Perinatal Mental Health Lived Experience (Peer) Workforce Core Capability Framework

Acknowledgements
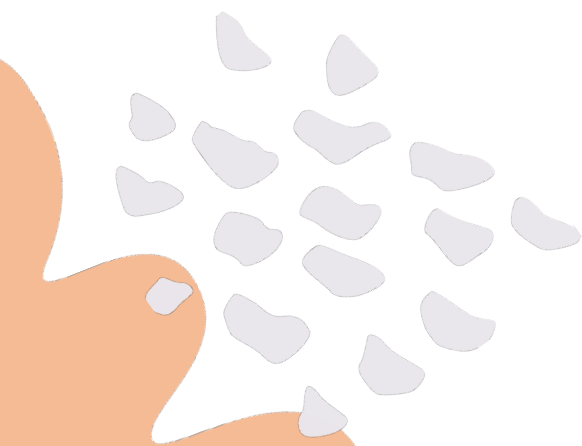
Contents

Introduction

As a recognised leader in **perinatal mental health**[*] Lived Experience (Peer) work, Peach Tree Perinatal Wellness is committed to leveraging its expertise to support the growth and success of the **Lived Experience (Peer) workforce**.

Lived Experience (Peer) work is a growing career pathway requiring more than **lived experience** alone to be effective; a minimum skill set and level of competence for practitioners promote safety, quality, and sustainability. The Lived Experience (Peer) workforce in Australia is moving towards 'professionalisation' of Lived Experience (Peer) work as a discipline of practice in its own right, but it does not yet have formal training and development pathways, professional standards, or regulation.

Specialisations within the Lived Experience (Peer) workforce, such as perinatal mental health, contribute specific skill sets 'relevant to particular experiences, populations, or settings' and increases the relevance of available supports.[1] Specialist roles and/or services must be grounded in the wider Lived Experience movement, and development must be 'led by Lived Experience leaders and workers who have those specific experiences, identifications, or backgrounds'.[2]

Peach Tree created this framework to outline the core capabilities and related competencies for the Lived Experience (Peer) workforce in perinatal mental health settings. It aligns with the National Mental Health Commission's *National Lived Experience (Peer) Workforce Development Guidelines* and the Queensland Mental Health Commission's *Queensland Framework for the Development of the Mental Health Lived Experience Workforce*.

Background

To achieve its vision of supporting strong and resilient families, Peach Tree has developed its own Lived Experience (Peer) workforce over the past 14 years, with a specialised skill set in perinatal mental health.

Peach Tree's workforce has evolved along with the programs and services it provides the community; what began as a handful of volunteers is now a workforce of 30 paid roles (approximately 15 full-time equivalent roles[‡]), comprised mostly of **designated Lived Experience roles** held by primary caregivers (i.e. parents).

With a growing evidence base for the benefits and efficacy of peer support for improving mental wellbeing in the perinatal period[3], Peach Tree recognised the need for workforce training and development beyond the national vocational qualification (Certificate IV in Mental Health Peer Work) to effectively meet the diverse mental health support needs of families in the perinatal period.

Peach Tree initially developed six in-house training modules for new Perinatal Mental Health (PMH) Peer Workers, providing them with the foundational knowledge and skills to apply their lived experience to their **Peer Practice** safely and effectively. These modules were mapped against core competencies from the Certificate IV in Mental Health Peer Work. Other

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[*] Refer to Glossary for terms in bold typeface.
[‡] Peach Tree has found that full-time employment is neither desirable nor sustainable for most primary caregivers whose role is to provide emotional support for other primary caregivers.

competencies were then added relating specifically to delivery of Peach Tree's programs and services (e.g. group facilitation skills). Combined with an ongoing Reflective Practice Pathway, PMH Peer Workers were supported to build resiliency, maintain wellbeing, and continuously enhance their practice (see Figure 1).

Legend:

'Seed' (centre): Perinatal lived experience

'Flesh' (middle): Foundational training modules

'Skin' (outer): Ongoing Reflective Practice Pathway
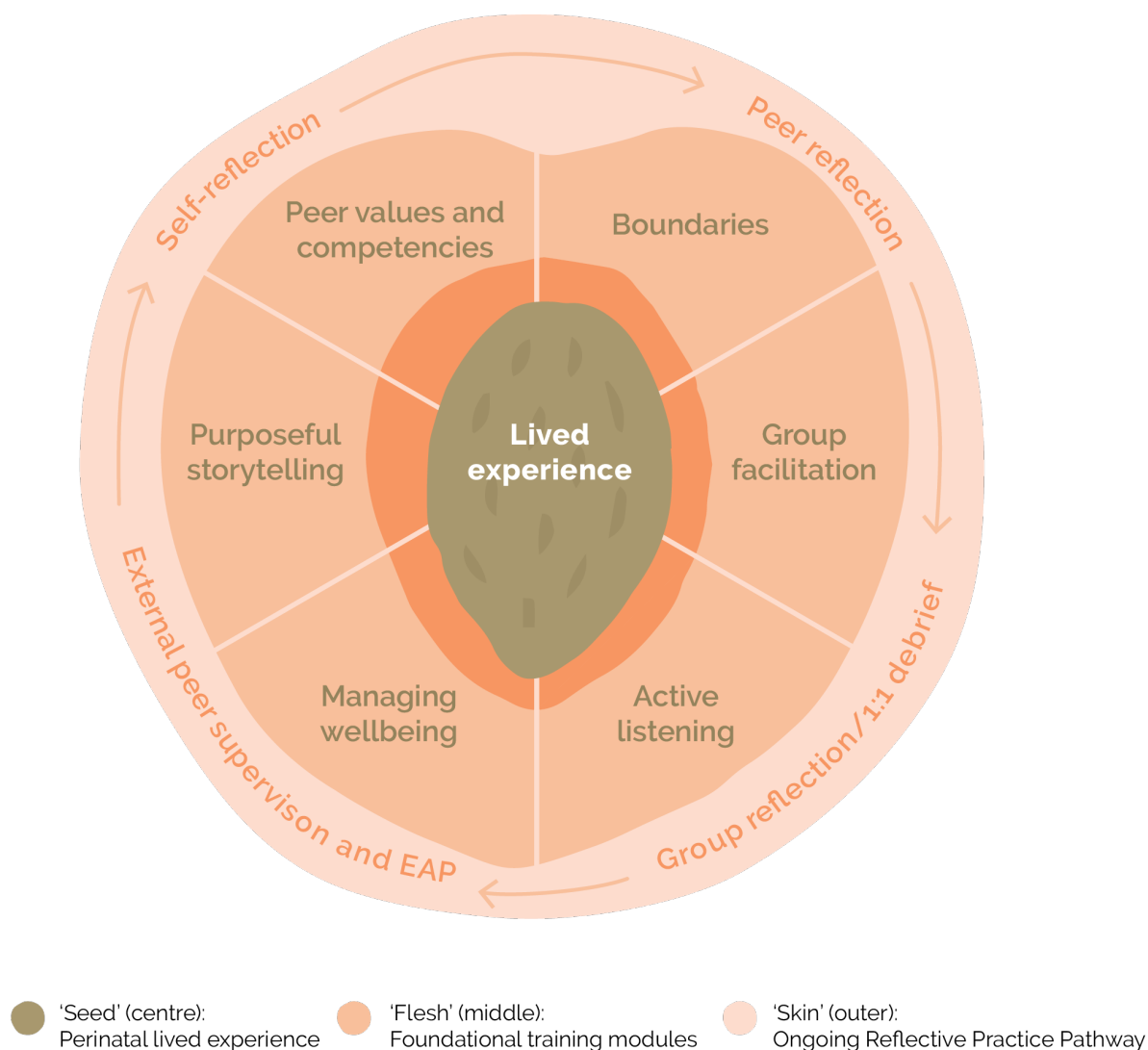
Figure 1: Peach Tree's training and development model for PMH Peer Workers

Between 2022 and 2025, Peach Tree has collaborated with key PMH stakeholder organisations to obtain external feedback on the training modules. Senior Peach Tree staff have delivered the training to PMH Peer Workers, whose feedback has informed refinement of the modules' content. Overall feedback has indicated that participants felt the training was beneficial and relevant to their practice.

Peach Tree has also delivered the foundational training to peer support workers recruited in tertiary hospital settings, as well as provided regular supervision to support their continuous development and practice fidelity.

Developing the framework

Peach Tree recognised that its bespoke training and development model in Figure 1 could be adapted and expanded to create a framework of core capabilities relevant to all PMH Lived Experience roles. Internally, this would provide greater role clarity and visibility of career pathways. Externally, aligning the framework with existing national and state guidelines would provide a strong foundation to build guidelines for PMH Lived Experience (Peer) workforce development in Australia and 'best practice' standards for PMH Lived Experience (Peer) workers.

With personal lived experience of perinatal mental health challenges as the essential 'qualification' for perinatal Lived Experience roles, Peach Tree identified core capabilities and related competencies to build Lived Experience Expertise in the perinatal mental health context. Peach Tree engaged independent Lived Experience (Peer) trainers and consultants as part of this process to ensure completeness and fidelity to Lived Experience values and principles.

The following principles underpinned development of the core capabilities and related competencies:

- Co-production
- Maintain the integrity of Lived Experience work
- Create the conditions for a thriving workforce
- Respond to diversity
- Reduce coercive and restrictive practice
- Support systemic change and professionalisation.[4]

Framework benefits and opportunities

Applying this framework across different perinatal mental healthcare settings and organisations supports identified needs for sustainable growth in the Lived Experience (Peer) workforce, including:

- understanding of Lived Experience (Peer) work as a professional discipline, distinct from clinical practice
- fidelity to Lived Experience values and principles
- organisational readiness
- visible career pathways with clear progression opportunities
- role clarity
- preparedness for applying learnings in practice
- embedded support for and continuous development of Lived Experience (Peer) workers through supervision and/or co-reflective practices.[5]

The core capabilities apply to all levels and types of PMH Lived Experience (Peer) roles, across varied organisations and settings. Outlining specific competencies as they relate to building Lived Experience Expertise and then expanding into Lived Experience Leadership creates career pathways for Lived Experience (Peer) workers in perinatal mental health (see Figure 2). Tiered

training[6] can be created based on the expanding competencies (i.e. progressing from Lived Experience to Lived Experience Expertise and then to Lived Experience Leadership) and mapped to the different types of roles available within perinatal mental healthcare settings.

Lived Experience
To reimagine and redefine ourselves, our place in the world and our future plans

Lived Experience Expertise
To use those experiences in a way that's useful to other people

Lived Experience Leadership
To speak up to influence community awareness, organisational culture, policy and politics; create space, pathways and inclusion with others; prompt and support change
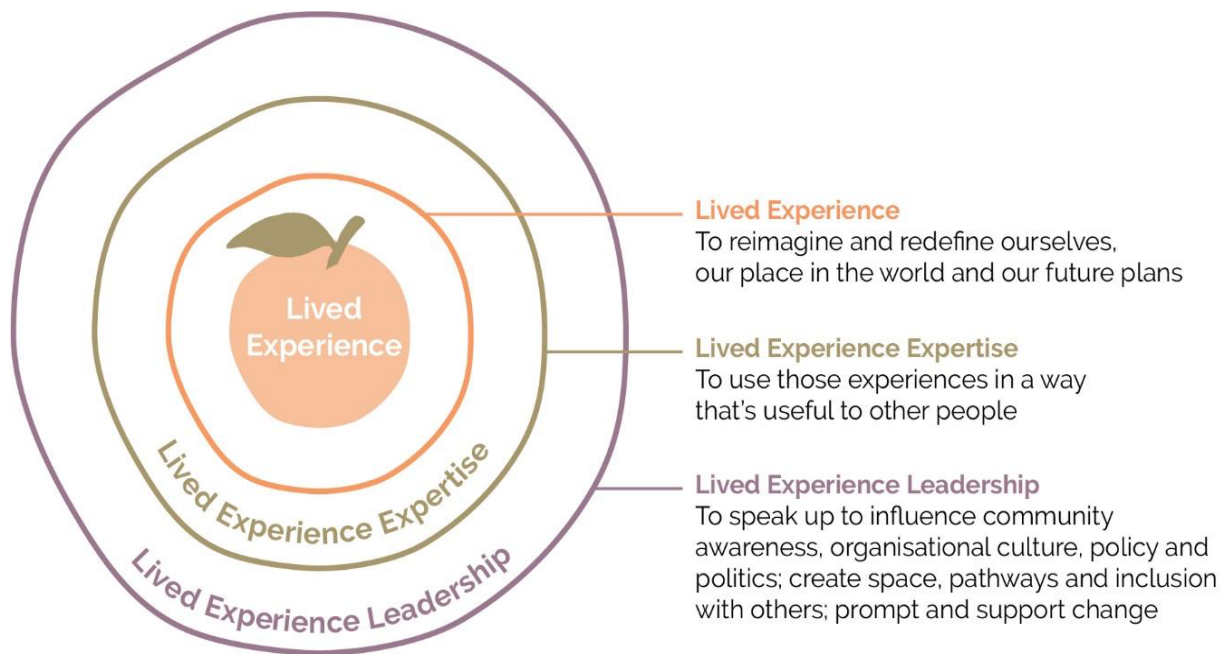
Figure 2: Breadth of Lived Experience (Peer) roles[7]

Perinatal mental health as a specialisation

The perinatal period is a vulnerable and critical time of life, during which numerous challenges to mental health and wellbeing can be felt as intense physical, psychological, and social adjustments.[8]

Research has found parental mental health and wellbeing is a significant predictor of child development in the first 2000 days[9], therefore supporting parents' mental health sets up children for better developmental and mental health outcomes.

'Peer support in the perinatal period is described as an effective, positive, dependable support for women, helping them to overcome health care system barriers that contribute to mental health problems and improve ability to access mental health support.'[10]

Mutual understanding of the unique joys and challenges of parenthood is critically important to building trust and genuine connection so parents seeking support feel safe, heard, and understood. Using specialised skills and shared experiences (e.g. birth trauma, feeding difficulties, relationship changes, sleep deprivation) enables better rapport with and outcomes for parents accessing services.[11]

PMH Lived Experience (Peer) work is nuanced and may be distinct from other lived experience specialisations in several ways, such as:

- *Parenthood is transformational.*
  Becoming a parent is a major life transition associated with increased likelihood of suicidal thoughts and behaviours.[12] Recovery-oriented Peer Practice in the perinatal context includes supporting parents to understand and accept permanent life changes, navigate new challenges, and incorporate their parenting role as part of their personal identity.

- *The traditional 'village' of support is less available.*
  The decrease in practical and emotional support for new families from a 'village' of relatives and neighbours means perinatal Lived Experience (Peer) services are vital in supporting families to make connections with each other and within the community.

- *Support is for the parent–infant dyad.*
  For almost all mothers experiencing mental health challenges, there is at least one child depending on them for survival. Lived Experience (Peer) work in perinatal settings means promoting the critical importance of developing secure parent–infant attachment and considering the complexity this adds to Lived Experience approaches (e.g. dignity of risk).

- *Parenting is ongoing.*
  Parenting is a continuous journey unique to each family and made up of differing stages; parents with more than one child may navigate multiple parenting stages at any one time. The 'emotional load' associated with Lived Experience (Peer) work is arguably increased for those who return home after work to their own active parenting role. Additionally, perinatal Lived Experience (Peer) workers are likely to revisit the perinatal period with subsequent pregnancies and navigate new developmental stages for their older children at the same time as maintaining their professional practice.

- *Education for expecting parents is limited.*
  Parents receive little preparatory education about their new role beyond practical aspects of birthing and feeding their baby. Perinatal Lived Experience (Peer) workers support parents to bridge the gap between their expectations and the everyday realities of parenting for which they felt unprepared.

- *Parenting choices can reduce feelings of inclusion.*
  Diverse cultural and social parenting norms require a particular focus on providing inclusive, accessible services and welcoming environments free from judgement and discrimination.

- ***Support seems out of reach.***
  The relentless physical and emotional demands of the 'fourth trimester' makes accessing mental health support seem unachievable for some parents and/or less important than meeting their child's immediate needs. Lived Experience (Peer) workers encourage parents to meet their own needs so they can continue to meet their child's needs.

As a peer-led organisation offering mental health and wellbeing services, Peach Tree feels a strong responsibility to provide an employment environment that:

- enables workplace participation while balancing the demands of parenting
- supports staff to maintain healthy work/life balances
- considers the children of our staff, and their needs in having parents who are healthy and present in their lives.

Any organisation employing Lived Experience (Peer) workers, particularly in a perinatal context, must build a work environment and team culture that supports Lived Experience (Peer) workers to thrive.

Core capabilities

Peach Tree identified five core capabilities central to PMH Lived Experience (Peer) work:

1. ***Lived experience and Peer Practice***

   Applying personal lived experience in a professional discipline

2. ***Healing, resilience, and self-responsibility***

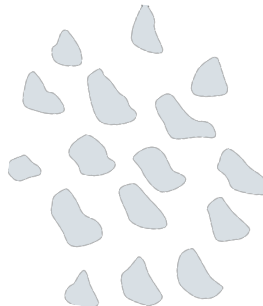   Supporting oneself to support others

3. ***Communication***

   Connecting with others effectively and mindfully

4. ***Boundaries***

   Establishing and maintaining effective boundaries

5. ***Mutual relationships and inclusivity***

   Promoting Human Rights, **equity**, and diversity

The core capabilities are grounded in Lived Experience values and principles (see Figure 3).

Figure 3: Core capabilities for the PMH Lived Experience (Peer) workforce in relation to Lived Experience values and principles[13]

The core capabilities are made up of competencies summarised in Table 1, which can be further outlined as specific skills, knowledge, and behaviours that collectively demonstrate professional competency.

Table 1: PMH Lived Experience (Peer) workforce core capabilities and related competencies

Core capabilities	Lived Experience and Peer Practice *Applying personal lived experience in a professional discipline*	Healing, resilience, and self-responsibility *Supporting oneself to support others*	Communication *Connecting with others effectively and mindfully*	Boundaries *Establishing and maintaining effective boundaries*	Mutual relationships and inclusivity *Promoting Human Rights, equity, and diversity*
Competencies	Knowledge of the broader consumer movement	Understanding of the need to build a personal 'toolkit' to support own mental health	Understanding of effective interpersonal and non-violent communication principles	Respecting others' boundaries	Recognising and seeking to prevent/minimise power imbalances
	Understanding of core values and principles underpinning Lived Experience (Peer) work	Recognising personal strengths and areas of challenge	Understanding of communication barriers and methods to prevent/overcome these	Understanding of professional boundaries, and how these may differ from personal boundaries	Understanding of intersectionality and importance of equal access to advocacy and Human Rights protections
	Knowledge of trauma-informed practice	Communicating own needs at work	Approaching challenging interpersonal situations with respect and curiosity	Communicating and upholding professional and personal boundaries in respectful ways	Working effectively with people of different ages, ethnicities, genders, spiritual beliefs and practices, cultures, and backgrounds
	Understanding of scope of Peer Practice in perinatal context	Balancing personal wellbeing with professional responsibility	Respecting privacy and confidentiality	Seeking support when boundaries are challenged, if needed	Understanding of re-traumatisation and vicarious trauma in relationships
	Understanding of ongoing reflection and supervision as essential to effective, safe Peer Practice	Applying Lived Experience values and principles to own healing	Using affirming, strengths-based, person-first language	Understanding of organisational policies and procedures	Recognising and respecting different cultural traditions, expectations, and experiences of birthing and parenting, including those of First Nations peoples

Table 1 *(continued)*

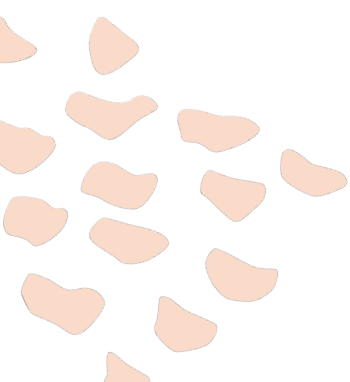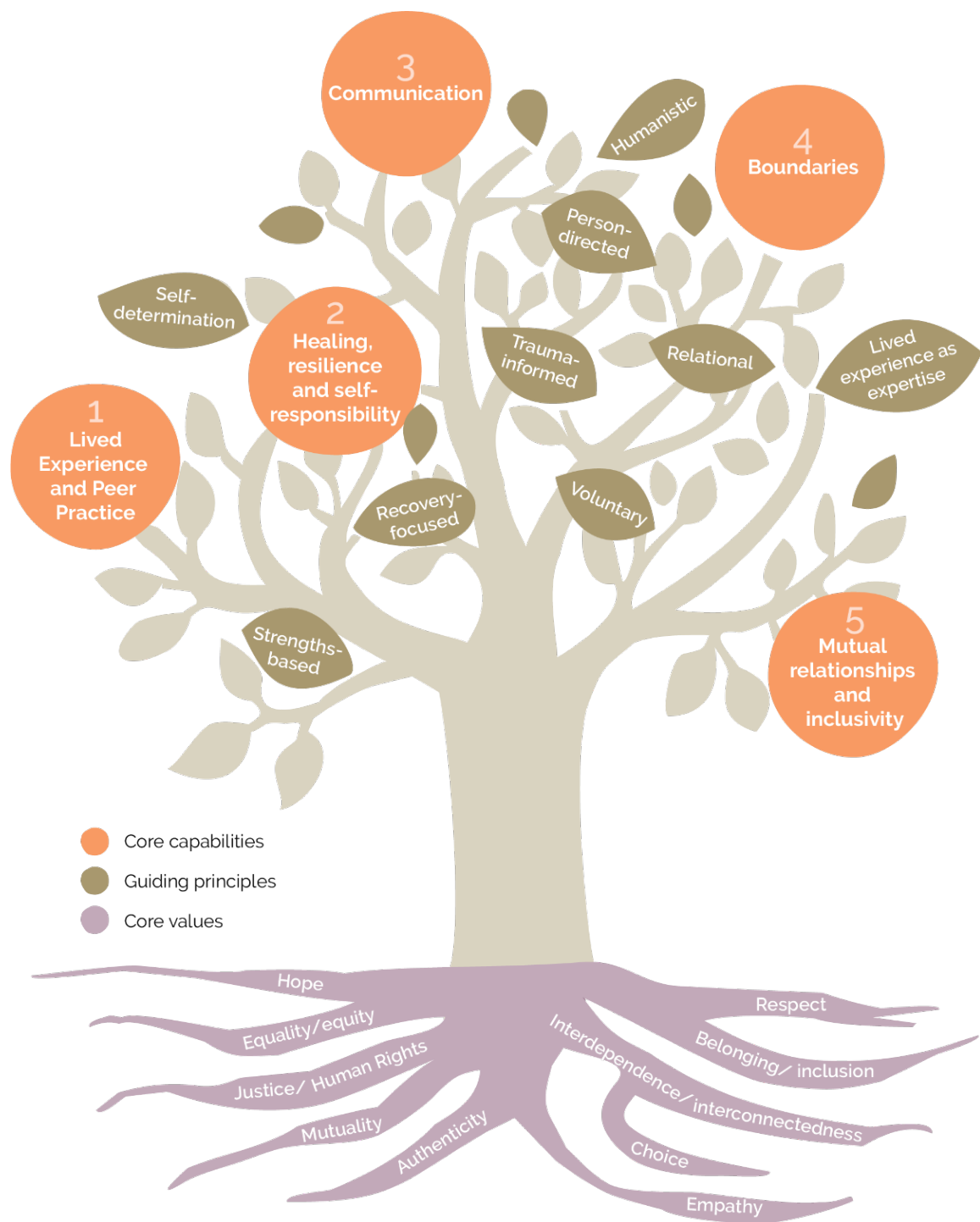| Core capabilities	**Lived Experience and Peer Practice** *Applying personal lived experience in a professional discipline*	**Healing, resilience, and self-responsibility** *Supporting oneself to support others*	**Communication** *Connecting with others effectively and mindfully*	**Boundaries** *Establishing and maintaining effective boundaries*	**Mutual relationships and inclusivity** *Promoting Human Rights, equity, and diversity*
Competencies	Using personal lived experience purposefully	Supporting safety of self and others	Recognising and adapting to diverse methods of communication, including non-verbal cues	Recognising 'peer drift' (i.e. out of scope work)	Understanding of effective collaboration and co-design principles
	Seeking continuous improvement through learning and development	Recognising ways that lived experience can 'show up' at work and taking responsibility for healing/repair	Applying active listening and group facilitation skills		Understanding of person-centred care and self-determination
	Understanding of contributors to perinatal mental health challenges and possible pathways to recovery		Using own voice and amplifying the voices of others, as appropriate		Understanding of and navigating the challenges arising between dignity of risk and duty of care
	Understanding of the links between perinatal mental health and child development				Understanding of mutual responsibility in relationships

Recommendation and next steps

Peach Tree recommends adequate funding is allocated to enable further development and refinement of the framework, with a view to creating comprehensive national guidelines for PMH Lived Experience (Peer) workforce development.

Peach Tree anticipates the next stage of development would involve the following activities:

- Engaging broader and more diverse feedback, particularly around applicability to multi-disciplinary healthcare settings and cultural appropriateness for First Nations peoples.

- Exploring opportunities, links, and potential overlaps with work already in progress externally relating to development of the broader Lived Experience (Peer) workforce (e.g. Certificate IV in Mental Health Peer Work review by HumanAbility, projects from national and state peak bodies).

- Identifying and detailing the specific skills, behaviours, and knowledge related to each competency, and categorising these from foundational to advanced roles (i.e. demonstrating progression from Lived Experience to Lived Experience Expertise to Lived Experience Leadership). Mapping to role classifications in relevant industrial awards may provide additional clarity and support use of the framework for job design and evaluation, workforce planning, and employment activities such as recruitment.

- Assessing the framework in relation to the *Australian Clinical Practice Guidelines for Mental Health Care in the Perinatal Period* (COPE) to ensure completeness and complementary care.

- Translating the framework into 'best practice' guidelines for PMH Lived Experience (Peer) workers and exploring connections to broader 'professionalisation' of the Lived Experience (Peer) workforce in Australia.

Peach Tree is committed to ensuring that further development of the framework will be guided by the core principles of workforce development outlined on page 4.

Conclusion

The PMH Lived Experience (Peer) Workforce Core Capability Framework supports the continued growth and success of specialist Lived Experience (Peer) workers across a range of healthcare settings.

With expertise in PMH Lived Experience (Peer) work combined with learnings from training and developing a specialist workforce over the last 14 years, Peach Tree is uniquely placed to further develop the PMH Lived Experience (Peer) Workforce Core Capability Framework and guide the future direction of this workforce in Australia.

Glossary

Peach Tree acknowledges and respects the diversity of language used to discuss mental health, lived experiences, and Lived Experience (Peer) work. Key terms used in this document are defined below for clarity, but Peach Tree does not intend these to be prescriptive.

Designated Lived Experience roles	All roles that require lived experience as a key criterion, regardless of role type or setting. Importantly, the experience was so significant it caused the individual to reassess and/or change their life, future plans, and view of themself.[14]
Equity	Refers to recognising people's differing needs, abilities, and circumstances, and providing tailored supports to achieve justice and equal opportunity. Different to 'equality' which refers to providing everyone with the same opportunities regardless of individual circumstances.
Lived experience	A person's experience of mental health challenges or emotional distress and journey of healing or re(dis)covery. Some people identify as having 'living' experience (i.e. ongoing concerns). The term 'lived experience' in this document refers to both 'lived' and 'living' experiences for brevity and does not imply experiences may not be ongoing.
Lived Experience (Peer) work	A unique discipline of work with distinct Lived Experience values, principles, and theories of practice, separate to clinical work disciplines in mental health care.
Lived Experience (Peer) workforce	Collective term referring to people whose professional roles require them to bring their lived experience perspective (either personal experience or family/carer experience) to all aspects of their role. Roles are diverse and range from entry-level to executive leadership positions, with shared grounding in Lived Experience values and principles.[15]
Peer Practice	The skilful application of personal lived experience in a professional Lived Experience role to benefit others, in alignment with Lived Experience values and principles.
Perinatal	Relating to the period of time between conception and pregnancy (antenatal), through to 48 months following birth and beyond (postnatal).
Perinatal mental health (PMH)	A parent's experience of mental health or emotional wellbeing challenges during the perinatal period.

Notes

1   Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. *National Lived Experience (Peer) Workforce Development Guidelines*. 2021, National Mental Health Commission, pp. 26–7.

2   ibid.

3   Jones, C.C.G., Jomeen, J., Hayter, M. 'The impact of peer support in the context of perinatal mental illness: A meta-ethnography'. *Midwifery*, vol. 30, no. 5, 2014, pp. 491–8. https://doi.org/10.1016/j.midw.2013.08.003.

4   Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. *National Lived Experience (Peer) Workforce Development Guidelines*. 2021, National Mental Health Commission, p. 10.

5   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, p. 3.

6   Hodges, E., Solonsch, L., Boniface, S. *Pathways for Supporting the 'Not Negotiable' Lived Experience (Peer) Workforces to thrive: A Scoping Paper for Formal Lived Experience Expertise Training Programs and Supports.* Prepared by LELAN (SA Lived Experience Leadership & Advocacy Network) for the National Mental Health Consumer and Carer Forum and the National PHN Mental Health Lived Experience Engagement Network. 2022, Mental Health Australia, Canberra, p. 6.

7   Adapted from Hodges, E., Leditschke, A., Solonsch, L. *The Lived Experience Governance Framework: Centring People, Identity and Human Rights for the Benefit of All*. Prepared by LELAN (SA Lived Experience Leadership & Advocacy Network) for the National Mental Health Consumer and Carer Forum and the National PHN Mental Health Lived Experience Engagement Network. 2023, Mental Health Australia, Canberra, p. 36.

    'Lived Experience' and 'Lived Experience Expertise' explanations from Byrne, L., Wykes, T., 2022, cited in Hodges, E., Leditschke, A., Solonsch, L., loc. sit.

    'Lived Experience Leadership' explanation from Loughhead, M., Hodges, E., McIntyre, H., Procter, N.G., 2021, cited in Leditschke, A., Solonsch, L., loc. sit.

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9   Prenoveau, J.M., Craske, M.G., West, V., Giannakakis, A., Zioga, M., Lehtonen, A., Davies, B., Netsi, E., Cardy, J., Cooper, P., Murray, L., Stein, A. 'Maternal postnatal depression and anxiety and their association with child emotional negativity and behavior problems at two years.' *Developmental Psychology*, vol. 53, no. 1, 2017, pp. 50–62. DOI: 10.1037/dev0000221.

10 Rice, C., Ingram, E., O'Mahen, H. 'A qualitative study of the impact of peer support on women's mental health treatment experiences during the perinatal period.' *BMC Pregnancy Childbirth,* vol. 22, 2022, p. 689. DOI: 10.1186/s12884-022-04959-7.

11 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, p. 3.

12 National Suicide Prevention Office. *The National Suicide Prevention Strategy 2025–2035*. 2025, Canberra, pp. 36–9.

13 Core values and guiding principles from Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. *National Lived Experience (Peer) Workforce Development Guidelines*. 2021, National Mental Health Commission, pp. 24–5.

14 Byrne, L., Wang, L., Roennfeldt, H., Chapman, M., Darwin, L., Castles, C., Craze, L., Saunders, M. *National Lived Experience (Peer) Workforce Development Guidelines*. 2021, National Mental Health Commission, p. 13.

15 ibid.