VMIAC's response to the Royal Commission's Recommendations on the Consumer Workforce June 2021

VMIAC
by and for consumers

1. Context For and Focus of this Paper

The Royal Commission into Victoria's Mental Health System (the Commission) identified major issues and concerns in respect to the mental health workforce and, the same time, recognised the central role of workforce to realising the changes necessary to create foundational reforms in the mental health system.

The Commission recognised:

- The need for a diverse approach to the development of a comprehensive and varied service system, delivered by a multidisciplinary workforce. It further recognised that the workforce has been depleted, is currently inadequate and requires building in numbers, skills and expertise (Final Report, vol. 1, p. 30)
- That workforce shortages are affecting the system's ability to meet service demandand deliver high quality treatment, care and support to consumers, families, carers and supporters (Interim Report)
- There are complex power imbalances rooted in professional, historical, social and statutory hierarchies that continue to influence the opportunities available for people with lived experience of mental illness or psychological distress to lead, shape and participate in Victoria's mental health system (Final Report)

Definitions

In the context of this paper, VMIAC recognises the Commission's descriptor of the consumer workforce (Final Report): 'people with personal lived experience of mental illness or psychological distress … who (along with carers) provide a range of roles including provision of support directly to consumers, families and supporters through peer support or advocacy, or indirectly through leadership, consultation, system advocacy, education, training or research'.

However, we think it important to deepen that definition and reference the draft Lived Experience Guidelines produced by Queensland:

- People with lived experience identify as someone who is living with (or has lived with) mental illness or psychological distress.
- Lived experience expertise is informed by collective experiences and perspective of trauma, recovery and self-determination.
- The experience is tied to universal experiences of discrimination, marginalisation, exclusion and feeling powerless, loss of identity, hope, citizenship and human rights.

- The experiences are so significant they involved a reassessment of life as it was known, of future plans and loss of self.
- They involve experiences of stigma (self, systemic and structural) and discrimination.
- Collective lived experience views enable people to reframe their lived experience in ways that are expansive, helpful, hopeful, and empowering.

Culture shift

VMIAC is pleased to see, and be involved in, workforce planning and renewal across the whole of the mental health workforce to ensure new approaches and the development of profoundly different culture. However, our first priority is for the development of a robust, diverse and empowered lived experience workforce, specifically the consumer workforce, and the reorientation of workplaces across the sector to ensure readiness to support, respect and enable the consumer workforce at all

In its 2019 Interim Report, the Commission recognised the need to prepare the sector for its Final Report and recommended that immediate action be taken to:

- Expand lived experience workforces (including the consumer workforce and the family and supporter work forces) and extend workplace supports.
- Develop education and training pathways and recruitment strategies to prepare for workforce reform and address current workforce shortages.

Consumer Voice:
'People with lived experience need to be employed at every level within the mental health system with real access to decision-making and leadership.' 'We need to be in the hospitals, community treatment, planning and management at all levels to make a difference.'

The Commission noted in its Interim Report, '[a]n empathetic and consumer-driven workforce is integral to delivering evidence-based, safe and responsive services. A capable and skilled workforce will be a key enabler of a reformed mental health system'. VMIAC agrees with this statement and holds the view that there will, in fact, be no reformed mental health system without the lived experience workforce and lived experience leaders at its heart.

2. We Are Hopeful

VMIAC applauds the Commission for its recognition of the lived experience workforce being central to the design, implementation and delivery of the new mental health and wellbeing system.

Consumer Workforce is Critical to a New System – the Commission's View

Collectively, the Commission's reform approach will fundamentally alter the way in which people with lived experience of mental illness or psychological distress lead and shape decisions. No longer will the expertise of people with lived experience of mental illness or psychological distress be seen as the 'icing on the cake'; rather, they will have an equal seat at the table, working in partnership with others to lead and drive change (Final Report).

According to the Commission:

- The consumer workforce is critical to the future of the Victorian mental health and wellbeing system in realising the Commission's vision for reform and in leading continuous improvement into the future.
- Victoria's small but growing lived experience workforce will need to increase significantly; there will be significant growth in the size and diversity of the consumer workforce in Victoria's future mental health and wellbeing system.
- Support will be provided (recommendation 29, Final Report) to develop the leadership capabilities of people with lived experience of mental illness or psychological distress.

- There will be delivery of a mandatory, organisational readiness and training program for senior leaders, and induction materials for new staff that focus on building shared understanding of the value and expertise of lived experience workers.
- Further detail on the Commission's recommendations and comment on the lived experience work workforce and its development are included in the VMIAC Lived Experience Briefing Paper.

3. Realising a New Approach by Walking the Talk – Department of Health's role

The Commission has mandated the Department of Health (the Department) to expand its focus from simply the funding of services. This broader focus will require the Department to fully understand and address the (historic) lack of ability within services to provide client-directed therapeutic treatment, non-stigmatising care and support acknowledging this has (had) a degrading effect on the workforce as well as on patients and service users. When the system is unable to provide person-centred care and the therapeutic/supportive relationship between staff and consumers is lost, the experience is 'dehumanising' for both the consumer and workers and produces profound adverse outcomes.

Changing this will involve a steadfast commitment to the development of new and existing providers and provider partnerships as well as achieving the long term ambition of well-evolved service standards. To successfully carry out this role, the Department must have strong internal lived experience leadership positioned to influence and lead commissioning and co-production/co-design effort including a self-assessment tool that can be used to assess providers against the standards.

The importance of the Department leading by example, and building integrated teams of designated and non-designated lived experience roles throughout its functional areas and hierarchy, cannot be overestimated. To lead change, the Department needs to embody the change.

VMIAC recognises this is a substantial shift from a more limited approach to an enriched, intrinsic approach that will take time and planned effort. There will be tension between 'getting things done' and creating a way of working that ensures an integrated workforce and leadership that effectively combines the skills and knowledge for designated and non-designated roles. It will be important that the new ways of working can then be mirrored across the sector.

VMIAC actively supports the Department in making this change and working with the associated tensions in order to realise an approach that has most integrity, in the context of the reform agenda and the importance of the lived experience workforce, to building a truly reformed system.

Our Question:
How is the Department approaching this task and with what input from lived experience workforce expertise outside of the Department?

4. Commitment to the Lived Experience Workforce – the Risks and Challenges

Although there is much to be hopeful about from the Commission's reports in respect to the lived experience workforce, in particular the consumer workforce, there is a very substantial group of challenges to be addressed early in implementation and throughout the reform process. These include but likely are not limited to:

- Pre-existing and enduring stigma and discrimination in the workplace (conscious and unconscious).
- Lack of infrastructure, professional support and legitimacy for the body of knowledge of the lived experience workforce.

- Dominance of the medical model and associated imbalance in status of decision-making, including a dominance in models of care that privilege the role of clinicians (without evidence).
- Lack of organisational readiness (across sectors and agencies) to engage with a consumer workforce at all levels.
- Gap in realistically and respectfully building lived experience workforce capability across a range of roles including a focus on the diversity of consumers (addressing intersectionality effectively).
- Potential industrial issues around workforce make-up in particular service areas.
- Absence of quotas and accountability mechanisms that will leverage workforce change in favour of the lived experience workforce.
- Design and decisions around the lived experience workforce and workforce development being led without an adequate (deeply embedded) lived experience lens.
- Extent and pace of necessary change.
- Workload facing VMIAC and other lived experience leaders in the workforce and other spaces including unmet resourcing requirements that will enable thought leadership and contribution in a broad range of forums.
- Ad hoc funding releases/commissioning activity that is not part of a broader, intentional workforce change and development plan.
- Designated lived experience roles being allocated to staff with previously undisclosed lived experience, without a process for ensuring a well-informed lived experience lens will be applied in the new role; there is risk of 'changing hats not mindsets'.
- Applying a more mainstream professional lens in the development of training and academic courses for the lived experience workforce across different roles (for the purpose of professional development and/or credentialling) and, as a consequence, failing to adequately reflect the specific skills sets and knowledge required in designated lived experience roles.

Our Question:
How, and how soon, will the Department initiate the necessary work with consumers, the lived experience workforce and other stakeholders to address and mitigate these risks in order to ensure they do not become barriers to reform?

5. Six Priorities For Action in the Consumer Workforce Space

VMIAC has identified six early priorities for action which are necessary to fully realise the Commission's recommendations and intent for the development and role of the lived experience workforce. These are:

(i) Lived Experience Voice, Knowledge and Expertise

To achieve the depth and type of change required across the workforce, including in the lived experience workforce, it will be imperative to ensure well-resourced, empowered and supported, robust, lived experience representation in all aspects of workforce design, planning and in overseeing implementation. **Nothing for us without us** – a statement and approach that requires full application to workforce redesign.

Consumer Voice:
Peer and other consumer workers will have greater job security, with permanent contracts, flexible working hours, regular supervision, a clear career pathway and opportunities to train/advise clinicians.

(ii) Underpinning Principles

A critical early action is the articulation of an agreed set of principles that underpin lived experience/consumer workforce design and development.

(iii) A Specific Workforce Development Plan for Lived Experience Workforce and an Accompanying Risk Management Plan

As part of an overall approach to workforce development it is vital for the Department to coproduce, with consumer leaders and representatives, a lived experience workforce development plan and associated risk management plan to guide implementation as early as possible. VMIAC is concerned that the absence of a specific, broad-based and focused plan will mean a default to a narrow and ad hoc approach concentrated on the 'easier to achieve change' that fails to provide a platform that will see empowered and enabled consumer roles embedded in the system horizontally and vertically. Without an explicit focus on the very significant challenges and risks, the potential for creative solutions and effective risk management is reduced. A strategy for lived experience/consumer workforce development, and accompanying risk management strategy, will also ensure the necessary levels of transparency of accountability.

(iv) A Dual Approach to Planning –Workforce Planning and Readiness Across the System

While it is imperative to develop a comprehensive approach to lived experience workforce planning, it is equally important to develop and require implementation of 'readiness' plans for employing organisations. Fixing a broken system and renewing the workforce requires multifaceted, deep change processes. System readiness requires a comprehensive focus across multiple domains including:

- Organisation level readiness including the Department, newly commissioned bodies, clinical and community services.
- Industrial readiness including recognition of lived experience skill and knowledge sets as a discipline.
- Training and education sector readiness i.e. readiness to provide the diversity of workplace training and professional development appropriate to the lived experience workforce.
- Readiness in the lived experience workforce networks, leaders, academic groups and peak bodies, to take on the necessary co-design, co-production and other representative roles necessary to support the comprehensive and timely development and empowerment of the lived experience workforce across the system.

Consumer Voice:
Psychiatrists, nurses, social workers, administrators all need to part of a major change process which will bring about a transformation of the mental health system.

(v) Lived Experience Workforce Roles, Career Pathways Versus Timeframes and the Risk of a Return to the Status Quo

It will take time to develop the necessary and significantly expanded lived experience workforce capability particularly given the starting base and legacy issues, and the diversity of roles required to ensure presence, authority and impact.

The risk is that the 'system' and/or organisations will use the challenge around time and scale of change to default to a (more or less) status quo workforce model that sees the lived experience workforce as peripheral rather than central; disempowered rather than authorised.

This risk needs to be identified and creatively mitigated at all levels and stages of workforce planning and implementation. Solutions will require substantial upfront investment in short term strategies and ongoing investment in long term solutions.

The approach must be cognisant of the range of lived experience roles required across the system. These roles are likely to include, but are not limited to:

- Peer support workers
- Consumer consultants
- Consumer advocates
- Recovery coaches
- Service navigators
- Co-design and co-production leaders and facilitators
- Peer-led service managers and leaders
- Managers and team leaders for integrated lived experience and clinical teams
- Lived experience (senior) executives
- Lived experience change managers
- Peer practice supervisors
- Consumer researchers and evaluators
- Consumer professional educators and academics
- Lived experience people and culture leaders
- Lived experience workforce planners
- Lived experience quality leaders
- Lived experience policy leads.

Roles must be designed to articulate into career options and pathways.

In the context of opportunity and risk there is potential that the (likely) reduction in stigma around identification of having a lived experience, may encourage more people to apply for lived experience roles. This may be a useful path to growing the workforce but, as indicated previously, there is a risk of transferring expectations and mindsets from prior non-designated roles into lived experience roles. It will be necessary to make available and require training in lived experience perspectives and consumer leadership as part of supported transition.

It is also necessary to ensure diversity (dual 'disability', cultural, Aborignal and Torres Strait Islanders, LGBTIAQ+, rural/regional, aged, etc) within the lived experience workforce as part of short and long term approaches.

VMIAC is cognisant and supportive of prioritising the Aboriginal and Torres Strait Islander workforce strengthening, using community-controlled approaches.

Consumer Voice:
'The lived experience workforce will be a huge help for people with mental health issues to see that others have overcome the struggle and are coming out the other side.'
'That there is someone who can understand the similar experiences I have had – I will feel understood and valued.'

(vi) Commissioning

Workforce development projects, programs and related initiatives must clearly reflect agreed workforce design principles and reflect lived experience/consumer workforce planning and development priorities. It is important that easy rollout initiatives, matched only to pre-existing lived experience roles and entry level roles, are not unintentionally prioritised over bolder workforce development initiatives.

Processes for commissioning services and programs cannot be workforce neutral. Expectations in respect to the lived experience/consumer workforce (quotas), lived experience leadership and workplace readiness should be part of service specifications.

6. VMIAC's Role

The potential for an empowered and diverse lived experience workforce to impact culture and system level change, and ultimately consumer experience and outcomes, means VMIAC is intent on ensuring that the Commission's recommendations related to the lived experience workforce are delivered.

VMIAC's potential role in this space is evolving and developing, however, it is immediately clear that:

- VMIAC has a crucial role in representing the consumer/lived experience voice in workforce planning and design as well as in co-design and co-production processes. We would expect this role to be expressed at multiple levels including in high level forums. VMIAC will strengthen our Consumer Register and increase capacity for representation on consumer workforce planning and implementation issues.
- VMIAC will continue to facilitate networks of lived experience workers and ensure their views and experiences are heard. Additional support and enabling roles will also be considered.
- It will be important for VMIAC to pay close attention to the readiness space and to take an active role in ensuring that readiness across all related domains is prioritised and implemented with integrity. This is an evolving role.
- VMIAC will consider and pursue ways to contribute to commissioning and other accountability processes that will bring about culture and workforce change.
- VMIAC will partner with the training/tertiary sector in defining and designing accredited training pathways for the consumer workforce. VMIAC will also consider other partnerships that align with our approach to strengthening and empowering the consumer workforce.
- VMIAC will partner with the Department and other stakeholders in specific lived experience workforce projects around shared interests.
- VMIAC will further consider its role in contributing to the development of a renewed overall mental health Workforce that is capable of keeping consumers at the centre and recognises the roles of their supporters and allies.

This is the first in a series of papers on VMIAC's response to the Royal Commission's recommendations. The next paper will be on Governance for a New System, followed by Women in the Mental Health System and Social Determinants.

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