

Queensland Health

Lived Experience (Peer) Workforce Framework



Queensland
Government

Queensland Health Lived Experience (Peer) Workforce Framework 2023

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Acknowledgements

Acknowledgement of Country

The Queensland Government acknowledges the Traditional Custodians of the land known as Australia. We acknowledge and pay respect to Aboriginal and Torres Strait Islander Elders, past and present and those who we work and engage with. We acknowledge the important role of Aboriginal and Torres Strait Islander peoples, their traditions, cultures and customs across the state.

We recognise Aboriginal and Torres Strait Islander peoples' continuing connection to Country including lands, waters, seas and skies. We acknowledge the rich diversity of cultural and spiritual practices and celebrate the uniqueness of the world's oldest continuing living cultures. We appreciate the generosity of time, knowledge sharing, expertise and support in the work within mental health, alcohol and other drugs sectors.

We know that cultural safety and capability is everyone's business and commit to walking alongside Aboriginal and Torres Strait Islander peoples.

Respect of people with a lived experience

We recognise and pay respect to people with a lived or living experience of mental health and/or substance use issues and those impacted by suicide, their families, carers and support people. We recognise the importance of inclusion of their voice in our work and our workplaces.

Lived Experience (Peer) Workforce Leadership Group

The Lived Experience (Peer) Workforce Leadership Group (LEWLG) is a group of strategic-level senior Lived Experience professionals, working in Hospital and Health Service (HHS) mental health and alcohol and other drugs services across Queensland. The LEWLG was established in 2005 at a Statewide level to facilitate opportunities for collaboration and support across the workforce, especially for smaller, solo, and rural and remote teams.

The purpose of the state-wide LEWLG is to provide leadership and expert advice from a lived/living experience perspective and to promote the mental health peer workforce across Queensland Health.

This group aims to specifically support the needs of peer workers, (or roles which require a lived/living experience), endeavouring to coordinate their efforts influencing the quality of services provided to consumers, carers and families and ensuring a recovery focus.

The LEWLG provides opportunities for networking and sharing of information on local and state-wide initiatives relating to mental health peer and carer peer workers across Queensland.

The LEWLG has collaboratively engaged in the revision of this document and the importance of their contribution is acknowledged.

Review

This document will be reviewed one year from date of publication on the Queensland Health intranet.

Dedication

This document is dedicated in memory of Angela Davies who was passionate and dedicated to the Lived Experience (Peer) workforce, both in Queensland and nationally. Angela was a major force in ensuring Queensland's Lived Experience (Peer) workforce is supported by evidence-based practice. She was integral to the reform and development of Queensland Health's Lived Experience (Peer) workforce, including the development of this Framework.

Contents

Foreword	6
Purpose	6
Background	7
Defining Lived Experience (Peer) Work	8
The Framework	11
1. Core values and guiding principles of Lived Experience (Peer) Work	12
2. Employment of the Lived experience (Peer) workforce	15
2.1 Advertising and Recruitment	15
3. Support for the Workforce	16
3.1 Supervision and mentoring	16
3.2 Workforce Support	18
4. Professional Development	19
5. Core competencies	20
6. Roles and Responsibilities	21
7. Specialisation	22
Appendix 1	23
Example Position Descriptions	23
Appendix 2	40
Example Wellbeing Support Plan	40
Appendix 3	45
Sample Onboarding document	45
Appendix 4	49
Memo re Identification of positions	49
Abbreviations	50
Glossary	51
References	52

Foreword

Over the last two decades significant reforms have been made to the mental health service delivery environment in Queensland and Australia, including the emerging and rapidly growing role of the Lived Experience (Peer) workforce.

Lived Experience (Peer) workers are an essential workforce across Queensland's state-funded mental health alcohol and other drugs (MHAOD) services, who are from a wide variety of backgrounds and have a range of skills, knowledge and life experience.

Lived Experience (Peer) workers provide a unique perspective and offer hope to individuals on their recovery journey by reflecting that recovery is possible.

Use of their lived experience and a person-led approach complements the work of other multidisciplinary team members, and in this way, they are an integral part of the team. Lived Experience (Peer) workers use the experience of their recovery journey to support people through peer connection, exploring positive possibilities for individual and family recovery, education, facilitating self-advocacy and providing information and opportunities to encourage participation in the public mental health system.

Employment of people with a lived experience enriches mental health, alcohol and other drugs services and lived experience engagement and participation in the service system contributes to a better system for all.

Through the employment and support of Lived Experience (Peer) workers, an organisation can show its commitment to recovery-oriented approaches and a belief that recovery is possible.¹

Integrating Lived Experience (Peer) workers into service delivery supports reductions in hospital admission rates; improved social inclusion; reduction in stigma and an increased sense of hope for individuals, families and carers.

Purpose

The *Queensland Health Lived Experience (Peer) Workforce Framework 2023* builds upon the *Queensland Health Mental Health Framework Peer Workforce Support & Development 2019* and seeks to support Hospital and Health Services (HHSs) to further develop, strengthen and consolidate their Lived Experience (Peer) workforce.

This revised Framework includes new initiatives, changes to the identification of the workforce, and aligns with *the National Lived Experience (Peer) Workforce Development Guidelines*² (National Guidelines).

While the Alcohol and Other Drug (AOD) Lived Experience (Peer) Workforce is also widely recognised as an essential element in the delivery of effective and responsive Mental Health Alcohol and Other Drug (MHAOD)

¹ *Identifying barriers to change: The lived experience worker as a valued member of the mental health team*, Byrne, L., Roennfeldt, H. and O'Shea, P., commissioned by the Queensland Mental Health Commission (QMHC), 2017.

² [National Lived Experience \(peer\) Workforce Guidelines](#)

service delivery, and an active component in addressing the stigma that surrounds people who use drugs in the community this Framework does not address the specific needs of the AOD Lived Experience Workforce.

Further guidance should be sought through AOD peer representative peak bodies and/or from Interstate examples when integrating this workforce into an organisation.

Background

The involvement of people with a lived experience in the health system and across Queensland's MHAOD services continues to build momentum.

In Queensland, employment of Lived Experience (Peer) workers in mental health services began with the employment of consumer consultants in a small number of HHSs. This workforce has grown and in the 2021-22 financial year almost 120 full time equivalent staff were employed across eleven HHSs in a range of lived experience positions.

Better Care Together: A plan for Queensland's state-funded mental health, alcohol and other drug services to 2027³ builds upon this work by supporting co-design with people with lived experience as a key approach in its implementation and recognising the importance of embedding and fully utilising the Lived Experience (Peer) workforce in treatment, care and support.

³ [Better Care Together](#)

Defining Lived Experience (Peer) Work

There are multiple definitions of Lived Experience (Peer) work. The *National Lived Experience (Peer) Workforce Development Guideline*⁴ (National Guidelines) note the diversity in terminology and language in defining the role and identifies there are two distinct roles with different perspectives which are informed by:

1. personal experience of mental health challenges, service use, periods of healing/personal recovery or,
2. experience of supporting someone through mental health challenges, service use, periods of healing/personal recovery.

The role of Lived Experience work is unique and is recognised for its specialist knowledge and experience base. The Uniqueness of Lived Experience roles is detailed in the National Guidelines⁵ and described below in table 1.

⁴ [National Lived Experience \(peer\) Workforce Guidelines](#)

⁵ [National Mental Health Commission // National Lived Experience \(Peer\) Workforce Development Guidelines](#)

Table 1: The uniqueness of Lived Experience roles

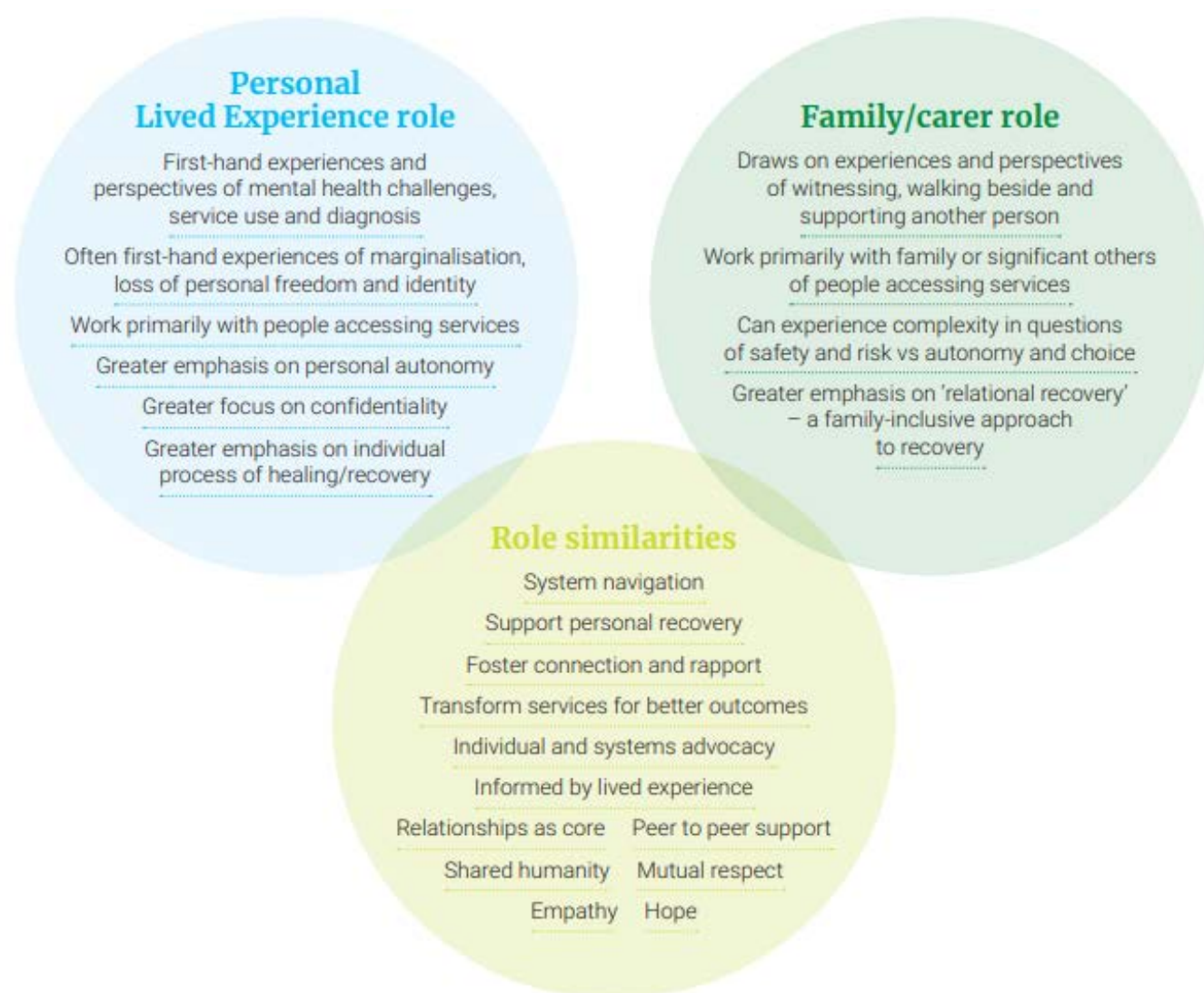
Unique knowledge, abilities and attributes	What makes Lived Experience work effective?
<p>Profound life-changing mental health challenges that have led to a new life direction and concept of self or life-changing experiences while supporting someone with mental health challenges that have profoundly impacted their life/world view.</p> <p>Personal identification with, and experiences of service use and/or advocating for someone using services.</p> <p>Understanding experiences of marginalisation, exclusion, discrimination, loss of identity/human rights/citizenship.</p> <p>Willingness to purposefully share experiences and parts of personal story in work role. Understanding both experiences of hopelessness and the critical need for hope – how to move from a position of hopelessness to one of hope.</p> <p>Willingness to use emotional understanding and knowing as key to work role. Willingness to be vulnerable and publicly 'out'. Understanding the personal impact of experiences of trauma.</p> <p>The degree of empathy and what they are able to understand and empathise with.</p> <p>Greater equality and efforts to reduce power imbalances with people accessing services, including no involvement with coercive or restrictive practice of any kind.</p> <p>Being an advocate/change agent.</p> <p>Level of awareness about self-care and skills/strategies to prioritise it.</p>	<p>Applying lived expertise: not just having a lived/living experience but what has been learned through that experience and how it's applied.</p> <p>Links with and understanding of the wider consumer movement and concepts.</p> <p>Work that is values-based and authentically lived experience-informed, person-directed and aligned with recovery principles.</p> <p>A social justice and fairness focus informed by understanding power imbalances.</p> <p>Significant understanding and ability to use personal story effectively and appropriately, for the benefit of the other person or system/service reform.</p> <p>Convey or inspire optimism and hope.</p> <p>A bridge between organisations and people accessing services/supporting people accessing services.</p> <p>Understanding of overlapping identities and experiences (intersectionality) and the impacts of culture and identification.</p> <p>Trauma-informed: awareness of the role/impact of trauma and how to respond sensitively and appropriately. Resilience in the face of discriminating, prejudicial and disempowering attitudes, practices and policies.</p> <p>Focus on the relationship.</p> <p>Greater flexibility/scope/ability to be responsive to the person, rather than being driven by a prescribed agenda.</p> <p>Specialisation may be useful depending on the context and experience e.g., people from the Deaf community, Youth, people with experiences of family violence etc.</p>

Lived Experience work includes both personal and direct Lived Experience roles. These roles require ‘first-hand or direct experience of service use, diagnosis, challenges and the consequential impacts.’⁶ Personal and direct Lived Experience roles have distinct perspectives and ways of working, which are informed by personal experience, or an experience of supporting someone.

There are similarities and differences of personal Lived Experience and family/carer roles, and these are described in detail in figure 1 below.

Within this document the term ‘Lived Experience (Peer) worker’ refers to both consumer and carer Lived Experience (Peer) workers.

Figure 1: A comparison of personal and Family/Carer roles⁷



⁶ [National Mental Health Commission // National Lived Experience \(Peer\) Workforce Development Guidelines](#)

⁷ [National Mental Health Commission // National Lived Experience \(Peer\) Workforce Development Guidelines](#)

The Framework

This Framework has been designed to achieve the following:

- improved state-wide support and consistency for the Lived Experience (Peer) workforce in Queensland Health,
- greater role clarity for the workforce, including core competencies,
- improved supervision and support,
- improved training and education opportunities,
- improved understanding of the value of the workforce and benefit in consumer care,
- a structured career pathway,
- improved reporting structures, and
- alignment with broader state and national approaches in Lived Experience (Peer) workforce development.

Key components of the Framework include:

1. Core values and guiding principles
2. Employment of the Lived Experience (Peer) Workforce
3. Support for the Workforce
4. Professional Development
5. Roles and Responsibilities
6. Specialist Positions

This Framework does not provide recommendations on numbers of Lived Experience (Peer) workers for services. However, the National Mental Health Services Planning Framework⁸ (NMHSPF) identifies recommended numbers of Lived Experience (Peer) workers based on population and the National Guidelines² recommend at least two Lived Experience (Peer) workers in settings where restrictive practices occur.

This updated version of the Framework takes into account the National Guidelines² and builds on the previous Framework which was informed and guided by the *Queensland Framework for the Development of the Mental Health Lived Experience Workforce*,⁹ Health Consumers Queensland Literature Scan conducted for Children's Health Queensland (unpublished) in 2017 and numerous studies and literature reviews on mental health peer work.

⁸ National Mental Health Service Planning Framework

⁹ Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L. Queensland Framework for the Development of the Mental Health Lived Experience Workforce. 2019, Queensland Government, Brisbane

1. Core values and guiding principles of Lived Experience (Peer) Work

Lived Experience (Peer) Workers connect with individuals and their families, carers and other personal supports through the shared perspective of lived experience. The discipline is recognised for their expertise in sensitively and respectfully working with consumers, families and carers who voluntarily engage with peer workers, to facilitate rapport building and relationship safety in the context of service provision. The discipline is also known for their skills in promoting community inclusion and utilising social justice principles.

Lived Experience work is values based and while Lived Experience (Peer) workers are bound by the values of the HHS and Queensland Health (QH), there are core values that have been developed that are intrinsic to consumer, family and carer rights, and recovery.

Recognising that Lived Experience work is distinguished by both what Lived Experience workers do, and how they do it, the National Guidelines¹⁰ developed a set of core values and principles following review of the literature and engaging with the workforce. These core values and principles guide how the Lived Experience workforce practice.

These core values and principles are the pillars of the Lived Experience workforce and are described in detail in table 2 and 3 below.

¹⁰ National Mental Health Commission National Lived Experience (Peer) Workforce Development Guidelines

Table 2: Core values of Lived Experience (Peer) Work¹⁰

Core Value	Definition
Hope	Belief in a person's capacity to overcome challenges.
Equality/equity	Working from a place of common humanity and vulnerability. Actively working to minimise power imbalances.
Mutuality	Being in a relationship with another person where both people learn, grow and are challenged through the relationship. Sharing responsibility in relationships.
Empathy	Understanding another's experience from a point of common experience and genuine connection.
Choice	Acknowledging and respecting each person's choices, dignity of risk and boundaries. Acknowledging that the person is the expert of their own experience.
Respect	Honouring another's view and experience without judgement or making assumptions.
Authenticity	Integrity, being open, honest, trustworthy, and transparent in work practices and relationships. Valuing the use of lived experience and vulnerability in the service of others transforms these from what may have been perceived as weaknesses into strengths.
Belonging/inclusion	Respecting and understanding the value of inclusion and the impact of exclusion. Recognising intersectionality and valuing diversity, culture, spirituality, membership in chosen groups and community.
Interdependence/interconnectedness	Recognition that we exist in relationships and relationships with families and/ or social networks are often impactful on lives and important to healing.
Justice/Human Rights	Understanding the impact of social justice/inequity on identity and opportunity. Recognising equal access to resources and support is an important factor in everyone's recovery and healing. Recognising the consumer movement as a response to the history of social injustice and discrimination towards people with lived experience. Recognising how the lived experience work is connected to the human rights movement and upholding the human rights of people with lived experience.

Table 3: Guiding principles¹¹

Principles	What does it mean?
Lived experience as expertise	The expertise that arises from a lived experience is of equal value to other types of expertise, including academic qualifications.
Self-determination	Respecting individual choice and personal agency.
Recovery-focussed	Recognises that individuals can define what recovery/healing means to them, and each person can create a life that is meaningful for them. Interactions are underpinned by hope.
Person-directed	Service access and individual recovery planning/journey is directed by the person themselves and recognises the person as the expert of their own experiences. Respects where each individual happens to be in their journey of recovery/healing, and recognises that goals, values, spirituality, beliefs, and choices will be unique to each person.
Strengths-based	Identifying and drawing on existing strengths to support growth, recovery and healing. Recognising the value/learning that can come from experiences of crisis.
Relational	Relationships are the basis of practice, and connection is used to build relationships of trust. Recognises relationships built on trust and respect as foundational to working effectively with other Lived Experience workers and within multi-disciplinary environments.
Trauma-informed	Acknowledges the impact and prevalence of trauma, negative experiences and loss of control and power. Emphasises the need for physical, psychological and emotional safety. Creates opportunities for empowerment and for people to take an active role in their own healing/ recovery. This is also captured in the lived experience conviction that it is better to ask “What happened to you?” not “What is wrong with you?”
Humanistic	The relational nature of Lived Experience work is recognised for its effectiveness to engage people through human connection and a holistic focus.
Voluntary	Participation is always voluntary (not coercive) and Lived Experience workers often take an active role in working towards eliminating forced treatment and restrictive practice.

¹¹ [National Mental Health Commission // National Lived Experience \(Peer\) Workforce Development Guidelines](#)

2. Employment of the Lived experience (Peer) workforce

Lived Experience (Peer) workers are identified positions under Section 25 of the *Anti-Discrimination Act 1991*. In line with modelling under the National Mental Health Service Planning Framework, HHSs are encouraged to increase the Lived Experience (Peer) workforce by recruiting Lived Experience (Peer) workers into multidisciplinary teams.

To promote the critical role of the Lived Experience (Peer) workforce, it is important to consider the following factors when recruiting:

- Lived Experience (Peer) workers being recruited as permanent employees (either full-time or part-time), with consideration for larger HHSs having a casual/temporary pool to cover contingencies and be available on an as-needs basis.
- A casual workforce must not replace permanent opportunities for the Lived Experience (Peer) workforce.
- Lived Experience (Peer) workers are paid employees and peer work differs from voluntary work.¹² Volunteers in HHSs have a different role and accountabilities compared to paid Lived Experience (Peer) workers.
- Lived Experience (Peer) workers are not consumer or carer representatives within HHS, as employees of the service they provide professional support and advocacy for individuals, assisting them to navigate the health system.
- Consumer and carer representatives are independent of the HHS and are engaged for consultation with the HHS or as representatives on committees.

Lived Experience (Peer) workers are expected to maintain the same professional boundaries as other health workers. However, the nature of Lived Experience (Peer) work involves the sharing of personal lived experience in a way that is unique, such that, dual relationships with the services they work for, and consumers and carers, may be common.

It is important that Lived Experience (Peer) workers have sufficient training, support and ongoing specialised Lived Experience professional/reflective supervision to explore and navigate boundaries in their work. This is important to ensure these boundaries are maintained appropriately and Lived Experience (Peer) workers can protect their own mental health and wellbeing.¹³

2.1 Advertising and Recruitment

When recruiting for Lived Experience (Peer) roles the advertising, position description, selection criteria, and interview process must emphasise that personal lived experience is fundamental to perform the responsibilities and duties of the role.

¹² *Peer work in Australia*. Meagher et al

¹³ Chappel Deckert & Statz-Hill, 2016 Job satisfaction of peer providers employed in mental health centers: A systematic review, *Social Work in Mental Health*, 14:5, 564-582

The recruitment process itself can be designed to ensure the successful candidate meets this criterion by:

- specifying 'Under S25 of the *Anti-Discrimination Act 2019*, there is a genuine occupational requirement for the incumbent 'to have a personal lived experience of mental illness and recovery and/or caring for someone with a lived experience of mental illness and recovery' in advertising and position description material (Refer to Appendix 1 for example position descriptions),
- writing selection criteria that preference responses centred around the candidates' lived experience,
- shortlisting candidates who articulate how their lived/living experience will inform their ability to successfully fulfil the responsibilities and duties of the position, and
- tailoring interview questions to elicit responses that confirm a candidate's ability to safely draw upon their personal lived experiences while undertaking the tasks specific to the role.

Disclosure of lived experience may occur within the context of targeted recruitment and as such, consideration should be given to:

- ensuring the panel has the skills to create a safe space for disclosure,
- support is given to the applicant following disclosure, if required, and
- including a Lived Experience (Peer) worker on the panel.

It is best practice when recruiting to Lived Experience (Peer) roles to:

- outline the occupational supports available for Lived Experience (Peer) workforce in the organisation, including outlining the training, support, networking, management, and performance strategies associated with the role,
- confirm that consideration for reasonable adjustments will be given where necessary (refer to Section 3, point 3.2 Workplace Support in this document for more information), and
- reach out to unsuccessful interviewed applicants with constructive feedback.

It should be noted that while having a lived experience is essential to undertake the role, candidates also need to have a range of other skills and knowledge to meet the operational requirements of the role for which they are applying as outlined on the role description.

3. Support for the Workforce

3.1 Supervision and mentoring

Clear and regular operational line management, also known as operational supervision, is necessary for all workers including the Lived Experience (Peer) workforce. This requires line management which understands, supports and values this workforce. Where there is a senior Lived Experience (Peer) position employed within a HHS, there is the opportunity to co-lead the workforce with day-to-day management from the operational area (e.g. Nurse Unit Manager or Team Leader) supported by the Lived Experience (Peer) manager as professional lead.

In some HHSs there may be more senior Lived Experience (Peer) roles in place, therefore it is suggested that when this is the case, these positions provide line management for the Lived Experience (Peer) workforce, in addition to professional leadership.

Line management or operational supervision focusses on job skills, performance, and day to day support in the workplace. The workplace expectations for Lived Experience (Peer) workers are equivalent to the expectations of all QH employees. It is important that Lived Experience (Peer) workers are offered reasonable adjustments in line with workplace legislation.

As with any position working closely with consumers, families or carers in HHSs, the Lived Experience (Peer) workforce must be provided a dedicated time and space for reflective practice supervision, similar to that offered to clinical staff as part of ensuring quality in service delivery. In Lived Experience (Peer) work this is referred to as 'Peer Practice Supervision.'

This supervision is to have purpose and structure. In the Lived Experience (Peer) workforce this supervision will provide a process to:

- reflect on and review current practices,
- discuss strategies for working with consumers, families and carers, other staff and stakeholders or complex situations, ensuring that this is done in a confidential context,
- de-brief on any emerging issues,
- explore new practices, ideas and perspectives related to the Lived Experience (Peer) workforce,
- support the Lived Experience (Peer) worker in their professional role while upholding peer values,
- link Lived Experience (Peer) support to the organisational context, and
- review impact of the role on wellbeing and encourage self-care and wellbeing.

Effective supervision provides a safe space for reflection and discussion. It facilitates exploration of how the Lived Experience (Peer) workers are using their Lived Experience (Peer) worker skills in the work environment, and the challenges, issues, dilemmas and tensions they encounter in practice. It is recommended that the professional supervisor be a more experienced Lived Experience (Peer) worker who can provide the structure and safety to effectively support the Lived Experience (Peer) workforce.

Supervisors need to have skills and training to provide quality support and supervision. This training is to be included in professional development planning for the Lived Experience (Peer) workforce. A 'Supervision Guide, Mental Health Alcohol and Other Drug Services 2023' along with a supplementary guide, 'Peer Practice Supervision Framework' has been developed and is intended to be used to assist with the provision of supervision for this workforce.

Supervision is to be provided on a regular basis and Lived Experience (Peer) workers should have access to supervision when needed or ad hoc as issues emerge.

Smaller rural and remote HHSs may need to explore accessing supervision from a larger HHS. Alternatively, if there is no Lived Experience (Peer) supervisor available, suitable health professionals may provide reflective practice supervision, noting that this is not the preferred option.

Additional support can be provided to the Lived Experience (Peer) workforce through peer mentors who can provide an opportunity to discuss non-confidential matters and provide practical advice and guidance. Lived Experience (Peer) mentors provide peer-to-peer support and will ideally be a more experienced colleague from the HHS or another service. Mentoring may be considered for new employees to enable them to gain knowledge and build their skills to better understand the role. The LEWLG supports the needs of peer workers (or roles which require a lived/living experience) by providing opportunities for networking and

sharing of information relevant to the mental health peer and carer workforce across Queensland. This group can be used as a resource on where to find peer mentors and Lived Experience supervisors.

3.2 Workforce Support

QH is committed to supporting all staff who experience mental health and/or substance use issues in the workplace. QH has a duty of care under the *Work Health and Safety Act 2011* (WHS Act) to ensure the physical and psychological safety of all the workforce.

The Queensland code of practice, [*Managing the risk of psychosocial hazards at work Code of Practice 2022*](#)¹⁴ was approved under section 274 of the WHS Act and commenced on 1 April 2023. It is a practical guide for managing psychosocial hazards in the workplace, including preventing psychological harm, to achieve the standards of health, safety and welfare required under the WHS Act and the *Work Health and Safety Regulation 2011*.

Whilst the management of personal health issues or stressors that are not work-related (e.g., family or personal financial issues) is not a requirement under the Code of Practice, where a worker chooses to inform QH of an existing mental health condition or injury, or if QH otherwise knows of the mental health condition or injury, QH should ensure psychosocial hazards do not create further harm, so far as is reasonably practicable.¹⁵

Section 3.1.3 of the Code of Practice provides guidance on identifying psychosocial hazards in the workplace, which includes the importance of consulting with individual workers when identifying hazards and assessing risks to health and safety.¹⁶

An example Wellbeing Support Plan has been developed to assist workers to feel safe and supported in the workplace, particularly those with a lived experience of mental illness. This plan provides a positive approach to employee wellness and promotes wellbeing in the workplace. See Appendix 2 for a copy of this plan. Some HHSs have developed their own specific workplace wellbeing plans.

QH developed the *Workplace Mental Health and Wellbeing Framework 2023*¹⁷ as a commitment to achieving a mentally healthy workplace and to guide the development and implementation of programs aimed at supporting mental health, promoting wellbeing, and increasing the resilience of its workforce.

QH staff are employed in accordance with disability and anti-discrimination legislation, and diversity and inclusion principles, including the provision of reasonable adjustments. This includes reasonable adjustment in all areas of employment, including recruitment, selection and appointment. To assist with this, a sample on-boarding support plan has been developed (Appendix 3) to assist new staff in their role and assist with any additional support needs they may require.

Reasonable adjustments are defined by the Australian Human Rights Commission (AHRC) as ‘changes to a job

¹⁴ Workplace Health and Safety Queensland, *Managing the risk of psychosocial hazards at work, Code of Practice, 2022*.

¹⁵ Workplace Health and Safety Queensland, *Managing the risk of psychosocial hazards at work, Code of practice, 2022, p7*.

¹⁶ Workplace Health and Safety Queensland, *Managing the risk of psychosocial hazards at work, Code of practice, 2022, pp18-19*.

¹⁷ [Employee Wellbeing - Workplace Wellbeing \(health.qld.gov.au\)](https://health.qld.gov.au/employee-wellbeing-workplace-wellbeing)

which can be made to enable a worker to perform their duties more effectively in the workplace.’¹⁸ This includes flexible working arrangements or moving the Lived Experience (Peer) worker to another location if they find situations or environments traumatising. The *2010 Workers with Mental Illness: a Practical Guide for Managers*,¹⁹ was developed by the AHRC to assist managers in improving their capacity to manage workers with a mental illness, and provides further information on reasonable adjustment for workers.

4. Professional Development

As with all QH employees, Lived Experience (Peer) workers must have a professional development plan developed upon commencement of employment. This plan must be reviewed and updated as required, and at a minimum on an annual basis at the employee’s annual performance review. This plan will be specific to the individual’s needs and their current position, as well as taking into consideration career aspirations.

The way in which professional development needs are addressed, for example through formal qualifications and/or informal training, is to be determined by the professional development need of the worker and their individual learning style and preferences.

Lived Experience (Peer) workers must be able to access equivalent professional development activities afforded to other staff such as the Study and Research Assistance Scheme (SARAS)²⁰ and the Targeted Training for administrative officers.²¹ Additionally, there are many professional development activities that are to be considered for this workforce including, leadership development, supervision training, trauma informed care, recovery-oriented practice, communication, emotional intelligence and conflict management. A Training and Development guide for Lived Experience (Peer) workers is being developed as a supplementary document to this Framework.

The Certificate IV in Mental Health Peer Work (CHC43515), or other comparable qualification, is the minimum qualification recommended for a Lived Experience (Peer) worker. HHSs need to consider supporting employees to gain the qualification to assist with their role.

Some specific components of the Certificate IV, such as the Peer Worker Skill Set, may be offered as additional training opportunities or as an adjunct to comparable qualifications.

¹⁸ *2010 Workers with Mental Illness: a Practical Guide for Managers*, chapter 3. Managing mental illness in the workplace

¹⁹ *2010 Workers with Mental Illness: a Practical Guide for Managers*

²⁰ [HR Policy G10 - Study and Research Assistance Scheme \(SARAS\) \(health.qld.gov.au\)](https://www.health.qld.gov.au/hr-policy/g10-study-and-research-assistance-scheme-saras)

²¹ [Targeted training for administrative officers \(health.qld.gov.au\)](https://www.health.qld.gov.au/targeted-training-for-administrative-officers)

5. Core competencies

The identification of core competencies²² for the workforce is essential in creating a consistent framework for the role of the Lived Experience (Peer) worker. The *National Lived Experience (Peer) Workforce Development Guidelines Lived Experience Roles – A practical guide to designing and developing lived experience positions* outlines core competencies¹⁸, also described as specific skill sets for the Lived Experience (Peer) worker, which align with core values (table 2) and principles (table 3) of Lived Experience work. These competencies can be applied to individual roles, noting the tasks may change dependant on the level of the worker. (Table 4)

Table 4: Core competencies for the Lived Experience (Peer) Workforce¹⁸

Competencies	Description	Tasks
Ethics	<ul style="list-style-type: none"> Demonstrate inclusive and non-judgemental approach Values of honesty and integrity 	<ul style="list-style-type: none"> Treating all people equally with dignity and respect Does not discriminate in provision of service
Relational	<ul style="list-style-type: none"> Ability to engage with others Work collaboratively Ability to communicate effectively Values of relationship focused work Intentional use of lived experience 	<ul style="list-style-type: none"> Individual support Group work Sharing experience Empathetic active listening
Professional	<ul style="list-style-type: none"> Demonstrate accountability and responsibility in work practices Engage in professional and personal development 	<ul style="list-style-type: none"> Maintain accurate records Engage in personal and professional development Follow policies and procedures Self-care
Leadership	<ul style="list-style-type: none"> Support and build the Lived Experience (Peer) workforce Provide supervision and professional development opportunities 	<ul style="list-style-type: none"> Representative skills Build capacity of the Lived Experience (Peer) workforce
Recovery	<ul style="list-style-type: none"> Support self-determination and self-advocacy 	<ul style="list-style-type: none"> Elicit and promote hope, strength and recovery Provide information, knowledge, referrals supporting self-determination and recovery
Lived Experience Perspective	<ul style="list-style-type: none"> Provide a lived experience perspective Lived experience values of human rights, social change, justice, emancipation 	<ul style="list-style-type: none"> Apply a lived experience perspective to evaluation, design, training, education, representation, supervision based on lived experience values
System Change	<ul style="list-style-type: none"> Advocate for system change Co-production and design Advocacy 	<ul style="list-style-type: none"> Support systems advocacy Engage in co-production Develop mechanisms for consumer participation and representation Support consumer feedback

²² https://www.mentalhealthcommission.gov.au/getmedia/0b13e22c-bfe3-4c0d-b348-25a0edb1a723/NMHC_Lived-Experience-Workforce-Development-Guidelines_Roles

6. Roles and Responsibilities

Clear role descriptions are essential to accurately define the Lived Experience (Peer) worker role and support consistency across HHSs.

To improve clarity and consistency of the role, standardised naming conventions have been developed. These naming conventions reflect roles outlined in the National Guidelines.²

It is essential the workforce is supported and given opportunities for career progression. The National Guideline notes that 'a lack of opportunities for career progression has been a major barrier for the Lived Experience workforce.'²³ As the workforce grows across the state, additional higher-level positions can be incorporated into HHSs to provide support and development for the workforce.

In QH, a career pathway has been developed for the Lived Experience (Peer) workforce to enable progression from an AO2 – AO8 level. This is shown in table 5 below.

Role descriptions have been developed for all Lived Experience (Peer) worker roles (Appendix 1). These outline recommended direct accountabilities specific to each role.

Table 5: Lived Experience (Peer) Workforce Career Pathway

Lived Experience (Peer) Workforce Career Pathway	
Director (Lived Experience Workforce) AO8	
Deputy Director (Lived Experience workforce) AO7	
Team Leader - (Lived Experience Workforce) AO6	
Lived Experience (Peer) stream	Lived Experience (Peer) Carer stream
Senior Peer Coordinator AO5	Senior Carer Peer Coordinator AO5
Advanced Peer Worker AO4	Advanced Carer Peer Worker AO4
Peer Worker AO3	Carer Peer Worker AO3
Peer Assistant/trainee (Peer/Carer) AO2	

In 2022, on advice from the Office of the Chief Human Resources Officer, the Executive Director, Mental Health Alcohol and other Drugs Branch advised Lived Experience (Peer) worker positions are designated as identified roles under Section 25 of the *Anti-Discrimination Act 1991* (Appendix 4) and directed that these positions be filled by people who have a personal lived experience of mental illness and recovery or are supporting someone with mental illness.

²³ https://www.mentalhealthcommission.gov.au/getmedia/0b13e22c-bfe3-4c0d-b348-25a0edb1a723/NMHC_Lived-Experience-Workforce-Development-Guidelines_Roles

7. Specialisation

It is essential the Lived Experience (Peer) workforce reflects and embraces the diverse community to meet the needs of all consumers, families and carers.

A range of specialised Lived Experience (Peer) positions can be considered in relation to the population/cultural-based groups and other areas of work for the Lived Experience (Peer) worker. This may include, but is not limited to:

- Child and Youth
- Older persons
- Rural and remote communities
- LGBTIQ+ community
- Culturally and linguistically diverse populations (CALD)
- Aboriginal and Torres Strait Islander peoples
- Disaster recovery
- Suicide
- Alcohol and other drugs
- Eating disorders

It is important to include family, carer, peer and youth lived experience (Peer) positions in the area of child and youth mental health, as are the inclusion of carer lived experience (Peer) positions in older persons mental health.

Children's Health Queensland has developed a *Youth Peer Worker: Program and Workforce Framework 2019* (unpublished) which supplements this Framework to assist in the employment and support for youth Peer workers.

A plan for development and support for the rural and remote Lived Experience (Peer) workforce will also be developed to supplement this Framework.

Note: Specialised positions e.g., CALD, Aboriginal and Torres Strait Islander, Youth or Older Persons will have the same naming conventions as above, with the speciality area or role noted in the role description e.g., Advanced Peer Worker - CALD.

Appendix 1

Example Position Descriptions

Peer Assistant/Trainee AO2 (Peer/Carer)

Title	Lived Experience (Peer) Assistant
Classification	AO2
Success Factor Profile	Team Member
Note: there is a genuine occupational requirement for the incumbent to have a personal lived experience of mental illness and recovery and/or caring for someone with a lived experience of mental illness and recovery.	

About the role

A Peer Assistant/Trainee works under direction and supervision to provide direct interaction and support for consumers of the mental health service. This support and interaction aims to assist the consumer or carer on their personal recovery journey through utilising your lived experience, acting as a positive role model to inspire consumers to have hope for the future and support self-management and personal responsibility.

If this role is identified as a trainee position it is designed as an entry level position with training offered to assist with development into higher level positions

Key accountabilities of the role are:

- Serve as a positive role model to consumers and/or staff and as a source of information on personal experience of managing mental health.
- Provide general feedback to multidisciplinary team regarding consumer and/or carer participation, education, support and recovery-oriented practice.
- Provide direct support and interaction to consumers in a manner consistent with recovery philosophies including but not limited to;
 - Assist consumers to identify their own strengths and goals to empower positive change
 - Support and encourage consumers to access activities that aim to enhance their recovery
 - Promote physical health and other areas of wellbeing that support recovery
- Perform a range of basic administrative tasks including but not limited to replenishing materials and resources, sending and receiving emails, record keeping, collection of consumer and carer feedback and photocopying.
- Actively participate in and provide support to Peer workers to co-facilitate peer led groups.
- Utilise well developed communication, both verbal and written, to work collaboratively with consumers and multidisciplinary teams within the mental health service.
- Ensure consumers, carers, families and other staff are treated fairly and with mutual respect and understanding, regardless of cultural, religious, ethnic and linguistic backgrounds.
- Actively participate in professional supervision, performance appraisal and development processes.
- Apply thoughtful and ethical decisions to act within operational and professional boundaries.
- Staff are expected to adhere to accurate input and collection of consumer related information into mental health consumer applications if required.

Role fit

The essential requirements for this role are:

- A personal lived experience of mental illness and recovery or caring for a family member using mental health services.
- Although not essential, experience working within a public mental health service or the NGO sector would be desirable.

How you will be assessed

Within the context of the responsibilities described above, the ideal applicant will be someone who can demonstrate the following:

- Ability to share lived experience of recovery to assist consumers and staff within the role.
- Ability to establish and maintain relationships with consumers, carers, the community, health professionals and all service providers, while promoting an understanding of mental health.
- Ability to relate, empathise with, be aware of and see issues from the perspective of a consumer, their carers and families.
- Ability to maintain professional boundaries
- Positive communication skills by actively listening, conveying consumer's requirements clearly and fluently, displaying appropriate empathy and adapting style accordingly.
- Ability to work within a multi-disciplinary team.
- Basic computer literacy

Peer Worker A03

Title	Peer Worker
Classification	A03
Success Factor Profile	Team Member
Note: there is a genuine occupational requirement for the incumbent to have a personal lived experience of mental illness and recovery and/or caring for someone with a lived experience of mental illness and recovery.	

About the role

A Peer Worker works under direction to facilitate the delivery of supports to consumers of the mental health service.

A Peer Worker is employed to assist consumers, carers and families, service providers and Non-Government Organisations to develop a better understanding of the recovery framework while utilising a lived experience of mental illness to work towards achieving the best outcomes for consumers.

The Peer Worker provides support in both inpatient and community settings.

Key accountabilities of the role are:

- Serve as a positive role model to consumers and staff and as a source of information on their personal experience of managing their mental health.
- Utilising experience, skills and knowledge in; consumer education, support and provide a responsive framework that meets the needs of consumers.
- Utilise group work skills in delivering, psycho education programs, and participate in facilitating peer-based consumer groups.
- Assist with facilitation and planning of groups that focus on a consumer perspective.
- Co-facilitate training to all staff and students as required.
- Utilise well developed communication and consultation to work collaboratively across multidisciplinary teams to promote the functions of the peer role.
- Support consumers to make positive changes towards recovery by identifying strengths and goals and planning to achieve these.
- Collaborate with NGO's and assist with building their capacity to provide service to mental health consumers.
- Work with multidisciplinary teams and complement existing services to assist consumers on their recovery journey within the community.
- Actively identify areas of improvement to the service and the inpatient services environment.
- Assist consumers in their recovery planning from a peer perspective.
- Involvement in the collection of consumer and carer feedback as required.
- Actively participate in professional supervision, performance appraisal and development processes.
- Apply thoughtful and ethical decisions to act within operational and professional boundaries.
- Staff are expected to adhere to the timely and accurate input and collection of consumer related information and provision of service activity into appropriate applications.

Role fit

The essential requirement for this role are:

- A personal lived experience of mental illness and recovery and ability to advocate for and support people experiencing mental illness.
- Experience as a mental health consumer (public or private)

Desirable requirements for the role include:

- Applicants hold or are working towards a Certificate IV in Mental Health Peer Work or equivalent.
- Experience working within a public mental health service or the NGO sector.

How you will be assessed

Within the context of the responsibilities described above, the ideal applicant will be someone who can demonstrate the following:

- Ability to share lived experience of recovery to assist consumers and staff within the role.
- Ability to establish and maintain relationships with consumers, carers, families, the community, health professionals and all service providers, while promoting an understanding of mental health.
- Ability to relate, empathise with, be aware of and see issues from the perspective of a consumer, their carers and families.
- Ability to maintain professional boundaries
- Ability to show proactive and effective communication skills by actively listening, conveying consumer's requirements clearly and fluently, displaying appropriate empathy and adapting style accordingly.
- Ability to work within a multi-disciplinary team.
- Demonstrated computer literacy
- Ability to assist with the planning and delivery of psycho education programs and groups to mental health service consumers.

Advanced Peer Worker AO4

Title	Advanced Peer Worker
Classification	AO4
Success Factor Profile	Team Member
Note: there is a genuine occupational requirement for the incumbent to have a personal lived experience of mental illness and recovery and/or caring for someone with a lived experience of mental illness and recovery.	

About the role

An Advanced Peer Worker works under general direction to facilitate the development, planning and delivery of support services to consumers of the mental health service.

An Advanced Peer Worker utilises their lived experience of mental illness to model recovery strategies to enable service providers and NGOs develop a better understanding of the recovery framework to achieve the best outcomes for consumers.

Key accountabilities of the role are:

- Serve as a positive role model to consumers and staff and as a source of information on their personal experience of managing their mental health.
- Connect to consumers, carers and staff providing a positive example of recovery and as a source of information on their personal experience of managing their mental health.
- Support and mentor the AO3 Peer workers.
- Utilising experience, skills and knowledge in; consumer education, support and provide a responsive framework of psycho education that meets the needs of consumers.
- Utilise group work skills in delivering support groups, psycho education programs, and participate in facilitating peer-based consumer support groups.
- Co-facilitate training to all staff and students as required.
- Facilitate and plan groups that focus on a consumer perspective.
- Utilise well developed communication and consultation to work collaboratively across multidisciplinary teams to promote the functions of the peer worker and the consumer team.
- Collaborate with NGO's and assist with building their capacity to provide service to mental health consumers.
- Work with multidisciplinary team and complement existing services to assist consumers on their recovery journey within the community.
- Actively identify areas of improvement to the service and the community clinic environment.
- Involvement in the collection of consumer and carer feedback as required.
- Provide general feedback and advice to the multidisciplinary team regarding consumer participation, education, support and recovery-oriented practice.
- Provide consumer representation on selection and recruitment panels.
- Assist consumers in their recovery planning from a peer perspective.
- Actively participate in professional supervision, performance appraisal and development processes.
- Apply thoughtful and ethical decisions to act within operational and professional boundaries.
- Staff are expected to adhere to the timely and accurate input and collection of consumer related information and provision of service activity into appropriate applications.

Role fit

The essential requirement for this role are:

- A personal lived experience of mental illness and recovery and ability to advocate for and support people experiencing mental illness.
- A previous service user of mental health services and experience as a mental health consumer (public or private)

Highly desirable requirements for the role include:

- Applicants hold or are working towards a Certificate IV in Mental Health Peer Work or equivalent.
- Experience working within a public mental health service or the NGO sector.

How you will be assessed

Within the context of the responsibilities described above, the ideal applicant will be someone who can demonstrate the following:

- Demonstrated knowledge of recovery principles and strength-based approach in working with consumers who have mental illness
- Demonstrated well developed communication skills and ability to work as part of a multidisciplinary team
- Demonstrated ability to maintain professional boundaries
- Demonstrated computer literacy
- Demonstration ability to advocate for the consumer perspective to identify service improvement
- Demonstrated ability to plan and deliver psycho education programs and groups to mental health service consumers.
- Demonstrated ability to share lived experience of recovery to assist consumers and staff within the role.

Senior Peer Coordinator A05

Title	Senior Peer Coordinator
Classification	A05
Success factor profile	Supervisor
Note: there is a genuine occupational requirement for the incumbent to have a personal lived experience of mental illness and recovery and/or caring for someone with a lived experience of mental illness and recovery.	

About the role

A Senior Peer Coordinator works to facilitate the delivery, development, and planning of support services to consumers of the mental health service.

A Senior Peer Coordinator promotes and provides guidance to the development and ongoing management of consumer participation and provide systems advocacy in relation to consumer, carer and family related issues.

Key accountabilities of the role include:

- Serve as a positive role model to consumers and staff and as a source of information on their personal experience of managing their mental health.
- Effectively communicate with consumers, carers, professional groups, and all service providers to assist in planning, delivering and evaluating a mental health consumer focused service.
- Identify areas for improvement to service, policy and procedures, and be involved in Mental Health Service policy and procedure development, ensuring mental health consumer and carer requirements are addressed and prioritised through providing information from the consumer and carer perspective.
- Participate in professional supervision and performance appraisal and development processes.
- Participate in the recruitment and selection of the Peer workforce and mental health professionals as required.
- Utilising experience, skills and knowledge in mental health consumer, carer and family education: support, education and training, provide a responsive framework of education and support initiatives and programs which meet the needs of consumers, carers and families.
- Deliver training and support to staff within the Mental Health Service and other stakeholders in relation to consumer, family and carer support/education strategies and initiatives, and information regarding National Safety and Quality Health Service Standards²⁴ and State policies regarding consumer, family and carer perspectives.
- Ensure consumers, carers, families and staff are treated fairly and with mutual respect and understanding, regardless of cultural, religious, ethnic and linguistic backgrounds.
- Actively promote consumer focused recovery model of care with consumers, carers, families and community as partners of care.

²⁴ Australian Commission on Safety and Quality in Health Care, The National Safety and Quality Health Service (NSQHS) Standards.
<https://www.safetyandquality.gov.au/standards/nsqhs-standards>

- Communicate the broad views of consumers to mental health services and other relevant services
- Enable consumer perspectives to be included in all aspects of planning, service delivery and evaluation
- Assisting the mental health service in its aim to provide a person-centred and consumer-focused service
- Develop and maintain effective relationships and network with consumer/carer groups and community organisations that provide support services.
- Develop and maintain effective consumer and carer participation in mental health service planning and delivery through a range of activities and forums.
- Utilise well developed communication, consultation and conflict resolution skills to work collaboratively across multidisciplinary teams, other government and community-based agencies.
- Network and consult with relevant National and State peak bodies, consumer organisations and consumer advisory groups that inform strategic planning and maintain current knowledge of consumer and carer participation.
- Develop monthly reports on consumer and carer activities and participate in the Queensland Health data collection and evaluation of programmes.
- Provide general feedback and advice to the multidisciplinary team regarding consumer, family and carer participation, education, support and related issues.
- Actively participate in professional supervision, performance appraisal and development processes.
- Apply thoughtful and ethical decisions to act within operational and professional boundaries.
- Staff are expected to adhere to the timely and accurate input and collection of consumer related information and provision of service activity into appropriate applications.
- Day to day management of the Peer workers and Advanced Peer workers, if required
- May assist with and/or provide professional supervision of Peer workers.

Role fit

The essential requirement for this role are:

- A personal lived experience of mental illness and recovery and ability to advocate for and support people experiencing mental illness.
- Experience as a mental health consumer (public or private)

Highly desirable requirements of the role include:

- Experience working within a public mental health service or the NGO sector
- Experience working as a Peer worker
- Applicants hold or are working towards a Certificate IV in Mental Health Peer Work or equivalent.

How you will be assessed

Within the context of the responsibilities described above, the ideal applicant will be someone who can demonstrate the following:

- High degree of knowledge in recovery principles and delivering a strengths-based approach to working with consumers with mental illness
- Demonstrated high level of communication skills and ability to work as part of a team
- Demonstrated ability to manage and supervise staff
- Ability to drive high quality care and customer service throughout the health service

- Demonstrated ability to maintain professional boundaries
- Demonstrated ability to role model positive and ethical behaviour
- Demonstrated ability to engage and share information
- Ability to take accountability for projects and performance
- Ability to develop and evaluate training programs for staff and consumers
- High degree of computer literacy

Team Leader Lived Experience Workforce A06

Title	Team Leader Lived Experience Workforce
Classification	A06
Success factor profile	Supervisor
Note: there is a genuine occupational requirement for the incumbent to have a personal lived experience of mental illness and recovery and/or caring for someone with a lived experience of mental illness and recovery.	

About the role

The Team Leader Lived Experience Workforce leads and manages the Lived Experience (Peer) workforce through provision of operational and professional supervision.

The Team Leader Lived Experience Workforce provides professional, client focused, high quality support to mental health consumers whilst ensuring compliance with industrial and legislative provisions aligned to meet business needs.

The Team Leader Lived Experience Workforce provides advice in strategic, operational and human resource management utilising a well-developed level of specialist knowledge and high-level communication and problem-solving skills.

Key accountabilities of the role include:

- Serve as a positive role model to consumers and staff and as a source of information on their personal experience of managing their mental health.
- Coordinate and contribute to the planning, development and implementation of workforce activities.
- Maintain high level knowledge of HHS consumer and carer participation activities / initiatives and the supervision and training needs of consumer and carer workers whom report to this position.
- Liaise and consult with key stakeholders regarding the mental health activities, consumer and carer groups, and participate in the development of collaborative partnerships with service providers to ensure provision of quality services which are responsive to the needs of stakeholders.
- Exercise high level interpersonal, consultation and communication skills with stakeholders, team members and other service providers regarding quality improvement and service development activities.
- Participate as a member of a team in service development, evaluation and quality improvement activities to ensure continuous provision of quality services.
- Provide ethical decision making in the achievement of organisational goals.
- Provide advice and report on the progress of relevant aspects of activities to senior/supervising staff as required to ensure that activities are consistent with organisational requirements and that priorities and timelines are met.
- Participate in information management activities including data collection, data entry and reporting local activities to contribute to service monitoring, evaluation and quality improvement activities.
- Comply with and utilise organisational procedures, policies, regulations and standards, which impact on the position including contemporary human resource management issues, corporate governance, workplace health and safety, employment equity and anti-discrimination and other specific technical standards where applicable.
- Maintain up-to-date knowledge in the specialist area of mental health promotion, prevention and

early intervention.

- Present and contribute specialist advice to committees, teams and forums within and external to HHS.
- Manage the performance appraisal and development of the Lived Experience (Peer) workforce.
- Participate as an integral member of the senior team and represent the unit at various meetings and forums.
- Identify and participate in research activities.
- Oversee initiatives that promote social inclusion and a recovery focussed service.
- Actively participate in professional supervision, performance appraisal and development processes.
- Apply thoughtful and ethical decisions to act within operational and professional boundaries.
- Staff are expected to adhere to the timely and accurate input and collection of consumer related information and provision of service activity into appropriate applications.

Role fit

The essential requirements for this role are:

- A personal lived experience of mental illness and recovery or caring for a family member with mental illness and ability to advocate for and support people experiencing mental illness.
- Experience as a mental health consumer (public or private) or experience in caring for a family member who is a consumer of mental health services

Highly desirable requirements for the role include:

- Experience working within a public mental health service or the NGO sector
- Experience working as a Peer worker
- Applicants hold or are working towards obtaining a Certificate IV in Mental Health Peer Work or equivalent.

How you will be assessed

You will be assessed on your ability to demonstrate the following key attributes:

- Demonstrated experience in managing and supporting Peer workforce, including the provision of supervision, education and mentoring.
- Demonstrated knowledge of contemporary national and state mental health policies, plans, guidelines and frameworks, including an understanding of mental health service provision issues.
- Proven high level communication, interpersonal and problem-solving skills including the ability to effectively consult and negotiate with senior management, clinicians, consultants and key stakeholders on issues requiring organisational input and/or change.
- Ability to understand and respond to the expectations of key stakeholders, consumers, families, carers and the community as a whole.
- Ability to work independently in a multidisciplinary team to achieve results in a work environment characterised by frequent and changeable deadlines.
- Ability to manage a large workload through the use of high-level computer skills and knowledge of various software and applications, whilst maintaining high levels of accuracy and confidentiality within identified milestones and timeframes.

Carer Peer Worker A03

Title	Carer Peer Worker
Classification	A03
Success factor profile	Team member
Note: there is a genuine occupational requirement for the incumbent to have a personal lived experience of mental illness and recovery and/or caring for someone with a lived experience of mental illness and recovery.	

About the role

A Carer Peer Worker works under direction to facilitate the delivery of support services to carers and families of the mental health service.

A Carer Peer Worker is employed to assist carers and families, service providers and Non-Government Organisations to develop a better understanding of the recovery framework while utilising a lived experience of caring for someone with mental illness to work towards achieving the best outcomes for consumers.

The Carer Peer Worker provides support in both inpatient and community settings.

Key accountabilities of the role include:

- Serve as a positive role model to other carers and families and be open to sharing personal lived experience of assisting a person with mental health needs.
- Work within appropriate boundaries and draw on knowledge and expertise gained through reflection on own lived experience.
- Work with multidisciplinary team to complement existing services.
- Provide direct carer peer support to carers, families and significant others, engaging in individual and group peer support, advocacy and educational activities.
- Utilise group work skills in delivering support groups, psycho education programs, and participate in facilitating peer-based carer support groups.
- Provide individual advocacy to support the inclusion of carer and family perspectives.
- Participate in the collection of carer and family feedback as required and support individual carers and families, as well as local carer advocacy groups to be involved in service quality activities as appropriate.
- Actively identify areas of improvement to the service and the inpatient/community services environment advocating for a carer and family sensitive and inclusive culture evident in all service practices, procedures and frameworks.
- Utilise well developed communication and consultation skills to work collaboratively across multidisciplinary teams to promote the Carer Peer Worker role.
- Collaborate with community groups and other stakeholders supporting partnerships which assist carers and families and promote recovery orientated frameworks and practices.
- Actively participate in professional supervision, performance appraisal and development processes.
- Apply thoughtful and ethical decisions to act within operational and professional boundaries.
- Staff are expected to adhere to the timely and accurate input and collection of consumer related information and provision of service activity into appropriate applications.

Role fit

The essential requirement for this role are:

- A personal lived experience as a carer for a family member using mental health services (public or private)

Desirable requirements of the role include:

- Experience working within a public mental health service or the NGO sector
- Applicants hold or are working towards obtaining a Certificate IV in Mental Health Peer Work or equivalent.

How you will be assessed

Within the context of the responsibilities described above, the ideal applicant will be someone who can demonstrate the following:

- Ability to establish and maintain relationships with consumers, carers, the community, health professionals and all service providers, while promoting an understanding of mental health.
- Ability to relate, empathise with, be aware of and see issues from the perspective of a consumer, their families and people from other cultures.
- Ability to demonstrate honesty, integrity and respect for all consumers, carers, family and staff.
- Ability to show proactive and effective communication skills by actively listening, conveying consumer, carer and family's requirements clearly and fluently, displaying appropriate empathy and adapting style accordingly.
- Ability to work within a multi-disciplinary team.
- Ability to assist in the planning and delivery of psycho education programs and groups to mental health service consumers, carers and families.

Advanced Carer Peer Worker AO4

Title	Advanced Carer Peer Worker
Classification	AO4
Success factor profile	Team Member
Note: there is a genuine occupational requirement for the incumbent to have a personal lived experience of mental illness and recovery and/or caring for someone with a lived experience of mental illness and recovery.	

About the role

An Advanced Carer Peer Worker works under general direction to facilitate the delivery, development, planning and delivery of support services to carers of consumers of the mental health service.

An Advanced Carer Peer Worker provides recovery orientated, person centred, ethical carer peer support to carers, families and significant others who are supporting people accessing mental health services.

The Advanced Carer Peer Worker provides support in both inpatient and community settings.

Key accountabilities of the role include:

- Serve as a positive role model to other carers and families and be open to sharing personal lived experience of assisting a person with mental health needs.
- Connect to consumers, carers and staff providing a positive example of recovery and as a source of information on their personal experience of managing their mental health.
- Provide carers and family with education, information, referrals and support from personal experience of assisting someone in their recovery
- Support and mentor the AO3 Carer Peer workers.
- Involvement in the collection of consumer and carer feedback as required.
- Utilise experience, skills and knowledge in carer and family education to support service development of responsive frameworks that meets the needs of carers and families.
- Utilise group work skills in delivering support groups, psycho education programs, and participate in facilitating peer-based carer support groups.
- Co-facilitate training to all staff and students as required.
- Facilitate and plan groups within the community that focus on a carer perspective.
- Utilise well developed communication and consultation skills to work collaboratively across multidisciplinary teams to promote the functions of the carer Peer workforce.
- Provide general feedback and advice to multidisciplinary team regarding consumer participation, education, support and recovery-oriented practise.
- Support carers and families to make positive changes towards recovery by identifying strengths and goals and planning to achieve these.
- Collaborate with NGO's and assist with building their capacity to provide service to mental health consumers.
- Work with multidisciplinary team to complement existing services
- Provide carer representation on selection and recruitment panels.
- Actively participate in professional supervision, performance appraisal and development processes.
- Apply thoughtful and ethical decisions to act within operational and professional boundaries.
- Staff are expected to adhere to the timely and accurate input and collection of consumer related

information and provision of service activity into appropriate applications.

Role fit

The essential requirement for this role are:

- A personal lived experience as a carer for a family member using mental health services (public or private)

Highly desirable requirements of the role include:

- Experience working within a public mental health service or the NGO sector.
- Applicants hold or are working towards obtaining a Certificate IV in Mental Health Peer Work or equivalent.

How you will be assessed

Within the context of the responsibilities described above, the ideal applicant will be someone who can demonstrate the following:

- Demonstrated knowledge of recovery principles and strengths-based approach in working with carers and families of people who have mental illness
- Demonstrated well developed communication skills and ability to work as part of a multidisciplinary team
- Demonstrated ability to maintain professional boundaries
- Demonstrated computer literacy
- Ability to advocate for the carer and family perspective to identify service improvement
- Ability to plan and deliver psycho education programs and groups to mental health service consumers.

Senior Carer Peer Coordinator A05

Title	Senior Carer Peer Coordinator
Classification	A05
Success factor profile	Supervisor
Note: there is a genuine occupational requirement for the incumbent to have a personal lived experience of mental illness and recovery and/or caring for someone with a lived experience of mental illness and recovery.	

About the role

A Senior Carer Peer Coordinator works to facilitate the delivery of services to carers of consumers of the mental health service

A Senior Carer Peer Coordinator promotes and promotes and provides guidance to the development and ongoing management of carer participation and provide systems advocacy in relation to consumer, carer and family related issues.

Key accountabilities for the role include:

- Serve as a positive role model to other carers and families and be open to sharing personal lived experience of assisting a person with mental health needs.
- Work within appropriate boundaries and draw on knowledge and expertise gained through reflection on own lived experience.
- Effectively communicate with consumers, carers, professional groups, and all service providers to assist in planning, delivering and evaluating a mental health consumer focused service.
- Identify areas for improvement to service, policy and procedures, and be involved in Mental Health Service, policy and procedure development, ensuring mental health consumer and carer requirements are addressed and prioritised through providing information from the carer perspective.
- Actively participate in professional supervision, performance appraisal and development processes.
- Participate in the recruitment and selection of the carer workforce and mental health professionals as requested.
- Utilising experience, skills and knowledge in; mental health consumer, family and carer education, support, education and training, provide a responsive framework of education and support initiatives and programs which meet the needs of consumers, families and carers.
- Deliver training and support to staff within the Mental Health Service and other stakeholders in relation to consumer, family and carer support/education strategies and initiatives, and information regarding and information regarding National Safety and Quality Health Service Standards¹⁵ and State policies regarding consumer, family and carer perspectives.
- Act as an advocate for carers and families utilising mental health services.
- Promote the carer and family inclusive recovery focused service model to mental health professionals, consumers, and/or carers, families and community as partners of care.
- Develop and maintain effective relationships and network with carer/family groups and community organisations that provide support to mental health services.
- Actively participate in the development and coordination of education and training that promotes the recovery framework to mental health professionals, consumers and/or carers, the community and other relevant stakeholders.

- Actively participate in the review of mental health service policy and procedure, ensuring recovery, carer/family perspectives are addressed and prioritised.
- Support the collection, evaluation and implementation of activities directly related to carer feedback.
- Develop and maintain effective carer/family participation in planning, service delivery and evaluation through a range of activities, meetings and forums.
- Utilise well developed communication, both verbal and written, to work collaboratively across multidisciplinary teams with the mental health service, and Non-Government Organisation (NGOs) to promote the function of recovery model of service and the carer Peer workforce.
- Provide general feedback and advice to multidisciplinary team regarding carer participation, education, support and recovery-oriented practice.
- Provide operational support, regular supervision and mentor the AO3 and AO4 Carer Peer Support Workers, if required
- Actively participate in professional supervision, performance appraisal and development processes.
- Apply thoughtful and ethical decisions to act within operational and professional boundaries.
- Staff are expected to adhere to the timely and accurate input and collection of consumer related information and provision of service activity into appropriate applications.

Role fit

The essential requirement for this role are:

- A personal lived experience as a carer for a family member using mental health services (public or private)

Highly desirable requirements of the role include:

- Experience working in a public mental health service or NGO carer peer role
- Applicants hold or are working towards obtaining a Certificate IV in Mental Health Peer Work or equivalent.

How you will be assessed

Within the context of the responsibilities described above, the ideal applicant will be someone who can demonstrate the following:

- High degree of knowledge in recovery principles and delivering a strengths-based approach to working with consumers with mental illness
- Demonstrated high level of communication skills and ability to work as part of a team
- Demonstrated ability to manage and supervise staff
- Ability to drive high quality care and customer service throughout the health service
- Demonstrated ability to role model positive and ethical behaviour
- Demonstrated ability to engage and share information
- Ability to take accountability for projects and performance
- Ability to develop and evaluate training programs for staff and consumers
- High degree of computer literacy

Appendix 2

Example Wellbeing Support Plan

Supporting Workplace Wellbeing

Privacy Statement: this document is confidential and will not be shared with any person without the express consent of the employee or as required by law at the point of signature. *(Note: HHSs may wish to alter this privacy statement as required).*

Within the workplace, it is important that all employees feel safe and that their wellbeing is supported. The preferred way to facilitate and support a person's ongoing wellbeing is to have open and honest conversations where both the employee and their line manager/ supervisor each understand the issues and expectations.

Some employees find it helpful to develop a Wellbeing Support Plan to identify if, and when additional supports are required.

This plan assists in developing a positive approach to workplace wellbeing and will only be developed through discussion with the employee, the line manager/ supervisor and any other support people identified by the employee.

Developing a plan is voluntary and the details remain confidential between the employee, line manager/ supervisor and anyone else identified in the plan.

When working through this plan it is important to ensure the employee is comfortable providing this information.

Wellbeing Support Plan

Section 1. Contact information

Personal details:

Name	
Contact	

Personal Support

You have the option to involve a support person in the development of your Wellbeing Support Plan. This can be a carer, family member, friend or anyone else you wish to include.

Name	
Relationship	
Contact	

Professional Support:

In addition, you may also like a professional support contact.

Name	
Position	
Contact	

Section 2: Preferences

These are your preferences to support your wellbeing at work.

- 1. How might we be able to support you to maintain your health/wellbeing in the workplace?** E.g.,
Regular feedback and catch-ups, flexible working patterns,

- 2. Are there any signs that we might notice when you are starting to experience poor health/wellbeing?**
E.g., Changes in normal working patterns and noticeable increase in interaction with colleagues.

- 3. If we notice signs that you are experiencing poor mental health – what would you like us to do?** E.g.,
Talk to you discreetly about it or contact your personal support person.

- 4. What are your self-care strategies?** E.g., exercise, walking

Section 3: Contact information

When to contact

Category	Requested contact from	Response Type	Response time
1. Minor Others or I have noticed signs in the workplace that indicate my wellbeing is being impacted	Talk to me	Phone/In person/No contact	Immediately/Same day/Next business day/Not applicable
	Personal support	Phone/In person/No contact	Immediately/Same day/Next business day/Not applicable
	Professional Support	Phone/In person/No contact	Immediately/Same day/Next business day/Not applicable
2. Moderate The impact to health/wellbeing is causing distress at work	Talk to me	Phone/In person/No contact	Immediately/Same day/Next business day/Not applicable
	Personal support	Phone/In person/No contact	Immediately/Same day/Next business day/Not applicable
	Professional Support	Phone/In person/No contact	Immediately/Same day/Next business day/Not applicable
3. Serious The impact to the wellbeing of myself or others requires immediate support and intervention.	Talk to me	Phone/In person/No contact	Immediately/Same day/Next business day/Not applicable
	Personal support	Phone/In person/No contact	Immediately/Same day/Next business day/Not applicable
	Professional Support	Phone/In person/No contact	Immediately/Same day/Next business day/Not applicable

Section 4: Signature

The persons listed below agree to undertake the actions as outlined in sections 2 and 3 to support the employee in the workplace. At every opportunity, all parties are encouraged to initiate conversations and update the plan as the need arises. Alternatively, an opportunity to discuss the plan will arise naturally during the Performance Development Plan.

While all care is taken to provide a safe working environment, it is the employee's responsibility to be accountable for their own wellbeing.

This document is confidential and will not be shared with any person one without the express consent of the employee.

Employee:

Iagree to this Wellbeing Support Plan and agree to the plan being used to support me to maintain my health and wellbeing in the workplace.

Signature:

Date:

Line Manager/Supervisor:

Signature

Date:

Appendix 3

Sample Onboarding document

Name: _____ Date: _____

This document has been developed to support new staff members to be successful in their position in the Lived Experience (Peer) workforce team.

The support plan complements the (XXXXX HHS) Orientation Manual & Activity Checklist and will exist in conjunction with 1:1 conversations and operational and practice supervision until such time it is no longer needed.

The (XXXXX HHS) welcomes you and values your contribution to the workplace as a lived experience employee. Due to the nature of your employment and the environment, it is important to us that we support your success in this role.

Workplace orientation is an essential and valuable process where an employee is introduced to their role, co-workers and work environment. You will be provided with a clear understanding of your responsibilities, what is expected of you in your new role and how your contributions fit into the overall objectives of the division and HHS. We will gain a deeper understanding of you and your learning style, identify specific areas of interest and learning or support needs that you may have.

You will receive a large of amount of information and training (written and verbal) and be introduced to many new terms, processes, concepts and people during your first few months in the role. We understand this can be overwhelming and will take time to absorb and put it into context.

While we have endeavoured to include as much as possible to support you in your new role, we encourage you to actively ask questions and clarify anything that is unclear.

Please note: This is a working document to be further developed with you during your onboarding period.

Week 1

- ☐ Provide orientation of role and facilities
 - Introductions & workstation set up (inc. key contacts)
 - General Evacuation / Defibrillator location and use
 - Background and status of lived experience workforce
 - Introduction to Peer Worker competencies / scope / expectations
 - Facility Orientation / Parking / transport
- ☐ Establish expectation regarding sharing of narrative: when, where, how, and why
- ☐ General workplace processes – information and expectations:
 - Buddy Board
 - Team huddles, meetings and planning days
 - Supervision (Operational & Practice)
 - Diary & time management
 - HR Forms, Processes & Timeframes (planned & emergent leave)
 - Streamline Introduction/Set up
 - QHEPS Introduction
 - RMS Introduction (room & vehicle bookings, log sheets)
 - MHAODS Escalation Pathway
 - Online Training Platforms Introduction (access, requirements & timeframes)
 - Compliments, complaints and suggestions
 - Ryan's Rule & Client Care Escalation Process in CMH
- ☐ Establish weekly catch-up with Peer Team Leader (4 weeks – commencing week 2, then fortnightly with revision of plan at 3 months) to revisit and discuss:
 - Peer worker competencies, scope and expectations
 - Professional boundaries, dual relationships and conflict of interest
 - Importance of self-care including taking breaks and scheduling regular leave
 - Leave request / notification process
 - Identify possible mentors/supervisors
 - Identify additional training/support needs
 - Sharing of narrative
 - CIMHA documentation
 - Recovery focussed language
- ☐ Development of Outlook Calendar
 - Signature, sharing & invites (training days, weekly 1:1, operational supervision and team huddles / meetings)
- ☐ Provide information related to QH support initiatives and programs i.e., EAP, Stigma, LGBTIQ+ Network, and Workplace Wellbeing Plan
- ☐ Facilitate opportunity to commence mandatory training and schedule monthly operational supervision

- ☐ Director & Program Manager introduction
- ☐ Confirm Cert IV Status (certificate or enrolment confirmation)
- ☐ Mental Health Orientation (schedule)
- ☐ Brook Red Sharing Lived Experience (schedule)
- ☐ MHHS Orientation (schedule)
- ☐ MHHS Cultural Awareness (schedule)
- ☐ CIMHA Training (Schedule)
- ☐ ieMR Training (Schedule)
- ☐ MAYBO (schedule)

Notes

Week 2

- ☐ Complete first 1:1 conversation
- ☐ Attend to mandatory training
- ☐ Attend to scheduled training
- ☐ Introduction to PDP (schedule initial for end of week 4)
- ☐ Boundaries (personal & professional) identification of steps to avoid being placed in those situations
- ☐ 16 Personalities Activity – tool to help us better understand each other, get the best from each other and communicate effectively

[Free Personality Test | 16Personalities](#)

- ☐ CIMHA training with a focus on
 - Peer Worker Documentation (referrals, notes & recovery plans)
 - POS and NCRA
- ☐ Team Days with buddy
 - ACT
 - CCT
- ☐ Documenting in CIMHA training environment (scenarios & shadowing)
- ☐ Documentation review

Notes

Week 3

- ☐ Complete second 1:1 conversation
- ☐ Attend to mandatory training
- ☐ Attend to scheduled training
- ☐ Establish purpose of meeting/s and groups (client & organisational) and expectation of peer role in these forums
- ☐ Provide understanding and insight into key areas of the Peer Work Framework, how this is used within the peer role and how it is embedded into service delivery
- ☐ Team Days with buddy
 - CYMHS
 - OPMH
 - MIRT & EP
- ☐ Documenting in CIMHA training environment (scenarios & shadowing)
- ☐ Documentation review/discussion

Notes

Week 4

- ☐ Complete third 1:1 conversation
- ☐ Attend to mandatory training
- ☐ Attend to scheduled training
- ☐ Introduction to operational supervision (process, report, schedule)
- ☐ PPD – initial
- ☐ ieMR introduction (read only)
- ☐ CIMHA
 - Commence with providing progress notes via email to Peer Team Leader for inclusion into CIMHA with view to provide additional training in CIMHA note entering
- ☐ Continue to develop understanding of Peer worker competencies, scope and expectations
- ☐ Review the onboarding/support plan and determine ongoing plan to support if required
- ☐ Peer Work competencies/scope discussion - sign off or determine ongoing plan to support

Notes

Appendix 4

Memo re Identification of positions

Department of Health



MEMORANDUM

To: Clinical Director/Executive Directors Mental Health Services

Copies to: Chief Executives HHS
Human Resource Managers HHS
Chair Lived Experience Workforce Network

From: Dr John Reilly,
Acting Executive Director, Mental
Health, Alcohol and Other Drugs
Branch

Enquiries to: 3328 9538

Subject: Lived Experience Workforce – Identified Positions

File Ref: C-ECTF-22/6945

Attached for your action is advice received recently from the Office of the Chief Human Resources Officer to clarify that Lived Experience (peer) positions are designated as identified roles under Section 25 of the *Anti-Discrimination Act 1991*.

Under Section 25 of the Act, it is a genuine occupational requirement of these positions to have a personal lived experience of mental illness and recovery and/or caring for someone with a lived experience of mental illness and recovery.

The advice received from the Office of the Chief Human Resources Officer also notes that the Lived Experience (peer) positions in Queensland Health can be recruited as designated positions and filled on open merit selection and do not require PSC Board approval for external recruitment.

Please ensure that your Lived Experience (peer) role descriptions are amended to specify that they are designated as genuine occupational requirement positions.

Should you require further information, the Mental Health Alcohol and Other Drugs Branch contact is Jenny Mulkearns, principal project officer, available via Teams.

A handwritten signature in blue ink, appearing to be "John Reilly".

Dr John Reilly
A/Executive Director
Mental Health and Other Drugs Branch
27/04/2022

Abbreviations

AOD	Alcohol and Other Drugs
AHRC	Australian Human Rights Commission
CALD	Culturally and Linguistically Diverse
HHS	Hospital and Health Service
LEWLG	Lived Experience Workforce Leadership Group
MHAOD	Mental Health Alcohol and Other Drugs
NMHSPF	National Mental Health Services Planning Framework
QH	Queensland Health
SARAS	Study and Research Assistance Scheme
WHS Act	Work Health and Safety Act 2011

Glossary

Carer	A person who provides care, support or assistance to someone with a mental health challenge, generally a family member, partner or friend not employed in a paid professional carer role
Consumer	A person who has or is currently using a mental health service due to mental illness. Their service use may be voluntary or involuntary according to their circumstances at the time and the particular mental health service providing the service. May also be referred to as consumers, clients or patients in clinical settings
Lived Experience (Peer)	A person who is employed in a role that requires them to identify as being or having been a mental health consumer or carer. Lived Experience (Peer) work requires that lived experience of mental illness is an essential criterion of job descriptions, although job titles and related tasks vary
Lived Experience	Refers to having a personal experience of mental illness and/or service use and recovery from either a consumer or carer perspective. Some people may have both consumer and carer experiences.
Peer Work	A range of supports offered to consumers of mental health services by Lived Experience (Peer) workers.
Reasonable adjustment	Changes to a job which can be made to enable a worker to perform their duties more effectively in the workplace
Recovery	A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful and contributing life. Recovery involves the development of new meaning and purpose in one's life as one grows beyond the effects of psychiatric disability.
Stigma	A set of negative and often unfair beliefs that a society or group of people have about a person with a mental illness

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