The Role of Consumers with Lived Experience in Mental Health Workforce Development

Workforce problems have an impact on almost every aspect of prevention and treatment across all sectors of the behavioral health field. Consumers with lived experience that are identified, recruited, hired, trained, and supported are becoming one solution to the workforce dilemma.
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In recent years, a high degree of concern about the state of the behavioral health workforce, and pessimism about its future, has highlighted problems that impact almost every aspect of prevention and treatment in the behavioral health field. Workforce development issues include reported difficulties in recruiting and retaining staff, the absence of career ladders for employees, marginal wages and benefits, limited access to relevant and effective training, the erosion of supervision, a vacuum with respect to future leaders, and financing systems that place enormous burdens on the workforce to meet high demands with inadequate resources.

*The 2007 Executive Summary of An Action Plan on Behavioral Health Workforce Development* reports that there are too many in the workforce that lack familiarity with resilience- and recovery-oriented practices, and a general reluctance to engage adult consumers in collaborative relationships that involve shared decision-making about treatment options. [Annapolis Coalition; Senior authosa; M. A. Hoge, J. A. Morris, A. S. Daniels, G. W. Stuart, L. Y. Huey, and N. Adams, *The 2007 Executive Summary of An Action Plan on Behavioral Health Workforce Development, 2007*] It takes well over a decade for proven interventions to make their way into practice, since prevention and treatment services are driven more by tradition than by science.

The Substance Abuse and Mental Health Services Administration’s (SAMHSA) report on the consumer movement states that, “Coinciding with the emergence of other civil rights movements, the consumer/survivor movement arose from the need to advocate for changes in the way society viewed and treated people with mental health problems. Early pioneers of the movement overcame multiple barriers and challenges to establish a powerful voice with an enduring message of self-determination and inclusion.” [*History of the Mental Health Movement; SAMHSA Teleconference, 2009*]

Persons with lived experience are pivotal members of the workforce, as they have critical roles in caring for themselves and each other, whether informally through self-help or more formally through peer support services. Consumers with lived experiences as members of the service population provide a unique perspective that enhances the overall relevance and value of the care provided.
Where We Are

It has been widely acknowledged that in a consumer-driven mental health system, consumers have choice about programs and providers, and their needs and preferences drive financing and policy decisions (President’s New Freedom Commission on Mental Health, 2003). Few would dispute the benefits clients receive from being served by individuals who have a particular understanding of their population and cultural attributes. The needs and preferences of consumers remain diverse and varied, making it difficult for the workforce to be skilled or representative of each individual need, culture, ethnicity, tradition, or service population. The unique characteristics of individual clients and cultural groups must be reflected within the workforce. Consumers are becoming engaged as leaders in determining who will provide services to their peers.

The practice of consumers working in the system to expand the capacity of the workforce in mental health has been dependent upon unique partnerships between states, consumers and local stakeholders to clarify and address the ways in which policies and practices can be strengthened or altered to support consumer employment. It has required an effort that focuses upon preparing current systems and the potential pool of consumers within the workforce to become leaders in a movement toward utilizing persons with lived experience to solve workforce issues facing the mental health system.

Defining Common Terms
The development of a common language as an impetus for integrating consumers as population representatives with lived experience through the practice of consumer driven and youth guided care has been critical to promoting a national movement of a strong consumer workforce.

The term “lived experience” has been used to characterize consumers whose experiences are likely to match up to individuals currently receiving services. Differentiating between kinds of lived experiences in order to make hiring decisions may also be important, such as having received Public vs. Private services, voluntary vs. involuntary care, or even one diagnosis vs. another. In addition, the term “lived experience” can be contrasted with the phrase “individuals experiencing mental health issues.” Both phrases are often used to make distinctions among individual consumers seeking employment.
“**Consumer-driven**” means consumers have the primary decision-making role regarding the mental health and related care that is offered and the care received. In addition, the consumer voice is paramount in determining all aspects of care for consumers in the community, state, and nation. The consumer voice must be present and fully represented, both collectively and individually, with regard to all aspects of service delivery, from planning, to implementation, to evaluation, to research, to defining and determining outcomes. This includes, but is not limited to, the policies and procedures governing systems of care; choosing supports, services, and providers; setting goals; designing and implementing programs; monitoring outcomes; and determining the effectiveness of all efforts to promote mental health and wellness. *(The Center for Mental Health Services (CMHS) National Advisory Council’s Subcommittee on Consumer/Survivor Issues, 2006)*

“**Youth-guided**” means young people have the right to be empowered, educated, and given a decision-making role in their care, as well as the policies and procedures governing care for all youth in the community, state, and nation. *(Federation of Families for Children’s Mental Health; 2006)*

The development and promotion of consumer employment within mental health systems has many benefits. Most importantly, by bringing the expertise of those with lived experience to the field as providers and employees, services may be enhanced for those receiving mental health care. Employing persons with lived experience has been part of the shift in mental health to move from a “medical” to a “recovery” focused system of services. Recent studies indicate that employing persons with lived experience provides a number of benefits for clients, communities and public mental health organizations that include:

- Serving as recovery role models for consumers
- Representing consumer needs in the service system through the lens of lived experience
- Broadening the capacity of the system to be consumer-driven and culturally competent
- Providing information and motivation for staff and peers
- Serving as mentors for both peers and clients
- Contributing to personal recovery
- Filling gaps and augmenting services for clients
- Serving as liaisons between client and staff populations
- Refuting biases and stigmas regarding the ability of persons with lived experience to lead independent, productive lives

Consumers have the potential to improve services because of their innate ability to understand and support others impacted by mental illness. However, there is a critical need to provide support to those consumers in this process and to ensure that programs are founded upon consumer-driven practices. Effects of secondary trauma and stigma, as well as acculturation to work environments that may not be fully welcoming, have the potential to especially undermine employees with their own history of trauma and experiences similar to those they
now serve. It is equally important to understand that consumer-employees may experience their own ongoing mental health challenges.

Consumer workforce development programs must include parallel strategies to support, train and retain employees. Not all programs are prepared and ready to integrate consumers with lived experience into the workforce. Readiness will require a concerted effort in the following areas:

- **WORKFORCE PREPARATION**: making sure that the consumers within the workforce are well prepared for positions that are built around lived experience and peer to peer support
- **RECRUITING AND HIRING**: a process that can set the stage for the successful hiring of a diverse lived experience workforce that models best practices with pragmatic solutions to obvious challenges and barriers
- **WORKPLACE ENVIRONMENT**: measuring, monitoring, and shifting the environment in the workplace so that it is free of stigma and bias
- **JOB DESCRIPTIONS AND CAREER LADDERS**: consistent job descriptions that feature core competencies with opportunities to grow and climb a career ladder like other professional positions
- **PAY AND BENEFITS**: salaries and benefits that are competitive and can support the professional needs of consumers
- **ORIENTATION, TRAINING AND SUPERVISION**: ongoing training that will support the growth and development of skills
- **SUPPORT AND ACCOMODATIONS**: support that is individualized to consumers’ unique needs with accommodations that allow their position and lived experience to co-exist
- **RETENTION AND ACCULTURATION**: Approaches that build in retention strategies and support acculturation without a loss of authentic representation of the population served
In Summary and Next Steps

In response to commissions, taskforces, and published research, including the President’s New Freedom Commission on Mental Health, there has been a move toward mental health care that is consumer-driven. Across the nation, there continues to be a high degree of concern about the state of the behavioral health workforce and its ability to meet the demands of consumers, communities, and the public mental health arena. Workforce problems have an impact on almost every aspect of prevention and treatment across all sectors of the behavioral health field. Consumers with lived experience that are identified, recruited, hired, trained, and supported are becoming one solution to the workforce dilemma. The peer to peer model is evolving into a profession.

Next steps include the development of:

- Consistent standards and core competencies for the consumer workforce through national credentialing and certification of experience, expertise, work history, and training;
- Training that can be used to develop the capacity of the consumer workforce to serve as critical professionals within the system of care for those with mental health needs;
- Assessments and strategic planning for the workplace to make the environment conducive to staff with lived experience;
- Policies that support and promote the hiring of consumers with lived experience; and
- Benchmarks and tools that can measure and monitor the impact on populations served.
Resources

The Annapolis Coalition on Behavioral Health Workforce
The Annapolis Coalition is a non-profit organization dedicated to improving the recruitment, retention, training and performance of the prevention and treatment workforce in the mental health and addictions sectors of the behavioral health field. As part of this effort, it seeks to strengthen the workforce role of persons in recovery and family members in caring for themselves and each other, as well as improving the capacity of all health and human service personnel to respond to the behavioral health needs of the individuals they serve.
http://www.annapoliscoalition.org/pages/default2.asp?active_page_id=57

Working Well Together
The primary goal of the WWT is to ensure public mental health agencies are prepared to recruit, hire, train, support and retain multicultural clients, family members and parents/caregivers as employees.
http://workingwelltogether.org/dnn/

People with Disabilities Foundation (PWDF)
Provides education and advocacy for people with psychiatric, developmental, or both psychiatric and physical disabilities so that they can achieve equal opportunities in all aspects of life. Services include education and public awareness seminars and trainings; educational videos addressing employment accommodations, housing and workforce sensitivity; and advocacy related to ADA, health care and other services.
http://pwdf.org

Mental Health Consumer Providers: A Guide for Clinical Staff
The purpose of this booklet is to provide mental health clinic staff with a brief guide to implementing and sustaining a consumer provider program.
The CAFÉ TA Center is a program of The Family Café, a cross-disability organization that has been connecting individuals with information, training and resources for more than twelve years. The Center is supported by SAMHSA to operate one of its five national technical assistance centers; providing technical assistance, training, and resources that facilitate the restructuring of the mental health system through effective consumer directed approaches for adults with serious mental illnesses across the country. The project utilizes a peer-driven approach that is founded upon strategies and interventions consistent with self-determination and recovery models and guided by expert consultants and national technical assistance professionals. The CAFÉ TA Center target areas includes workforce development, supported education, and the dissemination of resources and training that will ensure consumer leaders contribute to the system’s capacity to make adjustments at every level to ensure a responsive system of care.

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