The consumer perspective is a concept based on the collective experience and knowledge of people who have accessed (or not) mental health services and have been impacted by the mental health system. It's a perspective that looks at the world through the lens of those who have experienced marginalisation, abuse, paternalistic attitudes, and discrimination as a result of living with a mental illness or emotional distress. This concept differs from an individual perspective, as we consider the socio-political context and power imbalances that contribute to people being 'othered' and oppressed by a system designed to restore social order. The consumer perspective is a way of knowing which underpins a unique and valuable discipline within mental health that includes activism, education, academia, policy research as well as peer support roles.

Consumer perspective supervision (CPS) is reflective learning space in which socio-political contexts are considered, power imbalances are acknowledged, and reflection occurs. This space fosters mutual learning, where both supervisor and supervisee can learn from each other, however the supervisee is responsible for their own learning. This looks like a supervisee coming to the space with concerns, challenges, or other topics to discuss that meet their learning needs as negotiated in the initial session. Consumer workers new to the field often struggle with knowing how, how much and when to disclose their lived experience (Kemp 2012, p. 339). This is an example of a challenge that could be brought to CPS by a supervisee.

Although CPS works from the consumer perspective, the supervisor can share their individual experiences of learning, including mistakes made, for example, a supervisor could ask for consent to a share a time they felt they were caught in peer drift within their workplace. While sharing of individual experience is encouraged, much like work with consumers, it's important to consider the intention and purpose of what you will be sharing.

CPS is not line-management and does not deal with performance management, take notes, or implement any form of disciplinary action. While it can feel like mentoring, it is not, as supervisors are not modelling ways of working that are considered the 'right way', instead they are providing guidance and assisting the supervisee to tap into their own wisdom.

CPS is not personal therapy, however as working in a lived experience role can be emotionally driven, one in which we encounter ethical dilemmas, oppressing attitudes and systems, it should be a safe space to discuss feelings and emotions experienced as a result of these challenges. The personal and professional are heavily intertwined due to intentionally bringing lived experience to our work, so it's important to consider contexts and 'grey' areas when a supervisee wishes to discuss something that may seem a more 'personal' matter versus professional. An example of something personal that could be relevant to unpack in CPS, is a supervisee feeling like their identity outside of the workplace is largely focused on their lived experience.

CPS does not have to be facilitated by someone in a designated 'senior' role, but it must be facilitated by someone who has experience working from the consumer perspective. A supervisor does not have to be working in a similar role or context to the supervisee, however it could be helpful to understand the context in which the supervisee is working in.

There are nine core values and thirteen principles that lay at the heart of CPS that are important to uphold during each session. The three CPS values that resonate with me most are connection, mutuality, and authenticity. Without connection, we can't develop trust or feel safe to show up authentically which hinders a reflective learning space. Connection will look and feel different for everyone, however it's important that both the supervisor and supervisee feel genuine connection which will enable both to be open with one another, including sharing vulnerabilities. Similar to forming connections with consumers I work

with, I like to have a gentle and curious approach when getting to know someone. I listen out for shared interests, values, thoughts, and styles of working to help form connection. Connection and trust between the supervisor and supervisee will be important for times such as respectful challenging or sitting with discomfort.

I often remind consumers I work with that we can learn from each other while still holding different perspectives, and I reflect back to them when I feel I have learned something valuable. My CPS supervisor often acknowledges his learnings from my experiences, and thanks me for the things he has taken away from our reflective space. This is something I value and would like to do when I am offering CPS. When it comes to mutuality as supervisors, it's important that our needs are negotiated along with those of the supervisee. This could look like negotiating days and times for supervision that work for both or asking permission to end the session earlier if someone is not feeling well. I also think it's important to ask for permission to share our own views, thoughts, and reflections.

Authenticity is something that is very important to me both personally and professionally. I value being honest and genuine, and creating spaces for others in which they feel safe to come as they are, share their thoughts, feelings, and explore ideas. It can be challenging to show up in this work and be authentic, staying true to and living according to our values. If a supervisee indicated that they felt unsure about whether to share a view that challenges the dominant medical model in our reflective space due to past negative experiences, I would encourage them to share it, remind them that CPS is a confidential and reflective learning space in which they can feel safe to be themselves and share their truth. Being authentic as a supervisor also includes being open about our own mistakes and vulnerabilities. Tying in nicely with mutuality, it's also important for me to feel I can be authentic in the space too.

A CPS principle that is important to me is principle six *'Consumer perspective supervision involves a dynamic relational process of guidance, challenging thinking and developing practice'* (CPS Framework 2018, p.10). It is the role of supervisors to respectfully challenge supervisees, which could look like approaching with curiosity, discussing the concept of peer drift, and revisiting the values and principles of the consumer perspective and peer work. Respectfully challenging is something that should be acknowledged and incorporated into a discomfort agreement in the first session which aligns with the CPS value of 'transparency'. If a supervisee came to the space and shared that they felt like an imposter as they had not had the experience of being hospitalised for mental distress, I would respectfully challenge by sharing my view that they can still form connections with others and work from the consumer perspective. I would also acknowledge contexts and share examples based on the consumer perspective of why people may or may not have accessed services, and considering socio-political contexts I would share that the medical model and western model of health is not a valid indicator of someone's experience with a mental illness or distress. Being able to respectfully challenge a view such as this will help improve the supervisees practice, build their confidence, and validate their experience.

A core aspect of CPS that I think is very valuable and important is the fostering of supervisee strengths and aligns with Principle 7 *'Consumer perspective supervision provides a safe space to relate in ways that foster the supervisees autonomy, strengths, initiative and creativity'* (CPS Framework 2018, p.10). As consumer workers we have often experienced self-doubt, uncertainty and have felt unheard in spaces dominated by a clinical way of thinking. We often work in spaces with few opportunities for career progression, work in undefined roles in which co-workers have little to no understanding of what we do, and feel unsafe to express our needs or disclose our lived experiences. Consumer workers often report a lack of role clarity, low pay, lack of appropriate supervision and feelings of exclusion (Edan

et al., 2021, p. 3278). As a result of this, supervisees may come to the supervision space experiencing hopelessness, distress, or peer drift. Supervisors can support supervisees to find their strengths, by engaging in 'double listening', which means listening to the story being shared, while also listening for parallel stories that highlight the supervisees strengths, skills, hope and wisdom. Supervisors should notice key words or themes and reflect to the supervisee to explore more in depth. As an example, if a supervisee shared that they felt powerless to speak up in a space dominated by clinicians with regards to language used about a consumer, I as the supervisor would explore further by approaching with curiosity, asking questions about their experience to uncover underlying values, key themes and finding other examples throughout their life where they were able to use their skills and strengths to speak about something they felt strongly about. As we are often our own worst critics, having a space to find and draw on strengths can help with confidence and is a valuable learning opportunity. Supervisors can provide guidance in this space by sharing their own lived experience of experiencing similar challenges as a means of offering hope to the supervisee.

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