

Role Titles and Descriptions

for the Development of the

Mental Health Lived Experience Workforce

About this document

This is a companion document to the *Queensland Framework for the Development of the Mental Health Lived Experience Workforce* and is intended to assist organisations and lived experience workers to develop and support lived experience roles that are meaningful, and that reflect the values of lived experience work and recovery. This document includes the qualities and practices of lived experience workers that contribute to effective lived experience work.

While the framework aims to increase understanding of the lived experience workforce and provide clear information for organisations on how to structure and support lived experience roles, this *Role Titles and Descriptions* document provides a comprehensive guide to assist organisations to design meaningful lived experience roles and can be used in conjunction with the framework.

All documents in the package are available for download from the Queensland Mental Health Commission Lived Experience Led Reform webpage: qmhc.qld.gov.au/engage-able/lived-experience-led-reform/peer-workforce.

Job descriptions assist in making lived experience roles successful by explaining what the role involves, and providing role clarity and consistency with position descriptions. When roles are not clearly defined, there is a risk lived experience worker might not be working optimally and could feel unsupported.

This document is a collection of role titles and descriptions to assist with writing position descriptions and ensuring role clarity. The information is provided by many lived experience workers who have shared what is meaningful in describing the what, why and how of their work. Most of the information is in the words of lived experience workers—these sections are titled ‘in our own words’; however, we have also included more formal descriptions. Any of the ideas and tips can be customised to your workplace.

Much of the information in this document is from the generous contribution of lived experience leaders who formed the Advisory Group and Strategic Forum for the framework. In addition, the framework survey sought contributions on role titles and descriptions from lived experience workers across Queensland in a variety of roles, position titles and settings.

Suggested citation

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Uniqueness of lived experience roles

Lived experience roles are not just 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 or citizenship. Ultimately, lived experience work is about how experiences are understood and applied to benefit others.

Position descriptions can support the uniqueness of lived experience roles and show a clear distinction from the work of non-designated roles. Lived experience roles span from entry level to more specialist roles and leadership positions. Regardless of the role, all lived experience workers share a focus on relationships as instrumental to the work and connection to the broader lived experience movement.

Lived experience workers identified the following principles that were common across all these roles:

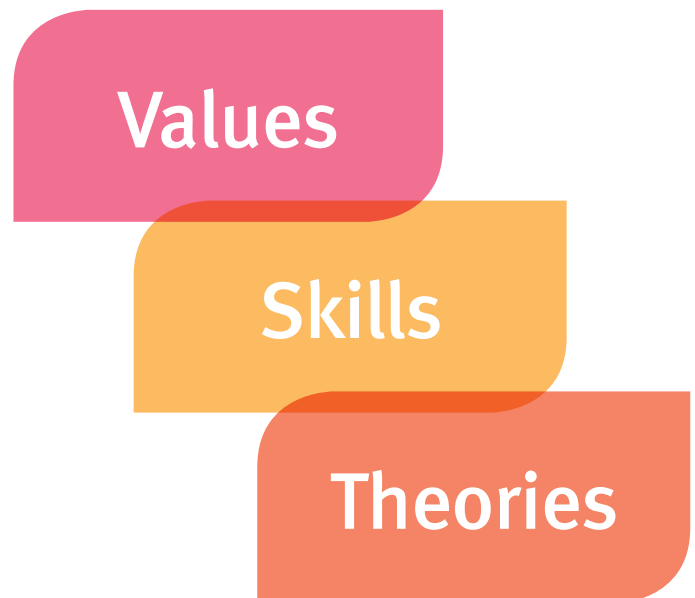
- capacity to convey hope
- personal identification with and experiences of a mental health challenge
- willingness to share experiences.

Many lived experience workers have described their role as including advocacy and identification as a change agent. The role as change agent is described as the ability to influence and contribute more broadly to effective mental health service delivery.

Values, skills and underpinning theories

Job descriptions usually list key criteria, core competencies and adherence to models of practice. These descriptions can be further broken down into the desired values, skills and underpinning theories in lived experience work.

These values, skills and theories interlock together to form a foundation for effective lived experience roles.



Values

The values of an organisation are reflected the Mission Statement and in the position descriptions for its staff. In promoting its lived experience work, every position description should be a product of the value placed on lived experience and a statement of why lived experience is part of mental health work.

Values underpinning practice *in the words of lived experience workers*

“Recognise the value of lived experience”

“Respect”

“Capacity to be vulnerable”

“Value experientially gained knowledge”

“Consultative approach”

“Equity”

“Inclusion and valuing diversity”

“Authenticity”

“Non-judgemental”

“Dignity of risk”

“Empathy”

“Openness”

“Social Justice”

“Human rights”

“Personal investment in the work”

Skills

Skills in lived experience work are diverse and include both direct and indirect work. Lived experience workers describe a range of skill areas, across a diversity of lived experience roles, from direct work with individuals and groups, to more indirect administrative tasks, systemic advocacy and executive governance.

Process skills in lived experience roles have been emphasised as ‘not so much what you do as how you do it’ that is important.

Direct work

Individual support and facilitating groups sharing experiences, advocacy, connecting to resources, community building, relationship building, mentoring, building social connections, creative and strengths-based activities

Indirect work

Planning and developing programs, administration, staff training, communication and supporting team, supervision, peer training, awareness raising, research and evaluation

Skills

in the words of lived experience workers

“Group facilitation”

“Use of skills and knowledge to benefit others”

“Communication skills”

“Lived experience work as coach or mentor”

“Purposeful use of experience”

“Working collaboratively: we are all in this together”

“Demonstrated ability and skills to overcome adversity”

“Appreciating other’s world views”

“Linking to community”

“Non-judgemental”

“Think radically but act diplomatically”

“Your own personal recovery is not the objective”

Theories

Just because lived experience work seems like common sense, it doesn't mean there's no science to it.

Lived experience workers have identified working from the following theories and approaches:

- recovery framework
- trauma-informed
- strengths-based
- psychosocial
- humanistic
- holistic perspectives

Training and qualifications recommended by lived experience workers

Certificate IV in Peer Work

The Certificate IV was viewed as consolidating and providing a framework for recognising and valuing existing knowledge as well as building knowledge.

As a specific and nationally recognised qualification, it is viewed as giving lived experience work legitimacy.

Intentional Peer Support

Intentional Peer Support provides lived experience workforce with a set of principles to guide practice. Intentional Peer Support is values-driven and gives a language to 'peer work that makes sense and recognises our humanity and diversity'.

Hearing voices

Training in hearing voices approaches gives additional skills and increased capacity to work in alternative ways that are increasingly being recognised and valued in both clinical and community.

Connection to wider community

Although, not directly related to theory or training, connection to the wider community is strongly recognised. To remain sustainable, lived experience workers need connections and networks with other lived experience Workers and to remain focused and connected to the wider community.

Core competencies and personal qualities in lived experience work engages values, skills and an underpinning philosophy, working together in harmony. These core competencies articulate into clear statements what is at the core of lived experience work and what is fundamental to being able to work effectively.

Theories

Personal qualities and core competencies in the words of lived experience workers

“Inspiring hope, overcoming adversity, challenging, because you can see the potential of others, focusing on a life beyond illness, connecting with people from the place of shared experience, and identifying the tools or strategies that the person can use to move to a desired place.”

“Capacity to build an empathetic relationship based on a structure of support. Holding the tension of I am here beside you and I am doing this with you, but I am also employed to deliver a service. There is a mutuality and yes, I may benefit from being in this relationship within this experience of working together but primarily the other person is the focus.”

“The person has to have moved past their experience that was challenging to an extent, but be able to walk back and face that, and still have an identification with that experience. It is a sophisticated knowledge of self and sits closely to capacity to empathise.”

“Willingness to learn and to learn from mistakes. Have a go and learn but it is okay to get it wrong and ‘fail’.”

“Empathy developed through life experiences and life interruptions, managing emotions, navigating the system and use of recovery story to support peers.”

“This position requires the utilisation of personal knowledge and skills, gained from overcoming the impacts of life adversity to provide support and act as a resource to clients in strengthening their own recovery resources.”

“One of the most important things is emotional maturity. Social and emotional agility is important because you have to adapt and handle the environment that you are working with and build relationships. Also, being reflective and know your personal boundaries and regulate your own emotional reactions. Self management is so important in an emotional environment.”

“Someone who can weigh up a situation and think critically. We want people who have a good understanding of personal recovery and the consumer movement and to hold services accountable. Someone who can identify undertones and not just say ‘yes’ to things. To stand strong in a clinical environment. Also, diplomacy to know when to stand up and where to hold back and slowly chip away. You have to have fortitude and patience. Change can take a long time so you can’t make a revolution quickly. It is small wins. It is about the individual work and the difference you make and contributions to individuals. Think radically but can act diplomatically when needed. Be strategic and be willing to stay for the long haul and do the hard slog.”

Role titles and formal position descriptions

These more formalised descriptions are summarised from existing position descriptions for lived experience roles. They are divided into roles that primarily have a focus on direct support and those that have greater emphasis on management and leadership. However, the overlap between these roles is acknowledged and they may involve a combination of direct support and management skills. A range of titles that are currently used by organisations to describe the roles and specialisations within lived experience work is also provided.

Lived experience direct support

A focus on individual and group work

Many entry-level lived experience positions in Queensland have a focus on individual and group work. The capacity to act as a role model was also identified. The mandatory requirements were self-identification of personal lived experience. For 'carer' peer work, position descriptions specify a 'significant length of time' in the supporting someone in their recovery was common.

Role titles

- Peer worker (mental health peer worker; peer support worker; peer recovery worker; peer recovery support worker; peer rehabilitation worker)
- Consumer peer support worker
- Carer peer support worker
- Recovery worker
- Recovery assistant
- Peer mentor/ recovery mentor
- Consumer rehabilitation support worker
- Wellbeing coach
- Lived expertise coach
- Peer artist
- Lifestyle facilitator
- Lived expertise connection worker
- Lived expertise resource worker
- Lived expertise group facilitator

Specialisation

Specialisations occur in both direct support roles and leadership roles and include roles specifically representing perspectives and experiences of: Aboriginal and Torres Strait Islander peoples, people from culturally and linguistically diverse backgrounds, people identifying as LGBTQIA+, Māori, Ministry of Pacific Peoples, child and youth, carer youth and families, people with experiences of alcohol and other drug use or dependence.

Additional specialisations may include people from the Deaf community, people with experiences of family violence, perinatal mental health, suicide, eating disorders, involuntary treatment, incarceration, homelessness, people identifying as neurodivergent, people with disability, veterans and other diverse experiences.

Position description

Summary of key criteria/core competencies

Lived experience/expert role: direct support Descriptions from position descriptions

- Provide recovery-orientated, 'consumer' and/or 'carer' focused peer support
- Act as an advocate for consumers
- Support consumers to make positive changes towards recovery by identifying strengths
- Serve as a positive role model
- Well-developed communication, both verbal and written, to work collaboratively across multidisciplinary teams
- Provide general feedback and advice to team members regarding consumer and/or carer participation, education, support and recovery-oriented practice.
- Work within appropriate boundaries and draw on knowledge and expertise gained through reflection on own lived experience.

Core attributes

- Communication skills
- Willingness and purposeful use of lived experience
- Awareness of boundaries
- Teamwork
- Problem solving
- Work autonomously
- Use of initiative, tact and discretion

Qualifications

Certificate IV in Mental Health or Mental Health Peer Work desirable.

Role titles and formal position descriptions

Lived experience leader/manager

Emphasis on management/supervision/wider system change

In existing position descriptions, senior/leadership roles are given titles of director, consultant or coordinator. Lived experience is also mandatory in these roles, as is a demonstrated ability to use lived experience to influence change.

Role titles

- Director/Manager
- Peer support supervisors/coordinators
- Consumer consultants and carer consultants
- Consumer services coordinator/carer services coordinator
- Team leader
- Service manager
- Consumer participation coordinator
- Lived experience practice specialist

Key duties

- Development of the lived experience workforce
- Supervision and mentoring
- Business development
- Education, training and research
- Expert advice on policy, planning, evaluation, process and strategic direction
- Lived experience perspective to support decision making
- Advocacy

Core attributes

- Communication skills
- Negotiation skills
- Ability to influence
- Ability to establish strategic partnerships
- Knowledge of recovery and service systems
- Knowledge of legislation
- Skills in training, education, research

Qualifications

Some leadership positions stipulate qualifications (from Certificate IV to postgraduate qualification). Relevant previous experience always required.

Standards and guidelines

Organisational alignment to standards and guidelines also referenced within position descriptions.

- National Health and Medical Research Council (NHMRC) Guidelines for ethical conduct in Aboriginal and Torres Strait Islander Research
- NHMRC statement on consumer and community involvement in health and medical research
- National Safety and Quality Health Service Standards
- National Standards for Mental Health Services
- National Practice Standards for Mental Health Workforce
- National Recovery Framework

Role titles and formal position descriptions

Examples of emerging best practice

Of organisations and individuals who have demonstrated commitment to the effective recruitment and employment of lived experience workers through leadership, training and practice.

Certificate IV training

The Mental Health Service on the Gold Coast, walked the talk, of supporting personal recovery when they agreed to contract with a training organisation to deliver the Certificate IV Mental Health Peer Work qualification for all members of their Consumer, Carer and Family Participation Team who were supported financially and in worktime to complete this training. Additionally, the training was made available to other peer workers, advocates, representatives and interested persons with lived experience on the Gold Coast. The Mental Health Service not only allowed their Consumer, Carer and Family Participation Team members significant scope in their roles to support other students, they also fully funded a formal graduation ceremony for all students and their families, friends and supporters.

Lived experience-led, lived experience skill specific training

Listening Differently was developed by an experienced lived experience trainer as a series of workshops across a range of peer support topics. The program is embedded in an intentional peer support framework, but also explores micro-skills (paraphrasing; reframing; etc.); other related approaches (e.g. Trauma-informed; compassion focused; strengths-based etc.); and a range of topics that experience has shown are currently training gaps for the community and peer support workforce. This program seeks to maximise access to quality training delivered by lived experience trainers to build capacity for community members and peer support workers (paid or unpaid).

Lived experience-led supervision

Brook RED believe that having a line manager who is also working from a lived experience perspective is essential to excellence in the lived experience work. Brook RED provide independent external supervision to peers working for other services. Brook RED with Brisbane North Primary Health Network have created a community of practice through the Peer Participation in Mental Health Network (PPIMS Network). This network creates an opportunity for people in lived experience identified roles to come together. This process allows peer workers to engage in a process of learning, discussion and co-supervision with support provided by Brook RED. For their own practice, Brook RED believe it's important for staff to be able to access independent supervision of their choice and Brook RED covers this expense for their employees along with internal supervision and support.

Lived Experience Network, Gold Coast

The Gold Coast Hospital and Health Service have developed a Mental Health Peer Workforce Network. This network supports people who use their lived experience of mental health challenges, suicidality and/or substance use in paid or voluntary roles. The network believes in personal recovery and advocates for recovery-orientated, trauma-informed, person-led services and inclusive communities across the Gold Coast region. The network provides expert advice to services and individuals regarding consumer and carer engagement and peer workforce. This network was initiated in 2012 and is supported by the Consumer, Carer and Family Participation Team (Gold Coast Health) and the Gold Coast Primary Health Network.

Role titles and formal position descriptions

Diverse representation opportunities

Gold Coast Hospital and Health Service believe that supporting consumer and carer representatives means more than just sourcing suitable and interested people for the many engagement opportunities available in our service. Recently, a consumer and carer representative was sought to sit on a 'user group' to inform the development of a detailed business case for a new secure mental health rehabilitation unit. A plan was developed to support the representatives in their roles by organising a broad consumer and carer focus group to provide many perspectives and feedback for the representatives to take forward to the ongoing user group meetings. In addition, the representatives were offered guided tours around two similar established units in Queensland. The representatives were fully remunerated for all time spent on these preparatory activities.

Training to better understand lived experiences (Artful Voices Program with Aftercare)

A lived experience consultant was engaged as an independent lived experience trainer and consultant to work on the Artful Voices Program with Aftercare. The Artful Voices Program is a creative program to educate and inform peers, families, social/support networks, and mental health clinicians from a lived experience perspective about what works when hearing distressing voices. Aftercare has shown commitment to this work over the past five years by actively sourcing grants and funds to help create opportunities to provide trainings and workshops on voice hearing. To further support capacity building and training, a facilitation team of peers and professionals were trained and received ongoing mentoring to facilitate the program. Overall it is seen as an innovative program that brings all the key stakeholders together to learn from each other in a safe learning environment.

For more examples of emerging best practice, strategies and outcomes and details on preparing the workforce for lived experience roles as well as supporting and sustaining lived experience practice, please see the *Queensland Framework for the Development of the Mental Health Lived Experience Workforce*.



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



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