'You Don't Know What You Don't Know': Management Exposure, Understanding and Commitment in Lived Experience Workforce Development

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What is needed for management to better advocate for Lived Experience roles?

Take Home Messages

- Management plays a key part in helping develop the Lived Experience workforce.
- Management exposure to Lived Experience workers leads to greater understanding, greater commitment and increasing employment of roles.
- Employment of Lived Experience leadership positions improves the ability of Lived Experience perspectives to influence and increases support and

supervision of Lived Experience roles.
- Champions at all levels of organisations can advocate for Lived Experience roles.
- Barriers such as workplace culture can impede the growth of the Lived Experience workforce.
- There is a need for training and accessible information for management to increase their knowledge and to help them build networks for advice and mentoring opportunities.

Aim

To explore management understanding and attitudes towards Lived Experience workforce. The paper also aimed to explore workplace culture considerations that impact on Lived Experience roles and how management contributes to this culture

Background

Lived Experience workers are people who have had life-changing mental health challenges, service use, periods of healing and are employed in diverse roles to use this ‘lived’ or living expertise to help other people accessing services.

The Lived Experience workforce is growing quickly and is key to ongoing mental health reform. However, challenges still exist, including attitudes of some mental health professionals.

Management commitment is important for driving and implementing successful diversity initiatives by influencing workplace culture and beliefs.

Method

A total of 29 people participated in the study. All participants were employed in a range of management roles including executive and senior management, in the Mental Health sector in Queensland Australia. The 24 participating organisations had different levels of exposure to Lived Experience workers – from no experience to significant experience employing Lived Experience workers.

Twenty-five interviews and one focus group including four new participants were completed. The data collected was then examined for common themes.

Results

For organisations without any Lived Experience workers, the reason for not employing them often reflected a lack of exposure to the roles.

Eagerness to employ and a commitment to the roles was often due to exposure. Having more Lived Experience roles led to more advocacy for the roles and more being employed.

Visiting other organisations with a Lived Experience workforce helped those who were considering employing Lived Experience roles become more motivated and committed.

Management buy-in was key to meaningful and supported employment of Lived Experience roles.

Quote 1

“Certainly it would be great if at some point managers like me and other people employing peer workers could have some sort of a support group to support people that haven’t done it before. So that someone’s at the end of the phone for them if they’re concerned about hiring someone with a lived experience. Otherwise I think you’re just on your own. It’s about how brave you are, but if you have someone who’s doing it well and there’s no dramas to pick up the phone too. I think that would be great”

Quote 2

“I’m really not sure, perhaps it’s something [employing peers] we just haven’t considered, or it hasn’t been
raised as something that we should be striving towards, maybe we don’t have a lot of awareness about the value a person with a lived experience [peer] can bring to a role or a program”

Quote 3

“The nurse unit manager said she’ll do it [employ peer workers] . . .she’s now completely wrapped in the idea
of having peer support workers so when something works, and other people see that it works, people say,
‘look I was a little bit reluctant but now we’ve seen what they can offer we’d

never go back to before”

Quote 4

“The use of peer workers and the enormous success for when we use them compared to outcomes when we
don’t, I think we’ve got a huge evidence base for growing that [peer work] and our team identify that”

Quote 5

“. . .if an organisation hasn’t been exposed to it [peer work], they just don’t know what they’re missing, they
“don’t know what they don’t know” essentially and it’s about education and information”

Champions of Lived Experience work

The role of champions or allies who promote and support Lived Experience roles were also seen as important to build an effective Lived Experience workforce.

Champions with decision making roles were seen to help push for Lived Experience roles to be prioritised and resourced. Champions could be either Lived Experience management or people in positions of power that did not have an identified lived experience.

Quote 1

“I didn’t have to advocate for these [peer] roles, the [traditional mental health executive] advocated and wanted these roles so that’s what’s been really refreshing is people saying, “we want peer workers in our team, how do we go about that” and looking at alternative ways, rather than employing a clinical staff, how do we make that a peer staff?”

Quote 2

“. . . [peer work] was endorsed as being important enough at that executive level to really warrant full
resourcing in a serious way . . .that certainly was realistically championed”

Quote 3

“There are also some people who probably don’t get recognition that they deserve, who don’t identify [as having a lived experience] but also champion the lived experience [peer] workforce and they are incredibly supportive; and that’s just as vital [as those who do identify as peers] and it also creates safety for others”

‘Lived Experience management’ roles

Roles where Lived Experience workers were employed at a management level were seen to provide greater influence to effectively build and support Lived Experience workforce.

These roles were noted by participants to help advocate for Lived Experience

workers, develop relevant frameworks, policies and recruitment processes, as well as increase training and development opportunities. Lived Experience managers were also seen as role models and demonstrating the importance of Lived Experience perspectives.

Quote 1

“So, my role is a designated lived experience [peer] role . . .I have a personal lived experience with mental health, recovery from mental health issues of my own . . .our service in particular identified the importance of having someone with those values sitting on the executive team”

Quote 2

“. . .it was certainly something that you know it was needed, to have a consumer [peer manager] managing
consumers [peer workers]”

Quote 3

“. . .I think someone with that [lived] experience in the workplace to be mentoring them [peer workers]”

Organisational Culture & Acceptance

Views and acceptance of Lived Experience workers impacted the employment experience for both Lived Experience workers and management who

championed the roles.

Particularly in organisations with small numbers of Lived Experience workers in comparison to non-Lived Experience staff, the workplace culture was seen to be largely created by the non-Lived Experience staff. A need to culturally prepare the workplace for Lived Experience roles via top-down support and valuing was clear.

To achieve readiness a number of strategies were used:



Quote 1

“. . .it has to be culture and it has to come from the board and the CEO down, that has to then filter down
through regional managers, down through team leaders because I’ve had some long hard and quite difficult conversations with team leaders trying to change the culture in their team. . .you have to be the creator of the culture in your site and it has to be a healthy one based on knowledge and understanding of what peers are and what peers aren’t”

Quote 2

“I think that probably there needs to be a lot more change in workplace stigma. A lot of clinicians aren’t willing to admit their lived experience because of the perception that goes with that I suppose, so I think that there’s still a little ways to go with culture”

Quote 3

“. . .we have a really cohesive team and we have people that aren’t in peer positions that actually do have a
lived experience and so the mixture of all of that means there’s an accepting environment”

Quote 4

“. . . we don’t have to but we all feel comfortable if we share. . .they’ve [people in traditional roles] all come
out and said “oh yeah I’ve had a bit of depression, I’m on medication” so I

think that’s awesome as well”

Discussion

Differences were found between the attitudes and beliefs of management depending on how much experience they had with Lived Experience workers. Higher levels of exposure to Lived Experience work and concepts led to higher commitment and a greater understanding of the roles. Greater understanding led to higher perceived value for Lived Experience.

A lack of exposure was associated with lower levels of commitment and understanding and was a barrier to the employment of Lived Experience roles.

Commitment of management was found to be important in building organisational understanding of the roles, but active valuing by management was also needed to advocate for and employ Lived Experience roles.

Champions at all levels of the organisation were key to driving the acceptance and valuing of Lived Experience and expansion of the workforce throughout the organisation.

In addition to the need for buy-in, advocacy and action from management there is also a need to address other barriers such as:

Discriminatory attitudes and behaviours

Appropriate remuneration

clear job roles and responsibilities

Helpful initial strategies include workforce-wide training and specific management training to better understand the roles and their value.

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