

Psychosocial Recovery Coach

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1. Purpose of this document

A new support item called the psychosocial recovery coach (recovery coach) will be available for participants of the National Disability Insurance Scheme (NDIS). This new support item has been developed in response to feedback on integrating recovery-oriented practice within the NDIS.

This support item is included in the NDIS price guide for 2020-2021.

The purpose of this document is to provide information on the new support item. It includes guidance for NDIS providers to support the delivery of the recovery coach support item.

The effectiveness of the role will be monitored and reviewed as service providers deliver in accordance with this guidance.

As this is a new support item, it may take some time for the support to be widely available.

2. Background

The NDIA is committed to ensuring that the NDIS is meeting the needs of people with psychosocial disability. To work towards this, the NDIA, in consultation with jurisdictions and Mental Health Australia (MHA), identified priority areas for improvement with respect to psychosocial disability, including the following:

- Improving the NDIS access process
- Better responses to the episodic nature of psychosocial disability
- The introduction of evidence-based psychosocial disability supports into the NDIS to improve social and economic participation for persons with psychosocial disability.

A key recommendation to achieve these improvements was the introduction of recovery approaches into the NDIS¹. Acting on this recommendation and recognising the contribution of the lived experience mental health workforce, the NDIA is now introducing a new support item for people with psychosocial disability - “*psychosocial recovery coach*.”

Additionally, a national framework is being developed for recovery-oriented psychosocial disability services in the NDIS, and will be released in 2021.

The recovery coach role and the framework will be developed by the NDIA in consultation with the Commonwealth and state and territory governments, people with lived experience of mental health challenges, families and carers of people with mental health challenges, peak consumer and carer bodies and service provider stakeholders.

¹ Recognising that recovery-oriented practice is key to effective mental health services, the Australian Health Minister's Advisory Council in 2013, provided guidance for best practice through its '*National framework for recovery-oriented mental health services*'.

3. Overview of the role

It is intended that recovery coaches will provide support to people with psychosocial disability to increase their independence, social participation and economic participation.² People will be assisted to take more control of their lives and to better manage complex challenges of day to day living.

Through recovery-enabling relationships³ and skilled coaching, people will be supported to build capacity, including strengths and resilience. Recovery coaches will work collaboratively with people, their families, carers, and other services to design, plan, implement and review a recovery plan.

The work of recovery coaches will be informed by:

- Australian Health Ministers' Advisory Council's *The National framework for recovery-oriented mental health services*⁴
- National Disability Insurance Scheme Act 2013 (NDIS Act)
- A new NDIS National Framework for Recovery-oriented Psychosocial Disability Services will be released in 2021. The framework is currently being developed in consultation with people with psychosocial disabilities, their families, carers, service providers and State and Territory Governments
- The NDIS Code of Conduct.⁵

Recovery coaches will provide capacity building supports. They do not provide core type supports to complete activities of daily living and community, social and or recreational activities. The recovery coach line item is tailored to the needs of people with primary psychosocial disability, with a focus on coaching and collaborating with other services.

Participants will have the option to choose from a:

1. recovery coach with lived experience, called a lived experience recovery coach, or
2. recovery coach with learned experience.

² Objectives of the NDIS: *Increasing independence, increasing social participation and increasing economic participation, as stated in the NDIS Act. These objectives are consistent with the Contributing Life framework. ("A Contributing Life is where people living with a mental health difficulty can expect the same rights, opportunities and health as those without a mental illness. Simply put, this is about having a good home, meaningful activity, valued friendships, proper health care and opportunities for education and training, all without experiencing discrimination due to having a mental health difficulty."* The National Mental Health Commission www.mentalhealthcommission.gov.au/social-determinants/contributing-lives-thriving-communities

³ PULSAR Manual Recovery-promoting relationships and working practices for specialist and community mental health services (or Secondary Care staff) Second Edition (2016) Adapted for Australian use from REFOCUS Mike Slade, Victoria Bird, Clair Le Boutillier, Julie Williams and Mary Leamy (www.monash.edu/_data/assets/pdf_file/0017/1452410/PULSAR-Secondary_Care_Manual-FINAL.pdf)

⁴ P2-3 of the Australian Health Ministers' Advisory Council's *The National framework for recovery-oriented mental health services*. www1.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-recovqde

⁵ NDIS Code of Conduct www.ndiscommission.gov.au/providers/ndis-code-conduct

All recovery coaches are expected to bring competencies to this role, as described in this document. The practice of lived experience recovery coaches will be informed by the lived experience discipline.^{6 7}

Recovery-orientated practice

Australian Health Ministers' Advisory Council's *The National framework for recovery-oriented mental health services* defines recovery and recovery-oriented practice as:

“Recovery is defined as ‘being able to create and live a meaningful and contributing life in a community of choice, with or without the presence of mental health issues’.

Recovery-oriented mental health practice refers to the application of sets of capabilities that support people to recognise and take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations.

Recovery-oriented practice encapsulates support that:

- recognises and embraces the possibilities for recovery and wellbeing created by the inherent strength and capacity of all people experiencing mental health issues
- maximises self-determination and self-management of mental health and wellbeing
- responds to gender, sexuality, culture, family and community
- assists families to understand the challenges and opportunities arising from their family member’s experiences.”

4. Roles and responsibilities

Subject to the preferences of the person, the responsibilities of the recovery coach should include:

- developing recovery-enabling relationships, based on hope
- supporting the person with their recovery planning
- coaching to increase recovery skills and personal capacity, including motivation, strengths, resilience and decision-making
- collaborating with the broader system of supports to ensure supports are recovery-oriented
- supporting engagement with the NDIS, including support with plan implementation
- documentation and reporting.

A NDIS planner or a Local Area Coordinator will support participants to choose a recovery coach best suited to their unique needs and preferences. Supporting participants to select a recovery coach in this way may require participants talking, in the first instance, with two or more providers before making a choice.

⁶ Co-production - Putting principles into practice in mental health contexts , 2018 © Cath Roper, Flick Grey & Emma Cadogan (https://recoverylibrary.unimelb.edu.au/_data/assets/pdf_file/0010/2659969/Coproduction_putting-principles-into-practice.pdf)

⁷ Royal Commission into Victoria's Mental Health System, Interim Report, Chapter 18 – Lived Experience Workforces www.rcvmhs.vic.gov.au/

The initial phase of support will focus on relationship building and supporting a participant's recovery-planning. A key task is to reach a shared understanding of a participant's goals, priorities, strengths and resources, and possible barriers that might be experienced. Equipped with this shared understanding and consistent with the expressed preferences, recovery coaches will support participants to gain maximum benefit from their NDIS plan by linking with NDIS providers and other relevant supports including clinical mental health services.

4.1 Developing a recovery-enabling relationship

The working relationship between the recovery coach and the person and their family and carers is central to recovery-oriented practice.

Building trusting relationships based on hope is essential, because without a strong sense of trust, it is difficult to have an authentic and shared understanding of a person's goals and needs⁸.

Developing recovery-enabling relationships takes time, and providers need to be mindful of the impact changing recovery coaches has on building and maintaining trusting relationships. If there is a change in recovery coach support, it is essential to provide an appropriate handover to ensure continuity of support.

Recovery coaches work best when support is provided in the context of a recovery-promoting relationship that is resilient and is able to work with the ups and downs of a participant's recovery journey.

Developing and supporting relationships should involve⁹:

- a fundamental belief that the person they support can live a full and meaningful life
- prioritising building rapport and trust throughout working relationships
- respecting the person and their carers' values, interests and preferences
- understanding and navigating tensions and sensitivities of working with the person's support network and preference on when and how to include family and carers¹⁰
- understanding and respecting the person's values and preferences on how they wish to receive support
- exploring and developing a shared understanding of what recovery means for the person
- an ongoing awareness of power imbalances and how their own values and preferences impact on the working relationship
- raising the expectations held by the person that their values, strengths and goals will be prioritised
- helping the person to understand their human rights and supporting them to build up their capacity for self-advocacy

⁸ Recovery-promoting relationships and working practices for specialist and community mental health services (or Secondary Care staff) Second Edition (2016) Adapted for Australian use from REFOCUS Mike Slade, Victoria Bird, Clair Le Boutillier, Julie Williams and Mary Leamy (www.monash.edu/data/assets/pdf_file/0017/1452410/PULSAR-Secondary_Care_Manual-FINAL.pdf)

⁹ Adapted from Australian Health Ministers' Advisory Council's *The National framework for recovery-oriented mental health services*. <https://www1.health.gov.au/internet/main/publishing.nsf/Content/mental-pubs-n-recovgde>

¹⁰ *A practical guide for working with carers of people with mental illness*, March 2016, Mind Australia, Helping Minds, Private Mental Health Consumer Carer Network (Australia), Mental Health Carers Arafmi Australia and Mental Health Australia. www.workingwithfamiliesandcarers.com.au/

- supporting people's right to 'dignity of risk', so that a person's agency can be upheld by respecting the decisions they make that impact their life.

4.2 Supporting the person with their recovery planning

The recovery coach will work with the person to develop and maintain an individual recovery plan.

A recovery plan will build on and complement the NDIS plan, by clarifying and breaking down goals to short term objectives, articulating strengths and identifying barriers.

The recovery plan will¹¹:

- build on, and if needed, clarify and break down goals into short-term objectives
- identify strengths and barriers
- enable the person to identify areas of life where they have choice and areas of life where the decisions are made by other people
- identify key contacts who are in the person's life and are able to support them
- map the identified goals with available and potential resources and services
- identify early signs that may require changes in supports and identify how supports can be adjusted to meet fluctuating needs. This may include an increased level of support from clinical services and increased use of NDIS supports
- support the person to plan and manage available resources and services in the broader service system (including, for example, their NDIS funded supports and clinical mental health services) to optimise the use of these resources
- clarify how NDIS supports complement and interact with other supports, such as clinical services
- help the person navigate the broader service system
- clarify roles and responsibilities of the person, recovery coach, clinical supports and other supports.

Where a person is also receiving treatment from a clinical mental health service, developing a recovery plan may involve working collaboratively with the person's clinical mental health team to develop a shared recovery plan.

Monitoring and regular review and adjustment of the recovery plan should be undertaken in partnership with the person, their family and carers and other key support services the person may be receiving, including clinical services. Monitoring and review of the recovery plan can be used to support the NDIS reporting requirements (refer to section 3.6 Documentation and Reporting) and the NDIS plan review process.

¹¹ Adapted from Tondora J, Miller R, Slade M, Davidson L. Partnering for recovery in mental health: A practical guide to person-centered planning. John Wiley & Sons; 2014 May 19 and PULSAR Manual Recovery-promoting relationships and working practices for specialist and community mental health services (or Secondary Care staff) Second Edition (2016) Adapted for Australian use from REFOCUS Mike Slade, Victoria Bird, Clair Le Boutillier, Julie Williams and Mary Leamy (https://www.monash.edu/_data/assets/pdf_file/0017/1452410/PULSAR-Secondary_Care_Manual-FINAL.pdf)

4.3 Coaching

Recovery coaches affirm that people with psychosocial disability can take responsibility for their lives and can live a full and meaningful life.

Coaching supports people to articulate and own what a meaningful life means for them and their families and carers, and to then make decisions for themselves.¹²

Key features of the coaching approach include:

- understanding by asking questions, listening, clarifying
- agreeing on identified goals
- developing a shared understanding of actions and roles and responsibility
- building skills for self-direction and taking control
- following up on actions
- reflecting, evaluating and learning¹³

Recovery coaches, where helpful, will use manualised programs and other tools and resources to assist the coaching relationship. Examples of manualised programs include WRAP, Active8, Optimal Recovery, Collaborative Recovery Coaching Protocols¹⁴, My Mental Health Recovery Measure (RAS:DS), Beyond Now and PTSD Coach.

4.4 Collaborating with the broader system of supports

Recovery coaches will be expected to have an in-depth knowledge of available services and resources, including local and web-based supports.

The goal of collaboration with the broader service system is to use resources and services in a way that is integrated, aligns with the person's recovery plan and enables a recovery-oriented approach.

The Recovery Coach will be responsible for:

- **contributing lived or learned experience of recovery perspectives** – alongside the broader system of supports, including by collaborating with other NDIS funded providers to ensure those supports are recovery-oriented
- **supporting linkages and continued engagement with the broader service system** - Assistance to build the capacity of the person with psychosocial disability to access, engage, maintain engagement with different service systems, particularly health, housing, education, employment, financial supports, family supports and physical health care services

¹² Bora R, Leaning S, Moores A, Roberts G. Life coaching for mental health recovery: the emerging practice of recovery coaching. *Advances in Psychiatric Treatment* 2010; 16:459–467

¹³ Bird V, Leamy M, Le Boutillier C, Williams J, Slade M (2014) REFOCUS (2nd edition): Promoting recovery in mental health services, London: Rethink Mental Illness.
https://www.researchintorecovery.com/files/REFOCUS%20Manual%202nd%20edition_4.pdf

¹⁴ Collaborative Recovery Model Coaching Resources
<https://www.uow.edu.au/socialsciences/research/iimh/collaborativerecoverymodel/>

- **supporting connections with peer support groups and mutual self-help networks** - Isolation is one of the biggest challenges experienced by people with psychosocial disability, and these resources introduce a person to communities to build social and support networks.
- **facilitating a coordinated response between services** - With or at the direction of the person, facilitate and participate in shared planning, including case conferencing to ensure a coordinated response between services, e.g. mental health, physical health, justice and housing. This may involve the recovery coach working collaboratively with the person's clinical mental health team and other services to develop a shared recovery plan. Monitoring and regular review and adjustment of the recovery plan should be undertaken in partnership with the person, their family and carers and other support services the person may be receiving, including clinical services.
- **shared planning at transition points** - It is particularly important that shared planning is undertaken at key transition points. These may include when a person experiences fluctuating needs and during life transitions, such as moving home and changes to their support network. This may also include support with handover, working with clinical services to ensure coordinated discharge planning.

4.5 Supporting engagement with the NDIS

The desired outcome is that the person is supported by a recovery coach to become an active participant of the NDIS. For some people, this may mean moving from being a passive recipient who asks "what can I get?" to becoming an active participant who articulates "what I want is..."

Recovery coaches will support the person to develop:

- knowledge of NDIS processes and technical know-how. For example, the pros and cons of different options of plan management.
- skills in navigating the NDIS, including engaging with service providers and negotiating service agreements
- self-advocacy skills.

Recovery coaches will be responsible for:

- supporting the person, their families and carers to ensure informed and timely NDIS plan implementation (such as use of the portal), utilisation and review
- supporting the person to understand and make the best use of the funded supports in their NDIS plan
- providing support to the person to negotiate with providers on service options that best meet their preference
- ensuring that service agreements and service bookings are completed as appropriate
- working with the person (and if engaged, their Plan Manager) to monitor the use of funded supports
- working with the person to adjust their NDIS plan budget and supports where there is a change in support needs, including initiating a NDIS plan review, where needed.

4.6 Documentation and reporting

The purpose of documentation and reporting is to demonstrate that supports are meeting the person's expectations and needs. Only the person can confirm if supports are meeting their needs and expectations. Therefore, it is preferable that the person actively engages in the reporting process and, wherever possible, co-authors documentation and reports.

Recovery coaches will be expected to provide progress reports to the person and the NDIA, as per the person's and the NDIA's (delegate) expectations. Generally it is expected that a progress report is completed prior to plan review. Progress reports will outline progress towards recovery goals, fund utilisation, linkages to services (including clinical supports if relevant) changing needs and circumstances, and other relevant issues.

Recovery coaches should keep timely and accurate documentation on interactions when providing support. This will include both in-person interactions and activities undertaken to coordinate and support the person with psychosocial disability.

Interface with other NDIS supports

Recovery Coach and Support Coordination (Level 2: Coordination of Supports)

Support Coordination is a support item funded by the NDIS.

Support coordination assists participants to:

- understand, implement and utilise their NDIS funded supports
- connect to community, mainstream and other government services
- build capacity and independence.

Psychosocial recovery coaches are different from support coordinators in that they bring knowledge and skills in psychosocial recovery, mental health and service navigation within the mental health system.

Given support coordination is an element of the recovery coach role, the NDIA will generally not fund both types of supports in a participant's plan.

Recovery Coach and Plan Managers

Plan management is a type of disability service funded by the NDIS. Plan management assists participants to manage funding in their NDIS plan. For example, a plan manager can pay providers on behalf of a participant, provide financial reporting and manage a participant's budget.

It is important for recovery coaches to work collaboratively with plan managers (where there is one) to support participants with psychosocial disability to gain maximum benefit from their funded supports.

Conflict of Interest

Under the NDIS Code of Conduct, an NDIS Provider must “act with integrity, honesty, and transparency”. This is further explained in the NDIS Quality and Safeguards Commission’s guidance for providers on conflicts of interest:

“NDIS providers should disclose to the people with disability they support or who are seeking support, any conflicts of interest – potential or real – that may impact on how they deliver supports and services to that person. This would include conflicts of a financial, business or personal nature, including any financial and/or corporate interest or relationship the NDIS provider may have with other entities, including businesses and organisations, or of a personal nature, including but not limited to cultural, religious or social relationships.”

<https://www.ndiscommission.gov.au/sites/default/files/documents/2019-03/code-conduct-providers-march-2019-10.pdf> p.20.

5. NDIS Quality and Safeguards Commission

Providers of the recovery coach support item can register with the NDIS Quality and Safeguards Commission (NDIS Commission) and will be assessed against the applicable NDIS Practice Standards for Registration Group R106 (Assistance in coordinating or managing life stages, transition and supports). This registration group includes short and long-term supports that focus on strengthening the participant’s ability to coordinate their supports, and to assist them to live at home and participate in their community. This involves assessment against the CORE module of the NDIS Practice Standards, which covers:

- rights and responsibility for participants,
- governance and operational management,
- the provision of supports, and
- the support provision environment.

More information about registration with the NDIS Commission is available at the NDIS Commission’s website: <https://www.ndiscommission.gov.au/document/986>

All providers of the recovery coach support item will need to understand and comply with requirements under the NDIS Commission, which are available on the NDIS Commission’s website: <https://www.ndiscommission.gov.au/node/726>. This includes compliance with the NDIS Code of Conduct, which requires all NDIS providers and workers to provide supports and services in a safe and competent manner, with care and skill. More information about the NDIS Code of Conduct is on the NDIS Commission’s website: <https://www.ndiscommission.gov.au/providers/ndis-code-conduct>

This document provides good practice guidance around workforce, competencies, qualifications, experience, learning, development and supervision to assist service providers in their obligations to offer competent recovery coaches who are able to provide supports in a safe manner, with care and skill.

6. Workforce considerations

6.1 Competencies

Both lived experience recovery coaches and recovery coaches are skilled in assisting people to build confidence in themselves, to believe they are resourceful and to have courage to pursue their hopes and ambitions beyond diagnosis, and to continually develop their abilities, strengths and resources.

Competencies expected of recovery coaches are:

- demonstrated knowledge and understanding of psychosocial disability and recovery, including trauma-informed practice, supported decision making and family inclusive practice.
- ability to facilitate access and coordination of community resources, services and other government service systems. This includes collaborating with mental health services in planning and coordinating supports to implement the person's plan and any plan review, and to ensure support responses are coordinated.
- demonstrated ability to engage with participants to build a trusting coaching relationship that motivates and builds capacity to problem solve, review progress, reflect and learn, and provide and elicit feedback.
- understands the episodic nature of mental illness and collaborates with relevant services to plan and maintain engagement through periods of increased support needs.
- lived experience recovery coach: Demonstrated ability and willingness to use lived experience of mental ill-health and recovery to provide support and enable recovery.

The skillset of lived experience recovery coaches derives primarily from the lived experience discipline and knowledge and expertise gained from personal experience of mental health challenges, service use and recovery. They demonstrate expertise with the purposeful use and sharing of personal experience to support other people to identify their aspirations, make decisions for themselves, exercise choice and assume greater control of their lives.

Psychosocial recovery coaches will have the ability to use learned experience of mental ill-health and recovery to provide support and enable recovery. Recovery coaches without lived experience draw on knowledge and expertise gained from their professional training and practice to support people with their recovery journeys.

6.2 Qualifications, experience and professional development

The following experience and qualifications and professional development are recommended for recovery coaches:

Lived experience recovery coach

A minimum level of qualifications and experience is recommended to be:

- Certificate IV in Mental Health Peer Work or similar training, and/or
- Two years of experience in mental-health related peer work.

Recovery coaches without a lived experience

A minimum level of qualifications and experience is recommended to be:

- Certificate IV in mental health, community services, other related health fields or similar training, and/or
- Two years of experience in mental-health related work.

The NDIA recommends that providers ensure appropriate professional development. Structured supervision arrangements should be made available. It is recommended that providers encourage recovery coaches to undertake continuing practice development across the two categories of formal learning activities and informal learning activities. A minimum of 20 hours per calendar year is suggested. It is recommended that the supervision of lived experience recovery coaches be provided by people who have significant experience of working in lived experience roles.

Table 1. Formal and informal learning activities

| Formal learning activities (recommended minimum of 10 hours from this category) | Informal learning activities |
|---|---|
| <ul style="list-style-type: none"> • receiving structured practice supervision | <ul style="list-style-type: none"> • Completing and documenting private study – e.g. reading-related resources |
| <ul style="list-style-type: none"> • completing work-based learning (assessed learning) | <ul style="list-style-type: none"> • Participating in a community of practice, with a record of activities completed |
| <ul style="list-style-type: none"> • completing training including attending conferences, forums, workshops and seminars | <ul style="list-style-type: none"> • Reflective journaling, involving detailed reflection and writing, with a focus on developing competence and quality of practice |
| <ul style="list-style-type: none"> • developing evidence-based practice resources | |

6.3 Supervision

Practice supervision is the structured process by which a supervisor works with a recovery coach to review and reflect on their practice. This aims to enable self-reflection and ongoing learning. Practice supervision is recommended for ongoing awareness of one's own values and preferences and power imbalances, and how this may impact on the relationship with the person.

Practice supervision contrasts with managerial supervision, which focuses on whether certain performance standards have been attained and organisational protocols followed, for example, performance reviews, workload planning and management.

7. Resources

Key framework and guidance

Australian Health Ministers Advisory Council (2013). [A national framework for recovery-oriented mental health services: Guide for practitioners and providers](#), Commonwealth of Australia

Mental Health Coordinating Council, [Trauma-informed care and practice \(TICP\)](#)

Dudgeon, P., Milroy, H. & Roz. Walker eds., (2014). [Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice](#) 2nd Ed., Commonwealth of Australia.

Mental Health in Multicultural Australia (2014). [Framework for Mental Health in Multicultural Australia: Towards culturally inclusive service delivery](#).

GLHV@ARCSHS, La Trobe University (2016). [Rainbow Tick Guide to LGBTI inclusive practice](#) (Prepared by P. Kennedy)

NEAMI Australia (2017). [Diversity and Inclusion Framework](#).

Aboriginal and Torres Strait Islander

HCSA (2016). Lived Experience Workforce Program (LEWP), [NGO Aboriginal Mental Health Lived Experience Workforce \(LEW\) Standards and Guidelines: Self-Assessment Tools for Organisations](#)

Dudgeon, P., Darwin, L., Hirvonen, T., Boe, M., Johnson, R., Cox, R., Gregory, L., McKenna, R., McKenna, V., Smith, D., Turner, J., Von Helle, S. & L. Garrett (2018). [We are not the problem: We are part of the solution - Indigenous Lived Experience Project Report](#). The Centre of Best Practice in Aboriginal and Torres Strait Islander Suicide Prevention and BlackDog Institute

Culturally and Linguistically Diverse

Carrol, C. (2018). [Working with us – for us: Refugee and Asylum Seeker Mental Health Co Design and Consumer Input](#).

World Wellnesses Group, [Multicultural Peer Support Workers](#)

Lived Experience Workforce Program LEWP (2016). [NGO CALD Mental Health Lived Experience Workforce Standards and Guidelines Self-Assessment Tool](#). 2016, MHCSA.

NAMI Star Centre (USA) [Cultural competency in Peer-run programs](#)

LGBTIQA+

Wellways [Out Together](#) Resource

GLHV@ARCSHS, La Trobe University (2016). [Rainbow Tick Guide to LGBTI inclusive practice](#) (Prepared by P. Kennedy)

Alcohol and Other Drugs

Alcohol and Drug Foundation <https://adf.org.au/>

Self Help Addiction Resource Centre. [SHARC Peer Worker Model](#)

Coaching resources

PULSAR Manual Recovery-promoting relationships and working practices for specialist and community mental health services

https://www.monash.edu/_data/assets/pdf_file/0017/1452410/PULSAR-Secondary_Care_Manual-FINAL.pdf

Collaborative Recovery Model Coaching Resources

<https://www.uow.edu.au/social-sciences/research/iimh/collaborativerecoverymodel/>

Intentional Peer Support, [What is Intentional Peer Support?](#)

Changing the Conversation – [impact of recovery coaches](#)

Recovery resources

What is recovery – [Let's talk about recovery](#)

Health Talk Australia, [Personal recovery](#) – personal accounts

Glover, H. [Introduction to Recovery](#), eLearning resources

Glover, H. [Self-Righting Star](#)

Wellness Recovery Action Plans e.g.

- Australian Examples; [St Vincents Mental Health Services Melbourne](#); [Recovery Hub](#)
- [UK example](#)

Recovery star – [Recovery Hub](#)

Reporting and documentation resources

Glover, H. 2014, [Whose Plan is it Anyway: Using Service Planning to Support Personal Recovery and Self-Direction](#).

Mental Health Coordinating Council. (2013). [Recovery Oriented Language Guide](#).
[Collaborative Documentation: An Innovative Approach to Client Empowerment](#)

Digital resources

WRAP App - <https://mentalhealthrecovery.com/wrapapp/>

Beyond Now - <https://www.beyondblue.org.au/get-support/beyondnow-suicide-safety-planning>

PTSD Coach Australia - <https://at-ease.dva.gov.au/resources/mobile-apps/ptsd-coach-australia-app>.

Resources for working with Carers

<https://www.mentalhealthcarersaustralia.org.au/carer-inclusive-practice/>

The lived experience workforce resources

Watch the film, [The Benefits of Peer Support](#), JFA Purple Orange

The Queensland Framework for the Development of the Mental Health Lived Experience Workforce

https://www.qmhc.qld.gov.au/sites/default/files/qmhc_lived_experience_workforce_framework_web.pdf

Royal Commission into Victoria's Mental Health System, Interim Report, Chapter 18 – Lived Experience Workforces <https://rcvmhs.vic.gov.au/>

Fong, T., Stratford, A., Meagher, J., Jackson, F. & E. Jayakody (2018). Peer Work in Australia: A New Future for Mental Health. Flourish Australia

NSW Mental Health Commission. [Peer work Hub](#): an online resource about peer work (lived experience work)

Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L. [Queensland Framework for the Development of the Mental Health Lived Experience Workforce](#). 2019, Queensland Government: Brisbane

Byrne, L., Roennfeldt, H., O'Shea, P. & F. Macdonald. [Taking a Gamble for High Rewards? Management Perspectives on the Value of Mental Health Peer Workers](#). International Journal of Environmental Research and Public Health 2012, 15, 746. DOI:10.3390/ijerph15040746

Byrne, L., Roennfeldt, H. & P. O'Shea. [Identifying barriers to change: The lived experience worker as a valued member of the mental health team](#). 2016, Queensland Mental Health Commission: Brisbane.

MHCSA, South Australian [NGO Lived Experience Workforce Program](#)

Lived Experience Workforce Strategies Stewardship Group. [Strategy for the Consumer Mental Health Workforce in Victoria](#). 2019, Centre for Mental Health Learning Victoria (CMHL): Melbourne.

Lived Experience Workforce Strategies Stewardship Group. [Strategy for the Family Carer Mental Health Workforce in Victoria](#). 2019, Centre for Mental Health Learning Victoria (CMHL): Melbourne.

WA Peer Supporters' Network. [The Peer Workforce Report](#): Mental Health and Alcohol and Other Drug Services. 2018.

Building and embedding lived experience workforce

QLD Mental Health Commission (2019) [A toolkit for embedding people with lived experience of mental health challenges into public, private and NGO workplaces & suite of Lived Experience resources](#)

NSW Mental Health Commission. [Peer work Hub](#): an online resource for building the mental health peer workforce

MHCSA, South Australian [NGO Lived Experience Workforce Program](#)

[Changing the Conversations – a series of discussions about peer work](#)