Discussion Paper:

Learning, Development and Support Structures for Lived Experience Staff Working within Mental Health Services

This paper was written to fill an identified gap in the existing literature about the types of learning, development and support structures available for Lived Experience workforces in Victorian Mental Health Services. The authors make suggestions about the various types of learning, development and support structures that can be made available, how these could be provided and the theories or frameworks that underpin the work. However, this is by no means a definitive or authoritative guide, and is simply intended to start discussion in this space.

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Background

The Mental Health Lived Experience workforce consists of two emerging disciplines, namely the consumer discipline and the family/carer discipline.

There are distinct differences between the perspectives, principles and roles of consumer workers and family/carer workers. Both disciplines use their lived experience of the mental health system to inform their work. For this reason, the two disciplines are often grouped together under the banner of Lived Experience. Despite this grouping, it is important to recognise that these are two distinct disciplines.

For consumer workers, their lived experience is their personal experience as clients within the mental health system.

For family/carer workers, their lived experience is their personal experience as family/carers of clients within the mental health system.

The personal experiences that these staff bring to their work may include:

- Traumatic experiences within the mental health system, emergency health system and legal system
- Disempowerment
- Feelings of being invisible or unimportant
- Not having their opinions heard or valued
- Not being included in decision making processes

In order to effectively practise their disciplines, and because they carry their own personal experience of the mental health system in which they now are employed, it is critical that both consumer workers and family/carer workers are provided with a robust learning and support structure within their workplaces.

Learning, Development and Support Structures for Lived Experience staff

The learning, development and support structure for the consumer workforce and the family/carer workforce could include:

- Line management
- Discipline specific supervision
- Group supervision
- Co-reflection
- Community of Practice
- Lived Experience team meetings

Line management

Line management refers to the oversight and guidance provided by an operational manager to staff within their reporting line. Line managers are responsible for the allocation of workloads and overseeing their completion; providing advice about immediate issues; assuring compliance with policies; training and performance development; rostering, leave arrangements and payroll.

Line management for lived experience staff may be provided by the most senior Lived Experience staff member or a clinical operational manager, depending on the reporting structure of the organisation.

Clinical operational managers should undertake the 2-day Intentional Peer Support training for Managers before providing line management to staff working in lived experience designated roles.

Discipline specific supervision

As the consumer workforce and family/carer workforce are emerging disciplines in the mental health space, it is critical that discipline specific supervision is provided by a suitably experienced or trained consumer perspective supervisor or carer perspective supervisor.

The principles for discipline specific supervision are provided by the Consumer Perspective Supervision Framework (2018) and the Carer Perspective Supervision Framework (2021).

Common functions of consumer perspective supervision and carer perspective supervision are to:

- Critically reflect on the work, role and outlined position description
- Reflect on challenges and tensions in the workplace
- Brainstorm strategies to address these challenges and tensions
- Learn and discuss principles of consumer work or family/carer work
- Enhance skill development and knowledge
- Authentically empathise and validate experiences
- Build confidence and resilience
- Address isolation
- Support self-care
- Counter role drift

Therefore, it is critical to the development and wellbeing of staff in consumer or family/carer workforces that they receive supervision from a suitably experienced or trained supervisor from their relevant discipline.

Consumer perspective supervisors should have experience in providing Consumer Perspective Supervision and/or undertake Consumer Perspective Supervision training.

Family/carer perspective supervisors should have experience in providing Carer Perspective Supervision, and should undertake Carer Perspective Supervision training once the training is available.

Discipline specific supervision should be provided for a minimum of one hour every month, or more frequently for new or inexperienced staff.

Group supervision

Group supervision is also based upon the principles of the Consumer Perspective Supervision Framework or the Carer Perspective Supervision Framework.

Group supervision is useful for smaller lived experience teams and may be used to:

- Discuss successes or challenges in their peer or lived experience program
- Brainstorm strategies to address challenges
- Discuss successes or challenges with the work
- Share practical knowledge or skills
- Consolidate connections between team members

Group supervision may be provided by a senior lived experience worker, who facilitates the discussion and ensures all team members have a voice. The team may decide on a particular topic or topics to discuss at each group supervision session.

Co-reflection

Intentional Peer Support is foundational training for peer support workers in Victoria.

Co-reflection is based upon the Intentional Peer Support model:

Co-reflection is a process that we can use to help each other reflect on our practice. It is about us creating expertise together through a process of learning, practice and reflection. It is designed to model the peer support relationship so that we are practicing the principles at all levels of our relationships. If done well, it should lead to increased levels of personal and professional development and to deepening relationships.

(Intentional Peer Support Core Materials, 2019, p 119)

Giving and receiving reflective feedback is an important part of a successful co-reflection session.

Co-reflection can be done in pairs or small groups.

The structure of a co-reflection session is:

- Create a discomfort agreement
- Generate a list of the values and principles of Intentional Peer Support
- Go over the process of giving and receiving critical feedback
- Make sure all participants come in prepared to share examples of their own use and perhaps misuse of Intentional Peer Support

The co-reflection model is one way for Lived Experience staff to hold themselves accountable for the ‘peer’ nature of the work that they do.

Community of Practice

A community of practice (CoP) is a group of people who come together to share best practices and create new knowledge to advance a domain of professional practice. A CoP is a particularly useful way to develop the knowledge base and understanding of professions such as the consumer perspective or carer perspective disciplines.

Communities of practice have their origin in learning theory. The term “community of practice” refers to *the community that acts as a living curriculum*.

There are three characteristics of a community of practice:

Domain: Members have a shared domain of interest which creates common ground, inspires members to participate, guides their learning, and gives meaning to their actions.

Community: Members pursue this interest through joint activities, discussions, problem-solving opportunities, information sharing and relationship building. The notion of a community creates the social fabric for enabling collective learning.

Practice: Members are actual practitioners in this domain of interest and build a shared repertoire of resources and ideas that they take back to their practice. The practice is the specific focus around which the community develops, shares and maintains its core of collective knowledge.

Being involved in a community of practice provides LEW members with opportunities for critical inquiry and reflection, practice improvement and development, and to be part of and contribute to a collective, powerful learning space.

CoP may meet fortnightly or monthly, depending on the needs of the members.

Lived Experience Team Meeting

The Lived Experience Team Meeting is chaired by the Lived Experience Manager, Coordinator or Discipline Lead. Meetings are often held monthly for a period of two hours or fortnightly for one hour.

These are formal meetings which are attended by all staff in a lived experience designated role, inclusive of both the consumer and family/carer disciplines.

The purpose of Lived Experience Team meeting can include:

- Giving and receiving updates about different lived experience programs and co-design projects within the organisation
- Receiving an update about organisational and state-wide developments
- Contributing to organisational, statewide and national lived experience initiatives
- Engaging with guest speakers from pertinent portfolios, such as family violence
- Undertaking short training sessions

Table 1. Learning, Development and Support structures for staff in lived experience designated roles

	Purpose	Based on	Facilitated by	Format	Attended by	Suggested Frequency
Line management	Operational		Line manager Trained in IPS for Managers	1:1	Individual LE staff members	Monthly – 1 hour
Discipline-specific supervision	Skill development in particular discipline. Support for the individual staff member's wellbeing	Consumer Perspective Supervision Framework OR Carer Perspective Supervision Framework	Lived Experience Manager, Coordinator or Discipline Lead OR Senior Lived Experience Staff Trained in Consumer or Carer Perspective Supervision	1:1	Individual LE staff members	Monthly – 1 hour minimum Or more frequently for new or inexperienced staff
Group supervision	Development of skills within particular peer programs	Consumer Perspective Supervision Framework OR Carer Perspective Supervision Framework	Senior Lived Experience Staff Trained in Consumer or Carer Perspective Supervision	Team-based		Fortnightly or as required
Co-reflection	Reflection on peer practice Wellbeing	Intentional Peer Support Co-Reflection Model	Senior Lived Experience Staff Trained in IPS	Group – all peer workers		Monthly or as required
Community of Practice	Sharing best practice/creating new knowledge/advancing discipline	Learning Theory	As agreed by members	Discipline Group		As determined by the members
Lived Experience Team Meeting	Professional development	Lived Experience values & principles	Lived Experience Discipline Lead	Formal meeting with agenda and minutes	Lived experience staff	Monthly – 2 hours or Fortnightly – 1 hour