *National Development Guidelines*.

Service providers and funding bodies should have on-going conversations with Aboriginal and Torres Strait communities to explore what Lived Experience work involves, and how it might be viewed differently within communities, taking into account the need for acknowledging potential conflicts of workplace expectations versus the communities' expectations, and concepts of social and emotional wellbeing.

Working with Aboriginal and Torres Strait Islander Peoples is complex and based within a history of colonisation, cultural practices, and protocols. It is therefore particularly important for organisations and funding bodies/policy makers to build relationships and gain guidance from Aboriginal and Torres Strait Islander sources locally, across jurisdictions, and nationally. It is vital that cultural governance be considered in all work with Aboriginal and Torres Strait Islander Peoples and carefully balanced against any implementation of clinical governance.

Lived experience recognises the effects of ongoing negative historical impacts and or specific events on the social and emotional wellbeing of Aboriginal and Torres Strait Islander peoples. It encompasses the cultural, spiritual, physical, emotional and mental wellbeing of the individual, family or community.

People with lived or living experience of suicide are those who have experienced suicidal thoughts, survived a suicide attempt, cared for someone through a suicidal crisis or been bereaved by suicide. It needs to be acknowledged that these experiences are significantly different and take into consideration Aboriginal and Torres Strait Islander Peoples ways of understanding social and emotional wellbeing.

'The Aboriginal and Torres Strait Islander Lived Experience Centre' is leading the creation of a culturally appropriate definition of lived experience, as well as a National Governance Group. This Centre will set up the support and structures required for culturally safe and informed Aboriginal and Torres Strait Islander lived experience voices. The Centre has been designed as a key contact for organisations and funding bodies/policy makers to build understanding and networks to ensure meaningful inclusion of Aboriginal and Torres Strait Islander perspectives and practices.

This aligns with the foundational principles of the Gayaa Dhuwi (Proud Spirit) Declaration and the definition of Lived Experience for Aboriginal and Torres Strait Islander communities published by the Black Dog Institute.

- https://natsilmh.org.au/sites/default/files/gayaa_dhuwi_declaration_A4.pdf
- <https://www.blackdoginstitute.org.au/media-releases/lived-experience-definition-released-for-aboriginal-and-torres-strait-islander-communities/>

Clarity:

Developing understanding



Developing understanding is the first step in workforce development. Everyone can take steps to ensure that the mental health workforce, including leaders, managers, health professionals and Lived Experience workers, develop an understanding of Lived Experience work and its connection to the broader consumer movement/literature/concepts.

Helpful resources

What informs Lived Experience work?

- A Lived Experience-run website, which provides information to build connection to, and understanding of, the broader consumer movement – *Our Consumer Place*: www.ourconsumerplace.com.au
- An American based advocacy and lived experience support organisation, which provides information to build connection to, and understanding of, the broader consumer movement – *The National Empowerment Centre (NEC)*: www.power2u.org
- A co-produced book providing a deeper understanding of Lived Experience work and system transformation – *Peer Work in Australia: A New Future for Mental Health*.

Lived Experience work values

- Queensland Framework for the Development of the Mental Health Lived Experience Workforce: https://www.qmhc.qld.gov.au/sites/default/files/qmhc_lived_experience_workforce_framework_web.pdf
- *Peer Support: What Makes it Unique?* https://docs.google.com/document/d/1csIJZuuh2r6h_R6U6lilRHrmszKg1wi9KtLBbhtuPs/edit#
- *What Makes Peer Support Different?* <https://youtu.be/c3Rwk-e6Zcw>
- Transcription of Pat Deegan's keynote address highlighting the transformative power of Lived Experience – *Recovery and the Conspiracy of Hope*: http://d20wqiibvy9b23.cloudfront.net/resources/resources/000/000/614/original/Deegan_Recovery_and_the_Conspiracy_of_Hope.pdf?1468370243
- *Experts by Experience: Values Framework for Peer Working*: https://www.scottishrecovery.net/wp-content/uploads/2020/12/Values_Framework_Peer_Working.pdf
- *Peer Workforce Values*: <https://www.tepou.co.nz/initiatives/peer-workforce-values/24>
- *International Association of Peer Supporters (iNAPS) National Ethical Guidelines and Practice Standards*.

Co-production

- *Co-production – Putting Principles into Practice in Mental Health Contexts*: https://recoverylibrary.unimelb.edu.au/_data/assets/pdf_file/0010/2659969/Coproduction_putting-principles-into-practice.pdf
- *Unpacking Co-design: The Australian Centre for Social Innovation*: <https://www.tacsi.org.au/unpacking-co-design/>
- Happell, B., Scholz, B., Gordon, S., Bocking, J., Ellis, P., Roper, C., ... & Platania-Phung, C. (2018). "I don't think we've quite got there yet": The experience of allyship for mental health consumer researchers. *Journal of psychiatric and mental health nursing*, 25(8), 453-462.

Aboriginal and Torres Strait Islander Lived Experience workforce

- Resource to assist organisations develop cultural literacy in relation to Aboriginal and Torres Strait Islander Lived Experience workers – *The Aboriginal and Torres Strait Islander Lived Experience Centre*: <https://www.blackdoginstitute.org.au/education-services/aboriginal-and-torres-strait-islander-network/>
- Comprehensive report discussing Aboriginal and Torres Strait Islander Lived Experience Workforce needs and experiences – *We are Not the Problem: We are Part of the Solution – Indigenous Lived Experience Project Report*: <https://www.blackdoginstitute.org.au/wp-content/uploads/2020/04/lived-experience-report-final-nov-2018.pdf>
- *NGO Aboriginal Mental Health Lived Experience Workforce (LEW) Standards and Guidelines: Self-Assessment Tools for Organisations*: https://www.mhcsa.org.au/wp-content/uploads/2018/09/LEW-Aboriginal-Guidelines_.pdf
- *National Strategic Framework for Aboriginal and Torres Strait Islander Peoples' Mental Health and Social and Emotional Wellbeing 2017–2023*: https://www.niaa.gov.au/sites/default/files/publications/mhsewb-framework_0.pdf
- *Deadly Thinking: A Social, Emotional Wellbeing and Suicide Prevention Program for Aboriginal and Torres Strait Islander Communities*: <http://www.rmh.com.au/programs/deadly-thinking>
- *Dadirri: Inner Deep Listening and Quiet Still Awareness*: <http://www.dadirri.org.au/wp-content/uploads/2015/03/Dadirri-Inner-Deep-Listening-M-R-Ungunmerr-Bauman-Ref11.pdf>

From commitment to co-production: *Employing the Lived Experience workforce*

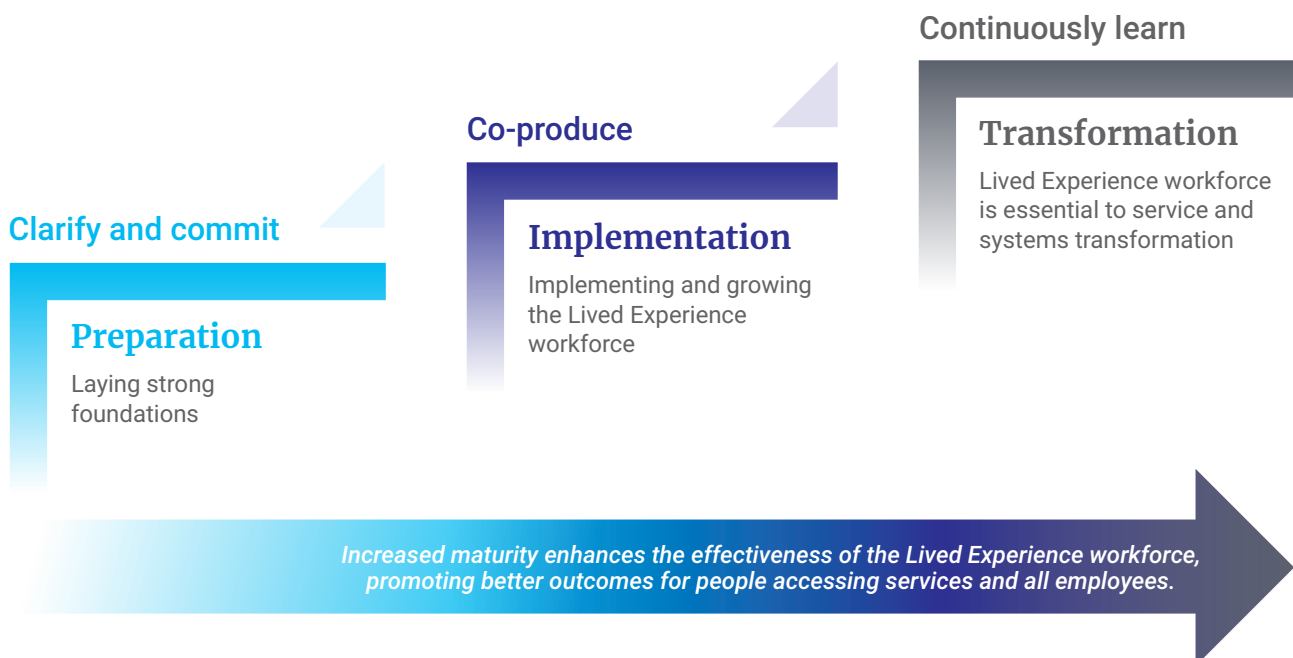
Development stages for employing organisations

The three stages of development described in this section provide guidance to employers to progress Lived Experience workforce development in a sustainable and effective manner. Employers may include public and private health services, non-government organisations, primary and allied health care services, service commissioners and funding bodies, and educational institutions.

This is not a prescriptive model, rather a set of strategies and tasks to achieve best outcomes. The tasks can be addressed at different times and in alternate orders according to the needs and current state of development within individual jurisdictions and organisations. To be aware of the full range of strategies and actions that contribute to effective workforce development, organisations are encouraged to familiarise themselves with all stages of development, regardless of where they anticipate their development currently sits.

Information across the stages has been grouped under themes: leadership and workplace culture and strategies; policies and planning; and development. These stages are applicable across all stakeholder settings. In particular, the first stage, developing clarity about the Lived Experience workforce and connecting service users with relevant services, is applicable to all service providers including General Practitioners and individual private service providers.

Stages of development for an embedded Lived Experience workforce



Although it is recommended preparation occur before employing Lived Experience workers, it is also recognised that the workforce is evolving differently in different contexts and locations. It is never too late to review the early stages and ensure the steps that lay the foundations for effective development of the workforce are addressed.

Development stages for employing organisations

Table 3: Summary of employer actions for Lived Experience workforce development

	Preparation: Clarify	Preparation: Commit	Implementation: Co-develop	Transformation: Learn and grow
Leadership and culture	Build <ul style="list-style-type: none"> ✓ Leadership understanding of: <ul style="list-style-type: none"> • Lived Experience workforce • Recovery-oriented practice • Diverse perspectives and needs ✓ Strengthen commitment to diversity and inclusion 	Prioritise <ul style="list-style-type: none"> ✓ Mission statements recognise Lived Experience work as core business ✓ Build whole-of-workforce commitment to lived experience 	Lead <ul style="list-style-type: none"> ✓ Identify champions and allies for the Lived Experience workforce ✓ Partner with people with lived experience to develop and implement workforce strategy ✓ Consider opportunities to develop Lived Experience leadership roles 	Embed <ul style="list-style-type: none"> ✓ Lived Experience roles represent diverse culture and perspectives ✓ Person-directed and recovery-oriented service delivery and practices are established ✓ Safe sharing of lived experience is prioritised for the whole workforce
Policies and planning	Review <ul style="list-style-type: none"> ✓ Identify the gap between current practices to recovery-oriented practice standards ✓ Current levels of diversity in service users, workforce and community 	Review <ul style="list-style-type: none"> ✓ HR and other policies for flexibility to support Lived Experience work ✓ Outline a Lived Experience workforce strategy ✓ Include lived experience in long-term budgets and plans 	Plan <ul style="list-style-type: none"> ✓ Develop an implementation plan ✓ Develop position descriptions and recruitment processes ✓ Budget for sufficient numbers of roles and Full Time Equivalent and all necessary supports and training 	Grow <ul style="list-style-type: none"> ✓ Lived Experience roles are employed at all levels sufficient to meet needs ✓ Career pathways are available for Lived Experience workers ✓ A range of supervision and training options are available to Lived Experience workforce
Development	Educate <ul style="list-style-type: none"> ✓ Whole-of-workforce about Lived Experience roles and the value of diversity ✓ People accessing services and their families about Lived Experience roles ✓ Provide service users with information on peer support services in the region 	Connect <ul style="list-style-type: none"> ✓ Create opportunities to listen to service users ✓ Build relationships with Lived Experience agencies ✓ Form a co-development steering group ✓ Work with other organisations for co-learning 	Equip <ul style="list-style-type: none"> ✓ Ensure access to appropriate supervision and training for Lived Experience workers ✓ Consider Lived Experience apprenticeships/traineeships ✓ Enable connections for Lived Experience workers with Lived Experience networks 	Learn <ul style="list-style-type: none"> ✓ Review and evaluate the impacts of and remaining challenges to embedding the Lived Experience workforce ✓ Evaluate to contribute to a lived experience informed evidence base

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*.

Chapter 2

Preparation: clarify and commit

Leadership and culture

Workplace culture is shaped by the attitudes and beliefs of workers and is crucial to the success of Lived Experience roles. A workplace culture that genuinely views lived experience as valuable and essential will later assist the roles to be accepted and meaningfully embedded.

Leadership understanding of Lived Experience work

Understanding the uniqueness and potential benefits of Lived Experience work supports Lived Experience workforce development as it promotes commitment to the work.

Although whole-of-sector/whole-of-workforce understanding and commitment is important going forward, leadership or management understanding is critical to getting started, and is a specific focus at the earliest stages. Exposing leadership of all relevant governments, funding bodies/policy makers and individual organisations to Lived Experience work and perspectives, leads to increased understanding and valuing of Lived Experience work as well as active commitment.

Build lived experience relationships and literacy

To progress exposure and understanding, it is important to build relationships with Lived Experience leaders, organisations, services, peak bodies and networks. Referring to lived experience sources of information including Lived Experience-led research and industry documents is also valuable. Regularly interacting with lived experience sources increases understanding of Lived Experience roles, potential benefits, and provides guidance on how to effectively design positions and utilise and support Lived Experience workers.

Lived Experience networks exist in most jurisdictions as well as nationally. For those with limited previous exposure to Lived Experience networks, [Appendix 3](#) provides a list of peak agencies that can be contacted as a starting point.

Importantly, good lived experience relationships and literacy will lift understanding and vision of what is possible.



Adapted from: Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., & Darwin, L. (2019). Queensland Framework for the Development of the Mental Health Lived Experience Workforce, Queensland Government: Brisbane.

Build whole-of-workforce commitment to Lived Experience

Commitment to lived experience progresses when Lived Experience work is valued and seen as 'core business' by people in positions of authority. Building broader support for Lived Experience work is fostered when this value is widely communicated to every level of the sector/individual organisations. Whole-of-workforce understanding and commitment is essential to build acceptance and effective collaboration between designated Lived Experience and non-designated colleagues. Without this understanding, commitment and collaboration, the potential benefits of Lived Experience work are restricted.

Commitment is demonstrated in various ways; the following diagram outlines key areas of commitment:

Figure 5: Commitment to Lived Experience workforce development



Build awareness of diverse perspectives

Workplace culture that embraces diversity fosters respect for all employees and sends a strong message that diversity is valued. To achieve this, organisations can build their understanding of diverse perspectives and needs.

A diverse Lived Experience workforce assists individual organisations and the wider sector to better meet the needs of people with different experiences, identifications and backgrounds. Practice and service outcomes are likely to be enhanced. Learning and embracing concepts and language that are appropriate and inclusive for people from diverse experiences, identifications and backgrounds helps create a more inclusive culture. Ensuring language and concepts are not exclusively focused on Western definitions and practices is particularly important to create culturally appropriate services.

The need for adequate and appropriate support is emphasised for Lived Experience workers who are in representative roles for their culture and community. These roles often carry additional opportunities but also place much weight on the shoulders of workers. It is acknowledged that in these roles the opportunities to explore, understand experiences and build relationships is not limited to the role as a Lived Experience worker, but also arises as a result of an affiliation with the culture and community. This can create blurring of lines between work and personal life.

For all service providers, funders, planners and policy makers, one of the first steps towards Lived Experience workforce development must be to build relationships with and gain guidance from Lived Experience leaders and sources. Depending on the service focus, consideration must be given to the distinct needs of people in different communities such as Aboriginal and Torres Strait Islander Peoples, people in rural, regional and remote areas, people from culturally diverse backgrounds, people identifying as LGBTQIA+ and people with a disability, among others.

Clarity:

Developing understanding



Helpful resources

- A toolkit for organisations to aid review and evaluation of Governance and organisational processes and practices – *Introducing Peer Workers in Mental Health Services: An Organisational Toolkit*: <http://peerstoette.dk/wp-content/uploads/2016/10/St-Georges-Peer-Worker-Organisational-Toolkit-Engelsk.pdf>
- *Employer's Guide to Implementing a Peer Workforce*: <https://peerworkhub.com.au/wp-content/uploads/2016/05/Toolkit.pdf>
- Resources for the Lived Experience workforce focused on community projects, training, supervision, and resource development – *Self Help Addiction Resource Centre: Peer Support*: <http://www.sharc.org.au/peer-support>
- *Framework for Mental Health in Multicultural Australia: Towards Culturally Inclusive Service Delivery*: <https://mhima.org.au/service-providers/frameworklanding>
- Resources, services and information in a culturally accessible format – *Embrace Multicultural Mental Health*: <https://embracementalhealth.org.au>
- The national benchmark on LGBTQIA+ workplace inclusion – *Australian Workplace Equality Index*: www.pid-awei.com.au
- LGBTQIA+ peer support and referral service – *Qlife*: www qlife.org.au
- Resources and Guidelines – *Deafness and Mental Health*: <https://metrosouth.health.qld.gov.au/mental-health/services/deafness-and-mental-health>
- A national disability rights, advocacy and representative organisation that is made up of, led and governed by people with disability – *People with Disability Australia*: www.pwd.org.au
- *Inclusive Language*: www.and.org.au/pages/inclusive-language.html
- Comprehensive guide to Lived Experience definitions, benefits, myths, organisational preparation and ongoing development – *DIMENSIONS: Peer Support Program Toolkit*: <https://www.bhwellness.org/toolkits/Peer-Support-Program-Toolkit.pdf>

Policies and planning

At this stage, it is helpful to start to outline a Lived Experience workforce strategy that is suitable for your organisation or practice and the needs of your service users. The practical details will be co-developed in the next stage. However, there are advantages in starting to develop concepts that are viable for your service and committing to the overarching principles of workforce development.

Mission statements recognise Lived Experience work as core business

Create a foundation for change by identifying Lived Experience work as core business within the mission statement, strategic plans and other key documents. Frequent reference to the mission statement is a reminder of the importance of lived experience across all aspects of service delivery, including acknowledging the individual expertise of people accessing services. This emphasis increases recovery-orientation and assists better application of person-directed practice. People accessing services feel respected by this active valuing of their lived experience.

Financial commitment

Long-term, secure financial investment from sector and organisational leaders is needed to ensure the Lived Experience workforce is sustainable. Identify Lived Experience workforce development, including training for the whole of the workforce, as a recurrent budget item to be considered in all strategic and operational planning.

Review Human Resource policies for flexibility and workplace adjustments

An important area of Human Resource (HR) policy is flexibility for all employees. A whole-of-workforce approach starts with recognition that all employees experience fluctuation in their health and wellbeing and may require leave to attend to personal and/or family issues.

Flexibility is beneficial for all staff members. When organisations address flexibility on behalf of Lived Experience workers, this often has a flow-on effect to the whole workforce. Workplace flexibility enables employees to deal with unforeseen and changing circumstances. Organisations implementing workplace flexibility are likely to increase employee productivity, increase loyalty, and a higher quality of work/life balance for employees.

Many employees, not just people experiencing challenges with their mental health, or supporting a family member or friend, may need to seek workplace adjustments (also known as reasonable accommodations) and/or flexible work arrangements at some point. Under the *Disability Discrimination Act 1992* (DDA), employers are obliged to make workplace adjustments or changes to the work process, practice, procedure or environment to enable employees, including those who experience mental health challenges, to perform their work with safety, optimise their efficiency, and give equitable opportunities for career progression.

Workplace adjustments must be easily accessible and openly acknowledged as part of the legal rights of all employees who experience impacts of disability, including mental health challenges.

A starting place for action is building the knowledge and understanding of the value of Lived Experience roles for Human Resources staff, ensuring that Lived Experience is recognised as a distinct discipline. Develop or enhance a whole-of-workplace approach to flexibility including acknowledgement of the need for self-care for all employees.

Lived Experience leadership roles

Lived Experience leadership/senior roles are important to guide and influence change. Lived Experience leadership roles are also invaluable to provide internal Lived Experience-led supervision, protect the authenticity of Lived Experience roles, and guide strategic planning. 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. It is important to ensure the Senior role is appropriately supported with supervision and access to training, workforce development, and has opportunity to meet and discuss Lived Experience work with people at a similar role.

Training and development

With widespread understanding, acceptance and support for the roles, Lived Experience work can be highly rewarding. To begin moving towards a workplace culture that values and embeds Lived Experience work, whole-of-sector and whole-of-organisational commitment is needed. Training to educate the whole sector/organisation on the uniqueness and value of Lived Experience work assists in achieving this goal.

Whole-of-workforce education about Lived Experience roles

Preparing an 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. Without this training, there is a risk of disengagement from colleagues in non-designated roles, persistent negative attitudes and less effective Lived Experience work/outcomes.

Training is most beneficial when it is ongoing and revisited, rather than 'once-off'. In organisations who already employ Lived Experience workers, periodic training is also highly beneficial as cultural and attitudinal change takes time and needs to be reinforced. With ongoing attention and effort, workplace culture will be less likely to revert to pre-existing attitudes and beliefs. It is also useful for training to include an explanation of how Lived Experience roles being 'out and proud' provide the most effective means of shifting discriminatory or prejudicial attitudes towards people accessing services. To impact the workplace culture meaningfully, training could be included in general orientation, as a team based activity or as ongoing or refresher training for all staff.

Lived experience perspectives support better understanding and implementation of recovery informed, person-directed service delivery. Training that explains the connection between Lived Experience work and better recovery understanding can assist colleagues to see how lived experience involvement is relevant and useful to their work, and benefits people accessing services.

Importantly, training to explain Lived Experience roles is always Lived Experience-led and delivered, to ensure consistency with lived experience values and concepts. Co-facilitators in non-designated roles may add to the training, but only where true co-production is occurring and lived experience perspectives are being respected and upheld. It is important this whole-of-workforce training and education is publicly supported by organisational management.

Other useful training at the preparation stage can focus on:

- the organisation's vision and plan for a Lived Experience workforce
- definitions of Lived Experience work
- origins and development of Lived Experience work
- the evidence base for Lived Experience work
- Lived Experience perspectives about boundaries
- holistic approaches to health and wellbeing, e.g. viewing addiction, mental distress, services and interventions through a lived experience lens
- trauma-informed practice and human rights.

Education and promotion of Lived Experience roles to people accessing services and families/significant others

Awareness and understanding of Lived Experience work are essential for people receiving services as well as their family, friends and significant others. Exposure to lived experience concepts and the benefits of support delivered by Lived Experience workers, allows people to make informed choices and to request access to Lived Experience roles. Lived Experience workers and allies play a central role in promotion and awareness of Lived Experience roles to people accessing services, families, and other stakeholders. To achieve this, Lived Experience work is routinely explained to all people accessing services as well as their supporters as well as workers from other organisations/sectors.

Education to increase understanding of the value of diversity

In the preparation stage, it is useful to provide training to help staff understand the value of diversity within the workplace. Recommended training includes cultural capacity building for all staff. This training must be designed and facilitated by people from culturally and linguistically diverse communities and/or Aboriginal and Torres Strait Islander Peoples, depending on the focus. This could be revisited annually, rather than being provided as one-off training.

Training in cultural capacity building helps the existing workforce understand the benefits of proactively recruiting workers from Aboriginal and Torres Strait Islander and other cultures. These benefits include:

- increased retention of staff from culturally diverse backgrounds
- a culturally safe and inclusive workplace
- organisational support for reconciliation and community harmony.

Opportunities for co-learning with other organisations

At any stage it is useful for organisations to connect with other organisations interested in Lived Experience workforce development. At intermediate stages, a co-learning process is invaluable, as different organisations have progressed in particular areas and each organisation has areas of strength and areas they are aiming to develop further. Participating in networks or a learning collaborative that specifically focuses on Lived Experience workforce development, assists with peer learning, sharing ideas and information, staying on track and effective problem-solving. Funding for ongoing formal networks/learning collaborative facilitated by people in Lived Experience leadership roles/Lived Experience-run organisations also ensures expert guidance and provides opportunities for deeper understanding and valuing of the work.

Organisations can reflect on what has been achieved, what is next to be progressed, and share their learning with other organisations and networks. At a systemic level, sector-wide evaluation and external auditing of Lived Experience workforce development assists to create a clearer picture of what has already been achieved and what remains to be done. It also assists to create standards of Lived Experience employment and to ensure standards are upheld.

Inter-agency networks provide safe places for conversations about how to maintain the authenticity of Lived Experience roles and how to protect from role 'creep' and co-option.

The first step in workforce development will be implementing or ensuring access to whole-of-staff training on the value of Lived Experience work, and on diversity, including cultural capacity building. All training should be led by trainers from appropriate lived experience and cultural backgrounds. Provide on-going opportunities to 'unpack' any difficulties existing staff may have with the idea of Lived Experience work.

Preparation actions

Table 4: Clarity and commitment action checklist for employers

	Area of focus	What does it mean?
Leadership and workplace culture	Leadership understanding of Lived Experience work	Introduce leaders to Lived Experience work and perspectives to develop their understanding and broader perceived value of lived experience.
	Build whole-of-workforce commitment to lived experience	Leaders understand the value of Lived Experience work and communicate it as core business throughout the workplace.
	Mission statements recognise Lived Experience work as core business	Lived Experience work is identified as core business within the mission statement and other key documents to reinforce commitment.
	Build lived experience relationships and literacy	Build relationships and gain guidance from Lived Experience sources to improve understanding of roles/benefits and how to best support the Lived Experience workforce.
	Build awareness of diverse perspectives	Build understanding of diverse perspectives to increase motivation to create a workforce that meets the needs of people from diverse backgrounds, experiences and identification.
	Build understanding of Aboriginal and Torres Strait Islander Peoples perspectives and priorities	Build relationships and gain guidance from Aboriginal and Torres Strait Islander sources to work respectfully and effectively with Aboriginal and Torres Strait Islander Peoples.
Policies and planning	Review HR and other policies	Policies and procedures reflect lived experience concepts. Plan for increasing co-creation with Lived Experience workers.
	HR policies for flexibility and workplace adjustment	Flexibility and workplace adjustments are easily accessible and available for all employees.
	Review current levels of diversity	Develop awareness of the diversity of the current workforce, service users and local community.
	Outline a Lived Experience workforce strategy	At this early stage, start to scope the type and level of workforce development that will align with the organisations mission and service user needs.
	Financial commitment	Include lived experience in strategic and operational plans and in budget estimates.
Training and development	Whole of workforce education about Lived Experience roles	On-going whole-of-workforce, Lived Experience-led training to strengthen understanding and acceptance of Lived Experience workers/work and reduce discriminatory and prejudicial attitudes.
	Education and promotion of Lived Experience roles and work	Promote broad awareness of the value of Lived Experience roles to people accessing services, families and other stakeholders. Promote awareness of existing peer services in the organisation or available within the region.
	Education to increase understanding of the value of cultural diversity	Provide training to help staff see the value of diverse perspectives and cultures within the workplace e.g. cultural capacity building.

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*.

Chapter 3

Implementation: co-develop and embed

With the preparatory groundwork laid in early stages, the implementation stage focuses on building and embedding the Lived Experience work. Embedding is different to integrating as integrating implies Lived Experience workers ‘fitting in’ to the existing workplace culture and structure. Embedding Lived Experience workers promotes sector and organisational change as a result of Lived Experience employment and ultimately leads to transformation during mature stages of development.

Leadership and culture

Preparing for and introducing Lived Experience roles is just the beginning of the journey. Once Lived Experience roles have been employed, it is useful to periodically review the impacts of the Lived Experience role on the sector broadly and within individual organisations. These reviews or evaluations consider the impacts of Lived Experience roles on people accessing services, colleagues, and organisations. Other considerations for review include the extent to which Lived Experience workers have become part of the multidisciplinary environment, including for example:

- level of acceptance from other workers
- changes in discriminatory or prejudicial attitudes and beliefs
- obstacles or challenges
- unanticipated issues
- what needs to happen next.

During the intermediate stages, cultural change reaches a point where the Lived Experience workforce is accepted as ‘given’ and seen as critical to the sector.

Allyship with the Lived Experience workforce

Active championing or allyship by people at various levels of the sector and organisations helps embed Lived Experience work as essential. Both top-down and bottom-up support ensures wider whole-of-workforce buy-in and commitment, significantly increases acceptance of Lived Experience roles, and challenges discriminatory and prejudicial beliefs and attitudes.

Allyship includes:

- advocating for positions and funding
- ongoing discussion and education on the value and potential benefits of Lived Experience work
- ensuring the uniqueness of the roles is understood and protected
- promoting designated Lived Experience roles as part of the ‘new normal’ within the workforce.

Allyship at all levels of the sector and organisations results in lived experience work being better understood and valued by the whole workforce.

Without strong allyship there is a likelihood of discriminatory and prejudicial attitudes persisting, decreased respect and understanding for Lived Experience roles, limited willingness to collaborate, and insufficient priority given to lived experience in funding and planning.

Ensure that there are allies at all levels of the organisation. Create succession planning for allies so that expertise and advocacy are not lost when individuals leave the organisation.

Strengthen commitment to diversity and inclusion

During intermediate stages, to progress commitment to diversity and inclusion and build a more diverse workforce, various strategies are adopted. Lived Experience employees with diverse experiences, identifications and cultures are proactively recruited. These employees have access to allies, mentoring and support groups representing diverse perspectives, both internally and external to the organisation. Cultural and language barriers to engagement with mental health services and Lived Experience work are acknowledged and better understanding is actively sought.

When culture and diversity are valued and organisational support is given, there is less risk of staff experiencing conflict between workplace requirements and family, cultural, religious or spiritual obligation. Respect for the cultural values of staff and the local community is reflected through awareness of culturally significant traditions, holidays and customs.

Relationships with networks, organisations and leaders representing diverse communities and perspectives are maintained and expanded.

A diverse Lived Experience workforce helps organisations foster better outcomes for people accessing services with similarly diverse experiences, identifications and backgrounds.

Policies and planning

Create a detailed Lived Experience workforce development plan

Work with consumers and carers, existing Lived Experience workers and/or Lived Experience leaders to co-produce a Lived Experience workforce plan based on the *National Development Guidelines* and other key documents/resources. Ensure that the plan includes key performance indicators (KPIs) and timelines.

Develop position descriptions and recruitment processes

Designing appropriate recruitment processes ensures people are employed who have the required skills and knowledge for the role. Position descriptions assist this process by:

- defining the role and making clear the uniqueness of Lived Experience work as distinct from other roles
- supporting appropriate governance of the roles
- ensuring consistency and making it easier for an organisation to understand what peer work is
- identifying commonalities with other roles.

To make position descriptions meaningful, organisations first consider what Lived Experience roles will add to the organisation and how they will operate. While some flexibility and room for 'improvisation' on the part of Lived Experience workers is desirable to allow the role to be responsive and adaptable, too much ambiguity creates role confusion and can prohibit planning and resourcing for the roles. Position descriptions that are co-produced with Lived Experience workers/leaders and/or informed by Lived Experience-led sources are consistent with the values of the Lived Experience workforce. The companion document to the *National Development Guidelines*, 'Lived Experience Roles: A Practical Guide to Designing and Developing Lived Experience Positions' provides further details on how to develop position descriptions for a range of Lived Experience roles.

For effective recruitment of Lived Experience roles, in addition to the organisation's HR officer or hiring manager, Lived Experience workers/leaders are involved in recruitment and selection processes. When there are no internal staff in designated roles, the assistance of external designated Lived Experience workers/leaders is sought. Non-designated members of the selection panel need to also hold strong awareness of concepts of personal recovery and understanding of the Lived Experience role.

Anti-discrimination legislation may initially seem a barrier to creating roles that specifically require lived experience. However, this is not the case. If the employee will be expected to draw on knowledge and skills specifically gained through having a lived experience, then lived experience is seen as essential knowledge and a genuine occupational requirement.

The Australian Human Rights Commission explains that identified positions support people who experience disadvantage in accessing equal opportunity in employment, as well as benefiting employers by enabling them to hire people with particular experiences and expertise. For this reason, all Commonwealth and jurisdictional anti-discrimination laws have simple processes enabling employers to apply for exemptions to legitimately create designated roles.

Ensure appropriate supervision for Lived Experience roles

Different types of supervision are needed for Lived Experience roles. Line management supervision typically focuses on organisational requirements and processes. While it is preferable for Lived Experience workers to be line managed by other Lived Experience workers, this may not always be possible. Specialised training to increase understanding of Lived Experience roles and recovery principles helps prepare managers. Preparing and empowering managers enhances knowledge and confidence for line-supervisors, resulting in more effective and authentic Lived Experience work.

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 deeply understands the values, informing principles and challenges of the work.

In organisations where 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.

As the Lived Experience workforce grows in organisations, multiple Lived Experience supervisors will be required. It is helpful to have several supervisors to promote choice for Lived Experience workers, and not overload one senior Lived Experience worker with the responsibility of providing supervision to all Lived Experience workers in a service.

Supervision with an experienced Lived Experience worker will provide the structure and safety to make the position successful and sustainable. An approach that promotes mutual two-way reflection on working practices is recommended.

Key actions include exploring options for appropriate line-management and professional/role supervision, ensuring that supervision demonstrates a mutual two-way reflection on working practices.

Provide adequate resourcing and professional development for Lived Experience including ongoing and accessible opportunities for traineeships, Lived Experience-led training, workshops, networking, conferences and participation in communities of practice.

Review Human Resources and other policies

For HR processes to be effective, HR personnel as well as organisational leadership need to understand the uniqueness and value of Lived Experience roles. In general, HR policies should be reviewed from a lived experience perspective but should apply to everyone. There should however be alternate policies for Lived Experience workers in relation to medication monitoring, writing progress notes and any form of restrictive or coercive practice.

Practice guidelines or policy are developed with lived experience guidance for practices that may be unique to Lived Experience roles, specifically in relation to any form of restrictive or coercive practice.

Even at these early stages, organisations plan for Lived Experience workers to increasingly co-create policy and procedures. This includes not only policies specific to Lived Experience work, but the workforce as a whole, particularly concerning employee wellbeing and challenging discriminatory and prejudicial attitudes.

Training and development

In addition to ensuring foundational training is periodically revisited, the intermediate stages introduce new training and professional development.

Training for implementation stages

Orientation, gaining mutual understanding and additional educational opportunities.

In preparation stages, the focus was on whole-of-workforce training about lived experience. During implementation stages, training for Lived Experience workers is also provided or accessible. All Lived Experience workers receive adequate orientation as soon as possible upon starting work to allow them to understand and work effectively in the organisation/context. Opportunities for entry-level training are prioritised through state and national scholarships and/or paid for by individual organisations as part of professional development.

To ensure mutual respect and understanding across roles and to foster collaboration, designated Lived Experience staff are provided training to understand and value the unique contributions of colleagues in non-designated roles and vice versa. Opportunities for ongoing conversations are also provided to enable both designated Lived Experience workers and people in non-designated roles to better understand and value each other's contribution. This includes opportunities to safely and respectfully ask 'tricky questions' and challenge myths and stereotypes.

At intermediate stages, a wider range of Lived Experience specific training and educational opportunities are available/emerging for various stages of career progression as with other professional groups. Training pathways developed for clinicians may be used or modified for the Lived Experience workforce. Importantly, training is affordable and accessible and continues to allow for multiple pathways into Lived Experience employment.

Maintaining multiple pathways rather than focusing on mandatory tertiary qualifications ensures people who have education disruption and/or other barriers, but still have appropriate work skills and aptitude are not excluded from the Lived Experience workforce.

Embedding trauma-informed practice and understanding of human rights assists a system's shift towards minimising re-traumatisation and upholding the rights of people accessing services. Approaches include whole-of-sector training and/or inclusion of these topics in all higher education across all relevant disciplines.

Human rights training assists understanding of:

- mental health and guardianship laws
- the Declaration of Human Rights and Anti-discrimination laws
- implications for practice.

Training also assists with understanding how mental health review tribunals and inquiries work, and how Lived Experience workers can assist people through these experiences.

Prioritise professional development and improving connections with Lived Experience networks

As with all employees, Lived Experience workers have individual professional development goals and plans. During intermediate stages, professional development allows for opportunities to share knowledge, resources and contemporary evidence, learn about and apply best practice and build networks. Organisations budget for and provide funds to allow access to external professional development including local, state and national opportunities, such as:

- Lived Experience-facilitated supervision (*if not available within the organisation*)
- participation in Lived Experience networks
- Communities of Practice
- attendance and participation in relevant conferences
- continuing education
- other opportunities for learning and reflective practice.

Lived Experience workers are encouraged to apply for scholarships to attend and participate in international events.

Training and development issues for Lived Experience workers in regional, rural and remote areas

To support, retain and grow Lived Experience workers in regional, rural and remote areas, funding bodies/policy makers and individual organisations focus on training and developmental opportunities for employees in these areas. Strategies include:

- Provision of Certificate IV in Mental Health Peer Work training
- Routine and regular training and professional development opportunities
- Options for career development and progression.

See [Section 5](#) for a detailed discussion on Lived Experience work in regional and remote areas.

Training for Lived Experience workers and whole-of-workplace in involuntary settings

Lived Experience workforce in both involuntary and voluntary settings should receive training on mental health laws and the rights of people in involuntary settings, as well as understanding what is coercive practice. The whole-of-workplace receives training and clarity on the role of Lived Experience workforce within these settings. Training is provided to tribunal members, and individuals within the broader legal system, (i.e. lawyers and Legal Aid representatives), on the role of Lived Experience workers.

See [Section 6](#) for a detailed discussion on Lived Experience work in involuntary settings.

Implementation actions

Table 5: 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*.

Co-develop: *Working together for change*



Helpful resources

Development strategy

- Overview of the context and ongoing development of the Lived Experience workforce – *Mental Health Peer Workforce Development Plan*: <http://www.mhcsa.org.au/wp-content/uploads/2018/12/HWA-Mental-health-Peer-Workforce-Study.pdf>
- A variety of resources, reports and a workforce development strategy – *Peer Workforce Development Strategy*: <https://mhct.org/what-we-do/workforce-development/>
- Lived Experience workforce needs assessment, policy direction and areas for ongoing development – *2018–2019 Mental Health Peer Support Workforce Needs Assessment: Report to NT Primary Health Network*: <https://www.ntmhc.org.au/wp-content/uploads/2020/05/Needs-Assessment-Mental-Health-Peer-Support-Workforce.pdf>
- Historical context and operational framework for the Lived Experience workforce with useful examples – *Peer Work Strategic Framework*: <https://waamh.org.au/assets/documents/projects/peer-work-strategic-framework-report-final-october-2014.pdf>
- Comprehensive resource to create accepting workplace culture and embed Lived Experience workers – *A Toolkit for Facilitating Cultural Change*: Contact: Chyrell Bellamy chyrell.bellamy@yale.edu
- *Recovery Oriented Language Guide*: http://www.mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf
- Co-produced resources both for Lived Experience workers and people accessing services – *Peer Zone*: www.peerzone.info
- Brook RED is a Lived Experience-run organisation. Under 'Our Policies' are a suite of documents to help guide policy design for Lived Experience roles – *Leadership Policies*: <https://www.brookred.org.au/leadership-policies>
- *Peer workforce Orientation Information*: <http://peerworkhub.com.au/wp-content/uploads/2016/07/NNSWLHD-Peer-Workforce-information-sheet.pdf>
- *A Providers' Handbook on Developing and Implementing Peer Roles*: http://www.psresources.info/images/stories/A_Providers_Handbook_on_Developing_Implementing_Peer_Roles.pdf

Training, supervision and support

- Internationally available training to build the leadership skills and capacity of the Lived Experience workforce – *LET(s) Lead Academy*: https://medicine.yale.edu/psychiatry/prch/train_consult/academy/
- *Lived Experience Workforce Project (LEWP): Mental Health Peer Supervision Framework*: <https://www.mhcsa.org.au/wp-content/uploads/2020/04/FINAL-LEWP-Peer-Supervision-Framework-111219.pdf>
- Resources for supervisors providing supervision to Lived Experience workers – *Supervision Resources*: <https://www.inaops.org/supervision-resources>
- *National Practice Guidelines for Peer Specialists and Supervisors*: <https://www.peersupportworks.org/wp-content/uploads/2020/08/National-Practice-Guidelines-for-Peer-Specialists-and-Supervisors.pdf>
- *Enhancing the Peer Provider Workforce: Recruitment, Supervision and Retention*: <https://www.nasmhpd.org/content/enhancing-peer-provider-workforce-recruitment-supervision-and-retention>
- *Supervision Guide for Mental Health and Addiction Kaiwhakahaere / Managers*: <https://www.tepou.co.nz/uploads/files/resources/supervision-guide-for-mental-health-and-addiction-kaiwhakahaere-managers.pdf>
- *A Curriculum for Supervisors: Supporting and Learning from the Peer Workforce*. Accessed on: <https://transformation-center.org/wp-content/uploads/2013/07/DMH-Supervisor-Training-Manual-FULL-July2016.pdf>
- *Consumer Perspective Supervision: A Framework for Supporting the Consumer Workforce*: <https://cmhl.org.au/sites/default/files/resources-pdfs/FINAL%20CPS%20framework%2018.pdf>
- *Core Competencies for Peer Workers in Behavioural Health Services*: https://www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies.pdf
- *Intentional Peer Support Core Competencies: Self-assessment Tool*: <https://www.intentionalpeersupport.org/wp-content/uploads/2017/03/IPS-Core-Competencies-1-4-17.pdf>
- Comprehensive list of competencies required for Lived Experience workers – *Peer Support Worker Competence Framework for Mental Health*: https://www.ucl.ac.uk/pals/sites/pals/files/psw_competence_framework_-_full_listing_of_the_competences_consultation_draft.pdf

Chapter 4

Transformation: embedding through learning

At the mature stages of workforce development, effective lived experience practice and principles contribute to transformational change within individual organisations and the sector. This transformation helps actualise key change priorities, particularly, better understanding and implementation of recovery-oriented and person-directed approaches. Additionally, at mature stages, greater whole-of-workforce benefits are increasingly evident, providing a more accepting work culture for all staff. At this stage, the Lived Experience workforce is successfully embedded across all levels of the sector and individual organisations.

The mature stages include some areas for continued development and some indicators that demonstrate Lived Experience workforce development is well established and sustainable.

Leadership and culture

Challenge remaining workplace cultural barriers for Lived Experience workers

To achieve and sustain a truly inclusive workplace culture, it is important to consider the impact of existing cultural norms on Lived Experience workers and their roles. Specifically, traditional corporate culture that Lived Experience workers may find hard to relate to and feel comfortable within.

Nurturing an inclusive corporate culture which embraces different ways of being, becomes a focus for change during the mature stages. Communications that emphasise the Lived Experience role in connection and rapport building – particularly with people who have historically had fraught experiences of service use – can assist in highlighting the value of less formal approaches, which are more welcoming and inclusive for many Lived Experience workers.

Lived Experience roles represent diverse perspectives and cultures

By these stages sustained effort to ensure a diverse Lived Experience workforce contributes to the sector and individual organisations benefiting from the strengths diversity brings. As a result, practice across the sector more frequently reflects understanding of the inter-connection (intersectionality) and the diverse needs of specific experiences, identifications and cultures. Messaging and policies that make explicit commitment to diversity and inclusion are well established and promoted.

Acknowledgement that there are different perspectives across cultures, particularly in relation to concepts of mental health and individual rights and advocacy, helps inform interactions with people from diverse cultural backgrounds. The practice of workers reflects a recognition of different cultural meanings/language used to understand and talk about mental health and Lived Experience roles. The important role of connection to land, community, family, and spirituality for Aboriginal and Torres Strait Islander Peoples is recognised and considered when working with Aboriginal and Torres Strait Islander Peoples and communities.

Individual organisations are recognised as inclusive service providers, employers and workplaces.

Safe sharing of lived experience is prioritised and more available for the whole workforce

Many people in non-designated roles also have a personal lived experience. However, sharing these experiences with colleagues and managers is still relatively rare across the sector and can pose risks to the individual and their career.

A culture of safe sharing for all employees contributes to:

- greater work satisfaction, feelings of being valued and belonging
- feeling supported and safe at work
- a more reflective and confident workforce
- likelihood of earlier help-seeking and decreased severity or longevity of mental health challenges.

At mature stages, strategies to support greater wellbeing for all are increasingly prioritised. By this stage, individual organisations are more adaptable, flexible and open to change, and embrace the role of lived experience in influencing and changing workplace culture. The expertise of designated Lived Experience workers can be used to guide work practices and policies to benefit all employees with a lived experience.

Lived Experience workers contribute to a culture of safe sharing by:

- co-producing initiatives to specifically challenge discriminatory and prejudicial attitudes towards people with lived experience
- leading the production or co-production of training on identifying with lived experience and/or coming 'out'
- leading the production or co-production of training to assist people in non-designated roles to learn how to talk about their lived experience appropriately and effectively.

Additionally, HR managers can routinely draw on and adopt the advice of Lived Experience leaders/research and/or have Lived Experience workers employed within HR teams to co-create more Lived Experience-friendly policies and work practices. Including lived experience as desirable and valued within all position descriptions, not just designated roles, assists in creating a culture of safe sharing.

Developing a culture of safe sharing creates positive impacts for all, including colleagues in non-designated roles, designated Lived Experience workers and people accessing services.

A key area for action includes embedding policies and messages to challenge traditional 'corporate culture' in the workplace and promote better inclusion of Lived Experience workers. Implement strategies to support the wellbeing of all staff and create an environment in which it is safe to disclose, including having 'lived experience' as valued within all roles, not just in designated Lived Experience roles. Ensure HR managers routinely draw on and adopt the advice of Lived Experience leaders/researchers and/or have Lived Experience workers within their teams.

Policies and planning

Areas to consider including in plans include: expanding career pathways for Lived Experience workers, developing additional Lived Experience leadership positions; and ensuring appropriate remuneration and salary packaging arrangements at all levels of employment.

Career progression

Career progression is addressed to ensure Lived Experience workers have career pathways within organisations/the sector, and to avoid skilled and experienced Lived Experience workers leaving to take on more senior positions in other industries/roles. Organisations could consider a Lived Experience worker for roles other than a Lived Experience-specific role e.g. management positions.

If organisations have not already planned for and employed senior Lived Experience roles, this is an essential step to take during the embedding stage.

Senior or Lived Experience leadership roles assist to:

- develop a higher-skilled workforce
- develop a workforce that is purposeful and has greater autonomy
- retain experienced and skilled Lived Experience employees
- provide Lived Experience leadership and greater capacity for change
- provide 'in-house' Lived Experience-led supervision and training development.

Lived Experience roles are employed at all levels of the sector

Lived experience perspectives in positions of influence help protect the authenticity of the roles and advocate for further development. Mature stages include Lived experience at the highest levels of decision-making. This includes authoritative Lived Experience roles across all key mental health and related organisations including:

- funding bodies
- peak bodies
- professional associations
- boards
- reviews
- advisory processes.

Within individual organisations, Lived Experience roles are included in executive governance, on workplace committees, recruitment panels and assisting with induction of all new staff. Diverse Lived Experience roles and perspectives routinely contribute to decision-making during all stages of design and delivery, including planning and development stages, funding/budget creation and evaluation processes. Additionally, Lived Experience roles are employed within HR teams or consulted with to inform policy and practices for all staff.

Similarly, by this stage lived experience perspectives are embedded within funding bodies and boards. Tendering processes also engage the knowledge and expertise of Lived Experience workers. New policies and services are co-produced with people in Lived Experience roles and their perspectives are embedded in critical policy documents and strategies.

Lived Experience roles need to be embedded at all levels of organisations 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.

Person-directed and recovery-oriented service delivery and practice are increased

By this stage, sustained commitment to effective Lived Experience employment includes widespread understanding and valuing of the work, adequate numbers, adequate FTE and Lived Experience leadership roles seen as commonplace. As a result, the sector can expect to have made significant progress on some long-term reform goals, particularly becoming more recovery-oriented and person-directed.

Publicising the role of lived experience in helping achieve these reform goals, continues to build respect for Lived Experience work and strengthens Lived Experience roles as a 'given'. Increased value of individual lived experience as a result of Lived Experience roles, also increases the respect and value shown to people accessing services and the expertise they bring to their own lives and wellbeing.

Continuing transparent reporting, sector-wide auditing and evaluation processes to promote greater accountability towards reform priorities, including Lived Experience workforce development, assists to maintain momentum towards systems transformation.

Progress towards eliminating coercive and restrictive practices

An important task in mature stages is exploring how Lived Experience roles can contribute to the sector goal of eliminating coercive and restrictive practices and taking action to support this. Lived experience contribution to this goal can include:

- increasing understanding of the impacts of restrictive and coercive practices by sharing their personal experiences
- sharing different narratives and ideas for non-restrictive or coercive practices
- specialising in advocacy for people accessing services
- providing alternate support rather than restrictive practices
- leading from the Lived Experience workforce on reducing restrictive practices action plans
- being an integral part of seclusion review committees
- including at least two Lived Experience workers in settings where restrictive practices occur.

Training and development

Education to continue to grow the Lived Experience workforce

At mature stages Lived Experience workers are supported to obtain additional qualifications. This is achieved by provision of specific scholarships for Lived Experience workers to access tertiary training and research higher degrees, as well as study support from individual organisations. The value of lived experience is continually reinforced and Lived Experience workforce have ongoing access to professional development and training across all career stages as a result of committed funding and resources.

Training and development are ongoing

Training identified in earlier stages is periodically revisited to ensure knowledge and practices are cemented and gains are not lost. Training is strengthened through refresher courses, ongoing reflective practice and supervision.

The effectiveness of previous training and development at this stage is evidenced by mutual respect and collaboration as core business. Opportunities for open conversations are routine practice for both designated Lived Experience workers and people in non-designated positions to continue to respectfully and safely discuss how they can best work together.

Mature stages training/professional development is indicated by:

- regular and equal opportunities for professional development and training for all staff
- sufficient funds allocated to ongoing professional development opportunities and considered/included in budgets when creating new Lived Experience roles
- investment in innovation and ‘cutting edge’ knowledge and training
- networking and knowledge sharing, both formally through conferences, and informally through connecting with other Lived Experience workers, is recognised as enhancing practice and valued/budgeted for.

Lived Experience workers are benefiting from a range of effective supervision

A mature supervision system enables an increasingly skilful and effective Lived Experience workforce, whose unique ways of working are beneficial and whose roles remain authentic. At mature stages, individual organisations offer a range of flexible and timely supervision options including Lived Experience-led supervision, ad hoc and formal supervision, internal, external, co-supervision and group reflection.

Access to external Lived Experience supervision is supported by sector-wide resources including registers of external Lived Experience supervisors and by sharing supervision resources between settings and jurisdictions.

Development of a national register of Lived Experience supervisors, could enable Lived Experience workers to choose their preferred type of supervision and supervisor.

Progress Lived Experience workforce development in regional, rural and remote areas

At mature stages funding bodies/policy makers and organisations give priority to developing additional ways to increase access to Lived Experience workers in regional, rural and remote areas.

Strategies include the provision of ‘train the trainer’ workshops to allow ongoing, accessible training within the community. The opportunity to undertake training locally and build capacity ensures skills are not lost if people move away. It also values and enables the greater utilisation of local knowledge. This locally based training may also include a focus on understanding and incorporating cultural practices and benefits. If so, it will need to be co-produced by people from relevant cultural backgrounds and knowledge bases.

Organisations in metropolitan and regional/rural/remote settings may initiate ‘exchange programs’, whereby Lived Experience workers have placements in regional, rural and remote settings, both to learn more about the unique needs of people accessing services in those locations, and to give local service providers with exposure to cutting edge Lived Experience work and concepts.

Transformation actions

At a mature stage in the development of the Lived Experience workforce, the focus starts to shift from actions to support the workforce, towards the observable impact of the Lived Experience workforce on the organisation.

Table 6: Achieving transformation action checklist for employers

Area of focus	What does it mean?
Leadership and workplace culture	Challenge remaining workplace cultural barriers to Lived Experience work
	Understand the potential for tensions between the existing organisational culture the Lived Experience roles. Nurture an inclusive culture which embraces different ways of being, including less formal approaches.
	Lived Experience roles represent diverse cultures and perspectives
	Diversity is embedded across the workforce including the Lived Experience workforce. Practice and policies reflect deep understanding of the inter-connection between a person's different identities and experiences (intersectionality).
Policies and planning	Lived Experience roles are employed at all levels of the organisation
	Lived Experience roles are employed at all levels including executive, governance and boards. Lived Experience roles at various levels routinely contribute to decision-making.
Training and development	Safe sharing of lived experience is more available for the whole workforce.
	The role of lived experience contributes to creating a culture of safe sharing for all employees.
Policies and planning	Sustained commitment to funding and resourcing the Lived Experience workforce
	Reliable funding enables sustainable roles and access to professional development for workers at all career stages.
	Person-directed and recovery-oriented service delivery and practice are increased
	Significant progress has been made towards long-term reform goals.
	Training and development are ongoing
Training and development	Sustained access to professional development and training for Lived Experience workers across all stages. All training identified in earlier stages continues to be revisited to ensure knowledge and practices are embedded and gains are not lost, particularly during staff changes.
	Access to additional education is prioritised to continue to grow the Lived Experience workforce
	Additional qualifications are supported by scholarships and organisationally provided study support.
	Career progression
	Lived Experience workers are now in leadership and specialist roles. These roles provide career pathways, influence change and provide in-house Lived Experience-led supervision.
Leadership and workplace culture	Evaluation contributes to a lived experience informed evidence base
	Regular co-produced auditing, feedback and evaluation of reform and of Lived Experience workforce development are continued to maintain the organisational transformation.
Policies and planning	Lived Experience workers are benefiting from a range of effective supervision
	A mature supervision system offers a range of flexible and timely supervision options. Access to external Lived Experience supervision is supported by sector-wide resources.

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*.

Chapter 5

Development in regional, rural and remote areas

In the rural and remote context, most mental health care, including recovery support and treatment of long-term illness, is delivered by primary and allied health professionals and Non-Government Organisations (NGOs) in the community.

Lived Experience workers can be invaluable in regional, rural and remote areas to understand and meet the needs of the local community and strengthen the mental health supports available locally. If Lived Experience work is to play a key role in transforming the mental health system, it must be embedded in community service systems as well as in large organisations and hospitals. A person seeking mental health services should be able to access direct support from a Lived Experience worker and choose a service approach that best meets their needs, including Lived Experience-led services and recovery-oriented services designed to meet their individual and cultural needs.

Build awareness of the value and unique challenges in regional, rural and remote areas

The first step in workforce development is to develop understanding. Building relationships and dialogue with services and individuals, including Aboriginal and Torres Strait Islander communities in regional, rural and remote areas assists to grow awareness of the distinctive needs of people in regional, rural and remote areas, particularly remote Aboriginal and Torres Strait Islander communities.

Some Lived Experience workers describe the strength in being known and 'out' as someone with lived experience. This allows them to challenge prejudicial attitudes, raise awareness within local community, and become an access point for the community. However, there are also specific challenges.

Additional challenges in remote areas include limited housing and employment, high costs of living, limited choices and access to services, and a very real sense of isolation. Areas for consideration in regional, rural and remote areas include the need to:

- mitigate the risk of being discriminated against within small communities
- enable workers to step out of the role when not working

- be mindful of role 'creep' and extra demands because of limited services
- address limited career opportunities
- consider distance and transport issues
- enable provision of flexible supervision, education and training, including online options
- prioritise culturally appropriate support and training for remote Aboriginal and Torres Strait Islander communities.

Appropriate remuneration and salary packaging arrangements acknowledge any additional costs of living in regional, rural and remote areas, including issues of travel and distance.

Develop the Lived Experience workforce for regional, rural and remote areas

An early step in regional planning for the Lived Experience workforce is to promote the value and benefits of Lived Experience work to service providers and local funding bodies/policy makers.

All organisations involved with the provision of mental health care in regional, rural and remote areas should include strategies for supporting and retaining Lived Experience workers in these areas including:

- innovative models of Telehealth, local development of peer-led supports that can sustain communities who don't get day-to-day access from a Lived Experience worker, the use of email or online forums to access peer support
- hub and spoke models to increase reach
- management support strategies including:
 - regular communication by managers with individual workers and teams
 - strategies to assist with high workload, unrealistic demands and role 'creep'
 - assurance of staff availability to enable other workers to take leave.

Provide training and development opportunities

To support, retain and grow Lived Experience workers in regional, rural and remote areas, funding bodies/policy makers and individual employers will focus on training and developmental opportunities for employees in these areas. Strategies include:

- provision of Certificate IV in Mental Health Peer Work training, including scholarships for people in rural, regional and remote and under-serviced areas, and Aboriginal and Torres Strait Islander Peoples
- training and professional development opportunities, which are routine and regular
- career development and progression options.

Strategies include the provision of 'train the trainer' workshops to allow ongoing, accessible training within the community. The opportunity to undertake training locally and build capacity ensures skills are not lost if people move away. It also values and enables the greater utilisation of local knowledge. This locally based training may also include a focus on understanding and incorporating cultural practices and benefits. If so, it will need to be co-produced by people from relevant cultural backgrounds and knowledge bases.

Organisations in metropolitan and regional/rural/remote settings may initiate 'exchange programs', whereby Lived Experience workers have placements in regional, rural and remote settings, both to learn more about the unique needs of people accessing services in those locations, and provide local service providers with exposure to cutting edge Lived Experience work and concepts.

Co-develop: *Working together for change*



Helpful resources

- *Rural and Regional Community Wellbeing Collaboratives*: <https://www.crrmh.com.au/programs-and-projects/community-wellbeing-collaboratives/>
- The *National Guideline's* companion resource '**Lived Experience workforce role in regional mental health and suicide prevention**' provides a self-assessment tool to assist in regional service planning and workforce development.

Chapter 6

Intensive and involuntary service settings

Mental health intensive care units, involuntary settings and criminal justice settings have been identified as challenging environments for Lived Experience workers, due to the use of involuntary treatment and restrictive practice. Coercive and restrictive practices refer to any intervention or treatment process that either puts pressure on another to act in a certain way or restricts their rights and/or freedom of movement. These practices include seclusion and physical, chemical, mechanical or environmental restraint.

In 2005, all Australian Governments agreed to act to reduce and where possible, to eliminate the use of seclusion and restraint. The National Mental Health Commission states 'there is strong agreement that seclusion and restraint is a human rights issue, that it has no therapeutic value, that it has resulted in emotional and physical harm for consumers and staff, and that it can be a sign of a system under stress. In addition, there is a lack of evidence internationally to support seclusion and restraint use in mental health services.'

Employing a Lived Experience workforce has been shown to contribute to a more recovery-oriented practice and reduce the need for restrictive practices in acute inpatient settings where restrictive practices are prevalent. However, Lived Experience workers employed in restrictive settings may be at higher risk of experiencing re-traumatisation and need to negotiate boundaries. This can also apply to all health workers in the involuntary setting.

Lived Experience workers should not be expected to be involved in the use of restrictive practices. It is inappropriate for clinicians to request the support of Lived Experience workers in implementing these practices. By understanding this and building it into policy and practice, trust and relationships between people accessing services and Lived Experience workers is strengthened and the morale and authenticity of Lived Experience roles is not compromised.

Co-production of Lived Experience position descriptions and appropriate support strategies for involuntary settings is essential to maintain fidelity to the values and principles of Lived Experience work.

Discussion and advice is obtained from Lived Experience leaders and research, regarding how to develop position descriptions for Lived Experience workers within involuntary settings and what supports are needed to undertake those roles.

Position descriptions in all settings, including involuntary settings, must be clear that Lived Experience workers must never be involved, implicitly or explicitly in coercive or restrictive practice.

Training for Lived Experience workers and whole-of-workplace in involuntary settings

Lived Experience workforce in voluntary and involuntary settings should receive training on mental health laws and the rights of people in involuntary settings, as well as understanding what is coercive practice. The whole-of-workplace receives training and clarity on the role of Lived Experience workforce within these settings. Training is provided to tribunal members, and individuals within the broader legal system, (i.e. lawyers and Legal Aid), on the role of Lived Experience workers.

Additional considerations for Lived Experience workers in involuntary settings

Additional strategies for maintaining designated Lived Experience role integrity in involuntary settings include:

- Additional support, supervision and debriefing for Lived Experience workers, as well as for non-designated managers and supervisors.
- Support for all staff to be clear about the functions of designated Lived Experience roles (needing to be aligned with lived experience principles and values).
- Provision of opportunity for all staff to work through tensions between provision of mental health laws and human rights instruments such as the Disability Convention and the Declaration of Human Rights.
- Exploration of research together and invitation to Lived Experience academics and researchers to present at training workshops and meetings.

Lived Experience workers in environments where coercive practices are used can be distressed or re-traumatised. Opportunities to debrief these situations with senior Lived Experience workers are essential.

Progress towards eliminating coercive and restrictive practices

Research has shown that a well supported Lived Experience workforce can reduce restrictive practices in services. However, it is critical that eliminating coercive and restrictive practice is still viewed as the remit of whole workforce and not the responsibility of the Lived Experience workforce.

An important task in mature stages is exploring how Lived Experience roles can contribute to the sector goal of eliminating coercive and restrictive practices and taking action to support this. Lived Experience contribution to this goal can include:

- working with consumers to develop preventative health plans
- increasing understanding of the impacts of restrictive and coercive practices by sharing their personal experiences
- sharing different narratives and ideas for non-restrictive or coercive practices
- providing specialised advocacy for people accessing services
- providing alternate support rather than restrictive practices
- encouraging leadership from the Lived Experience workforce on reducing restrictive practices
- being an integral part of seclusion review committees
- including at least two Lived Experience workers in settings where restrictive practices occur.

Co-develop:

Working together for change



Helpful resources

- Restraint and Seclusion in Mental Health – *Restraint and Seclusion Chief Psychiatrist Standard and Toolkit*. Accessed from: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+Guidelines/mental+health/restraint+and+seclusion+in+mental+health>
- Resources for reducing restrictive practices in mental health services – *Safe in Care, Safe at Work*: <https://www.mentalhealthcommission.gov.au/Mental-health-Reform/Reducing-restrictive-practices>
- *The role of the Victorian Department of Health and Human Services in assisting mental health services to reduce restrictive practices: A case study*: <https://www.mentalhealthcommission.gov.au/getmedia/0937b4e2-5b46-471e-94f2-16ba33927419/NSW-Consumer-Peer-Workers-Forum-Workshop-summary-191029.pdf>
- Stirling, C., Aiken, F., Dale, C. and Uxbury, J. (undated). Reducing restrictive practices checklist. Restraint Reduction Network and Clinical Practice Institute, UK. Accessed from: <https://restraintreductionnetwork.org/wp-content/uploads/2016/11/Reducing-Restrictive-Practices-Checklist.pdf>

Planning and supporting *mental health reform*

Chapter 7

Partnering for workforce development

There are important sector-wide areas for action that are beyond the scope of any individual employer or Lived Experience organisation to address. The responsibility for workforce development sits across a diverse range of jurisdictions, agencies, and professions. Action is required by all stakeholders to ensure the development of the Lived Experience workforce.

A system-wide approach to investment in the personal and family/carer Lived Experience workforces including a sector-wide national workforce strategy and KPIs, is vital for ongoing development. Investment must be sufficient, sustainable, and long-term. It must be informed by Lived Experience-led sources and best practice evidence.

This investment needs to encompass whole-of-sector education on the uniqueness and value of the personal and family/carer Lived Experience workforces, support the expansion of the Lived Experience workforces and improve practical and philosophical support for Lived Experience work. Widespread systems change enables enhanced supportive structures, including industrial relations development, the funding of national peak bodies for the personal and family/carer Lived Experience workforces, appropriate supervision, and policies that protect the authenticity of the work.

The overarching system level priorities align with the recommendations of the Mental Health Productivity Commission and the Royal Commission into Victoria's Mental Health System.

Lived Experience leadership

Co-production is an essential principle for development of the Lived Experience workforce. Where employers have responsibility for engaging Lived Experience expertise in co-production, the lived experience sector must have the capacity to respond.

Specific tasks identified in the *National Development Guidelines* that require Lived Experience leadership and meaningful co-production include:

Educate	Invest in whole-of-sector education on the uniqueness and value of the personal and family/carer Lived Experience workforces. Funders, policy makers and sector leaders also need education in the value and contribution of the Lived Experience workforce, in order to make informed decisions about workforce development.
Engage	Higher education and mental health professional bodies to encourage embedding understanding of the uniqueness and value of Lived Experience work, personal recovery, and person-directed approaches in all accredited and ongoing professional development and tertiary qualifications.
Establish	Data collection evaluation and auditing mechanisms to measure success and opportunities for ongoing development. Collect benchmark data and continue to expand the knowledge/evidence-based, with particular emphasis on diverse perspectives and those in regional, rural and remote areas.
Enable	Networking, professional learning and development opportunities, expand career pathways and provide a wide range of education and training options while maintaining multiple pathways to employment.

Professionalisation of the Lived Experience workforce

A Profession is a coherent group of individuals who agree to work within a specific code of ethics and who develop, and continue to develop, their skills based on a widely recognised body of evidence and educational qualifications (Australian Council of Professions, 2003). For recognition of Lived Experience work as a distinct profession, there is a need to develop one or more peak bodies to drive professional development.

There is currently a strong push for increased professionalisation of the Lived Experience workforce. As a result, greater emphasis is being placed on qualifications and accredited training. This push towards professionalisation is reflected in the recent draft Productivity Report and the Commission's feasibility study on professionalisation for peer support roles. Recommendations for increasing professionalisation include establishing national professional peak bodies for the personal and family/carer Lived Experience workforces and expanding training and qualifications for Lived Experience workers.

Professionalisation is expected to increase consistency in the employment, pay levels, workplace strategies and supports available to Lived Experience workers, provide greater clarity, structure, and formalisation of roles and lead to more accountability for organisations.

Some key considerations have also been raised in relation to professionalisation, including the need to:

- consider the "grassroots" origins of peer-to-peer work and the consumer movement and how to increase opportunities for social change
- maintain the values of mutuality and egalitarianism of Lived Experience workers and avoid a hierarchy of Lived Experience workers based on certification/ qualifications
- ensure mandatory qualifications do not exclude people who have had disruptions to their education, may not have an aptitude for formal education, or have literacy or language barriers that may prohibit success in formal education but do not restrict engaging effectively in peer support and other direct support or advocacy roles.

All movement towards professionalisation must ensure the value of lived expertise is upheld, and adequate funding and time must be allowed to ensure all education and training is Lived Experience-led and/or co-produced. As with all aspects of Lived Experience workforce development, maintaining the authenticity and uniqueness of the roles is paramount.

Recommendations include establishing national professional peak bodies for the personal and family/carer Lived Experience workforces and expanding training and qualifications for Lived Experience workers that is co-produced and Lived Experience-led. National bodies need to be specifically focused on workforce issues and paid lived experience participation and roles. This role is distinct from that of existing consumer/carer peak bodies and new bodies are therefore required to represent the interests and rights of Lived Experience work as a discrete discipline.

Issues for professionalisation of the workforce are discussed in more detail in: *Towards Professionalisation:*

<https://www.mentalhealthcommission.gov.au/getmedia/97a154cd-7b72-4577-9562-4077c33820d2/Towards-Professionalisation-literature-review>

Priorities for Lived Experience leadership

Clarify

- ✓ Lead and/or co-produce Lived Experience-led training on lived experience values and concepts and how to work collaboratively with the Lived Experience workforce.
- ✓ Pro-actively support better understanding and support for the distinct needs of people in rural, regional and remote areas.
- ✓ Ensure language and concepts are not exclusively focused on Western definitions and practices.
- ✓ Use organisational self-assessment tools to assess the current stages of readiness/Lived Experience workforce development and plan for future development.

Commit

- ✓ Promote and maintain the fidelity of Lived Experience work including the values and principles described in the *National Development Guidelines*, and the profession's origins in the consumer movement.
- ✓ Promote concepts and language that are appropriate and inclusive for people from diverse experiences, identifications and backgrounds which helps create a more inclusive culture. Progress development of independent Lived Experience workforce peak bodies to liaise with funding bodies/policy makers, government, organisations, training developers and researchers for ongoing identification of need and advocacy.

Co-develop

- ✓ Co-design and develop a fidelity measure for co-production to guide the development and implementation of meaningful co-production within organisations.
- ✓ Develop training and education opportunities for various stages of career progression.
- ✓ Co-design training and resources to support embedding of trauma-informed practice for all relevant professionals.
- ✓ Develop a role fidelity measure to assist organisations in the development and supervision of Lived Experience roles.
- ✓ Co-develop framework/Guidelines for Aboriginal and Torres Strait Islander specific lived experience.
- ✓ Create and regulate a national register of Lived Experience supervisors.
- ✓ Explore the development of Lived Experience-led, Lived Experience-specific qualifications within the higher education and Vocational Education and Training (VET) sector, ensuring that there are multiple pathways to join the Lived Experience workforce.

Learn and embed

- ✓ Continue to build the evidence base for the value of Lived Experience roles, particularly the theoretical underpinnings of the work.
- ✓ Engage in sector-wide auditing and evaluation processes.
- ✓ Guide the development and ongoing facilitation of a formal sector-wide network and/or learning collaborative to assist organisations with mentoring, knowledge sharing opportunities, and progress Lived Experience workforce development.
- ✓ Develop industrial relations awards and conditions for the Lived Experience workforce.
- ✓ Contribute to eliminating coercive and restrictive practice and providing alternatives.
- ✓ Build-in targeted strategies to ensure inclusion of people with diverse experiences, identifications and backgrounds within the Lived Experience workforce and leadership groups.
- ✓ Build greater understanding of culturally appropriate language and concepts within the Lived Experience and broader mental health workforce.
- ✓ Co-produce and lead initiatives to further challenge discriminatory and prejudicial attitudes in the workplace and contribute to a culture of safe sharing for non-designated workers with Lived Experience.
- ✓ Co-produce education on the uniqueness and value of the Lived Experience workforce as part of ongoing and accredited professional development and tertiary qualifications for other mental health disciplines.

Chapter 8

Priorities for funding and service commissioning

Future funding structures and systems will need to adapt to a new Lived Experience workforce. Funding bodies and sector wide policy makers can facilitate development of the Lived Experience workforce by prioritising workforce development projects, investing substantially and sustainably in Lived Experience work.

Ensure that funding decisions are based on a clear understanding of Lived Experience work

To ensure that approaches to policy, funding and service commissioning are informed by lived experience sources and best practice evidence, funding bodies and commissioning agencies:

- ✓ Develop understanding of Lived Experience work. Leaders and staff participate in Lived Experience-led training.
- ✓ Acknowledge diversity and cultural differences in relation to concepts of mental health and the implications for policy, service design and service standards.
- ✓ Create leadership roles for Lived Experience within funding bodies, including government bodies and service commissioning bodies to increase the priority of Lived Experience work in funding and policy guidelines.
- ✓ Ensure that funding and commissioning guidelines are informed by best practice as discussed in the *National Development Guidelines* and prioritise Lived Experience workforce development.
- ✓ Assess tenders, submissions and policy initiatives in co-production with Lived Experience workers.
- ✓ Review periodically the outcomes and impacts of Lived Experience workforce initiatives across funded programs and services. Engage Lived Experience leaders and workers in any review process.

Priorities for funding reflect the *National Development Guidelines*

Design funding and commissioning guidelines for mental health services that prioritise:

Co-designed and co-produced services

- ✓ Co-design and co-production.
- ✓ Development of the Lived Experience workforce.
- ✓ Long-term sustainable projects.
- ✓ Sustainable funding for existing and new Lived Experience-run or Lived Experience-led organisations.

Lived Experience-led or run organisations can provide an invaluable resource to guide and provide clarity on authentic Lived Experience work. Although presently Australian Lived Experience workforce development is predominantly occurring in multi-disciplinary settings, in other parts of the world Lived Experience-run services are more prevalent. Australian research supports the need for greater funding and priority given to Lived Experience-run services, particularly to assist role clarity, provide support and supervision opportunities for the Lived Experience workforce, and help mentor other organisations to better support their Lived Experience workforce.

Sustained commitment to professionalisation

Funding the development and adequate resourcing of national and state peak bodies for the personal and family/carer Lived Experience workforces is a priority for workforce development. These professional bodies should be specifically focused on workforce issues/paid Lived Experience work and distinct from consumer/carer peak bodies, representing the interests and rights of Lived Experience workers in designated roles.

Adequate funding and time is required to ensure all movement towards professionalisation of the Lived Experience workforce, including development and delivery of education and training, is Lived Experience-led, evidence-based and informed by the collective.

The actions for Lived Experience agencies are identified in [Section 7](#) of these *National Development Guidelines*. These provide a checklist for funding priorities.

Workforce development

Prioritise funding to support employers to engage a thriving Lived Experience workforce:

- ✓ **Awareness and Understanding:** Lived Experience-led training for the whole sector to build understanding and perceived value of Lived Experience work and principles and support the growth of the Lived Experience workforce.
- ✓ **Employment Opportunities:** Sustainable and secure funding to develop and grow the Lived Experience workforce, with a particular focus on:
 - projects meeting the needs of regional, rural and remote areas
 - projects to commence a Lived Experience workforce for the first time
 - sustainable funding for existing and new Lived Experience-run or Lived Experience-led organisations
 - increasing Lived Experience leadership positions and specialist roles.
- ✓ **Professional Development:** upskilling the Lived Experience workforce across the career span from entry to leadership through funding for:
 - development of Lived Experience-produced and led entry-level training
 - affordable and accessible educational opportunities that maintain multiple pathways into Lived Experience employment rather than mandatory accreditations/qualifications
 - increase in positions in the Certificate IV in Mental Health Peer Work, particularly in rural, regional and remote locations and for Aboriginal and Torres Strait Islander Peoples
 - positions at conferences, symposiums and other professional development scholarships for Lived Experience workers
 - professional development opportunities for development of leadership skills
 - scholarships for research higher degrees which are Lived Experience specific
 - projects that provide alternative pathways for learning and recognition of prior learning such as paid apprenticeships/traineeships and on-the-job training approaches.

Knowledge generation: Lived Experience research

Prioritise the collection and analysis of data on the Lived Experience workforce to generate new knowledge and inform future policy and guidelines:

- ✓ Collection of data on the Lived Experience workforce. There is currently a lack of data on this workforce and collection is essential as a foundation for monitoring workforce development.
- ✓ Lived Experience produced and co-produced research/evaluations regarding Lived Experience concepts and work to develop the evidence base and inform evidence-based practice.
- ✓ Outcome measures that align with recovery, person-directed and trauma-informed approaches.
- ✓ Research with significant engagement of the collective Lived Experience workforce to define the theoretical underpinnings of the Lived Experience workforce and inform future development of training, education and qualifications.
- ✓ Lived experience specific research fellowships across the career span.
- ✓ Research to explore cultural and language barriers to engagement with mental health services and Lived Experience work.
- ✓ Research to better understand family/carer roles, including similarities and differences between family/carer roles and personal Lived Experience roles.
- ✓ Research to gain evidence on alternatives to coercive and restrictive practice.

Achieving change in mental health services and systems will take time. To be effective, the Lived Experience workforce needs to be sustained for the long-term. The development of funding, policy and service planning approaches that are able to support Lived Experience workforce development is both an immediate need and an ongoing commitment.

Appendices

Appendix 1 Key sources that informed the <i>National Development Guidelines</i>	69
Appendix 2 Policies, frameworks and guides related to the <i>National Development Guidelines</i>	71
Appendix 3 Peak agencies	72
Appendix 4 Guideline development process and evidence base	73

Appendix 1

Key sources that informed the National Development Guidelines

- Bennetts, W., Pinches, A., Paluch, T., & Fossey, E. (2013). Real lives, real jobs: Sustaining consumer perspective work in the mental health sector. *Advances in Mental Health*, 11(3), 313-326
- Byrne, L. (2014). *A grounded theory study of Lived Experience mental health practitioners within the wider workforce*. Unpublished doctoral thesis. Central Queensland University, Rockhampton, Australia. Retrieved from <http://hdl.cqu.edu.au/10018/1018670>
- Byrne, L., Happell, B., & Reid-Searl, K. (2015). Recovery as a Lived Experience discipline: A grounded theory study. *Issues in Mental Health Nursing*, 36(12), 935-943. doi:10.3109/01612840.2015.1076548
- Byrne, L., Happell, B., & Reid-Searl, K. (2016). Lived Experience practitioners and the medical model: World's colliding? *Journal of Mental Health*, 25(3), 217-223. doi:10.3109/09638237.2015.1101428
- Byrne, L., Happell, B., & Reid-Searl, K. (2017). Acknowledging rural disadvantage in mental health: Views of peer workers. *Perspectives in Psychiatric Care*, 53(4), 259-265. doi:10.1111/ppc.12171
- Byrne, L., Happell, B., & Reid-Searl, K. (2017). Risky business: Lived Experience mental health practice, nurses as potential allies. *International Journal of Mental Health Nursing*, 26(3), 285-292. doi:10.1111/inm.12245
- Byrne, L., Roennfeldt, H., Davidson, L., Miller, R., & Bellamy, C. (manuscript in review). To disclose or not to disclose? Peer workers impact on the culture of disclosure for mental health professionals with Lived Experience
- Byrne, L., Roennfeldt, H., & O'Shea, P. (2017). *Identifying barriers to change: The Lived Experience worker as a valued member of the mental health team*. Retrieved from: <https://www.qmhc.qld.gov.au/documents/identifyingbarrierstochangesummaryreportpdf>
- Byrne, L., Roennfeldt, H., O'Shea, P., & Macdonald, F. (2018). Taking a gamble for high rewards? Management perspectives on the value of mental health peer workers. *International Journal of Environmental Research and Public Health*, 15(4), 746. doi:10.3390/ijerph15040746
- Byrne, L., Roennfeldt, H., Wang, Y., & O'Shea, P. (2019). 'You don't know what you don't know': The essential role of management exposure, understanding and commitment in peer workforce development. *International Journal of Mental Health Nursing*, 28, 572-581. doi:10.1111/inm.12562
- Byrne, L., Roper, C., Happell, B., & Reid-Searl, K. (2019). The stigma of identifying as having a Lived Experience runs before me: Challenges for Lived Experience roles. *Journal of Mental Health*, 28, 260-266. doi:10.1080/09638237.2016.1244715
- Byrne, L., Stratford, A., & Davison, L. (2018). The global need for Lived Experience leadership. *Psychiatric Rehabilitation Journal*, 41(1), 76-79. doi:10.1037/prj0000289
- Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., & Darwin, L. (2019). *Queensland Framework for the Development of the Mental Health Lived Experience Workforce*. Queensland Government: Brisbane
- Byrne, L., & Wykes, T. (2020). A role for Lived Experience mental health leadership in the age of covid-19. *Journal of Mental Health*. doi:10.1080/09638237.2020.1766002
- McKenna, R., McKenna, V., Smith, D., Turner, J., Von Helle, S., & L. Garrett. (2018). *We are not the problem: We are part of the solution – Indigenous Lived Experience project report*. The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention and BlackDog Institute
- Fong, T., Stratford, A., Meagher, J., Jackson, F., & Jayakody, E. (2018). *Peer work in Australia: A new future for mental health*. Australia: Richmond PRA Ltd
- Gillard, S., Gibson, S., Holley, J., & Lucock, M. (2015). Developing a change model for peer worker interventions in mental health services: A qualitative research study. *Epidemiology and Psychiatric Sciences*, 24(5): 435-445. doi:10.1017/S2045796014000407
- Gooding, P., McSherry, B., Roper, C., & Grey, F. (2018). *Alternatives to coercion in Mental Health settings: A literature review*. Melbourne: Melbourne Social Equity Institute, University of Melbourne
- Happell, B., Bennetts, W., Harris, S., Platania-Phung, C., Tohotoa, J., & Byrne, L. (2015). Lived Experience in teaching mental health nursing: Issues of fear and power. *International Journal of Mental Health Nursing*, 24(1), 19-27. doi:10.1111/inm.12091
- Happell, B., Scholz, B., Gordon, S., Bocking, J., Ellis, P., Roper, C., ... & Platania-Phung, C. (2018). "I don't think we've quite got there yet": The experience of allyship for mental health consumer researchers. *Journal of psychiatric and mental health nursing*, 25(8), 453-462
- Ibrahim, N., Thompson, D., Nixdorf, R., Kalha, J., Moran, G. et al., (2020). A systematic review of influences on implementation of peer support work for adults with mental health problems. *Social Psychiatry and Psychiatric Epidemiology*, 55:285-293. <https://doi.org/10.1007/s00127-019-01739-1>
- Jackson, F., & Fong, T. (2017). Why not a peer worker. *Mental Health and Social Inclusion*, 21(3), 176-183. doi:10.1108/MHSI-03-2017-0018
- Jones, N., Byrne, L., & Carr, S. (2020). If not now, when? COVID-19, Lived Experience, and a moment for real change. *Lancet Psychiatry*. doi.org/10.1016/S2215-0366(20)30374-6

Appendix 1

Key sources that informed the National Development Guidelines

- King, A., Brophy, L., Fortune, T., & Byrne, L. (2020). Negotiating hybrid identities: A scoping review of factors that impact mental health professionals' sharing of their Lived Experience in the workplace. *Psychiatric Services*. <https://doi.org/10.1176/appi.ps.201900606>
- King, A.J. and Simmons, M.B. (2018). A Systematic Review of the Attributes and Outcomes of Peer Work and Guidelines for Reporting Studies of Peer Interventions. *Psychiatric Services*; Sep 1;69(9): 961-977. doi: 10.1176/appi.ps.201700564
- Legere, L. (2015). A providers' handbook on developing and implementing peer roles. Retrieved from: http://www.psresources.info/images/stories/A_Providers_Handbook_on_Developing_Implementing_Peer_Roles.pdf
- Mead S., & MacNeil C. (2006). Peer support: What makes it unique? *International Journal of Psychosocial Rehabilitation*, 10 (2), 29-37
- Mental Health Coalition South Australia (2018). *NGO mental health Lived Experience workforce standards and Guidelines*. Retrieved from: <https://www.mhcsa.org.au/toolkit/>
- Mental Health Coalition South Australia (2018). *Mental health peer supervision framework*. Retrieved from: <https://www.mhcsa.org.au/wp-content/uploads/2020/04/FINAL-LEWP-Peer-Supervision-Framework-111219.pdf>
- Mental Health Coalition South Australia (2018). *NGO CALD mental health Lived Experience workforce standards & Guidelines*. Retrieved from: http://www.mhcsa.org.au/wp-content/uploads/2018/09/LEW-CALD-Guidelines_.pdf
- Mental Health Coalition South Australia, NGO Mental Health Lived Experience Workforce Program (2018). *NGO Aboriginal mental health Lived Experience workforce standards and Guidelines*. Retrieved from: https://www.mhcsa.org.au/wp-content/uploads/2018/09/LEW-Aboriginal-Guidelines_.pdf
- Moyer, B., MacAllister, J., & Soifer, M. L. F. S. (2001). *Doing democracy: The MAP model for organizing social movements*. New Society Publishers
- NSW Mental Health Commission, Peer Work Hub, Starting a Peer Workforce. Retrieved from: <http://peerworkhub.com.au/>
- NSW Mental Health Consumer Workers Committee and NSW Consumer Advisory Group – Mental Health Inc (2013). *Consumer Workers' Project: Framework for the NSW Public Mental Health Consumer Workforce*. Retrieved from: <https://being.org.au/wp-content/uploads/2015/06/Framework-2013-sent-to-CAC-270913.pdf>
- Perez, J. and Kidd, J. (2015). Peer support workers: an untapped resource in primary mental health care. *Primary Health Care*; 7(1):84–87
- Productivity Commission. (2019). *Mental Health Productivity Commission draft report*. Retrieved from: <https://www.pc.gov.au/inquiries/current/mental-health/draft/mental-health-draft-overview.pdf>
- Roennfeldt, H., & Byrne, L. (2020). How much 'Lived Experience' is enough? Understanding mental health Lived Experience work from a management perspective. *Australian Health Review*. doi.org/10.1071/AH19261
- Roennfeldt, H., & Byrne, L. (2019). *Skin in the game: The professionalisation of Lived Experience roles in mental health*. Paper presented at the *Professional Futures Conference: Challenges and Opportunities for 21st Century Professions*, Gold Coast, Australia
- Scottish Recovery Network (2012). *Experts by experience: values framework for peer working*. Retrieved from: https://scottishrecovery.net/wp-content/uploads/2012/10/SRN_Values_Framework_Peer_Working_reprint_2013.pdf
- Te Pou (2020). *Peer workforce values*. Retrieved from: <https://www.tepou.co.nz/initiatives/peer-workforce-values/24>
- Te Pou (2014). *Service user, consumer and peer workforce: A guide for managers and employers*. Retrieved from: <https://www.tepou.co.nz/resources/service-user-consumer-and-peer-support-workforce--a-guide-for-managers-and-employers>
- Trachtenberg, M., Parsonage, M., Shepherd, G. and Boardman, J. (2013). *Peer support in mental health care: is it good value for money?* Centre for Mental Health, Report. 2013
- Watson, E. and Meddings, S. (2019). *Peer Support in Mental Health*. Red Globe Press/McMillan International. ISBN: 978-1-352-00506-6
- Western Australian Association for Mental Health (2014). *Peer work strategic framework*. Retrieved from: <https://waamh.org.au/assets/documents/projects/peer-work-strategic-framework-report-final-october-2014.pdf>

Appendix 2

Policies, frameworks and guides related to the *National Development Guidelines*

- Department of Health and Human Services, Victoria (2019). *Lived Experience Engagement Framework*. State of Victoria. ISBN 978-1-76069-763-1 Available at: Mental health Lived Experience framework: <https://www.dhhs.vic.gov.au/publications/mental-health-lived-experience-engagement-framework>
- Mental Health Commission of NSW (MHCNSW) (2018). *Lived Experience Framework for NSW*. State of New South Wales: <https://www.nswmentalhealthcommission.com.au>
- Mental Health Coalition of South Australia (MHCSA) (undated). *Lived Experience Workforce Toolkit for Organisations*: <https://www.mhcsa.org.au/toolkit/>
- Mental Health Council of Tasmania (2019). *Peer Workforce Development Strategy*. State of Tasmania. https://mhct.org/wp-content/uploads/2019/11/MHCT_PWDS-Web.pdf
- National Eating Disorders Collaboration (NEDC) (2019). *Developing a Peer Workforce for Eating Disorders*. www.nedc.com.au – Peer Work Resources
- NSW Mental Health Commission. Peer Work Hub, *Starting a Peer Workforce*. <https://peerworkhub.com.au>
- Northern Territory Mental Health Coalition (NTMHC) (2019). 2018 – 2019 Mental Health Peer Support Workforce Needs Assessment. Report to NT Primary Health Network October 2019
- Queensland Government (2019). *Queensland Framework for the Development of the Mental Health Lived Experience Workforce*. (Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., 2019).
- Wellways (2019). *Peer Workforce Framework*. https://media.wellways.org/inline-files/ww535_PeerWorkforceFramework.pdf
- Western Australia Association for Mental Health (WAAMH) (2014). *Peer Work Strategic Framework for the Mental Health and Alcohol and Other Drugs Sectors in WA*. <https://waamh.org.au/assets/documents/projects/peer-work-strategic-framework-report-final-october-2014.pdf>

Appendix 3

Peak agencies

The below lists the peak agencies for the Lived Experience workforce, peak agencies are either a Lived Experience workforce trade or advocacy group, or an overall association of groups allied to the Lived Experience workforce.

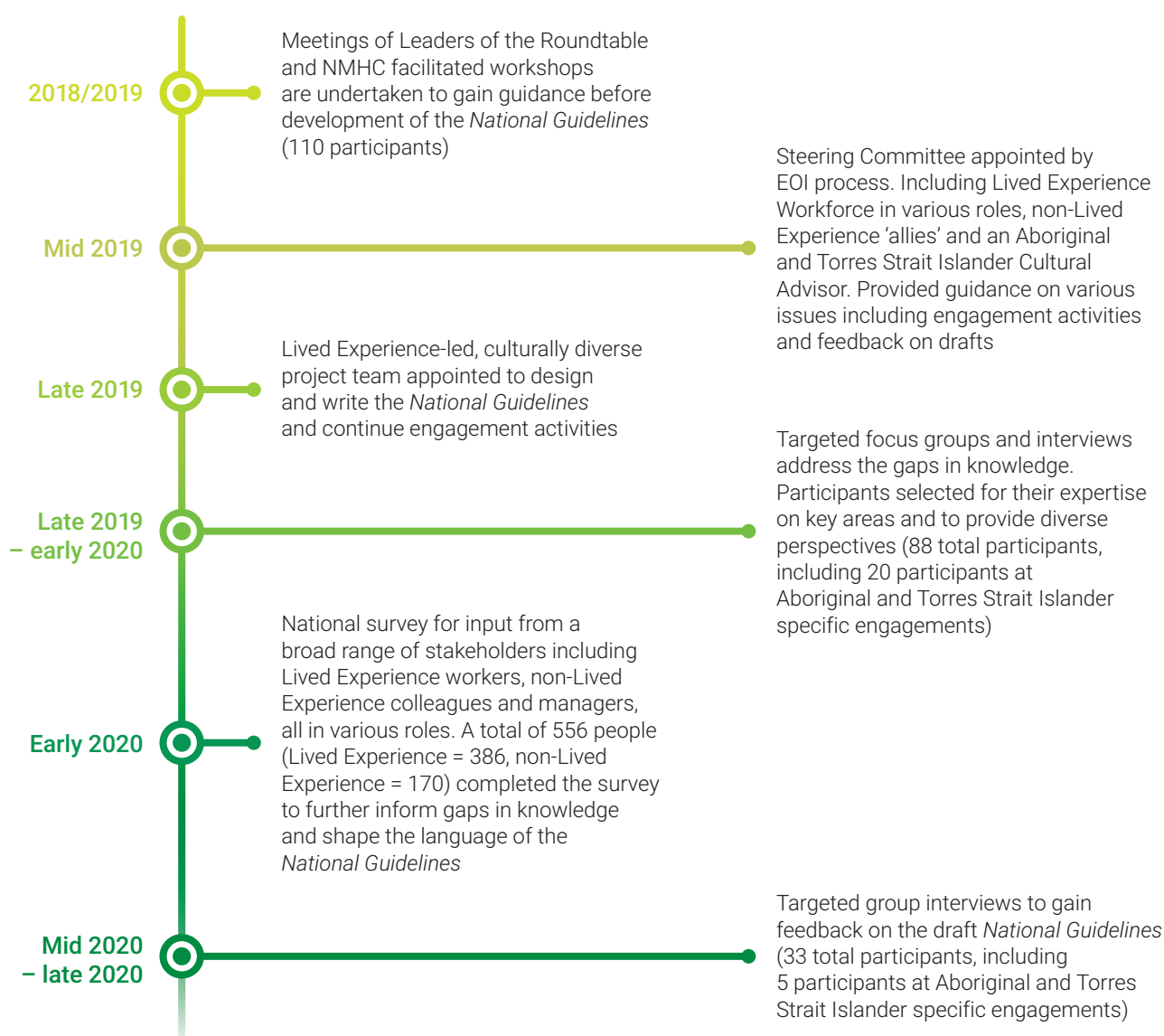
Peak agency	Jurisdiction	Consumer/family/carer workforce
ACT Mental Health Consumer Network	ACT	Consumer Peak
Being	NSW	Consumer Peak
CLEW (Carer Lived Experience Workforce)	VIC	Carer Network
CoMHWA	WA	Consumer Peak
Flourish	TAS	Consumer Peak
LELAN	SA	Consumer Peak
Lived Experience Australia <i>formerly the Private Mental Health Consumer Carer Network (Australia) Limited</i>	National	Consumer/Carer Peak for people accessing private mental health services
Mental Health Carers Australia	National	Carer Peak
Mental Health Carers NSW	NSW	Carer Peak
Mental Health Family and Friends Tasmania <i>Formerly Mental Health Carers Tasmania</i>	TAS	Carer Peak
National Mental Health Consumer and Carer Forum	National	Consumer/Carer Peak
NSW Consumer Peer Workers' Committee	NSW	Lived Experience Public Mental Health Workforce Peak
PHN MHLEEN	National	Lived Experience Network
QLEWN	QLD	Lived Experience Workforce Peak
TANDEM	VIC	Carer Peak
TEMHCO (Top End Mental Health Consumer Organisation)	NT	Consumer Peak
VMIAC	VIC	Consumer Peak
WA Peer Supporters Network	WA	Consumer/Carer Peak

Appendix 4

Guideline development process and evidence base

Confirming the key focus areas

The National Mental Health Commission's 2014 Review contained initial recommendations for key focus areas of the *National Development Guidelines*. In addition, other key sources helped inform the *National Development Guidelines*. Key sources included, Lived Experience-led research, Lived Experience workforce guidelines/frameworks produced in Australian jurisdictions and mapping national and international industry publications. All the sources were cross-referenced to confirm the key focus areas and identify gaps in knowledge. Where gaps were identified, engagement and participation strategies were used to provide further information.



Appendix 4

Guideline development process and evidence base

Engagement and participation strategies

The *National Development Guidelines* were developed in collaboration with multiple stakeholders including people with personal or direct lived experience (consumers), families/carers, designated Lived Experience workers, people working for government departments, mental health commissions, managers/employers, and non-designated colleagues. Across the engagement activities 787 people participated. All engagement activities sought diverse perspectives to ensure a broad range of views, experiences, identifications and cultural perspectives were included.

Diversity and inclusion strategies

Diverse perspectives were a key consideration from the outset and were included on the Steering Committee and at the Lived Experience leader's roundtable. Diversity of sectors was also represented by Lived Experience workers employed in the public sector, community mental health organisations, private sector and academia.

The project team included two Aboriginal and Torres Strait Islander Cultural Advisors with significant expertise in consultation and policy, to lead Aboriginal and Torres Strait Islander specific engagements, and provide guidance, input and feedback on the overall document from concept design to final draft. One team member also comes from a culturally and linguistically diverse background and has conducted research on the experiences of people who come from culturally and linguistically diverse backgrounds.

Insight and input from a Lesbian, Gay, Bisexual, Transgender, Intersex, Queer/Questioning, Asexual and many others (LGBTQIA+) perspective was not only gained through the focus groups and interviews but also by multiple research team members who identify as LGBTQIA+ and have conducted research specifically relating to LGBTQIA+ experiences.

Lived Experience roles operate from various specialist perspectives and skill sets. In addition to significant engagement with Aboriginal and Torres Strait Islander Peoples, targeted input and engagement included people from culturally and linguistically diverse backgrounds, people identifying as LGBTQIA+, people with disability, people from rural and remote communities, people with experience of involuntary treatment, people with specialities and experience in: eating disorders; suicide; disability; neurodiversity; young people, and a variety of experiences with trauma. Previous engagement and research by the project team which directly informed the *National Development Guidelines* also included the perspectives of members of the Deaf community, veterans, people with experiences of hearing voices, homelessness, the criminal justice system, alcohol and other drug use or dependence. However, engagement with diverse perspectives was representative rather than exhaustive and further work to understand the needs of specialist perspectives and experiences is highly recommended.

