Flourish Consultation

For the Mental Health Council's Peer Work Strategy

August 2019

Image 1: Hobart Focus Group Participants
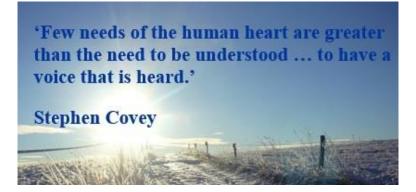
Image 2: Stephen Covey, author of 'Seven Habits of Highly Effective People' on consultation

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Executive Summary

In June 2019, Flourish was contracted by the Mental Health Council of Tasmania (MHCT), to undertake consultation with its members on the creation of a Peer Work Strategy for Tasmania.

The aim of the MHCT consultation is to understand current practice, determine workforce gaps and needs, identify challenges and opportunities and consider potential solutions to address them. MHCT asked Flourish to address the following issues:

A. The "vision" for a peer workforce.
B. Key definitions and terminology to be used throughout the strategy.
C. Explore, understand and/or identify the following elements:
- o current practice in the sector
- o organisational readiness for peer workers
- o critical attributes of the peer workforce, including but not limited to –
  - peer worker roles, position descriptions and career pathways
  - skills, training and qualifications
  - networking, mentoring, supervision and leadership
  - resources and other supports
- o what a peer workforce model or structure should look like in Tasmania
- o challenges and how to address
- o opportunities and how to progress.
D. Priorities and goals for the sector.

Flourish's consultation involved the following elements during August 2019:

- A survey to all members (15 respondents)
- Two focus groups with consumer representatives – in Launceston and Hobart (13 participants in total)

The key findings of the consultation included the following:

- The key goal for the strategy should be to improve health outcomes for consumers.
- Peer workers have a lived experience but are now well, and are willing to share their stories with others in an appropriate manner, for the betterment of consumers.
- There is a need to consider the perspective of the consumer in everything that is done with peer work, as they are the reason for the health system.
- There is considerable support for the concept of peer work within the Flourish membership
- Tasmania has a growing appreciation of the value of peer work and support to develop future roles. However, there is a need to ensure that the organisations that peer workers are employed in have staff that appreciate their value.
- It is essential that peer workers are adequately trained, supervised and supported and their roles are clearly defined.
- The benefit to Tasmania of starting peer work later than some other jurisdictions is that we can learn from others.

The remainder of this report provides greater detail in relation to the objectives of the consultation.

Strategy Section 1: Vision

1. **Vision**

Flourish was presented with a draft vision to consider, for a peer workforce in Tasmania. It read:

To grow a professional, dedicated, peer workforce in Tasmania that supports better outcomes, promotes recovery within organisations and delivers benefits to the mental health system.

Flourish members suggested while it is well intentioned, this draft vision was too heavily focused on the health system, rather than the consumers it is designed to serve. Flourish members suggested adding the following elements would improve the draft vision:

1. Promote recovery of individuals, rather than organisations
2. Deliver benefits to the consumers of services, and the mental health system
3. Reduce admission and re-admission into the mental health system
4. Provide better understanding of peer work within organisations and across society more broadly
5. Expand and recognise the peer workforce, rather than 'grow' the peer workforce
6. Include the word 'healthier' rather than 'better' outcomes
7. Use the word 'wellbeing' rather than 'recovery'

Putting this together, here is a new vision for consideration:

To recognise, support and expand the dedicated and professional peer workforce in Tasmania, which aims to promote and assist the wellbeing of consumers, reduce admissions, and deliver benefits to consumers and the mental health system.

2. **Is a peer workforce only relevant across public mental health services?**

No. Flourish members were firmly of the view that a peer workforce should operate across all sectors of the health system (government, community, private).

Given a significant section of the population have poor mental health, and the amount of time spent at work, it was suggested that peer workers should also be employed within non-health related organisations. i.e. government departments, businesses, and community sector organisations. This is because managing mental health is viewed as everyone's responsibility.

Strategy Section 2 – Definitions/Terminology

1. **What is your understanding of a peer worker?**

A number of key elements of a peer worker were outlined by Flourish consumer representatives. These were someone:

- A consumer or a carer with a lived experience but now recovered (or well/stable).
- Willing to share their own journey to recovery (or improved wellbeing).
- Able to see beyond their own experiences and be aware of recovery techniques.
- Person-centred approach, allowing the patient to drive the process.
- It is about empathy, not judging, narratives, stories, listening, building connection and providing a shared space – it's not necessarily about solutions.
- Focused on improving the wellbeing of others, but not about providing clinical advice (i.e. formal professional opinion).

- The concept of a peer is broader than mental illness – i.e. it could be someone with obesity issues for instance.
- Ideally the person works with other peers (in the same workplace or as part of a network) and is well supervised and mentored.
- Part of a team of people aiming to improve the wellbeing of patients.
- Is appropriately trained, for everyone's wellbeing.

2. Key definitions for comment

The following terminology was suggested by Flourish consumer representatives for use in the strategy (unchanged suggestions from MHCT are marked with a star, changes are underlined).

Carer – chosen family and friends with a personal lived experience of providing support to a consumer.

Consumer – a person who has a personal lived experience of mental health challenges and recovery and who has used mental health services.

Lived Experience – the personal experience of a person's own mental health challenges and recovery, or supporting someone with these challenges.

Peer support – formal, voluntary or paid support of people with mental health challenges (or those at risk of developing mental health challenges) by those with a lived experience as a consumer or carer.

*Peer work – the professional application of a lived experience perspective to consumers, carers and the mental health system, programs and services.

Peer worker – a person specifically employed based on their expertise developed from their own personal lived experience of mental health challenges and recovery, as either a consumer or carer.

*Peer workforce – the paid employment of peer workers within a professional work environment to specifically provide their expertise and perspective developed from their lived experience.

Recovery-oriented practice – A recognition that people can recover, facilitated by support for people to recognise and determine their own wellbeing by setting their own aspirations and practices.

Strategy Section 3 – Strategy elements

Understanding current practice

1. Do peer support or peer workers currently operate in your organisation?

No. However, three paid Flourish consumer representatives have recently been employed as peer workers in the community sector, and one with State Government.

Organisational readiness

2. Is your organisation committed to engaging peer workers?

No, but Flourish is committed to training, supporting and supplying them to other organisations through our recently TCF funded Peer Work Service.

3. What was the driver for creating peer worker roles in other organisations Flourish members have worked with?

A range of drivers are seen as contributing to the creation of peer work roles. The positive drivers were as follows:

1. Reduced aggression/anger from mental health consumers
2. An effective strategy based on research, leading to better health outcomes
3. Can reduce the stigma associated with mental ill-health
4. Prevention focus, reducing health costs
5. Cheaper labour costs, reducing health costs

A number of concerns were also raised regarding why peer workers have been employed in Tasmania and elsewhere:

1. Political – the need to look good without the necessary commitment to support peer workers.
2. Economics – simply a money saving venture that creates inferior roles with limited support.
3. Accreditation

Peer workforce attributes

4. How do peer workers contribute to organisations strategic objectives?

It was suggested that peer workers offer a unique perspective that other workers in the mental health system are unable to provide. Through their lived experience and current wellbeing, a range of objectives were seen to be furthered by peer workers, including:

- Working across prevention, early intervention and support.
- Workforce retention.
- Reduction in sick leave and presenteeism, and improved wellbeing of staff (i.e. greater self-care).
- Improve productivity through greater wellbeing.
- Increases chances that services are evaluated.
- Reduces stigma increases awareness around mental ill-health.
- Improve the reputation of organisations in the eyes of the consumer, by providing support and the experience of their own journey to wellbeing.
- Reduce the workload of other staff.
- Keep up with world's best practice.

5. What are the critical aspects for establishing a peer workforce in any organisation?

Flourish identified critical aspects for organisations and peer workers, as follows:

For organisations

- Roles must be well thought out and defined, although these will vary between and within organisations.

- Ensure staff within organisations with peer workers educate their staff about the role and value of peer workers, thus providing a supportive environment for peer workers to operate.
- Aim to ensure that the desired outcomes of organisational education improves knowledge and behaviours towards peer workers, as there can be some resistance to peer work (due to fears, concerns or poor attitudes towards people with a mental illness).
- Ensure organisations understand that peer workers aren't social workers or psychologists. i.e. they should not be expected to work with people who are suicidal.
- Can support other professionals as equals, and part of a team.
- Must be trusted to undertake appropriate tasks/roles, to build peer worker confidence and skills.
- Must be committed to peer work over the long term and give peer workers the opportunity to show their value to the organisation.

For peer workers

- They must be appropriately trained.
- Some consumer representatives suggested that the Certificate 4 in Peer Work was a minimum standard for training (this is supported by the National Mental Health Guidelines).
- Other training was also mentioned, including the shorter 'Intentional Peer Support' program run by SHARC, or Certificate 3 in Mental Health.
- Need professional supervision both inside and outside the organisation. Ideally this would come from an experienced peer worker who has supervision experience, or a social worker/psychologist, who understands the role of a peer worker.

6. What personal and professional attributes should be in a peer workers job description?

It is important that peer workers have both personal and professional attributes. Just having recovered from a mental illness was not seen as adequate. The following attributes were suggested for an excellent peer worker:

Personal	Professional
Down to earth	Act professionally
Good wellbeing	Collaboration
Willing to share to help others	Knowledge of barriers to good care
Lived experience as consumer or carer	Support service knowledge
Approachable, open, non-judgmental	Understand trauma
Value consumer views	Good communication
Belief others can improve their own lives	Can represent the consumer
Committed	Confidentiality
Team player who can build relationships	Good listener
Self-awareness and regular self-care (own self-care plan ideally)	Working with vulnerable people check
A desire to help others	Relevant technical skills (i.e. computing)
Empathy and compassion	Appropriately qualified
Positive attitudes and behaviours	
Good boundaries	
Adaptable	

A nice quote to summarise is as follows:

> *'Good peer support workers work in the space between clinicians and consumers. They need to be professional enough to have credibility and collaboration with the clinicians and down to earth enough to be able to form a therapeutic connection with the consumer. PSW needs to be recovered enough and have learned from their own experience in order to be useful to others'.*

7. What supports need to be in place for career progression? Or career pathways?

- Adequate and ongoing training, including Certificate 4 in Mental Health, Alcohol and Other Drugs and Peer Work – to be made available and easily accessible (i.e. supported by government through TAFE etc). Ensure courses have a good evidence base and are consumer focused.
- Ensuring adequate support and supervision of peer workers (in one-on-one supervision or group work). Ideally sometimes with other peers (a network).
- Support for self-care and wellbeing.
- Flexible work arrangements.
- Mentoring.
- Clear career pathway and recognition of skill development.

8. How can Flourish members/consumer representatives help organisations to be ready for peer workers?

- Education to all levels within organisations about the benefits of working with consumers (coming from consumers).
- Providing 'real life stories' by people who have a direct involvement in peer work roles, with a view to shifting some unhelpful attitudes.
- Reduce fears, anxieties and unhelpful assumptions associated with the unknown (i.e. peer workers).
- Supporting policies, frameworks and procedures for peer work.
- Bring a new perspective, increasing the diversity of opinion.
- Put together a 'readiness kit' that outlines all issues for peer workers before they are employed.
- Examining the improvements needed in current practice in Tasmania, and best practice elsewhere.
- Assist in peer program reviews.
- Assist in providing a range of study options for peer workers.

Peer Workforce models/structures

9. Peer worker models of practice in other jurisdictions and best practice

Flourish consumer representatives/peer workers suggested that the following jurisdictions/models/organisations offer good examples of peer work best practice:

- Flourish Australia
- Mind Australia
- St Vincent's Hospital in Melbourne – has an emergency department café run by peer workers
- Queensland's wellbeing hubs and the work done by Michael Burge at Queensland Mental Health
- Great Britain, Canada, Victoria, Wellways Tasmania
- Recovery colleges
- Gold Coast hospitals

Identifying challenges and opportunities

10. Benefits from developing a peer workforce in Tasmania

Flourish consumer representatives suggested that peer workers have value to organisations across all sectors, within and outside the health area. One person commented they could be the 'gel that is needed for the clinical model', through their ability to connect, and unique insight into both mental health challenges and wellbeing. This can have the effect of reducing stigma and improving attitudes towards consumers, and improving workplace culture. It also provides a career pathways for consumers, and could improve the overall operation of services and the lives of consumers in the system. One person said that the true value of peer work is 'incalculable' due to the potential impact. A nice quote is as follows:

> *A peer workforce could potentially revolutionise the mental health services and other services by embedding PWS's who not only can work with people experiencing mental illness but also advocate for them and educate those systems in best practice.*

11. Issues peculiar to Tasmania in considering a peer workforce

A range of issues were raised for developing an expanded peer workforce in the Tasmanian context. The positive aspects for Tasmania included the following:

- We have good leadership in Aaron Groves and support for peer workers is growing across all sectors.
- New services (i.e. Hospital in the Home) are employing peer workers as they are being developed. This is seen as beneficial to develop the team, rather than bringing in peer workers into existing (and potentially hostile) structures.
- Actions 2 and 3 of the government response to the Mental Health Integration Taskforce report taskforce support peer work.
- There are plenty of good examples to learn from in Australia and overseas.
- We have a nice environment and small, close knit communities.
- One participant stated that peer workers should be employed in smaller organisations to begin with, as they are less bureaucratic and enable easier integration of workers.

The difficulties/barriers Tasmania faces include:

- We are many years behind other jurisdictions.
- There is limited knowledge within services of the value of peer workers, and peer workers suffer from stigma.

- Some existing peer workers have experienced poorly defined roles and limited supervision, and have left their roles only a short time after being employed.
- Small population with significant rural population, making service delivery expensive.
- Some participants suggested that peer work roles need to be part-time (to maintain peer worker wellbeing), yet there is a reluctance to offer part-time work from some services.
- Insurance needs to be looked at, given to obtain workers compensation employees have to declare if they have a pre-existing condition. This means that peer workers by definition may not be covered for workers compensation, should their condition be made worse by their employment.

12. Ethical considerations to be addressed with engaging a peer workforce

- Risk of peer workers being 'triggered'
- Episodic nature of mental ill-health
- Discrimination against peer workers
- Ensuring consumers are aware of the role of the peer worker
- Understanding that peer workers can also be consumers, and taking steps to ensure they can look after themselves.
- Training to work with people from all backgrounds i.e. disability, race etc.
- Privacy and confidentiality
- Good support for peer workers to maintain their wellbeing (especially given the nature of these roles).
- Appropriate boundaries are created.
- Ideally, hours of work to be appropriate to the needs of the peer worker.
- Relevant legal considerations, such as the State Service Act, Anti-Discrimination Act etc.

Strategy Section 4 – Priorities and goals

Key strategy goals

- Better health outcomes and patient-centred care
- Addressing identified needs
- Safer workplaces
- Reductions in stigma, improved workplace culture
- Improve the relationships between organisations and consumers

Main elements of a strategy

- Clearly articulate what a peer worker is
- Clarify value of peer work (research and experience)
- Continuous improvement and best practice models
- Clearly defined roles
- Adequate and varied training
- Support for the current and future peer workforce
- Ensure peers play a part in planning and operational areas
- Evidence-based practice
- Promotion of innovation
- Monitoring and evaluation and improved data collection

In conclusion

Flourish members are very supportive of the development of the MHCT Peer Work Strategy, and are very supportive of peer work generally. They are keen to see the creation of more well defined and supported roles across the mental health sector, and within other organisations throughout Tasmania.

They are grateful for the opportunity to support the Peer Work Strategy.

Contact Flourish

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