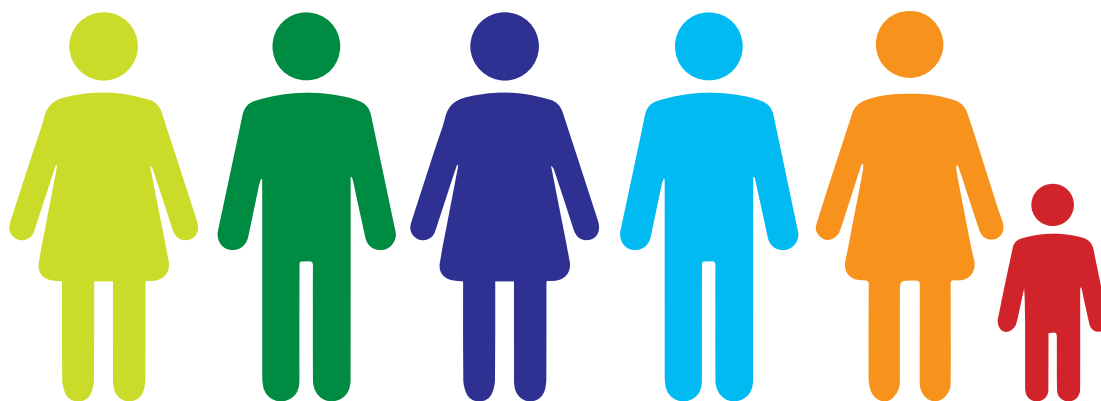


National Mental Health Commission

National Lived Experience (Peer)
Workforce Development Guidelines

Lived Experience workforce development in mental health

A planning resource for Primary Health Networks



Australian Government

National Mental Health Commission

About this report

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

A vital component of quality mental health services

Responding to mental health needs is a key priority for Primary Health Networks (PHNs). For people experiencing mental illness, key priorities include having access to person-centred care and having the opportunity to connect with peers. These are basic human rights of relevance to everyone who needs to access mental health care.

Lived Experience workers are health care professionals who approach mental illness from a human rights and social justice perspective rather than a medical perspective. They are employed to use their own lived experience of mental illness, or supporting someone with a mental illness, to understand and relate to the experiences of others and improve the experience of service use and promote personal recovery and wellbeing. Lived Experience workers have a key role in assuring the quality and appropriateness of services for service users and their families and communities.

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

Lived experience is central to mental health reform and investment in developing this workforce is essential to improve whole of life outcomes for people who use mental health services. It is the responsibility of every agency in the mental health system, and in other human services, to take steps to bring lived experience into the design and delivery of services.

The role of Lived Experience work needs to be considered at each stage in the PHN commissioning cycle. It is also relevant in strengthening primary care responses to reduce unnecessary hospital visits. Linking lived experience-led¹ and co-delivered services with general practitioners and other primary health services strengthens the primary health care system and promotes recovery.

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

This paper is a companion document to the *National Development Guidelines* and the PHN Guidance – *Peer workforce role in mental health and suicide prevention*. It describes the strategic actions PHNs can take in regional planning, commissioning services and supporting primary health care to contribute to Lived Experience workforce development.

¹ Lived experience-led (also called peer led) services are run by people with the same or similar identities or lived experiences as their service users. These services provide a recovery-focussed approach and may reduce reliance on clinical services.

The Lived Experience workforce

Lived Experience workers are employed to use their own lived experience of mental illness, or supporting someone with a mental illness, to understand and relate to the experiences of others and improve the experience of service use and treatment outcomes. Lived experience professionals may work at an individual level, supporting a person or family; at a team level, supporting other workers; or at an organisational level, in leadership positions and identifying the impact of organisational practices on service users.

Note on Scope of the National Development Guidelines

The principles of Lived Experience/peer work and the steps towards workforce development are similar across different sectors. The core concepts of the National Development Guidelines may be relevant to workforce development in fields such as AOD and suicide prevention. However, each sector has its own history, terminology, and priorities for development. Application of the Guidelines should always include working with a lived experience consultant(s) from the relevant field.

Integrating Lived Experience work in community systems of care

If Lived Experience work is to play a key role in transforming the mental health system, it must be embedded in community service systems as well as in large organisations and hospitals. A person seeking mental health services should be able to (a) access direct support from a Lived Experience worker and (b) choose a service approach that best meets their needs, including lived experience-led services and recovery-oriented services designed to meet their individual and cultural needs. Access to peer support, lived experience-led services, and recovery-oriented treatment practices is important to support a viable stepped approach to care.

PHNs assess the health care needs of their community and commission health services to meet those needs. They support health services to connect with each other to improve people's care and strengthen the primary health care system.

PHNs have three primary roles:

- **Commissioning health services:** assessing the needs of people in their regions and addressing gaps in primary health care.
- **Building health workforce capacity:** Working with general practitioners (GPs) and other health professionals to build the capacity of the health workforce to deliver high-quality care.
- **Integrated health services:** supporting networking and coordination of health services at the local level to create a better experience for people, encourage better use of health resources, and eliminate service duplication.

Activity in each of these areas can contribute to the development of the Lived Experience workforce. A fourth area for action is identified as the PHN's role as an employer within the health system.

1. Build lived experience capability into the PHN

Demonstrate commitment to Lived Experience workforce development by designating staff positions in the PHN as lived experience positions, including at a leadership level. Identify allies within the organisation to support Lived Experience workforce development.

Learn more in the Clarify and Commit chapter in the *National Development Guidelines*.

2. Commissioning cycle

Include Lived Experience workforce development in the commissioning cycle activities of regional needs assessment and strategic planning.

Ensure that there are roles for the Lived Experience workforce in all tenders for mental health services and hold commissioned services accountable for delivery in this area through reporting and KPIs.

3. Building health workforce capacity

Provide or promote awareness of affordable and accessible training and education opportunities, particularly for workers in rural, regional and remote locations and for Aboriginal and Torres Strait Islander People. Support regional and national networking and communities of practice for Lived Experience workers in all PHNs, especially ensuring access for workers in rural and remote communities.

Learn more in the Development of Regional, Rural and Remote Areas chapter in the *National Development Guidelines*.

4. Integrated health services

Promote awareness of Lived Experience work and local lived experience-led services. Promote and support the implementation of the *Lived Experience (Peer) Workforce Development Guidelines*. Developing understanding of the professional discipline, the range of possible roles and the specific challenges that Lived Experience workers may face in the workplace is the starting place for workforce development. Communicate with services users, families, and the broader community. Provide training for health professionals on working with Lived Experience workers.

Assessing progress in Lived Experience workforce development

As independent organisations responding to the unique characteristics of each health region, each PHN will need to develop its own strategy to address these priority areas. Time, community engagement and funding allocation are needed to implement these actions. Each PHN will need to determine the framework for development to meet the needs of their region.

This following self-assessment checklist supports decision-making on development of the mental health and suicide prevention Lived Experience workforce, assisting PHNs to support better outcomes in mental health.

Completing the checklists

Checklists should be completed in consultation with Lived Experience consultants or a person engaged to review current practices from a lived experience perspective.

The checklist is structured around core principles and actions described in the *National Development Guidelines*. It can be completed by individuals or by groups. It may be of greatest value when completed by several people, including service users and service providers. Differences between your understanding of your stage of change and that of others in your region, especially Lived Experience workers, will highlight areas where there is a need to develop shared understanding.

The checklist provides an opportunity to identify if the action is fully embedded in practice, partly embedded, newly implemented, or not yet started. If you would like to create a numeric score to assist comparison with other reviewers and between performance over time, there is also a simple assessment score. Once a judgement is made, the score is entered against the criteria and an overall score is calculated for each section. The score can be taken from each section of the assessment tool and collated at the end to give an overall picture of the organisation's performance:

Description	Rating	Suggested Score
This score is given if you believe that an approach has been fully embedded in practice.	YES	4–5
This score is given if you believe that an approach has been partly implemented but is not yet fully embedded.	PART	2–3
This score is given when you believe that action has been taken towards the new approach but it is has not yet been implemented .	NEW	1
This score is given when you believe that an approach does not happen or is not relevant.	NO	0

Note: Scoring uses a 5-point Likert scale approach. Select the score that you feel best reflects the current status in your region.

Checklist: Integrating Lived Experience Workforce in Regional Mental Health Services

Practice	Yes	Part	New	No
Strengthening PHN capabilities in Lived Experience work				
PHN staff and committees have developed understanding of the Lived Experience workforce based on the <i>National Development Guidelines</i> and standards relevant to our state/territory government.				
We partner with Lived Experience workers, leaders, and agencies to increase understanding of and active commitment to Lived Experience work.				
To the extent possible within the size of our workforce, there are lived experience designated roles in our PHN.				
Strategic planning				
Lived Experience workforce development is included as an item in regional planning agendas.				
All mental health needs analysis, planning, and evaluation activities are co-produced with lived experience representatives.				
Service mapping identifies: <ul style="list-style-type: none"> <input type="checkbox"/> Lived experience-led/run services <input type="checkbox"/> Lived experience designated employment positions within services, distinguishing between <ul style="list-style-type: none"> - Consumer designated roles and carer designated roles - Voluntary, casual, and permanent employment roles - Representation of diverse communities <input type="checkbox"/> Direct peer support services <input type="checkbox"/> Organisations with Lived Experience workforce development strategies and plans 				
Gap analysis identifies: <ul style="list-style-type: none"> <input type="checkbox"/> Gaps in service access by geographic region <input type="checkbox"/> Gaps in representation of diverse communities (Lived Experience workforce does not reflect the diversity of the local community) <input type="checkbox"/> Isolated Lived Experience workers e.g. one worker in a service setting <input type="checkbox"/> Over-reliance on volunteers and/or untrained Lived Experience workers <input type="checkbox"/> Gaps in designated lived experience leadership or specialist roles <input type="checkbox"/> Gaps in access to lived experience supervisors 				

Practice	Yes	Part	New	No
<p>We have a regional plan for Lived Experience workforce development:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Our strategy and plan were co-developed with Lived Experience workers and/or external lived experience leaders <input type="checkbox"/> There is a clearly defined purpose that fits with our overarching strategic and operational plans <input type="checkbox"/> There are clear targets and outcome measures <input type="checkbox"/> The plan includes provision for skill development training (e.g. Certificate IV in Mental Health Peer Work) and supervision 				
<p>We collect data, monitor progress, and evaluate Lived Experience workforce development to identify further development needs.</p>				
Service commissioning				
<p>All mental health service commissioning includes requirements for Lived Experience work positions that are appropriate to the service type.</p>				
<p>Service models and plans are co-produced with people with lived experience.</p>				
<p>Staffing plans include designated lived experience roles.</p>				
<p>A framework of support is included for Lived Experience workers including but not limited to training, supervision, and peer networking.</p>				
<p>Lived Experience workforce issues are included in outcome measures and service evaluations. Evaluation outcome measures include indicators of a thriving Lived Experience workforce.</p>				
<p>Evaluation and service monitoring is co-produced with Lived Experience workers, service users and their families and communities.</p>				
Training and communication				
<p>We promote locally delivered or accessible training, lived experience supervision and career development for Lived Experience workers.</p>				
<p>We support and fund Peer Work Training</p> <ul style="list-style-type: none"> <input type="checkbox"/> Introductory training education <input type="checkbox"/> Units of Competency/Skill sets (Cert IV) <input type="checkbox"/> Certificate IV in MH Peer Work <input type="checkbox"/> Intentional Peer Support <input type="checkbox"/> Organisational readiness (MHCC – mhcc.org.au/course/management-of-workers-with-lived-experience/) <input type="checkbox"/> Peer supervision training 				

Assessing progress in Lived Experience workforce development

Practice	Yes	Part	New	No
We prioritise access to support for Lived Experience workers with experience of disability and co-occurring mental health issues, or who come from vulnerable community groups, in partnership with culturally appropriate services for peoples who identify as culturally and linguistically diverse (CALD), Aboriginal and Torres Strait Islander, and Lesbian, Gay, Bisexual, Transgender, Intersex or Queer (LGBTIQ).				
We promote awareness of peer support and peer led services to people who access mental health services and their families, carers, and supporters helping them to make informed choices.				
We support, through funding and staffing, formal networks/learning collaboratives facilitated by people in Lived Experience (Peer) work positions.				
Formal Lived Experience (Peer) networks meet regularly.				

Overall, where are we on the Lived Experience workforce development journey?

1. **Contemplation:** we are starting to think about this
2. **Preparation:** we have started to develop strong foundations
3. **Implementation:** we are embedding the Lived Experience workforce
4. **Transformation:** the Lived Experience workforce is essential to our service systems and transformation.

What are our priority areas for change?

How will we put these on our agenda?

Who will action this?

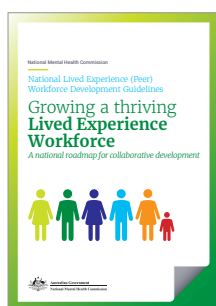
When will we check our progress?

Resources

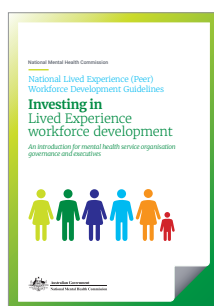
National Development Guidelines on Lived Experience workforce development

This paper is one part of a suite of documents developed for the National Mental Health Commission as part of the *National Development Guidelines on Lived Experience Workforce Development*.

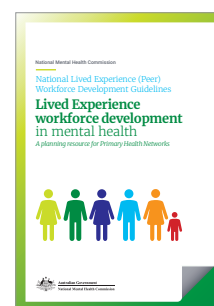
Companion documents to the *National Development Guidelines* include:



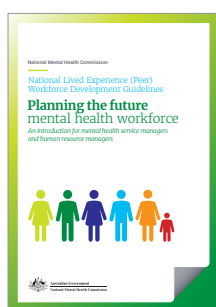
Growing a thriving Lived Experience Workforce:
A national roadmap for collaborative development.



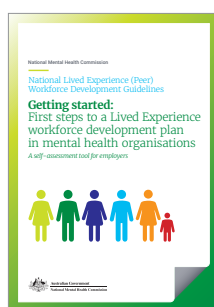
Investing in Lived Experience workforce development:
An introduction for mental health service organisation governance and executives.



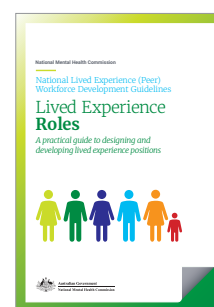
Lived Experience workforce development in mental health:
A planning resource for Primary Health Networks.



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



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



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

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

Resources

National, State and Territory guidelines

National standards for mental health services in Australia, that prioritise participation of people with lived experience include:

- National Standards for Mental Health Services (2010)
www.health.gov.au/sites/default/files/documents/2021/04/national-standards-for-mental-health-services-2010-and-implementation-guidelines-national-standards-for-mental-health-services-2010.pdf
- National Framework for Recovery-Orientated Mental Health Services (2014)
www.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-recovfra
- National Safety and Quality Health Service Standards
www.nationalstandards.safetyandquality.gov.au/

Resources

Peak agencies

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

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

Resources

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

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

