EMHSCA and NEMHSCA Lived Experience Survey Results

June 2024

Lived and Living Experience Workforce (LLEW) is one of the key strategic priorities for North East Mental Health Service Coordination Alliance (NEMHSCA) and Eastern Mental Health Service Coordination Alliance (EMHSCA) this year. The purpose of this survey was to gather information about the composition of the LLEW in the North East Metro (NEM) Region and to find out more about the capability development needs of this workforce.

The information gathered through this survey will assist in planning EMHSCA and NEMHSCA workforce development activities led by the NEMHSCA and EMHSCA LLEW Working Group.

The survey was completed by 13 (40%) NEMHSCA and EMHSCA members from seven community mental health services, three community health services, two tertiary mental health services and the Mental Health and Wellbeing Connect Centre. Majority (over 61%) of organisations who responded provide services in the north east catchment area (22% inner east catchment and 16% outer east catchment). An infographic with the summary of results is included in Appendix 1.

Key Findings

Composition of the LLEW in the North East Metro Region

Survey respondents reported 253 LLEW in the NEM Region across tertiary mental health, community mental health and community health.

Majority (57%) of LLEW are employed in designated Mental Health LE (consumer perspective) roles and Mental Health LE (family/carer perspective) – 32%.

Survey respondents reported no designated AOD LLEW (family/carer perspective) and very few (4%) designated AOD LLEW (consumer perspective).

Less than 5% LLEW are employed in LE Advisor/Consultant roles and only one in an LE Education role.

LLEW Development Needs

68% of participating agencies stated that the majority of the LLEW had completed the Intentional Peer Support Training (IPS). However, there are still over 100 LLEW who are yet to complete IPS training.

All survey respondents stated that their LLEW receive line management supervision and 76% receive internal carer/consumer perspective supervision. However, access to supervision training was highlighted as one of the key needs for the local LLEW.

The key LLEW capability development needs included:

- Supervision training (60%)
- Suicide prevention training (45%)
- Mentoring (45%)
- Networking opportunities (30%)

The survey also identified some topics that LLEW might be interested in exploring further including:

- Self-care

- Workforce integration
- LLEW Leadership/Career progression
- Capability building e.g. group facilitation
- Role definition/scope
- Equity of remuneration

The full list of responses is included in the Appendix 2.

Gaps

AOD Lived Experience Workforce

Approximately 50% of people accessing mental health support services have co-occurring needs. The Royal Commission into Victoria's Mental Health System recommended that all mental health and wellbeing services provide integrated treatment, care and support to people living with mental illness and substance use or addiction. Even though many designated Mental Health LLEW may have experienced both mental health and substance use issues, or supported a family member or friend who has experiences of both, this co-occurrence is not reflected in their roles e.g. according to the survey results only 4% of LLEW in the NEM Region are employed in identified AOD LE roles.

There is ample evidence to support the value of employing people with LE in AOD sector including:

- A unique specialisation that is distinct from non-identified AOD roles and can enhance clinical perspectives.
- LE workers have a key role in supporting positive engagement with people who access services.
- LE workers support people to prepare for accessing a service and commencing treatment, such as with managing expectations, breaking down the language of AOD treatment, transitioning from custody to treatment.
- LE workers can provide practical support, greet the person when they arrive at a service, and offer a lived experience perspective of the treatment journey.

There is a need for the AOD sector to grow and better utilise a peer workforce. The key challenge to support the LLEW in AOD sector is a lack of recognition of AOD peer work as a specific funded activity. EMHSCA and NEMHSCA members reported that most of the AOD peer work is supported by the federal government funding which is a small proportion compare with the state government funding.

Supporting and developing LLEW in the workplace

Although the survey participants reported that LLEW receive support in the workplace in the form of LE specific supervision and training, there are still gaps in supporting and developing the LE workers in the North East Metro Region.

Some of the gaps include:

- Specific training for the LLEW including access to Intentional Peer Support training, supervision training and LE leadership.
- Training in general skills and knowledge such as suicide prevention.
- Access to LE-specific supervision, provided by a worker with a LE.
- Availability of trained LE supervisors/mentors.

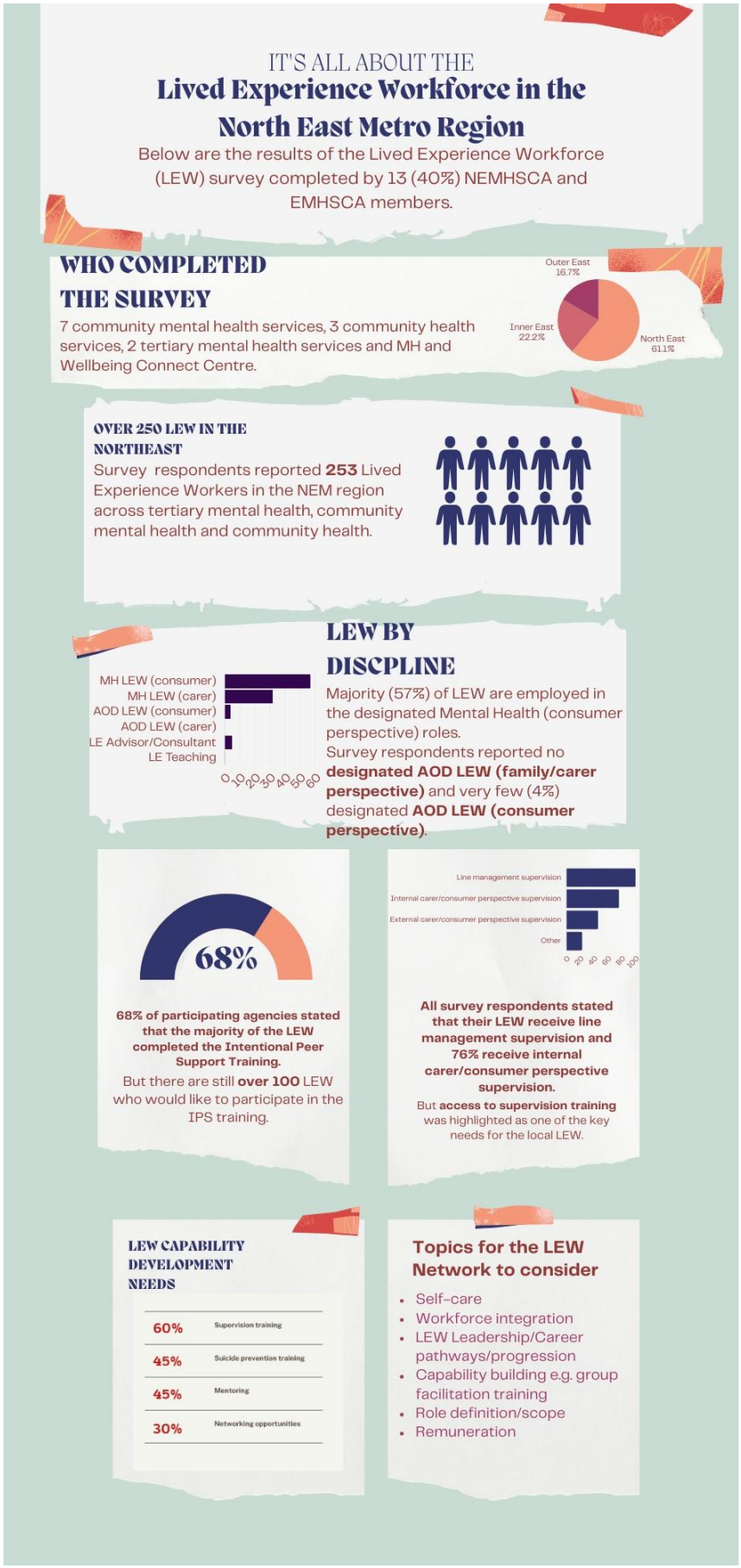
- Networking and communities of practice opportunities that link LLEW to a broader network outside of their organisation especially networks that bring together mental health and AOD workforce as well as consumer and family/carer LLEW.
- Career progression opportunities and leadership positions.

Recommendations

Below are the recommendations for the Victorian Department of Health to consider in relation to the Mental Health and AOD Lived Experience Workforce.

1. To recognise that designated Mental Health LE workers may have experienced both mental health and substance use issues, or supported a family member or friend who has experiences of both by reflecting the co-occurrence in the role titles and descriptions.
2. Build a shared understanding of integrated care among the LLEW in different sectors.
3. To recognise AOD peer work as a specific funded activity by funding and integrating peer worker positions into the AOD treatment framework.
4. To increase funded positions for the Intentional Peer Support training.
5. To improve access to LE specific supervision training.
6. To improve integration between Mental Health and AOD Lived Experience Workforce by increasing joint networking opportunities for both sectors.

Appendix 1 NEMHSCA and EMHSCA Lived Experience Survey Results Summary - Infographic



Appendix 2 Topic/challenges identified by the LEW survey respondents for the LEW Network to explore

- **Workforce integration**
  - integrating lived experience with clinical staff
  - Interplay involving program needs and LEW - some LEW training advising that LEW should not be doing certain aspects of a role, running groups that are not peer specific, assessments etc - however in programs where there is only funding for certain FTE a program still needs 'all' staff to respond to program needs
- **Role definition/scope**
  - peer drift/co-option
  - difference between peer support and consultant roles
  - Peer scope and staying within peer role
- **Remuneration**
  - EBA limitations
  - wage equity across EBAs and classifications
- **Self-care**
  - reducing compassion fatigue and burnout in peer workforce
  - vicarious trauma
  - boundary setting with clients
- **Capability building**
  - broadening of peer roles to include other skills such as group facilitation
  - educational opportunities such as Cert IV in Peer Work or other options that help with retention and development of workforce
  - reflective practice/supervision
  - case noting
- **Career pathways/progression**
  - peer work as being a career path and not a stepping stone into something else
  - providing opportunities for leadership development and career progression
  - LLEW leadership training
  - lived experience governance
- **Other**
  - opportunities for volunteers in this space
  - student placement requests and how to manage these

Other comments

- How do we include the families and carers we support at Connect in the above activities too - volunteering, training, education, employment, entering the peer workforce, group facilitation, etc.
- We have Lived Experience workers in our gamblers help team. Current paid Positions are : 2; FTE 0.4. We have a large pool of volunteers with lived experience who work in the program
- Regular LEW communities of practice would be beneficial for staff to see how LEW at different orgs are meeting consumers needs.

- Access to training in LLE-perspective supervision is very difficult - even if you are willing to pay for the training. Very few organisations offer the training and it's hard to know what is the 'best' training pathway to become a Senior Peer Worker.

References

- Alcohol and Other Drugs and Mental Health. Australian Drug Foundation
- Lived Experience Workforce Strategies Stewardship Group (2019). Strategy for the Alcohol and Other Drug Peer Workforce in Victoria. Self Help Addiction Resource Centre (SHARC): Melbourne.
- Building the living and lived experience workforce in the non-government alcohol and other drug sector (2023). Network of Alcohol and Other Drugs Agencies
- McGee, T. Killen, A. Heiss, L. Coombes, G., Thiessen, M. (2022). “Statewide Centre for Addiction and Mental Health Consultation: Synthesis and Insights report”. (Melbourne: Monash University, Design Health Collab).