Mental Health Peer Supervision Framework
Acknowledgment

The LEWP team Belinda Brown - Program Manager, Karen McCulloch - Senior Project Officer and Shandy Arlidge - Senior Officer Policy and Projects would like to acknowledge the following organisations and individuals who gave us their time and expertise to co-design this framework:

Members of the LEWP Reference Group, representing the following organisations –
Neami National
Relationships Australia SA
STTARS
SYC HYPA
UnitingSA
Flinders Aboriginal Wellbeing Centre
Adelaide headspace
Independent Peer Workers who work with NGOs;

Members of the LEWP NGO Lived Experience Workforce Community of Practice;
Heather Nowak – Peer Champion and Lecturer, Certificate IV in Mental Health Peer Work, TAFESA;
Ann Lawrence – Senior Peer Support Worker, Lived Experience in Gambling Program, Relationships Australia SA.

We would also like to acknowledge those people with lived experience, whether acquired through personal experience or through loving and supporting others, who have paved the way for this unique skill set to be recognised and valued in paid employment. Without their tireless work, relentless advocacy and great sacrifices, we wouldn’t have a Lived Experience Workforce to supervise.

You are welcome to refer to this document and utilise the supporting tools we have co-designed, adapting them to suit your workforce needs. In doing so, we ask that you please reference and acknowledge the work of LEWP and the MHCSA.

Lived Experience Workforce Program (LEWP), Mental Health Coalition of SA

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<table>
<thead>
<tr>
<th>Contents</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td>4</td>
</tr>
<tr>
<td>2. Lived Experience Practice, Values and Principles</td>
<td>6</td>
</tr>
<tr>
<td>3. Purpose of Peer Supervision</td>
<td>7</td>
</tr>
<tr>
<td>4. Target Group</td>
<td>9</td>
</tr>
<tr>
<td>5. Outcomes</td>
<td>9</td>
</tr>
<tr>
<td>6. Key Elements</td>
<td>9</td>
</tr>
<tr>
<td>7. Roles and Responsibilities</td>
<td>10</td>
</tr>
<tr>
<td>8. Considerations</td>
<td>12</td>
</tr>
<tr>
<td>9. Professional Development</td>
<td>14</td>
</tr>
<tr>
<td>10. Evaluation</td>
<td>15</td>
</tr>
<tr>
<td>11. Resources</td>
<td>15</td>
</tr>
<tr>
<td>12. References</td>
<td>16</td>
</tr>
</tbody>
</table>
Introduction

The mental health sector has led the way in developing a paid, designated Lived Experience Workforce. The development of a nationally recognised peer work qualification has had a considerable impact in supporting the quality and skills of Peer Workers. Programs like SA’s Lived Experience Workforce Program (LEWP) have been able to assist both Lived Experience Workers and their employing organisations in building capacity to ensure the effective recruitment, retention and growth of their Lived Experience Workforce.

Despite the enormous achievements since the early days of peer work in South Australia, Peer Workers are still experiencing gaps in workplace support including lived experience-specific supervision. A review of the literature tells us that best practice is that Lived Experience Workers have access to both line management supervision and peer supervision.

“Ideally, peer workers should be line-managed by other peer workers. Alternatively, their managers should have either a formal relationship or an informal arrangement with a peer worker leader or a peer-run provider of training and supervision. This will give them the opportunity to discuss and understand peer values, peer roles, and peer practice issues and tensions.” (Mental Health Commission NSW, 2016, p.21).

Feedback from Lived Experience Workers and their leaders indicates that few are receiving peer supervision. While organisations recognise its value, provision is a challenge for a number of reasons including access to suitably qualified Peer Supervisors and budget issues.

Definitions

Language, role titles and practice varies greatly between states and territories. Within South Australia, they also vary between programs, organisations and services which contributes to confusion and lack of clarity around what lived experience work is and isn’t.

Frameworks associated with mental health Lived Experience Workforce are being reviewed at a national level, to support the development of a national framework that will promote consistency across Australia.

For the purposes of the work LEWP does and this document, we are using the following definitions, some of which have been taken or adapted from those used within the nationally accredited Certificate IV in Mental Health Peer Work qualification:

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1 Consumer Perspective Supervision: A framework for supporting the consumer workforce 2018 © Victorian Mental Illness Awareness Council (VMIAC) and Centre for Psychiatric Nursing p11
2 Evaluations collected through LEWP Professional Development sessions for Lived Experience Workers and Training for Leaders of Lived Experience Workforce
Lived Experience

Refers to the experiences of mental health issues and recovery. Includes personal experience or experience as a carer/family member/supporter of someone who has personal experience.

Peer Worker and Lived Experience Worker

A Lived Experience Worker is a person who is in paid employment, where an essential criterion of their Job Description is lived experience of mental health issues and recovery and the ability to transform the knowledge gained into skills that are applied to work practice. Roles may operate from the ‘consumer’ perspective (personal lived experience) or ‘carer’ perspective (carer/family member/supporter of someone who has personal lived experience).

A Peer Worker is a Lived Experience Worker who predominantly operates in a role that centres on peer to peer relationships. Ethical peer work practice is underpinned by the evidence-based values and principles of peer work.

As well as peer work, ‘Lived Experience Worker’ takes into account designated mental health lived experience positions that may not exclusively involve peer relationships e.g. policy development, education, management and project roles.

Lived Experience Skill Set

Effective Lived Experience Workers are competent in turning lived experience knowledge into skills they apply within the context of their role. Below are examples of experiences and knowledge gained through lived experience. This will be unique to each consumer and carer:

<table>
<thead>
<tr>
<th>Mental Illness/Challenges</th>
<th>Recovery</th>
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<tbody>
<tr>
<td>• Hopelessness</td>
<td>• Hope</td>
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<tr>
<td>• Mental health services</td>
<td>• Values</td>
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<tr>
<td>• Disempowerment</td>
<td>• Self-determination</td>
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<tr>
<td>• Lack of choice</td>
<td>• Empowerment</td>
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<tr>
<td>• Labelling</td>
<td>• Resilience, coping</td>
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<tr>
<td>• Disability, deficits</td>
<td>• Self-care strategies</td>
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<td>• Violation of rights, discrimination</td>
<td>• Self-management</td>
</tr>
<tr>
<td>• Trauma</td>
<td>• Navigating systems, referral processes, language</td>
</tr>
<tr>
<td>• Treatments</td>
<td>• Advocacy</td>
</tr>
<tr>
<td>• Distress</td>
<td>• Awareness</td>
</tr>
<tr>
<td>• Harm e.g. self, others, systems</td>
<td>• Boundaries, safe disclosure</td>
</tr>
<tr>
<td>• Suicide (thoughts, attempts, caring for someone, bereavement)</td>
<td>• Trauma Informed Care and Practice</td>
</tr>
<tr>
<td>• Risk</td>
<td>• Confidentiality</td>
</tr>
<tr>
<td>• Related issues e.g. homelessness, AoD</td>
<td>• Rights</td>
</tr>
<tr>
<td>• Stigma, assumptions, judgements</td>
<td>• Triggers, warning signs</td>
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<td></td>
<td>• Holistic approach to wellbeing</td>
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<td>• Strengths</td>
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<td>• Goal setting</td>
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<td></td>
<td>• Dignity of risk</td>
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<td></td>
<td>• Active listening</td>
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<td></td>
<td>• Not judging</td>
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3 © 2019 Lived Experience Workforce Program (LEWP)
Lived Experience Practice, Values and Principles

The practice carried out by designated lived experience roles should uphold the values and principles of peer work.

Designated lived experience roles are different to non-lived experience support roles. While many non-lived experience positions may be held by incumbents who have lived experience (disclosed or undisclosed), the positions do not require the person to practice from the lived experience perspective. While the values that draw us to this work are likely shared, non-lived experience positions are not bound to align practice with the peer work values and principles that designated lived experience positions are.

As with any discipline, effective lived experience practice requires specific knowledge and skills development and ongoing guidance in order to maintain integrity of the role and to ensure practice is in line with the ethos of lived experience work.

The values and principles of peer work, that guide lived experience practice are:

• Empathy
• Understanding
• Non-judgmental
• Respect
• Shared responsibility
• Trust
• Connection
• Hopefulness
• Empowerment
• Strengths-based
• Person centred
• Mutuality and Reciprocity
• Shared power
• Honesty
• Open mindedness
• Uniqueness of the individual
• Real choices
• Attitudes and Rights
• Duty of care vs dignity of risk
• Partnership and communication

Therefore, peer supervision:

• Puts the Supervisee at the centre of all decision-making
• Is founded on an authentic relationship built on warmth, genuineness, openness, trust and honesty
• Focusses on strengths
• Promotes self-determination
• Recognises, respects and values the lived experience of both people in the relationship
• Is mutual and reciprocal: based on shared responsibility, learning and growth and not on one “helping” the other
• Understands and practices genuine connection and disconnection
• Upholds human rights

4 Adapted from Certificate IV in Mental Health Peer Work, TAFE SA 2019
Purpose of Peer Supervision

We know that line management supervision is an essential support mechanism for all staff. For designated consumer and carer lived experience roles, peer supervision is equally as important. It differs from line management supervision in that it concentrates specifically on lived experience practice and development of the lived experience skill set.

The term ‘peer’, as it relates to both lived experience/peer work and peer supervision, identifies the supervisor's position within the relationship as being equal to the person receiving supervision (‘supervisee’). This immediately distinguishes it from line management supervision, a relationship in which one person holds a position that the other reports to.

The Certificate IV in Mental Health Peer Work course suggests there are five key roles in the supervision of staff:

1. Supportive role
2. Practice development role
3. Professional development role
4. Administrative role
5. Evaluative role

It also states that best practice means “…practice development should be performed by an independent specialist, rather than a line manager. This can eliminate potential conflicts of interest and role confusion.”

A Peer Supervisor is someone who is highly experienced and skilled in working from the perspective of either consumer or carer lived experience. Ideally, the Peer Supervisor should have undertaken the Certificate IV in Mental Health Peer Work and/or have extensive practice experience, through which they are able to demonstrate sound knowledge of the values and principles of peer work. It is preferable that they have experience in a similar lived experience role to the supervisee and in leadership.

The lived experience role is focussed on the person and their choices for their recovery, operating “in” the system but not “of” the system. At times, this can lead to great tension. Having operated in the same or similar roles, Peer Supervisors are able to relate first-hand to the ethical dilemmas experienced within the lived experience role and can provide support to navigate them, meeting the requirements for service delivery while remaining true to the ethos of the role.

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Given that almost half of Australians will experience mental illness\textsuperscript{6}, many Line Management Supervisors will have lived experience. But the nature of the reporting relationship means they are not best placed to supervise as a peer. Line managers do play an important part in the development of lived experience practice. Conversations that take place within peer supervision may result in required actions, such as accessing lived experience professional development. The Supervisee and Line Manager can discuss strategies and actions that support practice needs being met. It should be noted that peer supervision is not a substitute for lived experience-specific professional development. Peer Supervision is complementary, supporting application of knowledge into practice and guiding practice so that the integrity of lived experience work is upheld. It can also provide valuable support to non-lived experience positions, to develop understanding of lived experience perspectives within their practice.

This table provides examples of aspects of lived experience practice that peer supervision is able to support.

<table>
<thead>
<tr>
<th>Peer supervision scope examples</th>
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<tr>
<td><strong>Managing tensions</strong></td>
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<tr>
<td>• Operating within systems but not ‘of’ systems</td>
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<td>• Ethical dilemmas</td>
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<td>• Lived Experience/Support Worker differences</td>
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<td>• Boundaries</td>
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<td>• Confidentiality</td>
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<tr>
<td>• Difficult conversations and scenarios</td>
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<td>• Co-optation to other practices</td>
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<tr>
<td>• Impact of role on lived experience e.g. retraumatisation, compassion fatigue</td>
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<td>• Working in isolation</td>
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<td><strong>Peer practice reflection</strong></td>
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<tr>
<td>• Staying ‘peer’ (integrity of practice, values and principles, practice frameworks)</td>
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<tr>
<td>• Clarity of role</td>
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<tr>
<td>• Purposeful application of lived experience knowledge to practice</td>
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<tr>
<td>• Responsibilities for own recovery, self-care practice</td>
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<td>• Debriefing in a safe space</td>
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<tr>
<td>• Guiding frameworks: e.g. Trauma Informed Care and Practice, Recovery Approach</td>
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<tr>
<td><strong>Skills development</strong></td>
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<tr>
<td>• Lived experience skills and knowledge development, access to training</td>
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<tr>
<td>• Peer and lived experience network opportunities</td>
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<tr>
<td>• Reflective practice</td>
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<td>• Career progression and personal growth</td>
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Target Group

This Peer Supervision Framework has been developed specifically to guide the practice of providing peer supervision within the non-Government mental health sector in South Australia, to people in paid roles in which lived experience of mental illness and recovery is noted as an essential criterion (consumer and carer positions).

Outcomes

- All Lived Experience Workers within the NGO mental health sector have access to an appropriately experienced and qualified Peer Supervisor, sourced internally or externally, who has experience in the same or a similar role
- Peer Supervision is trauma informed, strengths-based, recovery-focussed and upholds the values and principles of peer work
- Peer Supervision is delivered in a consistent manner across the NGO mental health sector
- Peer Supervisors receive ongoing supervision, training and development in order to effectively provide peer supervision in line with best practice and the values and principles of Peer Work
- Peer Supervisees will feel adequately supported within their roles, be clear on the requirements of their position and capable of effectively fulfilling these, and be skilled in turning lived experience knowledge into practice as it relates to their position
- Peer supervision will be monitored and evaluated to ensure the needs of the Lived Experience Workforce and organisations that employ them, are being met

Key Elements

Effective peer supervision occurs when the process is planned, purposeful and supported.

The following have been identified by NGO Lived Experience Workers as critical to effective peer supervision:
• The Peer Supervisor has successfully completed the Certificate IV in Mental Health Peer Work and/or is able to demonstrate sound knowledge and extensive experience in lived experience practice
• Peer Supervisors and Supervisees will uphold the values and principles of peer work at all times
• The Peer Supervisor will have first-hand experience in the same or a similar role to the Supervisee
• Peer Supervisors and Supervisees are covered by the required insurances e.g. Public Liability, Professional Indemnity
• The relationship and interaction between Peer Supervisor and Supervisee will do no harm to either party (trauma informed)
• Peer supervision will remain focussed on building and developing knowledge and skills relating solely to lived experience practice
• At the initial supervision meeting, Supervisees will sign a declaration, which gives consent/outlines their preferences for recording and sharing information, agreed frequency and environment/location of sessions, conduct, process. This will be reviewed during subsequent supervision sessions
• Each Supervisee will work with the Peer Supervisor to co-design supervision sessions that are tailored to meet their specific lived experience practice needs
• Confidentiality, including limitations, will be discussed and the initial meeting and maintained at all times in line with the policies and procedures of the employing organisations, relevant legislation and declared wishes of the Supervisee

Roles and Responsibilities

Peer supervision is mutual and reciprocal. Peer Supervisors and Supervisees share responsibility for the supervision relationship.

Peer Supervisor:

• Operate within the values and principles of peer work, using a Trauma Informed and Recovery approach
• Role model and reinforce these to the Supervisee
• Provide lived experience discipline-specific support through open, purposeful sharing from own lived and work experience (including anxieties and mistakes) and respectful challenging
• Provide supervision based on experience in a similar role and the same lived experience perspective (consumer or carer/family/supporter)
• Understand the Supervisee’s role, including scope
• Actively listen
• Provide a safe space for critical reflection, growth and development of lived experience skills and practice through discussion, activity (e.g. role playing) and exploration
• Promote self-efficacy and decision-making
• Maintain own knowledge and skills relating lived experience work practice – e.g. history, best practice, innovations
• Recognise the value of the Supervisee’s lived experience knowledge and expertise
• Carry out agreed actions in a timely manner
• Commit to the working relationship
• Operate and maintain confidentiality in line with policies, procedures and guidelines of any organisation involved, relevant legislation and within those agreed upon with the Supervisee
• Accurately record details of supervision session discussion and provide a copy to the Supervisee
• Seek feedback from the Supervisee
• Maintain required insurances
• Know the purpose and boundaries of the role and the supervision relationship; maintain them and know when to refer on (e.g. EAP)
• Promote the value of, and advocate for, the Lived Experience/Peer Work role within the workplace and community
• Provide links to lived experience networks, professional development and training

Supervisee:

• Where possible, choose a Peer Supervisor who:
  ✓ Is suitably qualified and experienced to meet specific needs
  ✓ Is someone with whom trust exists or will develop
  ✓ Has both leadership experience and experience in a similar lived experience position
  ✓ Operates from the same lived experience perspective (consumer or carer/family/supporter)
• Operate within the values and principles of peer work, using a Trauma Informed and Recovery approach
• Role model these in the supervision relationship
• Purposefully share from own lived and work experience (including anxieties and mistakes) and be open to respectful challenging. In turn, respectfully challenge the Supervisor
• Actively participate in critical reflection, growth and development of own lived experience skills and practice through discussion, activity (e.g. role playing) and exploration. Seize every opportunity to develop self-efficacy
• Maintain own knowledge and skills relating lived experience work practice – history, best practice, innovations
• Recognise the value of the Supervisor’s lived experience knowledge and expertise
• Carry out agreed actions in a timely manner
• Commit to the working relationship
• Operate and maintain confidentiality in line with policies, procedures and guidelines of any organisation involved, relevant legislation and within those agreed upon with the Supervisee
• Support the Supervisor to record accurate details of supervision session discussion and ensure a copy is provided
• Provide feedback to the Supervisor
• Ensure the Supervisor maintains required insurances e.g. Professional Indemnity
• Know the purpose and boundaries of the Supervisor’s role, the supervision relationship and maintain them. Know when to seek support elsewhere to meet specific needs (e.g. EAP)
• Promote the value of, and advocate for, the lived experience/peer work role within the workplace and community
• Role model and communicate learning (best practice) to participants, Line Management Supervisor, Team and Organisation to effect positive change to workplace culture, mental health programs, systems and processes

Considerations

Organisations and individuals are responsible for ensuring the delivery of peer supervision upholds the values and principles of peer work.

Environment

Peer supervision should be trauma informed: that is, it should acknowledge that many people with lived experience have experienced trauma of some description, and therefore should not add to this or do harm. This applies to both parties within the peer supervision relationship.

For this reason, the environment in which supervision occurs is important to consider. This should be negotiated between the Peer Supervisor and Supervisee, so that a location and venue that is accessible and comfortable for both is considered.

Documentation and confidentiality

Any information recorded and managed should be done so in line with the values and principles of peer work and take into account organisational policies, procedures and relevant legislation.

During the initial meeting, it is good practice for the Peer Supervisor and Supervisee to discuss what will be recorded during sessions, who will do it and how. Recorded information can be useful for outlining any agreed actions and follow ups, details of
the next session (e.g. date, location) and for self-reflection following the session. It can also be useful for reflecting on progress at subsequent sessions.

It is up to the Supervisee whether they want to share details of discussion with any party outside the supervision relationship. It is also their decision as to what is shared, how and with whom. Informed consent must be sought prior to sharing of information.

Organisations will likely require evidence that sessions have occurred. Peer Supervisors may be required to submit regular reports outlining dates of sessions, hours etc. This should first be discussed with the organisation and the Supervisee.

Method

The overarching consideration must be the delivery of peer supervision within our organisation will uphold the values and principles of peer work. Rather than making peer supervision fit the organisation, the organisation should consider the needs of its Lived Experience Workforce and how it can make room for best practice peer supervision.

The LEWP Reference Group and members of the LEWP’s NGO Mental Health Lived Experience Workforce Community of Practice, engaged in workshops and consultations which looked at individual and group peer supervision. The findings are as follows:

Benefits of Group Supervision:

- Individuals may feel safer to speak out on issues if they know others have had similar experiences
- Allows for diversity in perspectives, skills and strengths
- Provides a space for collaboration in problem solving
- Shared wisdom may bring learning through questions and answers
- Issues presented by a group can often carry more weight for change and development
- Group work promotes a sense of mutual understanding
- Creates community
- Validating, normalising, affirming occurs through open sharing
- Connection to others who understand the challenges and successes of using the lived experience skill set
- Builds support and resource sharing networks
- Cost effective for organisations
- Prevents dependency

Challenges of Group Supervision:

- Potential to add trauma e.g. over disclosure of members, members feeling obliged to share in the group
• Individuals may not feel safe to share lived experience practice issues with everyone
• Confidentiality issues
• Existing conflict (and potential to create conflict) amongst colleagues
• Lack of trust between members
• Dominating voices, others go unheard
• Challenging to provide space in a group to reflect on personal practice needs and fully unpack them
• Takes away choice and control over individual supervision needs and safety
• Less flexible than individual supervision

**Frequency**

There is no one size fits all approach. Frequency should be negotiated and take into consideration aspects such as:

• The needs and preferences of the Supervisee
• Access to and capacity of the Peer Supervisor
• The capacity of the Supervisee
• The frequency of line management supervision and its interaction with peer supervision

Frequency should be reviewed periodically and approached flexibly. For example, the Supervisee may require more frequent supervision when starting out in the role and less frequent as they become more experienced and connected to other lived experience support opportunities and networks.

**Professional Development**

Peer supervision complements lived experience-specific professional development but does not replace it.

Peer supervision and lived experience-specific professional development are both essential for the support and development of both consumer and carer lived experience roles. Peer Supervision complements professional development, as it can support application of knowledge gained into practice and guide practice so that the integrity of lived experience work is upheld.

Lived Experience Workers should be supported and encouraged to engage with training and development opportunities that allows them to reflect on their current practice, build on their lived experience knowledge, develop new skills and strategies for application to practice and develop networks/share with others in lived experience roles.
Evaluation

The effectiveness of peer supervision is measurable.

Peer supervision should be evaluated at regular intervals to ensure integrity of practice and effectiveness and should take into account:

- The effectiveness of the Peer Supervisor-Supervisee relationship
- Supervisee’s growth in lived experience knowledge and practice
- Supervisee’s feelings of support and confidence in the role
- Supervisor’s ability and effectiveness to provide supervision in line with the values and principles of peer work
- Supervisee’s satisfaction with frequency, duration, structure and method of supervision
- Supervisee’s willingness to engage and continue engaging in peer supervision
- Positive change to Supervisee’s practice as a result of peer supervision
- Supervisee’s career pathways and professional development needs and action

Resources

Peer supervision is one element of best practice. To provide a secure foundation for implementing Lived Experience/Peer Workforce, considering peer supervision and ensuring best practice in all areas, we strongly recommend organisations undertake a self-assessment process using our NGO Mental Health Lived Experience Workforce Standards and Guidelines. Three versions have been co-designed to suit the unique needs of organisations and their Lived Experience Workforce:

- Mainstream/LGBTIQ+ Mental Health Lived Experience Workforce
- Aboriginal Mental Health Lived Experience Workforce
- CALD Mental Health Lived Experience Workforce


For implementation support please contact the LEWP team during business hours on 08 8212 8873, Monday-Thursday.
Peer supervision tools

LEWP has co-designed tools to support the delivery of effective peer supervision. These can be downloaded from the Lived Experience Workforce Toolkit for Organisations page [www.mhcsa.org.au](http://www.mhcsa.org.au)

- LEWP Peer Supervisor Position Description Template
- LEWP Peer Supervision Initial Meeting Template
- LEWP Peer Supervision Meeting Template (for subsequent supervision meetings)
- LEWP Peer Supervision Quarterly Report
- LEWP Peer Supervision Supervisee Evaluation Form

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