Lived Experience Practitioners and the Medical Model: World's Colliding?

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How does the medical model impact Lived Experience workers?

Take Home Messages

- The dominance of the medical model is a significant barrier to the success of the lived Experience workforce.
- Medical model thinking leads to a culture of unequal relationships between health professionals and consumers, with Lived
- Experience workers experiencing discrimination because of their status as mental health consumers.
- The Recovery approach and medical model are philosophically opposed and unable to exist together.
- Lived Experience work cannot be separated from recovery principles – they are mutually informed and developed.
- We question the capacity for mental health reform while the medical model approach continues to dominate mental health service delivery.

Aim

To explore the perspectives of individuals working in Lived Experience roles to understand their experiences in these roles.

Background

Lived Experience roles have been implemented in many services to increase Recovery focused service delivery. Yet, roles have been implemented in an ad hoc way. Lived Experience roles are supported by National policy in Australia, and there is a growing evidence base for these roles in contributing to better outcomes for people accessing services. Yet, many factors stand in the way of the ongoing development of the Lived Experience workforce including discrimination, clear position descriptions, career pathways, training and appropriate supervision.

This research arose from Louise Byrne's own experiences in Lived Experience roles and wish to explore what other Lived Experience workers were experiencing and contribute to supporting the Lived Experience workforce. This paper is one of the outputs from her PhD.

Method

A grounded theory study with interviews conducted with 13 Lived Experience workers.

Results

The Dominance of the Medical Model

The medical model was described as dominating mental health services and was a major barrier to the implementation, effectiveness and development of lived experience roles. The dominance of medical knowledge and authority creates significant power differences for people with lived experience compared to health professionals.

The medical model emphasises diagnosis, a culture of mistrusting people with lived experience, people with lived experience developing patient identity as a result of paternalistic systems, and beliefs that do not match the hope of Recovery.

Impact of the Medical Model

Some Lived Experience workers had personally experienced negative impacts of the medical model during their own experiences accessing the mental health system. This included being told that

“you’ll never work again.”

Lived Experience workers also provided many examples where medical model thinking had led to consumers being told that they won’t recover.

“You’ll never amount to much. You will never have a good life. You will just exist’’

Lived Experience Workers Facilitating a Shift towards Recovery Oriented Service Delivery

The need for service reform and the need to shift clinician thinking from a medical model perspective to a more Recovery-orientated approach was viewed as critical in establishing best practice outcomes for people who use mental health services.

“It’s a huge shift from the medical way of “I’m the expert and if you’re my patient or my consumer then I’m the expert in this relationship” to say “no, we have different expertise that we can both bring to the table.”

The employment of lived experience workers was seen to facilitate a Recovery oriented service delivery by providing hope and possibility beyond a patient identity. Therefore, Lived Experience workers were crucial to ongoing Recovery implementation and reform:

“I think we will transform the system as we develop our own ways of doing things and our own ways of opening up space for our distress and experiences to be understood in multiple ways, in ways that are actually through our experiences.”

Conclusion

The development of Recovery oriented services requires a strong lived experience workforce. The current medical model approach impedes reform and the ongoing effective employment of Lived Experience workers.