

Taking a Gamble for High Rewards? Management Perspectives

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What are management views on the benefits and limitations of Lived Experience workers?

Take Home Messages

- Lived Experience employment contributes to more recovery-oriented and person-directed service delivery.
- Management with greater employment of Lived Experience workers identified increased value and understanding of lived experience generally and reduced stigma.
- Greater exposure to Lived Experience workers led to greater understanding of Lived Experience roles and greater appreciation of the need for organisational readiness and the need for planning and organisational support.
- Limitations of Lived Experience work were mitigated by strategies that

ensured meaningful recruitment, ongoing support, appropriate supervision and flexibility in the workplace.

Aim

This study aimed to better understand the views of management on Lived Experience work and it's potential benefits.

Background

As Lived Experience work in the mental health sector is increasingly seen as a key part of mental health reform, there is a trend to employ Lived Experience workers.

Lived Experience roles include direct support, advocacy, management, research, education and, training roles.

Research shows that Lived Experience roles effectively support personal recovery and can bring additional benefits such as:

Reduced overall service costs

Better recovery orientation for the whole organisation

A greater focus on person-directed care

Increased understanding and empathy towards people accessing services

Given the increase in Lived Experience roles and the benefits they can bring, it is important to understand what meaningful employment and integration of Lived Experience roles actually looks like.

Management plays an important role in the development of a Lived Experience workforce and the effectiveness of job roles.

Method and Results

Twenty-nine people from 24 organisations participated in this study. Participants were employed in a range of management roles and had diverse exposure to Lived Experience Workers. Exposure ranged from Lived Experience-run organisations (with all staff including management in designated Lived Experience roles) to organisations and individuals who had not yet employed Lived Experience Workers.

Ten participants were employed in designated Lived Experience management roles (including two in carer informed roles) and 19 participants were in non-Lived Experience roles (such as: doctors, nurses, psychiatrists, psychologists, executive administrators, etc.).

Twenty-five face-to-face interviews and one focus group was conducted.

Results

Participants were widely of the belief there were benefits of Lived Experience employment to service users and the organisation. Some participants also raised perceived limitations of the roles. Many participants shared strategies to allow the most benefit from the roles.

Benefits to

Service Users

- More equitable relationships with service users
- A 'lived understanding' provided credibility and opportunities for building relationships and trust
- Lived Experience workers provide an example of recovery and hope
- Ability to empathise deeply and understand experience of service users
- Able to initiate difficult conversations in a more effective way than non-lived experience roles
- Able to navigate the mental health system and provide helpful strategies

Benefits to

Organisation & Service Users

- Reduce the time people spend in hospital and accessing community-based services
- Contribute to a positive workplace culture
- Contribute to a stronger organisational commitment to recovery orientation
- Promote colleagues understanding and applying recovery concepts more in practice
- Help hold an organisation accountable for their practice and language and inspire more thoughtful use of language and more inclusive workplace and service
- Provide a bridge of understanding between workers in traditional roles and service users
- Build better understanding of how to effectively support people in crisis
- Challenge stigmatised attitudes in the community and organisations

Benefits of Lived Experience Workers: Quotes From Participants

Quote 1

“. . . we actually have people [peers] in our team [that] do hear voices, that still require hospitalisations at times . . . and they work and they have meaningful lives and they're having those conversations with our consumers about that openly and people look at that and they go 'wow' . . . what it does for people—'ok this may not be my life forever, there's actually hope here that

something can change, even when things are really challenging’

Quote 2

“. . . we actually have people [peers] in our team [that] do hear voices, that still require hospitalisations at times . . . and they work and they have meaningful lives and they’re having those conversations with our consumers about that openly and people look at that and they go ‘wow’ . . . what it does for people—‘ok this may not be my life forever, there’s actually hope here that something can change, even when things are really challenging’

Quote 3

“. . . [going from] people [service users] spending at least 70% of their time in hospital to having 0% hospital admission and at least 30% of them not even being case managed and we’re talking about people [who were] being case managed for 15 years and heavily case managed”

Quote 4

“. . . this is the function of peer support, so you know it is this person’s job to make sure we’ve got consistent [recovery focused] language and that if they [peers] hear anything and it doesn’t sound like the correct sort of language we should be using, it’s their job to talk to the team about it”

Quote 5

“. . . it’s a deeper understanding of what the stigma issues are. Stigma’s not something that you just see, it’s something that’s ingrained, it’s something that’s in everybody’s psyche . . . I think it’s well worth going through the

process [employing peer staff] even if it was only just to break down the stigma”

The limitations described by some participants were seen to lessen the value and effectiveness of Lived Experience roles. Perceived limitations included:

- A lack of understanding from colleagues and fears that Lived Experience Workers may pose a threat to traditional roles
- Roles that were poorly designed or tokenistic made them less effective
- Previous negative experiences when Lived Experience workers used their personal story in ways that were not helpful
- Previous negative experiences of Lived Experience workers who were seen to be unreliable or become ‘unwell’

Participants noted the importance of organisational strategies and supports to increase the effectiveness, benefits and sustainability of Lived Experience roles. Specific strategies for the Lived Experience workforce as well as whole of workforce strategies were identified. These included:

Well planned recruitment

Ongoing and appropriate supervision

Reasonable work adjustments and flexible work arrangements

Self-care that is clearly supported by the organisation

Strategies which Minimise Limitations: Quotes From Participants

Quote 1

“ . . . as we’re recruiting new people we’re asking more questions, we’re a little bit smarter and it’s something that you learn over time... we now know what the right questions are to ask people.”

Quote 2

“ . . . there is reasonable adjustment, we haven’t had to use that a great deal or call on it a great deal, cos I think people feel fairly supported and in a flexible working environment anyway . . . I don’t think any of us want to be wrapped in cotton wool and ‘kiddied’ through our roles, because that detracts from the roles”

Quote 3

“ . . it’s not only is the worker doing okay but it’s also is the organisation doing okay by the worker, and I think supervision is a medium whereby that at least can be checked”

Discussion

This study supports previous research showing that Lived Experience workers are needed to facilitate the move to more recovery orientated and person-

directed service delivery and to reduce service costs. The findings of this study strengthen existing research by including the views of management.

Management described the benefits of Lived Experience roles, including increased understanding and reduced stigma towards people with mental health diagnoses. Perceived limitations were also noted and these were often linked to previous negative experiences employing Lived Experience workers. Importantly management with greater experience employing Lived Experience workers attributed these perceived limitations to poor planning and workforce development on the part of organisations, rather than individual Lived Experience workers.

Organisational strategies were identified to increase effective employment of Lived Experience workers, including well-thought out position descriptions and recruitment processes, adequate supervision and flexible workplace arrangements.

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