



Queensland Framework

for the Development of the

Mental Health Lived Experience Workforce

Purpose of the framework

The purpose of this framework is to support the development and expansion of lived experience roles across Queensland. It is intended to be broad, flexible, adaptive and evolving over time. The framework seeks to strengthen understanding and collaboration across the mental health sector and contribute to more effective services and better outcomes for people accessing services.

The framework is a tool to assist and guide organisations across sectors and along all stages of lived experience workforce development. It is anticipated the framework will provide a guiding document for widespread use in the public, non-government and private sectors to inform development of the lived experience workforce and improve lived experience employment and collaboration within mental health settings.

The framework is comprised of a suite of resources that together provide a comprehensive package to cover different aspects of lived experience workforce development and provide guidance to identify effective lived experience practice and employment.

- The framework aims to increase understanding of lived experience value and functions and provide clear information for organisations on how to structure and support lived experience roles.
- The Summary provides a brief overview of the framework.
- The Poster provides a snapshot of the key focus areas of the framework that can act as a handy reference in the workplace.

- The *Role Titles and Descriptions for Mental Health Lived Experience Workforce Development* document provides a guide to assist organisations to design meaningful lived experience roles and can be used in conjunction with the framework.
- The *Queensland Framework for the Development of the Mental Health Lived Experience Workforce* report provides greater detail of the process, reference lists of literature that informed the work, detailed literature mapping and summaries of the survey data.

All documents in the package are available for download from the Queensland Mental Health Commission's website: qmhc.qld.gov.au/engage-enable/lived-experience-led-reform/peer-workforce

Our collective hope is that organisations not only access and endorse the framework package but also proactively seek and create opportunities to work together, share resources and learning.

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We wish to pay respect to Aboriginal and Torres Strait Islander Elders, past, present and emerging, and acknowledge the important role of Aboriginal and Torres Strait Islander peoples, their culture and customs. In doing so, we acknowledge the unique and diverse cultures of Australia's First Nations people. This includes the distinct differences between Aboriginal cultural practices and protocols and those of Torres Strait Islander peoples.

We demonstrate our pledge and commitment to closing the gap in Aboriginal and Torres Strait Islander peoples' mental health and do so by supporting the Gayaa Dhuwi (Proud Spirit) declaration. 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.

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

We acknowledge people with a lived experience of mental health, alcohol and other drug challenges, their families and significant others. We stand in solidarity, with hope that anyone may go on to live a purposeful and meaningful life of their own choosing. We give particular acknowledgment to the pioneers in the lived experience, consumer and carer movement who paved the way for the possibilities that exist today.

This project was advocated for by lived experience leaders, funded by the Queensland Mental Health Commission and led and co-produced by researchers who identify as having a personal lived experience of significant mental health challenges, service use and periods of healing.

Suggested citation

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

Factors that drive the need for the framework

The potential benefits of lived experience workers are many and varied, with value identified for organisations, colleagues and people accessing services.

Benefits for people accessing services

Mutuality

Increased empathy

Foster a sense of belonging/community

More equitable relationships

Lived understanding aids trust

Living example of hope

Rapport/connection

Advocacy

Benefits for all

Hope and optimism

Greater wellbeing and inclusion

Reduced need for ongoing formal support and hospitalisation

Benefits for organisations and colleagues

Contribute to more person-directed services

Contribute to greater recovery understanding/orientation

'Bridge' of understanding between people and accessing services and colleagues in traditional roles

Contribute to more positive/inclusive/flexible work culture

Respecting and valuing lived experience in the mental health workforce is broader than just designated lived experience roles. It provides depth to person-directed approaches by acknowledging the expertise each individual holds regarding their own life and mental wellbeing. It can also promote a workplace culture in which it is safe for people in non-designated roles to disclose.

Meaningful inclusion of lived experience workers provides strong alignment with an ongoing service transformation agenda and efforts including *The Fifth National Mental Health and Suicide Prevention Plan*¹ and *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023*² and is seen to provide a benchmark for contemporary, recovery-orientated, person-directed service delivery.

However, the employment conditions and outcomes for lived experience work are highly variable and 'ad hoc'. While current national and state guidelines strongly recommend further development of lived experience work, there is currently no accountability or auditing. Additionally, lack of exposure to and understanding of the roles often impacts the perceived value or acceptance of roles. A lack of award wage, union or dedicated peak body also impacts negatively on the working conditions of many. Consequently, both lived experience workers and organisations face challenges embedding this still emerging workforce. Due to the challenges identified, there is a call for greater structures and formalisation of the lived experience workforce to ensure equity, but which still allow for essential flexibility within individual roles.

1 Council of Australian Governments, *The fifth national mental health and suicide prevention plan*. 2017, Canberra: Commonwealth of Australia
www1.health.gov.au/internet/main/publishing.nsf/Content/mental-fifth-national-mental-health-plan

2 Queensland Mental Health Commission, *Shifting minds: Queensland Mental Health, Alcohol and Other Drugs Strategic Plan 2018–2023*. 2018, Brisbane: Queensland Mental Health Commission qmhc.qld.gov.au/shifting-minds

Approach to developing the framework

Background

In November 2017, a group of lived experience leaders from across Queensland organised a one-day workshop to discuss lived experience-led research findings³ in relation to lived experience workforce development and consider implications for the state.

Following this event, these leaders provided a position paper to the Queensland Mental Health Commission (the Commission) outlining the recommendations they felt should be prioritised. Following discussions it was determined that developing a framework to assist organisations to implement the research findings was the key strategic priority.

Confirming the key focus areas

Findings from three lived experience-led qualitative studies⁴ provided the initial data to inform the Queensland framework. These studies included the perspectives of lived experience workers in a wide variety of roles and across sectors, people employed in senior management and executive roles, non-designated mental health roles and corporate roles. A reference list including publications from these studies is provided in the *Queensland Framework for the Development of the Mental Health Lived Experience Workforce* report available at: qmhc.qld.gov.au/engage-enable/lived-experience-led-reform/peer-workforce.

Key focus areas for the framework were determined by comparing the findings of the previous qualitative research to the priorities of the Strategic Forum. Where gaps were identified, questions to the Advisory Group (see page 6) and sections of the quantitative survey sought to address these gaps.

After ethical approvals were granted, the quantitative survey was distributed to employees in the mental health sector across Queensland. The survey questions focused on testing and confirming the previous qualitative findings and expanding knowledge of the current Queensland workforce from various perspectives. In total, 496 employees across different roles completed the survey. The survey responses contributed additional information regarding role clarity, understanding and collaboration between lived experience and other roles, flexibility in the workplace, role titles, functions and role descriptions.

The focal points were then mapped against comparable documents nationally and internationally. Seventeen international documents and 30 Australian documents were scanned to identify major themes relating to the lived experience workforce and verify the key focus areas. Table 1 in the Appendix provides a summary of the key themes mentioned in the documents and the context in which they were mentioned. For full details of the literature mapping including a full list of documents, or to learn more about what informs the framework, the report on the project is available at: qmhc.qld.gov.au/engage-enable/lived-experience-led-reform/peer-workforce.

³ Byrne, L., H. Roennfeldt, and P. O'Shea, *Identifying barriers to change: The lived experience worker as a valued member of the mental health team*. 2016, Queensland Mental Health Commission: Brisbane.

⁴ Ibid.

Byrne, L. *A grounded theory study of lived experience mental health practitioners within the wider workforce*. 2014, Central Queensland University: Rockhampton.

Byrne, L. *Explore the factors that support effective employment of peer roles within multidisciplinary mental health service delivery*. 2018, Fulbright Commission.

Approach to developing the framework

Participation and engagement strategies

In addition to the framework being led and co-produced by lived experience researchers, a variety of groups and individuals were involved in developing and contributing to this framework.

Lived Experience Workforce Strategic Forum

A Strategic Forum group consisting of key lived experience workforce leaders provided governance for the project in partnership with the Commission. The Strategic Forum included lived experience leaders and allies from key organisations across the sector and the state, including a Primary Health Network representative (PHN), Queensland Government, non-government and lived experience-led organisations. Members of the Forum provided guidance and direction, collectively contributing to key decisions.

Advisory Group

To ensure broader participation by the lived experience community, an Advisory Group was formed from members of the 'Lived Experience Roundtable'—a group of lived experience leaders with interest in contributing to strategic decision making for the state. 'Leadership' has been defined broadly as "people with influence and/or passion" and includes emerging leaders. The Advisory Group provided information on key areas of the framework, particularly relating to the priorities from a workforce perspective, role titles/descriptions and functions. The Advisory Group also provided emerging best practice examples to include 'real world' illustrations of the key areas of the framework in action across Queensland.

Survey

The survey allowed opportunity for input from a range of 'grass roots' stakeholders across the state, including lived experience workers in diverse roles and sectors, people in non-designated mental health roles, people in various management roles, people in corporate roles, including human resources and administrative positions. A total of 496 employees from across the Queensland mental health sector completed the survey.

Focus groups

Focus groups similarly aimed for grass roots contribution and feedback across roles, sector and state. A total of 146 people attended focus groups, which were held in a variety of regions across the state including three metropolitan, five regional, one rural/remote and one Indigenous specific consultation. The format for the focus groups was co-designed by a lived experience research team member and an Indigenous cultural advisor. Focus groups were led by local facilitators with a strong understanding of their community and the services in that community. Facilitators and participants were sent electronic copies of the draft framework several weeks prior to the focus groups.

Other input

Contribution to the development of the framework was also specifically sought from people working in Lived Experience of Suicide and Lived Experience of Alcohol and Other Drugs roles.

Approach to developing the framework

Cultural diversity and inclusion strategies

The section in the framework on diversity and inclusion was led by an Indigenous cultural advisor. The Indigenous cultural advisor also provided guidance, input and feedback on the overall document, including at the conceptual stages of the framework and successive drafts. Another Indigenous cultural advisor provided guidance on the design of focus groups and led the Indigenous-specific engagement.

Cultural advisors from the Queensland Transcultural Mental Health Centre, including people employed in lived experience roles, also contributed to writing the Inclusive Culture section and provided feedback on the overall document during successive drafts.

A member of the research team who identifies as LGBTQIA+ (Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual) and has conducted research specifically relating to LGBTQIA+ experiences, provided insight and input from an LGBTQIA+ perspective.

Other lived experience roles

Roles relating specifically to a lived experience of alcohol and other drugs are still evolving in Queensland and much of Australia, but there are already established positions across Victoria. The Department of Health and Human Services recently launched *A Strategy for the Alcohol and Other Drugs Peer Workforce Victoria*: sharc.org.au/wp-content/uploads/2019/07/AOD-SHARC-Workforce-Strategy-web.pdf.

Currently, a lack of designated funding and pervasive stigma create barriers for the development of the alcohol and other drugs lived experience workforce. However, it is envisaged that many of the strategies in this framework will be relevant to the development of alcohol and other drugs lived experience roles.

Although lived experience of suicide roles are not explicitly covered by this framework, many of the concepts are transferable and a framework specific to the lived experience of suicide space can be accessed at: https://blackdoginstitute.org.au/docs/default-source/lifespan/2019_bdi_rural_report_220_final_int.pdf?sfvrsn=2.

Language and definitions

In the lived experience, peer, consumer, service user, survivor movement, various terms are used to describe similar experiences and roles. We recognise that one label, category or description will not be able to capture the breadth of individual experiences and preferences. We support multiple perspectives as an essential element of this work and have selected particular terms and phrases simply for ease of understanding throughout the document, not to impose these choices. We provide some explanations and definitions for our choices below. We have sought to be inclusive and apologise for any unintended offence.

Similarly, we use the acronym LGBTQIA+. We recognise that one label, category or description may not be able to capture the breadth of the LGBTQIA+ community. Our intention is to be inclusive of everyone and we apologise for any unintended offence.

We use the term 'mental health challenges' in this document as 'challenges' seems to suggest a situation that may be overcome. However, we recognise there are different preferences and choice is important for individuals in describing their own experience.

We acknowledge that Western ways of describing mental health can conflict with cultural beliefs. We have used the term 'mental health' for easy identification of concepts within the mainstream health system. We also acknowledge and respect different preferences for describing experiences and the meaning and connection language holds within diverse cultures.

The term 'lived experience' is seen to include both 'consumer' and 'carer' perspective roles and to provide an umbrella term for the many designated lived experience informed roles that exist. We acknowledge that 'consumer' and 'carer' roles are inherently different, with different perspectives and priorities that at times can be conflicting. These roles are distinct and the inclusion of both is not intended to suggest otherwise.

Approach to developing the framework

For the purposes of this framework, lived experience roles are defined as people employed specifically to:

- use their personal understanding of life-changing mental health challenges, service use and periods of healing/personal recovery, to assist others
- use their life-changing experience of supporting someone through mental health challenges, service use and periods of healing/personal recovery, to assist others.

The lived experience workforce includes consumer consultants; carer consultants; experts by experience; peer support workers; carer peer workers; cultural peer support workers; specialist peer workers; and various designated lived experience roles in executive governance, board and committee representation, education, training, research, consultancy, policy design and systemic advocacy across a variety of service settings.

Specialisation is raised many times within this document and recommended when it may be most effective in supporting people from diverse backgrounds and experiences. Specialisations are specifically listed for:

- Aboriginal and Torres Strait Islander peoples
- people from culturally and linguistically diverse backgrounds
- people from the Deaf community
- people identifying as LGBTQIA+
- people with a history of trauma and/or family violence
- people with experiences of perinatal mental health
- people with experiences of eating disorders
- people with experiences of suicide
- people with experiences of involuntary treatment, incarceration and/or homelessness
- people with experiences of alcohol and other drug use or dependence
- people identifying as neurodivergent
- people with disability
- older people
- youth
- veterans.

While we have tried to be as inclusive as possible, we acknowledge this will not be an exhaustive list. We apologise for any oversight and any unintentional offense that may be caused.

While the term 'lived' experience is predominantly used within this document, many people describe having a 'living' experience i.e. ongoing challenges. The term 'lived' here is intended to signify both, and is not meant to imply experiences are not ongoing.

People in non-designated roles are defined as: people who are employed in mental health or other relevant professions; allied health roles; or in non-credentialed mental health worker roles. Non-designated roles include: psychiatrists, psychologists, mental health nurses, social workers, occupational therapists, allied health, case managers, case workers, community support workers.

Many people working in roles that are not lived experience designated may still identify privately or publicly as having a lived experience, but they are not employed specifically to work from that perspective and are not classified as part of the 'lived experience workforce'.

Key focus areas

To provide a comprehensive, detailed and workable guide to developing the lived experience workforce in Queensland, the key focus areas have been grouped into seven broad categories as shown in the diagram.



Understanding and defining roles

Lived experience roles exist in diverse organisations and contexts, spanning entry level to executive leadership roles. While it's true everyone has some 'lived experience', not everyone chooses to work in a role that is primarily informed by their lived experience.

Lived experience roles are not only informed by an individual's experience with challenge, support or even 'recovery', rather it's how those experiences are contextualised in relation to the wider lived experience movement and universal issues of marginalisation and loss of identity/citizenship. Ultimately, lived experience work is about how experiences are understood and applied to benefit others.

Key factors in defining lived experience roles and assessing if they're effective:

What defines lived experience roles?

Unique knowledge, abilities and attributes

Life-changing mental health challenges that have taken the person in a new direction and changed life as they knew it

Life-changing experiences that have profoundly impacted their life/world view while supporting someone with mental health challenges

- Personal identification with and experiences of service use and/or advocating for someone using services
- Willingness to share experiences/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 hopeless to one of hope
- Willingness to be vulnerable and publicly 'out'
- Willingness to use emotional understanding and knowing as key to the work role
- Understanding of 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?

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 lived experience movement and concepts including lived experience-led research/training

- Work that is values-based and authentically lived experience informed, person-directed and aligned with recovery principles
- Significant understanding and ability to use personal story effectively and appropriately for the benefit of the service user
- Convey or inspire hope, providing a living example of hope
- A bridge between organisations and people accessing services/supporting people accessing services
- Trauma-informed: awareness of the role and impact of trauma and wish to respond compassionately and sensitively
- Strengths-based, focused on the relationship/person
- Greater flexibility and ability to be responsive to the service user
- Specialisation may be useful depending on the context and experience, such as people from the Deaf community; youth; older people; people with experiences of family violence, perinatal mental health, suicide, eating disorders, involuntary treatment, incarceration, homelessness, and alcohol and other drug use or dependence; people identifying as LGBTQIA+ or neurodivergent; people with disability; veterans; Aboriginal and Torres Strait Islander peoples; and people from culturally and linguistically diverse backgrounds.

Understanding and defining roles

Emerging best practice examples

‘Lived Expertise’ Practice Framework

Mission Australia commissioned lived experience consultants, ‘Enlightened Consultants’, to develop a Lived Expertise Practice Framework to further embed their lived experience workforce within their organisation. Mission Australia recognised the importance of their lived experience workforce in making a significant contribution to Mission Australia’s organisational culture and strengthening the diversity, competence and skill set that they were able to provide to the community. The Framework provides clarity and a common understanding of what lived expertise practice means to Mission Australia and its people, while also outlining ‘lived expertise’ practice domains and guiding practice principles and practices.

Lived Experience Participation Framework

The Department of Health has developed guidelines for PHNs to support better outcomes in mental health by promoting and supporting the employment of peer/lived experience workers as part of multidisciplinary teams. These documents provide guidance on the mental health and suicide prevention peer workforce and set out a clear framework for consumer and carer participation in PHNs. This includes embedding consumer and carer participation in all aspects of the commissioning cycle and developing the lived experience workforce. In June 2018, the department supported the establishment of the National Mental Health Lived Experience Engagement Network (MHLEEN).

Additional resources

- Companion document *Role Titles and Descriptions for Mental Health Lived Experience Workforce Development*. Includes additional emerging best practice examples and detailed information on designing lived experience roles and position descriptions: qmhc.qld.gov.au/engage-enable/lived-experience-led-reform/peer-workforce
- Mental Health Commission of NSW Peer Work Hub offers various videos and resources to assist in lived experience workforce development: <http://peerworkhub.com.au/what-is-peer-work>
- Particularly relevant to defining and understanding lived experience work and planning meaningful lived experience positions is the *Define your purpose worksheet*: <http://peerworkhub.com.au/wp-content/uploads/2016/05/2-define-purpose.pdf>
- Resources from lived experience-led ‘Enlightened Consultants’: <http://enlightened.com.au/index.php/products-resources/weblinks-articles-papers>
- PHN Lived Experience Participation Guidelines: health.gov.au/internet/main/publishing.nsf/Content/PHN-Mental_Tools
- A handy lived experience-led guide to 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
- Neami Carer Framework provides guidelines for engaging with family, friends and other supports: https://assets.neaminational.org.au/assets/Resources/Neami-National/04ea26d1d9/carers_framework_2017_web.pdf
- ARAFMI Support and workshops for carers: arafmi.com.au
- Children of Parents with a Mental Illness (COPMI): copmi.net.au

Understanding and defining roles

Emerging best practice strategies and outcomes

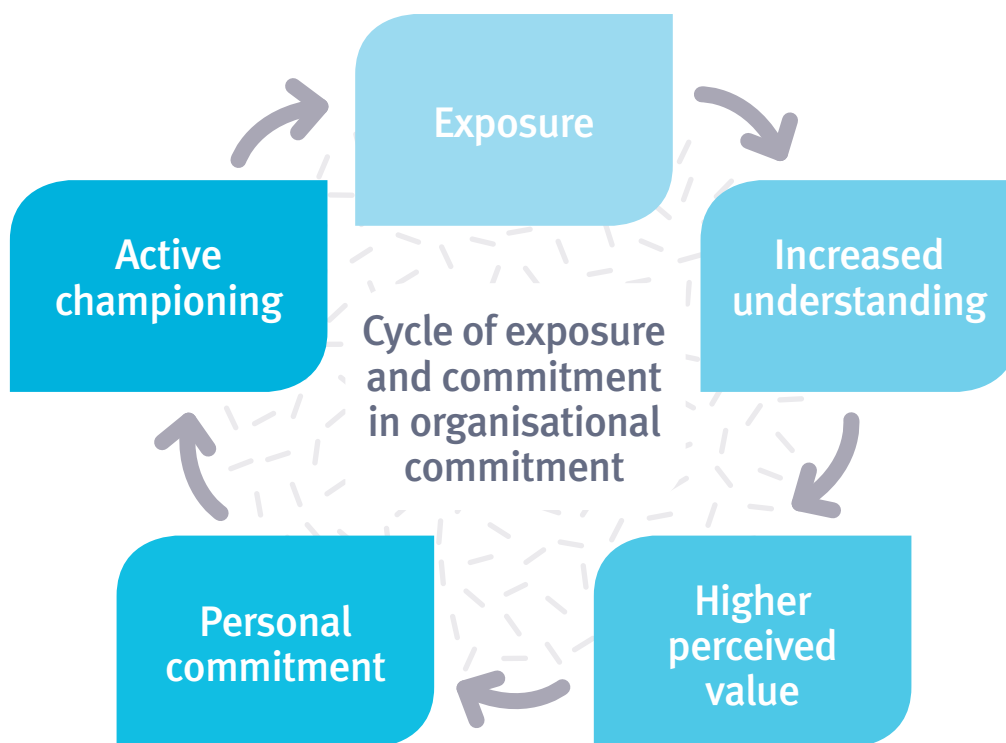
Emerging best practice strategies for understanding and defining roles	Outcomes/benefits of strategies	Issues and risks if not addressed
Exposure to lived experience concepts including exposure to lived experience leaders/peak body, lived experience-run organisations, lived experience-led publications and research	Increased understanding of lived experience roles, the potential benefits of lived experience roles, and how to design, use and support lived experience workers effectively	Lack of exposure to lived experience concepts, leaders etc. contributes to lack of understanding of the role/benefits. This then leads to less commitment to meaningful design/embedding of roles
Development of formal networks across the sector. Ongoing mentoring from organisations with greater experience employing lived experience	Increased motivation and action to ensure the roles are meaningfully designed, supported and embedded within organisations Includes motivation and action to ensure roles remain 'authentic'	Roles are not understood as unique and become shaped by more dominant practice, the unique benefits are reduced or lost
Develop clear, appropriate position descriptions that have considered how the role will be embedded in the wider organisation and what the outcomes of the role are likely to be. Lived experience workers are involved in the recruitment and selection process including interview panel	The 'right' person for the job is recruited, with the appropriate skills, personal and professional experience to be successful and contribute to the team	Lack of role clarity and poorly defined positions lead to inappropriate, tokenistic or inefficient recruitment processes People recruited who aren't right for the job or organisation are less likely to be successful Negative perceptions about lived experience work are created or sustained
Acknowledge, where appropriate, the advantage of similar experiences, background, orientation or identification	A lived experience workforce that has the ability to use specialised skills/experiences to promote better rapport with and outcomes for people accessing services	Lived experience workforce is not representative of the diversity of the population, perpetuating exclusion of people with diverse experiences

Understanding and defining roles

Emerging best practice strategies for understanding and defining roles	Outcomes/benefits of strategies	Issues and risks if not addressed
Acknowledge there may not be a shared understanding across cultures, particularly in relation to concepts of 'mental health', individual rights and advocacy	A lived experience workforce that is actively inclusive of Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse backgrounds, people identifying as LGBTQIA+, people from the Deaf community, youth, older persons, people with experiences of trauma, family violence, perinatal mental health, suicide, eating disorders, involuntary treatment, incarceration, homelessness, alcohol and other drug use or dependence, people identifying as neurodivergent, people with disability, veterans and people with other diverse experiences	Lived experience workforce may not consider issues of intersectionality and the added impacts of culture, sexual orientation, disability, alcohol and other drug use or dependence, and other diverse life experiences may not be taken into account
Understanding that lived experience work should never be involved either explicitly or implicitly in coercive or restrictive practice	<p>Lived experience work that is understood for its unique contribution in building relationship/rapport with people accessing services in a more equitable way without power imbalance</p> <p>Lived experience work is supported to be authentic</p>	Damage to relationship/trust with people accessing services. Conflict for the lived experience worker being forced to contradict lived experience values. Lack of clarity/understanding between lived experience workers and non-lived experience roles

Organisational commitment

Organisational commitment includes philosophical and financial commitment made by organisations, particularly at executive levels. Human resources policy and processes are seen as the realisation of that commitment in practice and are covered in a later section.



Commitment to lived experience workforce development has been found to increase as exposure to lived experience roles and concepts increases. Exposure is found to foster greater understanding of the roles, which is then linked to increased perceived value regarding lived experience roles.

As perceived value and understanding increase, so do commitment, action and investment.

Conversely, less exposure to lived experience roles and concepts has been found to result in continuing negative stereotypes about lived experience work, poor understanding, limited commitment/investment and less effective lived experience initiatives/outcomes.

What does commitment to lived experience roles look like?

The organisation needs to be willing to be adaptable, flexible and open to change. In emerging best practice examples, the organisation has embraced the role of lived experience in influencing and changing work culture.

The organisation needs to make a philosophical and financial commitment to lived experience workforce development that is long-term and includes sufficient numbers of lived experience roles, sufficient full-time equivalent (FTE) allocation, adequate resources and attention to protecting the authenticity of the roles.

How to build organisational commitment

- First commit as an organisation to recovery and person-directed service delivery
- Ensure organisational values align with and promote lived experience perspectives
- Promote leadership and championing of lived experience at all levels of the organisation
- Create impactful lived experience leadership positions that are properly resourced and able to support and guide development of the wider lived experience workforce, including maintaining the integrity of lived experience roles.

Organisational commitment

Emerging best practice examples

Formal Growth Strategy

The Gold Coast Hospital and Health Service developed a *Formal Growth Strategy* for increasing their Consumer, Carer and Family Participation Team. This strategy demonstrates organisational commitment and provides impetus and direction to the Mental Health Service. The strategy also follows on from a previous *Business Case for Proposed Model of Service*, which saw peer/lived experience workers employed under long-term contracts and those in casual positions made either permanent full-time or part-time employees. This strategy calls for the service to invest in lived experience leadership, set percentage targets to grow the team and evaluate the effectiveness of the strategy.

Additional resources

- *A Toolkit for Facilitating Cultural Change* assists organisations to effectively embed lived experience work. The toolkit is central to a broader initiative providing comprehensive learning/networking and hands-on assistance. A learning collaborative provides opportunity for multiple organisations to learn 'from each other to strengthen your organisations to maximise peer/lived experience supports'. Contact: Chyrell Bellamy chyrell.bellamy@yale.edu
- Western Australia Peer Supporters Network Report on how to support peer/lived experience workforce growth: comhwa.org.au/wp-content/uploads/2017/06/The-Peer-Workforce-Report-2018.pdf
- Being's Position Statement on the lived experience workforce. Contact Being at: being.org.au
- Centre for Mental Health Learning Victoria, *Consumer and Family Carer Workforce Development*: <https://cmhl.org.au/peer-inside>

Organisational commitment

Emerging best practice strategies and outcomes

Emerging best practice strategies for organisational commitment	Outcomes/benefits of strategies	Issues and risks if not addressed
Management have exposure to 'authentic' lived experience work and become motivated to champion lived experience roles	Lived experience is valued and understood	Lack of exposure leads to lack of understanding, investment and commitment by management
Active championing by management includes advocating for positions and funding, and ensuring the uniqueness of the roles is protected	Integrity of lived experience roles maintained A sustainable and valued lived experience workforce is developed	Roles may become co-opted if the uniqueness is not understood and protected Lack of funding impacts sustainability
Lived experience workforce is developed including sufficient numbers of lived experience roles and the creation and resourcing of lived experience leadership/management positions at a range of levels throughout the organisation	Lived experience workers can support each other and assist in providing role clarity Lived experience voices in positions of influence help protect authenticity of the roles and provides career pathways	Employing one or limited numbers of lived experience workers creates professional isolation and contributes to co-option of roles (erosion of authenticity)
A long-term commitment is made, and a culture of learning, innovation and organisational self-reflection is encouraged	Lived experience roles are supported to be effective, outcomes of lived experience work are maximised	With short-term roles or lack of commitment, lived experience roles are more tokenistic/marginalised and outcomes minimised
Valuing lived experience is identified as core business within the mission statement and actively referred to	Recovery orientation is increased, person-directed practice is better understood and applied. People accessing services benefit from increased recognition and value of lived experience	
Processes and systems to support the lived experience roles are embedded as part of core business	Organisations are seen as a leaders of lived experience practice	Without these supports, lived experience roles are less likely to be effective/successful and organisation may stop employing or investing in lived experience

Organisational commitment

Organisational commitment influencing workplace culture



Workplace culture

Workplace culture is determined by the attitudes and beliefs of people in an organisation. Workplace culture is a critical factor in the success of lived experience roles. A workplace culture that genuinely views lived experience as valuable and essential allows the roles to be meaningfully embedded.

Respecting and valuing lived experience roles promotes a work and service culture of valuing lived experience. This in turn promotes more person-directed service design by acknowledging the expertise each individual has and the guidance they can bring to their own life and mental wellbeing.

Many people in non-designated roles also have a personal lived experience; however, disclosure of these experiences is still relatively rare across the sector and can pose risks to the individual. There are potential roles for lived experience workers in promoting a workplace culture in which it is safe for people in non-designated roles to disclose, including:

- Lived experience perspectives embedded into human resources practices to co-create a safe workplace for disclosure
- Lived experience-run and designed, or co-designed training on identifying with lived experience and/or coming 'out'
- Lived experience-led training to assist people in non-designated roles to learn how to use their lived experience appropriately and effectively.

Cultural barriers for lived experience roles in traditional work environments

The dominance of traditional 'corporate values' within some organisations, particularly in executive management, can adversely impact people in lived experience roles. Lived experience workers have a unique value in their relatability: for the less formal and more 'natural' relationships they form with people accessing services. However, what is a benefit in relating to people accessing services can make lived experience workers feel like a fish out of water when it comes to corporate culture.

Some lived experience workers describe a fear of 'getting it wrong' and potentially being seen as unprofessional, because of what are viewed as traditional corporate ways of being and behaving. Truly inclusive workplace culture should consider the existing cultural norms within the organisation and potential impacts on lived experience roles.

Workplace culture

Emerging best practice examples

Whole-of-workforce training/preparation and consultation with lived experience research

The Townsville offices of the Open Arms Veterans and Families counselling service consulted with lived experience research before starting their new pilot program to incorporate lived experience workers. Organisational readiness training for both management and colleagues was commissioned and delivered by the lived experience researchers who had developed and published the research. Role functions and descriptions for the new lived experience positions were considered in relation to the broader lived experience movement/research and colleagues in traditional roles were involved in this process. This pilot has been successful, with the Federal Minister for Veteran Affairs announcing lived experience workers are now planned for Open Arms services nationally.

Additional resources

- The Recovery Self-Assessment (RSA) is a self-reflective tool to identify strengths and target areas of improvement for organisations in achieving recovery-orientated service. The RSA is freely available to download from: https://medicine.yale.edu/psychiatry/prch/tools/rec_selfassessment/
- Research on the barriers and enablers to the employment of people with a lived experience (peer workers) in the mental health sector can be accessed at: qmhq.qld.gov.au/engage-enable/lived-experience-led-reform/peer-workforce
- Lived experience-led research on a range of workplace issues including workplace culture can be accessed at: researchgate.net/profile/Louise_Byrne2
- *Far North Queensland (FNQ) Peer Workforce Framework* is designed to provide direction to policy makers, decision makers, organisations and peer workers. Contact Centacare Far North Queensland at: centacarefnq.org
- *SHARC Organisational Readiness Training* for organisations looking prepare their organisations for a peer workforce: sharc.org.au/peer-support
- NGO Mental Health Lived Experience Workforce Standards and Guidelines Self-Assessment Tool: mhcsa.org.au/toolkit

Workplace culture

Emerging best practice strategies and outcomes

Emerging best practice strategies for workplace culture	Outcomes/benefits of strategies	Issues and risks if not addressed
Preparation and planning before and after employing lived experience workers, including the value of roles by executive management, carried through and championed at all levels of the organisation	Lived experience workers are better understood and valued within teams	Lack of preparation, planning or priority given to the development and 'launching' of lived experience, leads to roles being poorly accepted or embedded within the organisation
Organisation encourages openness to hearing different perspectives, including ongoing opportunities for open discussions/forums with whole-of-organisation	Openness to change allows person-directed and recovery-orientated practice to develop further	Feelings of marginalisation or 'othering' for lived experience
Ongoing exposure/training about lived experience principles, and the benefits of lived experience work for people in non-designated roles, including management and colleagues	Lived experience roles are collaborated with and used in a way that is meaningful to the organisation and people accessing the service	Stigma/prejudice may recur due to staff turn-over, lack of communication, fear or lack of understanding
Training/ongoing conversations for people in lived experience roles to similarly understand the role of colleagues	Mutual respect and collaboration Support from the existing workforce	Lower collaboration between lived experience non-lived experience roles
Active collaboration within team and opportunities for co-design and co-production	Open communication, sharing of ideas, shared priorities	Working in silos
Pro-actively support diverse cultures and sub-cultural groups including Aboriginal and Torres Strait Islander peoples, people from culturally diverse backgrounds, people identifying as LGBTQIA+ and people with disability (among others)	A level of relatability with lived experience workers who represent cohorts encourages more natural and effective relationships and better outcomes for people accessing services	Not understanding the need to have diversity and representation within the lived experience workforce, subsequently not providing culturally appropriate lived experience workforce for people accessing services
Organisation interested in the wellbeing of all employees and develops strategies collaboratively to support greater wellbeing for all, including a safe environment for all employees to disclose and gain support in the workplace	Greater work satisfaction, feelings of being valued and belonging for all employees Feeling supported and safe at work Likelihood of earlier help-seeking and decreased severity/longevity of mental health challenges	Resentment towards the lived experience workforce who are supported as being 'out' with lived experience Continuation of fear to disclose/stigma and reduced help-seeking

Diversity and inclusion

Benefits of diversity and barriers to inclusion for lived experience workers from diverse cultures and experiences

Embracing diversity within workplace culture fosters mutual respect for all employees and recognises the strengths that diversity brings. Lived experience roles work with people from diverse cultures and experiences. This requires lived experience workers to respect differences and show understanding of diverse perspectives and needs, including Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, people from the Deaf community, people identifying as LGBTQIA+, veterans, people identifying as neurodivergent, people with disability, children and youth, older persons, people with a history of trauma, people with experiences of family and domestic violence, perinatal mental health, eating disorders, suicide, incarceration, involuntary treatment, alcohol and other drug use or dependence, homelessness and other diverse experiences.

Emerging best practice examples

LGBTQIA+ policy

Brook RED have developed the 'Rainbow RED' policy that supports their commitment to ensuring they are an organisation that is welcoming, inclusive and responsive to LGBTQIA+ people. This policy is based on the principle that everyone deserves to be treated with dignity and respect. The policy includes a commitment to use inclusive and respectful language in all conversations and to develop, maintain and annually review a Rainbow RED Language Guide. In addition, the policy includes mandatory LGBTQIA+ and diversity training and a commitment to diversity and affirmative action in recruitment that includes statements to encourage LGBTQIA+ people to apply. This policy is based on a recognition of the importance of diversity and a belief that everyone should feel safe to be and express who they are. Brook RED also understand that LGBTQIA+ people may experience mental health and suicidal distress in ways that are intersectional with gender and sexuality and that supports need to be designed and delivered with this in mind.

LGBTQIA+ peer-led service

Bayside Initiatives Group (BIG) applied for funding to start a peer-led LGBTQIA+ service in the Redlands area. This service named 'Belong' was a response to the lack of specific LGBTQIA+ peer spaces within the community. The funding covered the cost of a BIG staff member for two hours every fortnight. The program was shaped by what participants wanted the group to look like and how it would operate. Early on, a set of general guidelines was developed by the group that essentially sought to allow for mutual respect towards all who attended. A meal was shared at each meeting and discussion was free flowing. As time went on, activities in the community were also added. BIG "Belong" program is a collaboration with Brook RED. Brook RED offer intensive one-on-one peer support as part of the program.

Diversity and inclusion

Additional resources

Aboriginal and Torres Strait Islander peoples resources

- Indigenous Lived Experience Project Report: blackdoginstitute.org.au/docs/default-source/lifespan/lived-experience-report-final-nov-2018.pdf?sfvrsn=2
- Gidgee healing Aboriginal Community Controlled Health Service—a commitment to providing holistic and culturally appropriate health services: gidgeehealing.com
- Deadly Thinking: a social, emotional wellbeing and suicide prevention program for Aboriginal and Torres Strait Islander communities: rrmh.com.au/programs/deadly-thinking
- Link-up (Qld): for individuals, families or communities who have been affected by past Australian government removal policies and practices, including separation through adoption, fostering, removal or institutionalisation: link-upqld.org.au
- The Glen Aboriginal Drug and alcohol rehabilitation centre: theglencentre.org.au

Multicultural/Transcultural resources

- Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery: <https://mhima.org.au/service-providers/framework-landing>
- Queensland Transcultural Mental Health Centre: <http://peerworkhub.com.au/wp-content/uploads/2016/05/2-define-purpose.pdf>
- Embrace multicultural mental health: <https://embracementalhealth.org.au>

Resources related to people with experiences of alcohol and other drug use or dependency

- QuIHN: Queensland alcohol and other drugs service that offers information and peer support: quihn.org
- SHARC Peer Worker Training for existing and emerging peer workers seeking foundational peer worker training, also providing specialisations in Alcohol and other Drugs: sharc.org.au/peer-support

LGBTQIA+ resources

- LGBTQIA+ peer support and referral service: <http://qlife.org.au>
- ‘Australian Workplace Equality Index’ is the national benchmark on LGBTQIA+ workplace inclusion: pid-awei.com.au
- The National LGBTI Health Alliance is the national peak health organisation in Australia for organisations and individuals: <https://lgbtihealth.org.au/about>

Resources related to the Deaf community

- Deafness and Mental Health Resources and Guidelines: <https://metrosouth.health.qld.gov.au/mental-health/services/deafness-and-mental-health>

Resources related to people with disability

- People with Disability Australia (PWDA) is a national disability rights, advocacy and representative organisation that is made up of, led and governed by people with disability: <https://pwd.org.au>
- Australian Network on Disability—Inclusive Language: and.org.au/pages/inclusive-language.html
- Diversity Council of Australia—Inclusive Language: dca.org.au/inclusive-language-0

Resources related to young people and perinatal mental health

- Batyr: Created by and for Young People: batyr.com.au
- Peachtree Perinatal Wellbeing: <https://peachtree.org.au>

Diversity and inclusion

Emerging best practice strategies and outcomes

Emerging best practice strategies for diversity and inclusion	Outcomes/benefits of strategies	Issues and risks if not addressed
Preparation, education and communication with the existing workforce prior to commencement of roles, to ensure a smooth entry to the workforce for people from diverse cultural backgrounds including Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse backgrounds	<p>Higher retention of staff from culturally diverse backgrounds</p> <p>Support at all levels of the organisation to be a culturally safe and respectful environment for staff and people accessing services</p> <p>Furthering the efforts of reconciliation by providing educational opportunities and support within the workplace</p>	<p>Lack of cultural safety and support for Aboriginal and Torres Strait Islander peoples and people from culturally and linguistically diverse backgrounds</p> <p>Reduced benefits/positive outcomes for people accessing services who come from diverse cultural backgrounds</p>
Making reasonable adjustment of work premises, schedules and equipment, and providing training, as required, to enable accessibility and preparedness for lived experience workers with disability and people from the Deaf community	Lived experience workers who represent people with disability and the Deaf community accessing services	Less effective lived experience workforce for people with disability and the Deaf community accessing services, exclusion of lived experience with disability and Deaf people from the workforce
<p>Targeted strategies such as using bilingual workers and assertive outreach to culturally and linguistically diverse networks</p> <p>Culturally targeted approaches to overcome barriers such as stigma, low levels of mental health literacy, lack of diverse explanatory models of 'illness' and language barriers are required</p> <p>Recruiting proactively for workers from Aboriginal and Torres Strait Islander and other marginalised groups</p>	<p>Culturally inclusive lived experience workforce practices</p> <p>Inclusion and better retention of diverse lived experience perspectives/roles</p>	Traditional mechanisms such as advisory groups, participation in networks and partnerships are not likely to engage people from culturally and linguistically diverse backgrounds and may perpetuate further social exclusion
Recognising preferred cultural understandings and practices as part of healing for Aboriginal and Torres Strait Islander peoples, including use of language and cultural meaning. Social and emotional wellbeing is generally preferred rather than 'mental health' to describe the holistic wellbeing of Aboriginal and Torres Strait Islander communities	<p>Inclusive cultural practice that includes the important role of connection to land, community, family and spirituality</p> <p>Traditional practices are given appropriate place alongside Western medical treatment and perspectives</p>	<p>Insensitive and exclusionary practice that is not safe or welcoming for Aboriginal and Torres Strait Islander communities</p> <p>Risk of not respecting the unique identity and strength of Aboriginal and Torres Strait Islander peoples</p>

Diversity and inclusion

Emerging best practice strategies for diversity and inclusion	Outcomes/benefits of strategies	Issues and risks if not addressed
Create and publicise LGBTQIA+ friendly policies. Having LGBTQIA+ allies in the workplace, mentoring and support groups within and beyond the organisation	Inclusive and non-discriminatory workplace for LGBTQIA+ employees to feel comfortable to disclose	Excluding people who identify as LGBTQIA+ impacting feelings of comfort/safety for people accessing services
Acknowledging significant cultural holidays and celebrations will enable the workforce to not feel guilt or pressure in requesting time to attend such events. Where appropriate and agreed, support attendance at these events to show organisational commitment to cultural practices and further promote an inclusive workplace	<p>Less anxiety amongst the workforce in requesting time to attend something of cultural significance and importance</p> <p>Reduction in unplanned leave when employees take time off if not allowed</p>	<p>Conflict between work and cultural, religious and spiritual practices, holidays and celebrations</p> <p>Community perceptions of organisational support for Aboriginal and Torres Strait Islander and other cultures is decreased</p>
Acknowledge cultural values and staff commitment to responding swiftly to family and community responsibilities. Where appropriate, support the employee and community by all means necessary	<p>Demonstrate cultural understanding and gain respect and support within the community</p> <p>Likelihood of longer retention of community members with a flexible approach</p>	Conflict between family and community obligations versus organisational deliveries and expectations

Human resources policy and practices

Policy and practice are tangible outcomes of commitment by organisations and formalise work culture. The role of human resources policy and organisational process that align with lived experience concepts is increasingly understood as critical for effective lived experience work and employment.

At organisations with a strong commitment to lived experience work, this includes human resources having an understanding of lived experience concepts, including their uniqueness and value to assist in creating policies that understand and are appropriate/adaptable to lived experience work.

At lived experience-run organisations, it is common for people in all roles to have a lived experience and to draw from that understanding/experience in their role. This includes people employed in human resources positions. The potential for lived experience involvement and/or designated lived experience roles in human resources departments may be significant not only in the development and support of people in lived experience roles, but in shaping work practices and policies that can benefit anyone in the workplace who has a lived experience.

Additional resources

- *Mental Health Peer Workforce Development Plan Gold Coast 2015–20* developed by the Peer Workforce Reference Group and sponsored by Gold Coast Partners in Recovery: healthygc.com.au/MedicareLocal/media/Site-Pages-Content/Mental%20Health/Mental-Health-Peer-Workforce-Development-Plan-2015-2020-ALL-DOCUMENTS_1.pdf
- Universal Declaration of Human Rights: un.org/en/udhrbook/pdf/udhr_booklet_en_web.pdf

Human resources policy and practices

Emerging best practice examples

Credentialing policy

Brook RED have developed a credentialing policy that outlines Brook RED's commitment to education for its employees. This policy is based on the belief that when lived experience workers hold at least minimum-level qualifications to support their practice, this increases the credibility of the lived experience workforce, and supports upward employment and educational mobility. This policy also acknowledges that many lived experience workers may not have had the opportunity to gain formal qualifications and by including this in policy, Brook RED is committed to supporting this process for its employees. Where an employee does not possess the Certificate IV in Peer Work qualification on commencing employment, Brook RED will support the employee to gain this qualification and will pay registration and tuition costs as well as providing negotiated paid time for study.

Lived experience leadership roles/purposeful, lived experience-led recruitment strategies

Metro South Hospital and Health Service Addictions and Mental Health Services have committed to lived experience on a strategic level through creating lived experience leadership roles. Lived experience leadership is evident in the creation of a Lived Experience Director position that is part of the executive team and Metro South Addiction and Mental Health Services have created a workforce pathway for all peer workers. In five years, Metro South Addiction and Mental Health Services have increased the lived experience workforce 10-fold and the service recognises the benefits of this workforce. They have two peer supervisor positions and the workforce receive operational and professional supervision by a lived experience worker. This growth has been aided by the development of clear position descriptions, and having peer workers involved in selection and recruitment, research and reviewing all documents within the service. The lived experience workforce is recognised as a unique discipline and flexibility is provided as required.

Reasonable adjustments whole-of-workforce education

A highly experienced consumer consultant with the Darling Downs Hospital and Health Service gave presentations and provided information on reasonable adjustments to every team within the mental health service. This included information on legislation and policy related to reasonable adjustments and how they may impact people in lived experience roles as well as anyone who has lived experience. Information covered the need for people to feel comfortable to ask for reasonable adjustments to maintain their employment. There was an overwhelming response from case managers who reported back to say what a difference knowing this had made. An understanding of reasonable adjustments also supported workplaces in becoming more flexible, understanding and compassionate of all people with a lived experience whether their role was designated lived experience or not.

Human resources policy and practices

Emerging best practice strategies and outcomes

Emerging best practice strategies for human resources policy	Outcomes/benefits of strategies	Issues and risks if not addressed
Human resources is committed to and understands Lived experience roles and is willing to work with available funding in creative ways. May include having designated lived experience roles working with or consulting with human resources	Using available funds in ways that protect authenticity of lived experience roles and promote best outcomes	A lack of designated funding limits employment of lived experience and sustainability of programs
Lived experience recognised as a distinct discipline/way of viewing and working. Lived experience specific policies are developed with lived experience guidance including policies related to people accessing services i.e. medication monitoring, writing of progress notes or any form of restrictive or coercive practice	Lived experience workers are perceived as credible and valued and enabled to work from their unique perspective	Lived experience workers lack confidence in their own roles and knowledge base Lived experience workers undergoing unnecessary training and practicing in ways that do not align with lived experience values or concepts
Clear job descriptions informed by lived experience concepts and leaders	Role clarity/increased understanding of lived experience roles for all workers	Lived experience work can be compromised by more dominant practice
Recruitment to 'senior' lived experience roles (including team leader and management positions at any level) requires prior experience in lived experience work and/or strong, demonstrable understanding and connection to wider lived experience movement/concepts. An individual lived experience without deep understanding of lived experience work/concepts is not sufficient	Appropriate people for the job who have the skills and knowledge specific to lived experience roles. Can assist in providing role clarity to other lived experience and helping guide further development of the lived experience workforce	People with management or other relevant experience but without the essential knowledge and context of lived experience work are employed. Unique features/skills/benefits of the roles are undermined or not developed, role clarity/lived experience supervision for other lived experience workers is not provided
Access to lived experience professional supervision is provided. This may be internally provided within the organisation or external	Ongoing and responsive role clarity, growing confidence for LE roles in their own unique knowledge and skills	Erosion of role clarity and/or diminished confidence for lived experience roles

Human resources policy and practices

Emerging best practice strategies for human resources policy	Outcomes/benefits of strategies	Issues and risks if not addressed
Whole-of-workplace approach and flexibility includes an acknowledgment of the ups and downs in any person's life and the need for self-care	Greater retention of all employees and increased job satisfaction. Greater benefits to people with a lived experience who do not work in designated lived experience roles. Managing expectations and concerns of existing workforce regarding inequity of access to flexibility	Burn out/absenteeism, recurring periods of unwellness Negative perceptions of lived experience workers getting 'special treatment' and being fragile or unprofessional. Colleagues choose not to collaborate with lived experience workers
Appropriate recruitment processes including adequate remuneration and FTE for lived experience	Improved morale, sense of being valued/belonging, improved credibility/value to others in the workplace, increased job performance	Unequal pay, FTE that are insubstantial/inappropriate to the work may mean people need to take multiple jobs, impacting morale and job performance
Reasonable adjustments are openly acknowledged as part of the legal rights of all employees who experience impacts of disability including mental health. Reasonable adjustments are easily accessible	All employees are aware of legislation and their rights. Employees experiencing any disability can work safely and maximise their potential	Workers may be working under conditions that are damaging to their mental health or in a way that reduces their productivity

Professional development and training

Key to developing and sustaining a robust lived experience workforce are opportunities to develop, define, refine, and clarify the knowledge and skills needed to be effective in lived experience roles.

Whether for entry-level positions or executive management roles, supervision, training, networking and education opportunities allow individuals and organisations to achieve and maintain best practice. However, training for people in lived experience roles can be hard to access or not available, particularly in regional, rural and remote areas. Similarly, a lack of lived experience networks, conferences and professional development (PD) funds in addition to a ‘time-poor’ workforce limits opportunities to network, share and disseminate knowledge.

Whole-of-organisational training is essential to increase understanding of lived experience work and encourage genuine collaboration, as well as enlisting management support and commitment. Training that makes explicit the connection between personal recovery, person-directed service delivery and lived experience work is particularly useful. Training is most beneficial when it is ongoing and revisited, rather than a one-off. Importantly, training that is specifically for people in lived experience roles or to explain lived experience roles to others in the workplace must be lived experience-led and delivered to ensure fidelity with lived experience concepts.

Additional resources

- Intentional Peer Support Training.
Contact IPS Australia: au@intentionalpeersupport.org
For more information about Intentional Peer Support: sharc.org.au/peer-support/intentional-peer-support/
- Certificate IV in Peer Work. An overview of the course and link to providers is available at: myskills.gov.au/courses/details?Code=CHC43515
- Links to available training opportunities including the Certificate IV in Peer Work and Wellness and Recovery Action Planning: mymentalhealth.org.au/page/consumer-and-carer/lived-experience/peer-related-training-opportunities/

Professional development and training

Emerging best practice examples

Lived Experience Network, Brisbane North

The Brisbane North Peer Participation in Mental Health Services (PPIMS) Network is a group of People with Lived Experience (PLE) in Brisbane North. The purpose of the network is to work collaboratively to actively participate in mental health systems and reforms. PPIMS aims are to have a collective voice, support other PLE to get involved, have regular updates, and recommend strategies to improve PLE engagement, provide advice on emerging issues and participate in co-design opportunities. Membership includes a range of PLE who live in the region (e.g. peer workers, other general mental health workers who are also PLE volunteers, PLE trainers, educators, students and academics, consumer and carer representatives). PPIMS has actively contributed to providing submissions to regional, state and national bodies seeking PLE engagement.

Community of practice

Brisbane South Primary Health Network Lived Experience Workforce Community of Practice (empowering peers to thrive) is a pilot project in Brisbane South. The goal of the project is to support the existing workforce and build capacity of emerging lived experience leaders. The community of practice is co-designed with people with lived experience who are engaged with organisations either in a voluntary or paid capacity to encourage collaboration within the Brisbane south region.

Lived experience accreditation

The Sunshine Coast TAFE offering of the Certificate IV in Mental Health Peer Work maintained the philosophy of the lived experience approach including the essential role as 'change agent'. This offering addressed the challenges inherent in lived experience work within mainstream service delivery. Lived experience participants learned to work with their lived experience in a consistent manner that responds to industry standards and needs in a work ready manner, while holding onto the validity and power of the strengths-based approach of lived experience. Lived experience practitioners learned not to be subsumed by the dominant paradigm of 'medicalising life interruptions' and maintaining a vision past the concepts of deficit and pathology.

Professional development and training

Emerging best practice strategies and outcomes

Emerging best practice strategies for professional development and training	Outcomes/benefits of strategies	Issues and risks if not addressed
<p>A range of timely supervision offered including:</p> <ul style="list-style-type: none"> • lived experience-led • ad hoc and formal • internal and external • co-supervision, group supervision 	<p>A well-supported lived experience workforce that is reflective and purposeful in their use of lived experience</p> <p>Ongoing opportunities to address role clarity and debrief</p>	<p>Limited opportunities for supervision and/or no option for lived experience specific supervision limits role clarity and can contribute to confusion around the role. Limited opportunities to debrief contributes to a poorly supported lived experience workforce</p>
<p>Lived experience leadership roles, including management, team leaders and senior peer roles and lived experience in supervisory roles</p>	<p>A higher skilled workforce. A workforce that is purposeful and has greater autonomy</p> <p>Retain experienced and skilled lived experience employees</p> <p>Opportunities for career mobility/ advancement</p> <p>Lived experience leadership and greater capacity for change</p> <p>'In-house' lived experience-led supervision and training development</p>	<p>Lack of career progression, loss of experienced and skilled lived experience workers to better paid/ senior positions in other industries/ roles</p> <p>Senior positions need to be substantial enough to attract suitable people</p>
<p>Training for colleagues and management on lived experience concepts and functions</p>	<p>Mutual understanding, respect and higher willingness/ability to collaborate effectively</p>	<p>Poor understanding and acceptance, reduced willingness/ability to collaborate</p>
<p>Provision of lived experience traineeships as a form of on-the-job training</p>	<p>New lived experience workers can learn from experienced lived experience. Provides coaching/role clarity, self-confidence</p>	<p>Lack of widespread training can mean lived experience start roles with no training and lower self-confidence and clarity on role</p>
<p>Lived experience-led training specifically focusing on use of lived experience and unique knowledge</p>	<p>A more reflective and confident workforce that understands how to use their lived experience meaningfully and appropriately</p>	<p>Incomplete understanding and confidence in applying personal experience and turning experience into 'expertise'</p>
<p>Funded positions in the Certificate IV in Mental Health Peer Work for entry/ introduction to the mental health service sector</p>	<p>An ethical lived experience workforce that understands how to work with risk and respond in ways that promote safety for all workers</p>	<p>Limited understanding/ orientation to the service system and standard processes</p>

Professional development and training

Emerging best practice strategies for professional development and training	Outcomes/benefits of strategies	Issues and risks if not addressed
Research higher degrees with a focus on lived experience concepts or work to develop evidence base and inform evidenced-based practice	Lived experience co-production of what counts as evidence and informs service and systems change	Poor representation of lived experience perspectives in research limits movement towards systems transformation and national reform agenda
Membership of communities of practice and other relevant networks that provide access to other lived experience workers, particularly for organisations and workers in rural and regional areas	Cross-fertilisation of ideas, collaboration across services/sector, opportunities for mutual support	Lack of collegiality and sense of isolation, particularly when part of a small lived experience workforce
Ensure professional development funds allow lived experience access to conferences including local, state and national opportunities	Access to opportunities to share and disseminate knowledge, learn about and apply best practice, resources and contemporary evidence	Limited or no access to best practice and emerging practices to inform ongoing development

Ongoing development

In the literature, ongoing development is mentioned frequently, particularly in similar strategy and framework documents from other states. This corresponds with responses from the Framework Advisory Group stating that while much has been learned and achieved, as a workforce that is still emerging, there are areas of great importance that require consideration for ongoing, sustainable workforce development. Similarly, research findings strongly indicate development of the lived experience workforce requires further actions to allow the work to be embedded meaningfully in the wider mental health sector. Areas of ongoing development that are deemed particularly important to current and emerging practice are highlighted.

Emerging best practice examples

Independent professional network/community of practice

Mountains of Hope Peer Network (MoHPN) in Toowoomba is a not-for-profit community-managed peer network. MoHPN maintains a register of suitably trained and experienced peer specialists who are available to deliver training, facilitate workshops and contribute consumer and carer perspectives to organisations. MoHPN provides members with an opportunity to be part of a network of mental health peer support workers who receive ongoing mentoring, supervision, professional development, education and training to ensure the integrity of best practice. MoHPN works towards increasing the understanding and value of mental health peer support in the broader circles of the community, e.g. presentations to universities, mental health services, GPs, emergency departments, PHNs and police. Some of the achievements of the MoHPN to date include: 32 peers trained in the Certificate IV in Peer Work and 14 people have gained employment. MoHPN has also become the go-to organisation in the area for work places that wish to recruit peer workers who can hit the ground running, having received training and will continue to receive ongoing mentoring, supervision and support.

Lived experience-staffed emergency department alternative

Brook RED and Enlightened Consultants have collaborated to design and deliver 'The Living EDge', at Redland Hospital. The Living EDge is a peer-hosted space that serves as an alternative and adjunct to the emergency department (ED) and has specifically been designed for individuals experiencing suicidal distress. This initiative, funded by Queensland Health Suicide Prevention Health Taskforce network, has been co-designed with the community, people who access mental health services, families and clinicians and supported by Metro South Addiction and Mental Health Service. This project demonstrates commitment and collaboration in developing innovative, alternative peer approaches to meet the gaps in service delivery. The project is also supported by a community-based peer team and offers weekly group support and access to individually tailored activities such as running groups, art classes, yoga and other activities.

Lived experience advocate at Energy Queensland

Energy Queensland (Energex/Ergon) created two lived experience mental health advocate roles. This role is unique and in the first 12 months earned the organisation a top three place in the Australian Human Resource Institute workplace mental health awards last year. These roles advocated for a different approach to mental health within the energy industry and includes delivery of the pilot program of 'Mates in Energy' born from 'Mates in Construction', aimed at suicide prevention in the energy industry. The roles provide on-the-ground lived experience support for employees and broader level stigma reduction and awareness raising by sharing lived experience and promoting help seeking and conversations around mental health challenges. They have also worked on the development of the Energy Queensland Mental Health Strategy for the next four years and are able to influence at senior executive/CEO decisions in the business to ensure employee wellbeing is at the forefront of those decisions.

Ongoing development

Emerging best practice strategies and outcomes

Emerging best practice strategies for ongoing development	Outcomes/benefits of strategies	Issues and risks if not addressed
Organisations and funding bodies		
Senior lived experience roles in all key mental health or mental health related organisations including funding bodies and/or boards and tenders	Greater accountability in working towards identified and agreed reform efforts including, meaningful co-production with people with a lived experience	Lived experience not a priority, overlooked in planning, funding or budgets Lived experience perspectives not embedded in critical policy documents and strategies
Lived experience across all levels of the organisation, on every committee, recruitment panels and as part of inducting all new staff	Ensures lived experience always has a voice at the table/remains on the agenda and lived experience perspectives are embedded Contributes to career pathway within lived experience workforce so lived experience do not have to move to non-lived experience roles to progress career	Lived experience workforce development limited. 'Brain drain' as highly skilled and experienced lived experience leave organisations/ lived experience roles to pursue career progression
Training/exposure to lived experience concepts/work/movement for all key agencies and funding bodies	Greater understanding and higher perceived value attributed to LE, leading to greater priority in budgets, planning and funding	Service design and funding doesn't understand the unique contribution of lived experience roles, lived experience roles can be co-opted
Develop ongoing mentoring and formal networks to allow resource sharing and assistance between organisations with a priority on lived experience employment	Increased understanding, motivation/ action/peer learning between organisations to ensure lived experience roles are meaningfully designed, supported and embedded	How to effectively design and support roles is not understood, lived experience roles are less effective, the unique benefits are reduced or lost
Credentialing policies for organisations and funders to provide opportunities for scholarships/paid accreditation as part of roles	Provide entry level qualification, so lived experience employees are supported to have an ongoing career beyond the organisation/situation they're currently in	Certificate IV in Mental Health Peer Work is expensive and difficult for many lived experience workers to attain without support from funders/ employers. This can limit access to lived experience roles

Ongoing development

Emerging best practice strategies for ongoing development	Outcomes/benefits of strategies	Issues and risks if not addressed
Funding		
Greater access to designated lived experience funding that understands and responds to the uniqueness of the roles, including lived experience-led initiatives, services and organisations	Opportunity to create sustainable alternatives to traditional service pathways and explore full potential of lived experience work	Lack of designated funding, limits sustainability and development of the workforce
All commissioning or tendering includes lived experience representatives. Have KPIs in contracts to ensure adequate lived experience involvement	Lived experience priorities and unique work outcomes considered in funding design. Accountability built in to contracts to ensure lived experience perspectives are meaningfully represented	Funding not being renewed and/or changes to funding due to political shifts and lack of priority, visibility of lived experience (rather than lack of demonstrable outcomes of lived experience work)
Lived experience is valued in all roles		
Lived experience is identified as desirable and valued within all roles, not just in designated roles	<p>Non-lived experience learning from lived experience about how to use lived experience effectively and how and when to share experiences</p> <p>Non-lived experience workers with lived experience feeling accepted and valued, contributing to a culture of safe disclosure</p>	<p>Inappropriate or 'hidden' sharing of lived experience</p> <p>Workplace where there is a lack of transparency and openness and less acceptance for people with a lived experience impacting non-lived experience colleagues, lived experience workers and people accessing services</p>
Advocacy and human resources development		
<p>Development of an effective and adequately resourced independent lived experience peak body and union</p> <p>Development of industrial relations awards and conditions including a specific award wage for lived experience roles</p> <p>Peak body to act as liaison or connector between organisations, training developers and funders—what's needed, how much and advocating for resources</p>	<p>Supervisors of lived experience workers are more confident and able to appropriately support lived experience roles, particularly in maintaining role clarity</p> <p>Authenticity of lived experience perspectives and unique ways of working are maintained and valued. Lived experience workforce are supported to be effective and given opportunities for professional development</p>	<p>Poor quality of supervision for lived experience roles and impeded confidence/job satisfaction for supervisors and lived experience workers</p> <p>Lived experience workers are required to have supervision with a supervisor from outside their discipline. Lived experience workforce perceived as valued less than other perspectives (which receive discipline-specific supervision)</p>

Ongoing development

Emerging best practice strategies for ongoing development	Outcomes/benefits of strategies	Issues and risks if not addressed
Supervision		
<p>Training and specific supervision for supervisors of lived experience workers is needed to assist understanding of lived experience roles</p> <p>More lived experience supervision is needed. Investment in upskilling the existing lived experience workforce is needed to expand opportunities for lived experience supervision. Support lived experience workers to access external lived experience supervision. Establish a register of external lived experience supervisors</p>	<p>Supervisors of lived experience workers are more confident and able to appropriately support lived experience roles, particularly in maintaining role clarity</p> <p>Authenticity of lived experience perspectives and unique ways of working are maintained and valued. Lived experience workforce are supported to be effective and given opportunities for professional development</p>	<p>Poor quality of supervision for lived experience roles and impeded confidence/job satisfaction for supervisors and lived experience workers</p> <p>Lived experience workers are required to have supervision with a supervisor from outside their discipline. Lived experience workforce perceived as valued less than other perspectives (which receive discipline-specific supervision)</p>
Training		
<p>Additional qualifications are needed at various points of career progression including high-level qualifications but also affordable and accessible entry level credentialing (i.e. Certificate IV in Mental Health Peer Work)</p> <p>As the only nationally recognised accreditation, the Certificate IV in Mental Health Peer Work needs greater accountability for quality of materials and who is delivering it (needs to be lived experience trainers)</p> <p>More lived experience role specific training focusing on the unique features and definitions of lived experience roles is needed. Must be lived experience-led and delivered</p>	<p>Increased credibility of lived experience work, particularly for management and other senior roles. Better articulation of the value of roles across career progression and better, more specific training</p> <p>More effective and respected accreditation and other specific training, with highly relevant delivery and materials assists in role clarity for workers and better outcomes for organisations overall in employing lived experience workers</p>	<p>Lack of specific training and less relevant materials/delivery across the career span limits the development of lived experience roles in various contexts and impedes credibility of the roles</p> <p>Impacted ability to gauge and maintain role clarity at various points across career span places limits on the confidence and potential performance of lived experience workers</p>

Ongoing development

Emerging best practice strategies for ongoing development	Outcomes/benefits of strategies	Issues and risks if not addressed
Higher education and research		
<p>Increased lived experience leadership/ co-production of research and dedicated funding for lived experience research</p> <p>TAFE and universities create targeted positions for lived experience researchers, teachers, lecturers and engagement officers</p>	<p>Opportunities to explore the needs/ benefits of lived experience and add to the evidence base</p> <p>Alignment with national policy in relation to 'service user involvement' e.g. National Health and Medical Research Centre's national statement</p>	<p>Lived experience perspectives in research and higher education limited and often tokenistic. If the education and evidence provided to mental health professionals does not include lived experience as a valued and valuable contribution, workforce acceptance of lived experience will remain limited</p>
Regional, rural and remote		
<p>Prioritise development of lived experience roles in rural and regional areas including provision of 'train the trainer' workshops to allow community members to be trained within their community in an ongoing, accessible way. Training to include how to incorporate cultural practices and benefits within the service</p> <p>'Exchange programs' to bring exposure to lived experience work to regional, rural and remote areas</p> <p>Communities of practice and key meetings/networking opportunities to include video link-up for regional/ rural and remote participation</p> <p>Specific exploration of the needs of people in regional, rural and remote areas in relation to lived experience development</p>	<p>Access to lived experience work allows people accessing services a range of services/service relationships to assist in finding the best 'fit' for their personal recovery journey. The ability to train within the community ensures skills aren't lost if people move away and emphasises local knowledge</p> <p>Increase profile and understanding/ priority on lived experience roles in regional, rural and remote areas</p> <p>Increase access to support, education and emerging best practice for regional/rural and remote organisations and lived experience</p> <p>Ensure the unique needs and issues faced by people and lived experience in regional, rural and remote areas are addressed</p>	<p>Lived experience is highly relevant for rural and regional areas but largely unavailable. Overall, a lack of health professionals and services creates lack of choice for people in rural and regional areas. Similarly, tyranny of distance creates difficulty accessing services, adding to the cost of service use</p> <p>Limited access to lived experience roles progressively north of the Sunshine Coast and particularly in the western parts of the state</p> <p>Lived experience roles that do exist in rural and remote areas are isolated and miss out on networking, support, education and development</p> <p>Ongoing under-representation of lived experience roles in regional, rural and remote communities and limited understanding of the needs of communities in relation to lived experience work</p>

Ongoing development

Emerging best practice strategies for ongoing development	Outcomes/benefits of strategies	Issues and risks if not addressed
Diversity and inclusion		
<p>Explore concepts and language of lived experience work/mental health from the perspectives of Aboriginal and Torres Strait Islander peoples and culturally and linguistically diverse backgrounds to ensure Westernised definition and practices aren't exclusively enforced</p> <p>Create pro-active policies to ensure cultural diversity within the lived experience workforce</p>	<p>Higher numbers of culturally appropriate, diverse and 'safe' lived experience workers to better meet the needs of people from diverse cultural backgrounds and assist in best practice outcomes</p>	<p>Perpetuating poor engagement and participation of diverse cultural groups in the lived experience workforce, leading to less relevant lived experience workforce for people accessing services who come from diverse cultural backgrounds</p> <p>Ongoing under-representation of culturally diverse roles and subsequent lack of access to culturally specific lived experience for people accessing services</p>
lived experience roles beyond mental health		
<p>Designated lived experience roles within sectors other than mental health</p>	<p>Greater understanding and acceptance of people with a lived experience throughout industries, leading to improvements to work cultures</p> <p>Greater job opportunities for people in non-lived experience roles with lived experience, higher retention of people with a lived experience across the workforce, more supported return to work for people with a lived experience</p>	<p>Continuation of stigmatising and prejudicial attitudes towards people with a lived experience</p> <p>Reluctance for people to disclose mental health challenges and seek help in the workplace</p> <p>Continued limits on sustainable employment for people with mental health challenges</p>

Key areas and supportive factors

Queensland Framework for the Development of the Mental Health Lived Experience Workforce

Ongoing development

- Develop lived experience leadership roles in all relevant organisations
- Encourage greater access to designated lived experience funding and better representation of lived experience on funding bodies
- Encourage an adequately resourced and independent lived experience peak body
- Explore culturally appropriate lived experience language and concepts
- Develop and invest in lived experience roles (including training opportunities) in rural and regional areas

Understanding and defining lived experience roles

- Exposure to lived experience concepts, research, leaders & work
- Develop a network of organisations building a lived experience workforce
- Provide clear position descriptions
- Acknowledge unique cultural differences and the value of specialisations

Organisational commitment

- Management actively champions lived experience roles to ensure uniqueness is protected
- Employ sufficient numbers of designated lived experience workers, including management roles
- Create a culture of learning, innovation and self-reflection
- Create processes and systems to support lived experience roles

Professional development and training

- Source appropriate training and education e.g. Certificate IV, Intentional Peer Support, research degrees
- Provide lived experience networks and communities of practice
- Allocate lived experience professional development funds/conferences
- Ensure a range of timely supervision (including lived experience supervision) is available
- Ensure lived experience traineeships are available

Human resources policies and practices

- Ensure human resources teams understand and are supportive of lived experience roles
- Recognise lived experience as a distinct discipline and approach
- Provide appropriate recruitment processes with adequate remuneration and FTE for lived experience
- Ensure a whole-of-workforce approach to reasonable adjustment and flexibility



Workplace culture

- Prepare and plan before and after employing lived experience workers, including promotion of the value of roles at all levels of the organisation
- Provide ongoing exposure/training for all staff (including at induction) about lived experience principles, work and benefits
- Commit to the wellbeing of all staff, developing strategies and policies to support better wellbeing

Diversity and inclusion

- Proactively support diverse cultures and subgroups
- Publicise policies that facilitate inclusive culture
- Use targeted strategies to overcome specific barriers to inclusion for diverse cultural groups
- Acknowledge cultural values and staff commitment to community and cultural holidays



To view the full framework and support resources, scan this QR code or download from the Queensland Mental Health Commission's website: qmhc.qld.gov.au/engage-enable/lived-experience-led-reform/peer-workforce

Key themes from literature mapping

Themes		Context
Role clarity	<ul style="list-style-type: none"> Recruitment and orientation Clarity of differences between specific lived experience roles, as well as between lived experience and non-lived experience roles 	<ul style="list-style-type: none"> Position descriptions reviewed with lived experience input Sensitivities to Aboriginal and Torres Strait Islander peoples and LGBTQIA+ lived experience workforce Clear service models
Design of roles	<ul style="list-style-type: none"> Lived experience workforce roles are: <ul style="list-style-type: none"> recovery-oriented and strengths-based trauma-informed and person-centred holistic and culturally inclusive equal and empathetic 	<ul style="list-style-type: none"> Lived experience workforce-specific remuneration awards, which are appropriate and comparable to non-lived experience Lived experience workforce involved in role design Diversity across roles recognised
Development of lived experience management roles	<ul style="list-style-type: none"> More lived experience workforce in senior, decision-making roles will enhance the sector's ability to design and deliver better services 	<ul style="list-style-type: none"> Foster mentoring, development and career progression pathways for lived experience Structured career pathways required
Organisational support, commitment and workplace culture	<ul style="list-style-type: none"> Initiatives to increase lived experience workforce (e.g. commissioning processes) Lived experience workforce involved in planning and implementation of lived experience roles and relevant policies and procedures Commitment to lived experience workforce articulated in governance, strategy, policies and procedures Managers understand lived experience, are commitment to lived experience and act as champions of the lived experience workforce 	<ul style="list-style-type: none"> Leaders are transparent and committed to strategic collaboration, sharing power and formal change management processes Lived experience workforce has relevant resources and tools Lived experience workforce have informal and formal support opportunities
Advocacy and recognition of lived experience roles	<ul style="list-style-type: none"> Lived experience representatives on local/national committees Creating champions of lived experience workforce Commitment to capture and share lived experience workforce impact Promote lived experience workforce as essential (not an add-on) 	<ul style="list-style-type: none"> Commitment to lived experience workforce and lived experience frameworks Aboriginal and Torres Strait Islander peoples lived experience workforce are valued
Shared understanding and knowledge of lived experience roles	<ul style="list-style-type: none"> Clear orientation training on lived experience workforce for all staff All staff to have understanding on lived experience workforce contribution to organisational aims Ongoing communication on lived experience workforce 	<ul style="list-style-type: none"> Lived experience workforce introduced to mental health community Lived experience workforce programs are advertised Historical and contemporary experiences of Aboriginal and Torres trait Islander peoples acknowledged

Key themes from literature mapping

Themes		Context
Relationship between lived experience and mental health	<ul style="list-style-type: none"> • Collaborative and equal partnerships • Lived experience workforce role clarification needed 	<ul style="list-style-type: none"> • Opportunities for integration
Education and training	<ul style="list-style-type: none"> • Lived experience-led programs and training for staff • Need for ongoing comprehensive and standardised training to be available 	<ul style="list-style-type: none"> • Broad training for lived experience workforce • On-the-job training, formal traineeships and nationally recognised qualifications
Supervisory support	<ul style="list-style-type: none"> • Monitoring authenticity of the roles • Supervisors have lived experience 	<ul style="list-style-type: none"> • Accessibility • Open, ongoing, growth-oriented
Human resources Policy	<ul style="list-style-type: none"> • Zero tolerance of discrimination or stigma • Diversification of lived experience workforce roles • Flexibility including reasonable adjustments • Safeguards and training in place to ensure lived experience workforce workplace health and safety (e.g. confidentiality, self-care) 	<ul style="list-style-type: none"> • Documents are co-designed and co-produced and regularly audited • Human resources policy does not exclude people based on traditional exclusions
Barriers and limitations to implementation of lived experience	<ul style="list-style-type: none"> • Funding and evaluation • Role confusions, definitions • Disclosure and confidentiality • Supervision access • Medicalised mental health system • Occupational regulation and representation • No career progression 	<ul style="list-style-type: none"> • Over-extended/burn out/isolated • Inflexible jobs • Disruption during lived experience workforce introduction • Lack of Aboriginal and Torres Strait Islander peoples lived experience • Lack of monitoring and evaluation mechanisms • Misconceptions of lived experience workforce work
Ongoing development	<ul style="list-style-type: none"> • Support research initiatives/evidence-based learning • Increases in lived experience workforce, LGBTQIA+ and Indigenous lived experience workforce 	<ul style="list-style-type: none"> • Accreditation standards • Funding and scholarships • Lived experience framework for each state