September 2019

Peer Workforce Development

The thoughts of Mental Health Families, Friends and Carers

mental health families & friends TASMANIA

Your trusted voice in mental health

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Contents

Background

On behalf of the Mental Health Council of Tasmania (MHCT), Mental Health Families and Friends (MHFF – formerly Mental Health Carers Tasmania) engaged with mental health families, friends and carers to seek their views on the development of a Peer Workforce Strategy for Tasmania's Mental Health Sector.

In recent years more and more organisations within our mental health system have started to employ people specifically for the expertise they've developed through their personal experience of mental ill-health and recovery, as a consumer or carer. These jobs are referred to as 'peer worker' roles and this growing part of our workforce is referred to as the 'peer workforce'.

The peer workforce is spread across public mental health services and community service organisations. Given the growth and spread of the peer workforce, it would be helpful to have a strategy to support and strengthen its development. The Tasmanian Government has funded the Mental Health Council of Tasmania to develop a *Peer Workforce Strategy*.

Who did we invite to participate in the consultation process?

MHFF invited family members, friends and carers of people with mental ill-health to participate in the consultation process.

How did we promote the opportunity to participate?

On Wednesday 17 July 2019 MHFF sent an email promoting the opportunity to have a say to around 1137 people and organisations on its database. This includes 361 active carers, and other individuals and organisations who are interested in or support the activities of MHFF.

In addition, a webpage was established on the MHFF website and the information has been posted on the MHFF Facebook page.

MHFF also requested that MHCT, TasCOSS, Carers Tasmania and the Alcohol, Tobacco and Other Drugs Council of Tasmania promoted the opportunity to their members and networks.

How could people provide feedback?

Interested families, friends and carers could have their say by:

- completing a short online survey by Wednesday 31 July 2019 (see survey in Attachment 1);
- attending a discussion forum on Thursday 25 July 2019 at Mental Health Carers Tasmania, 2 Terry Street Glenorchy;
- an individual chat with Bec Thomas, Project Officer – Mental Health Carers Tasmania via phone or in person; or
- making a written submission via email or post.

Those who participated in the consultation process and provided their contact details were entered into a competition to win a $100 gift card.

What did we want to find out?

The MHCT asked us to gather information to help understand current practice, determine workforce gaps and needs, identify challenges and opportunities and consider potential solutions to address them.

We were asked to gather information focusing on the following four areas:

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:

- current practice in the sector
- organisational readiness for peer workers
- 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
- what a peer workforce model or structure should look like in Tasmania
- challenges and how to address them
- opportunities and how to progress them.

D. Priorities and goals for the sector.

We were interested to know what an ideal peer workforce looks like for mental health family, friends and carers. We wanted to hear their ideas on what's needed to deliver this. These views are essential to make sure the peer workforce is developed to make a real difference to the experience of family members, friends and carers accessing our mental health system.

Who participated?

We were delighted with the level of interest and participation by mental health family members, friends and carers.

MHFF received a total of 85 survey responses, with a completion rate of 61 per cent (52 responses).

A survey is considered 'complete' when the respondent answered all required questions they saw and clicked 'Done' on the last page of the survey.

A survey is considered incomplete or partial when the respondent entered at least one answer and clicked 'Next' on at least one survey page, but didn't click 'Done' on the last page of the survey.

Respondents spent an average of 12 minutes on the survey.

Source of survey data:

- 83 survey respondents;
- data input manually based on an email submission and follow up phone conversation with one respondent; and
- data input manually based on engagement with two respondents who attended the discussion forum (input as one combined response).

Based on this, 86 family members, friends and carers engaged with the opportunity to provide feedback.

What did we ask family members, friends and carers?

Question one asked respondents to provide contact details, and questions 2-16 were asked under the following headings (aligned with the areas MCHT asked us to focus on):

- What does an ideal peer workforce look like? (A. Vision)
- How are we going to get there? (D. Goals/Priorities)
- Your experience of the peer workforce (B. Current practice, expectations of roles and desired attributes/qualifications, challenges and opportunities)
- How should we talk about the peer workforce? (C. Definitions and terminology)

A copy of the questions can be found at Attachment 1 and the full survey results (de-identified) at Attachment 2.

What did family members, friends and carers tell us?

What does an ideal peer workforce look like? (Vision)

There appeared to be broad support for the proposed vision when asked a closed question on whether it captures the outcomes families, friends and carers would like to see from a peer workforce.

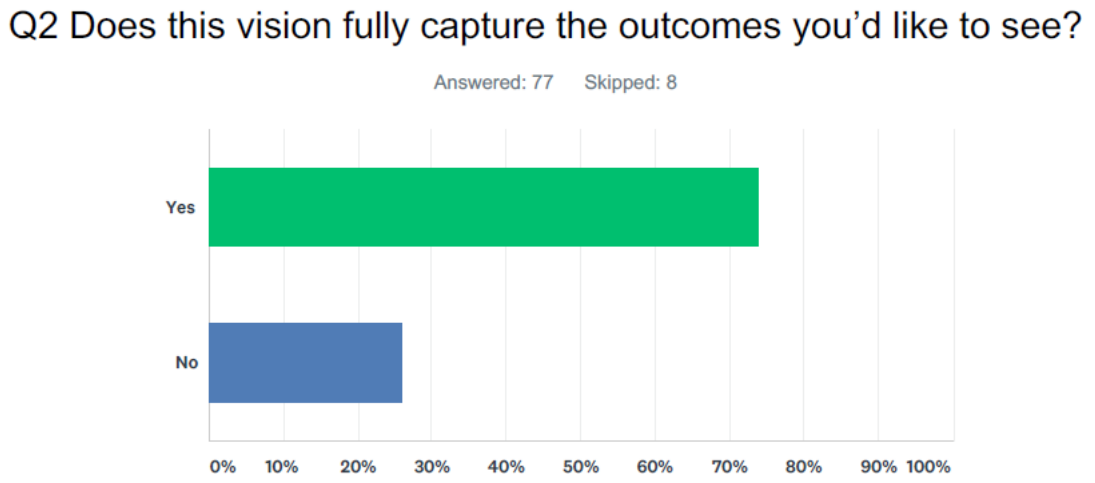
However, almost half of the survey respondents went on to comment on things they'd add or change, sending a strong message that they'd like to see a more person focussed rather than system centric vision. Further detail is provided below.

Proposed vision

The proposed vision '*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*' was put to respondents for consideration.

Asked to think about what we should aim for in developing the peer workforce, three quarters of respondents to this question agreed that the proposed vision captures the outcomes they'd like to see, as shown in the chart below.

As also shown, 91 per cent (n=77) of the 85 survey respondents answered this question.

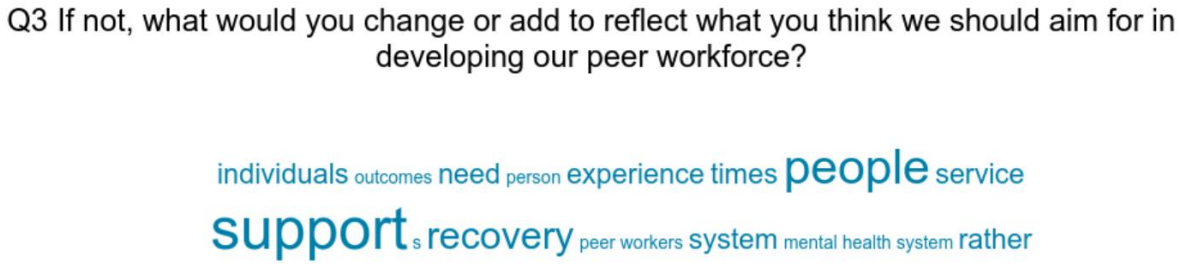


ANSWER CHOICES	RESPONSES	
Yes	74.03%	57
No	25.97%	20
TOTAL		77

What should we change or add to the vision?

Although only 26 per cent of respondents to question 2 said the proposed vision does not fully capture the outcomes they'd like to see, 42 per cent (n=36) went on to answer question 3, commenting on what they would change or add to reflect what they think we should aim for in developing our peer workforce.

The most commonly mentioned terms in response to question 3 are shown in the word cloud below.



Key themes that emerged from the responses were the need to make the vison people focussed rather than system centric; to incorporate the importance of soft skills; and the personalised and complex nature of the term 'recovery'. Further details and examples of comments are provided below.

People focussed rather than system centric

Around 60 per cent of respondents to this question made comments suggesting the vision **needs to be more people focussed, rather than system centric**. Comments include:

'More emphasis of and/or mention of individuals and communities'.

'Make it about the people and aim high, ie Every consumer and carer is assigned a peer worker as soon as possible into their journey'.

'Make it person centric rather than system centric, ie Promotes recovery of consumers and supports carers'.

'Deliver benefits to the mental health system – not sure about the wording or how that happens?'

'Better outcomes is very general. What outcomes? Better than what and for who?'

'The ideal vision is for consumers and carers to have access to peer workers all the way through their journey, from the very beginning, whether their journey begins in a GP clinic, community service or inpatient unit'.

It is recommended the vision is amended to be more people focused, rather than system centric, being more, or at least equally about the outcomes for consumers and carers and the 'system' or organisations within it.

Soft skills

In line with the comments above, another theme emerging in response to question 3 was a suggestion that the vision include terms reflecting that support and understanding are key aims in developing the peer workforce. **Support** was the most commonly mentioned term, alongside others including **understanding, compassion, care/caring, kindness, inclusion, diversity, encouragement and empathy**.

It is recommended the vision is amended to reflect that increased support and understanding are key aims in developing the peer workforce.

Recovery

Four respondents made comment about the concept of 'recovery' being used in the vision. It appears recovery is a very personal and individualised concept, with different meanings to different people. There is a view that the 'system' or organisations within it shouldn't determine what recovery looks like, rather that **recovery should be self-determined**.

It is recommended that if the term 'recovery' is used at all in the definition, it is reworded to 'support individuals through their self-determined recovery journey', rather than 'promote recovery within organisations'.

Again, reflecting the call for a more person focused rather than system centric vision.

How are we going to get there? (Goals/Priorities)

We asked three questions to understand what families, friends and carers think we need to do in order to achieve our aim of developing the peer workforce – what the focus areas should be, what actions should be taken and what the priorities should be.

The responses were similar across all three questions, with training, marketing and promotion/raising awareness, professional development and organisational capacity building emerging as the key themes. Further detail is provided below.

Focus areas

Respondents were asked what areas we should focus on to develop the peer workforce and 73 per cent (n=62) of the 85 respondents answered this question.

The most commonly mentioned terms in response to question 4 are shown in the word cloud below.

Training was the most commonly mentioned area, with half of the respondents who answered this question mentioning training and/or education or professional development. The need for training for both peer and 'non-peer' workers was mentioned.

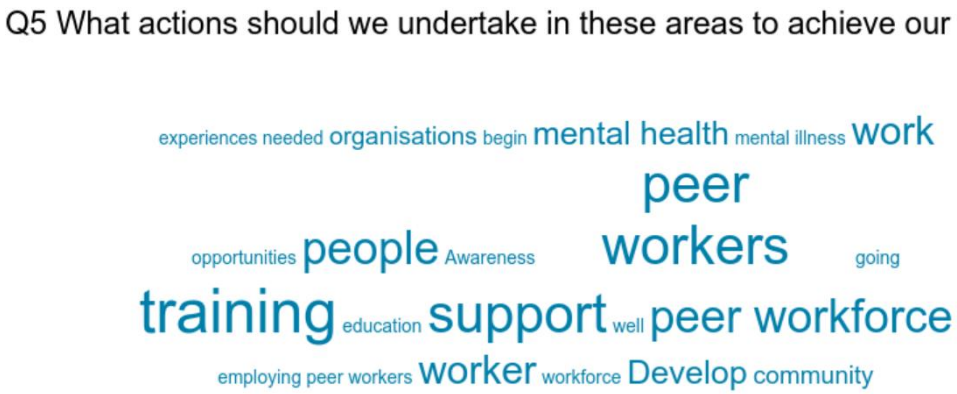
Raising **awareness and understanding** of the **role and value of peer workers** was also a common theme, also associated with **reducing/managing stigma** and ensuring the **culture** of an organisation values peer workers from the top down.

Other areas mentioned included **supervision frameworks**; **working collaboratively with other professions** including psychology, psychiatry, social work; and **recruitment** of people with good **communication skills**.

Actions

Respondents were asked what actions we should take to develop the peer workforce and 72 per cent (n=61) of the 85 respondents answered this question.

The most commonly mentioned terms in response to question 5 reflected a similar word cloud to question 4, as shown below.



In line with the focus areas identified, family members, friends and carers commonly identified specific actions that could be grouped into the categories of training, marketing and promotion, professional development and organisational capacity building. Further detail is provided below.

Training (41%)

Purposeful storytelling, structure of the mental health system, services and programs available, ethics, boundaries, safety, self-care and courses such as Mental Health First Aid, Lifeline Phone Counselling, Trauma Informed Care.

Marketing and promotion/awareness raising (26%)

What is a peer worker? What is and isn't in the scope of their role? How can they help consumers, carers and services? What are the criteria and opportunities to be a peer worker?

Share stories of peer worker experiences (case studies) and the experiences of consumers and carers who have been supported by peer workers.

Awareness and education sessions and online resources, information packs for workplaces.

Professional development (13%)

Professional supervision, carer peer worker network, mentors.

Organisational capacity building (8%)

Outsource responsibilities where required: *'If an organisation is too small or does not have capacity, it must outsource training, supervision and professional development'.*

Develop policies and procedures.

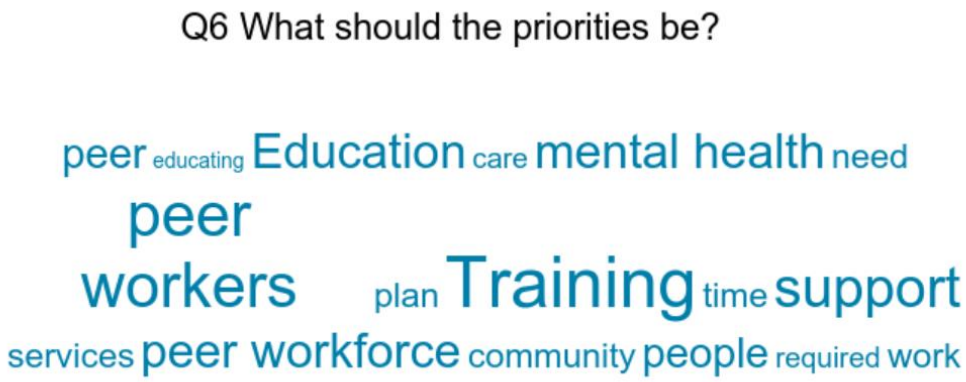
Act to improve culture – no stigma or discrimination.

Attract and recruit the 'right' people with good communication skills.

Priorities

Respondents were asked what the priorities should be and 71 per cent (n=60) of the 85 respondents answered this question.

The most commonly mentioned terms in response to question 6 reflected those for questions 4 (focus areas) and 5 (actions) and are shown in the word cloud below.

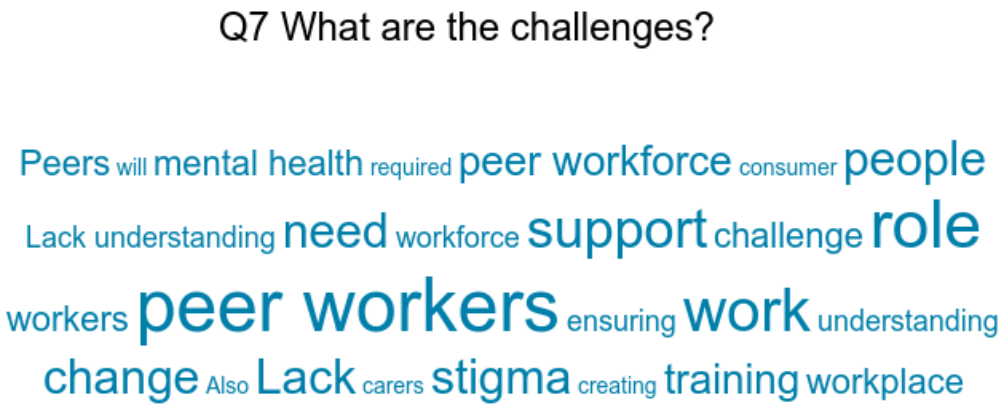


The comments as to what the priorities should be mirrored those to questions 4 and 5 and have been sufficiently conveyed above.

Challenges

Respondents were asked what are the challenges in developing the peer workforce and 69 per cent (n=59) of the 85 respondents answered this question.

The most commonly mentioned terms in response to question 7 are shown in the word cloud below.



Family members, friends and carers commonly identified challenges in relation to organisational capacity, recruitment and retention, training, awareness/understanding, resources and support. Further detail is provided below.

Organisational capacity (42%)

Respondents expressed concern about organisational 'readiness' in relation to both policies/procedures and culture, with challenges including:

- Indifferent attitudes
- Risk averse institutions
- Willingness to let go of power and control
- Challenging workplace practices and culture
- Stigma – overt or hidden
- Not being accepted or taken seriously or considered as equal colleagues to other health professionals
- Regaining trust of those they have let down
- Policies and supervision frameworks
- Getting the management structure, development strategies and guidelines together in a timely manner

Another comment in relation to organisational capacity related more to the importance of achieving the professionalisation of the peer workforce without unnecessary bureaucratisation that defeats the purpose of peer worker roles, with the challenge put forward as:

> *'Potential bureaucratisation of a Peer Worker service. The very growth of professionalism may eventually obscure the original purpose. Aligned to the above is the possibility of a Peer Worker being allocated to a minor role in the recovery/treatment process.'*

Recruitment and retention (25%)

In relation to recruitment and retention of people to staff the peer workforce, the challenges identified include:

- Offering a remuneration amount that attracts people to the role
- Recruiting the 'right' people
- Retaining peer workers – supporting their wellbeing and providing career pathways

Training (17%)

In relation to training, the key challenges identified include:

- Establishing well-recognised qualifications and offering the opportunity for staff to obtain qualifications
- Providing quality training, an ongoing training program and flexible delivery options
- Finding quality training providers

Awareness/understanding of peer workforce (17%)

Families, friends and carers note the challenge associated with a lack of understanding of the peer workforce.

They note the role of a peer worker is not well understood and it may be difficult for the community and workplaces to accept change and acknowledge the value of peer workers.

Resources (15%)

Lack of sufficient resources to implement the changes required was identified as a challenge, both in funding and people (linked to recruitment and retention above).

In relation to funding, the non-existent or time-limited nature of funding for the peer workforce was noted as a challenge for both public Mental Health Services and non-government organisations. One respondent commented:

> *'Funding is a massive challenge. Funding needs to be extended for a longer period and more easily accessible for workplaces to employ peer workers and to continue their education'.*

In addition, sufficiently resourcing the peer workforce to reach out to those in a rural area or who are completely absorbed with their responsibility as a carer was identified as an issue:

> *'The capacity of Carers on the fringes (due to locality or absorption with caring role) to access a Peer Worker when required'.*

Support for peer workers (10%)

Also linked to both organisational capacity and recruitment/retention, respondents noted the challenge of providing sufficient support for peer workers' wellbeing, well summarised by this comment:

> *'Supporting participants to have access to regular counselling and debrief for self-care so that assisting others does not lead to a setback in recovery'.*

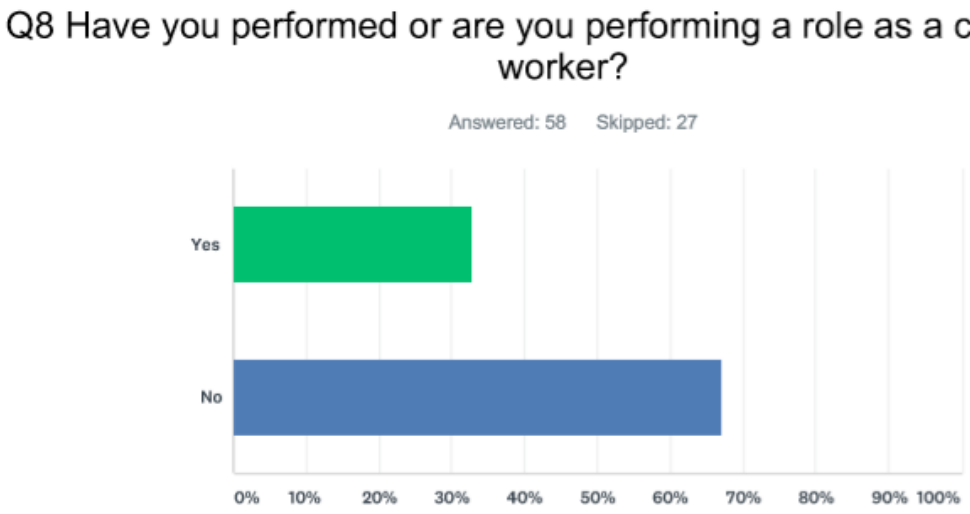
Experience of the peer workforce (Elements of the workforce)

We asked six questions to gather information from families, friends and carers to help gather information about current practice, expectations of roles and desired attributes/qualifications.

Experience as a Carer Peer Worker

One third of respondents (n=19) who answered this question have performed or are performing a role as a Carer Peer Worker, as shown in the chart below.

As also shown, 68 per cent (n=58) of the 85 survey respondents answered this question.



ANSWER CHOICES	RESPONSES	
Yes	32.76%	19
No	67.24%	39
TOTAL		58

Respondents who answered yes were asked what was/is good about their experience and what could be improved. Common themes are outlined below.

What was/is good about the experience?

Those who have or are performing a Carer Peer Worker role told us that making a difference to the wellbeing of themselves and others was one of the best things about their experience, with paraphrased comments including:

- Carers feel comfortable to disclose things they have never told any other service staff.
- Seeing change for self and others (colleagues and participants).
- Reducing isolation and stigma.
- Learning new ways of navigating power, reclaiming a sense of purpose and identity outside of labels, finding transformative meaning for my experiences, healing for myself, healing in relationships.

- A feeling of empowerment and being valued. Being part of something that is making others' lives better.
- Being able to assist families in understanding they aren't the only ones confused by the system as well as validating their experiences. Reassurance, support and empathy.
- Coming alongside someone to provide a unique perspective while also drawing on a suite of professional tools and resources from training and work experience.
- The ability to share lived experience with carers who appreciate talking to someone that understands and is willing to listen and value the shared story.
- Support from team including management. Intentional peer support is amazing.

What could be improved?

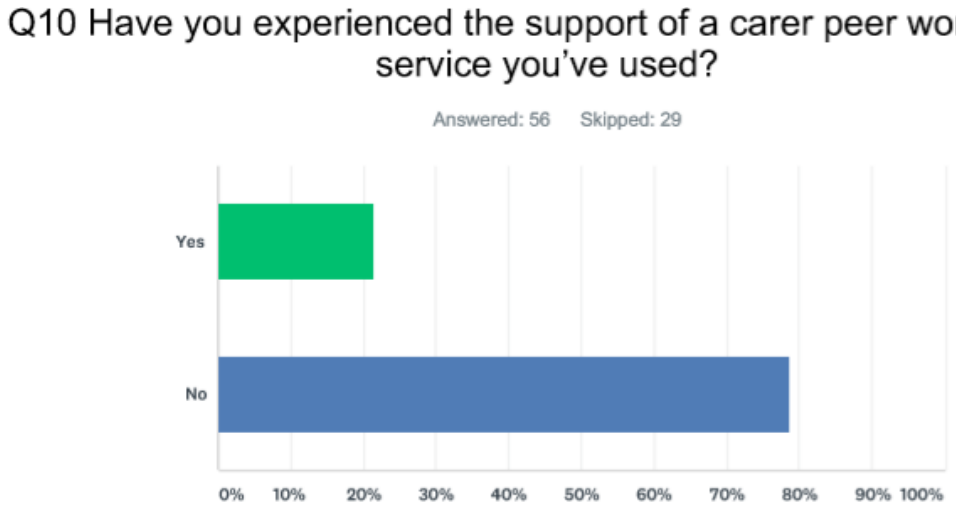
Those who have or are performing a Carer Peer Worker role told us that training, professional development and support mechanisms and workplace culture could be improved, with paraphrased comments including:

- Training for peer workers, specific to peer workers.
- Increased peer supervision options and access to supervision.
- Access to supports.
- More training to professionals to include and accept peer workers.
- Managing the discrimination and stigma that occurs – even from other professionals.
- Workplaces recognising the opportunity having peer workers provides.

Experience being supported by a Carer Peer Worker

One fifth of respondents who answered this question (n=14) have experienced the support of a Carer Peer Worker in a service they've used, as shown in the chart below.

As also shown, 66 per cent (n=56) of the 85 survey respondents answered this question.



ANSWER CHOICES	RESPONSES	
Yes	21.43%	12
No	78.57%	44
TOTAL		56

What was/is good about the experience?

Those who have experienced the support of a Carer Peer Worker told us having someone who understands based on their own similar experience helps in 'keeping it real'. Comments include:

> *'Coming from a position of sharing their own experience rather than professional barrier us/them dichotomy'.*
>
> *'I loved that I could debrief with someone who understood the struggle'.*
>
> *'It's really good, they're there for you when you're at your lowest and are willing to help you get the help you need'.*
>
> *'Their input has always been valuable and grounding, helping 'keep it real'.*

What could be improved?

Those who have experienced the support of a Carer Peer Worker told us that the experience could have been better if:

> *'the person had been trained (not) to make the session all about them…they also seemed a bit isolated from their team'*; and
>
> *'there was increased availability and funding options for the carer peer service'.*

Duties of a Carer Peer Worker

We asked families, friends and carers what duties should be included in a Carer Peer Worker job description and 56 per cent (n=48) of respondents answered this question.

Comprehensive responses on the duties to be included in a Carer Peer Worker job description included the following:

> *'Great verbal and written communication skills, adaptable, experienced, qualifications, reliable, and honest. Ability to develop strategies to meet persons needs and de-escalate situations. Provide care, therapy and support in many tasks. Good observation skills. Precise documentation skills. Patience. Clinical knowledge of mental health diagnosis'.*

> *'Support carers – guide and empower but don't advise. Empower carers to self-advocate – to know their needs and how to meet or advocate for them. Reflect on lived experience and purposefully share stories to provide perspective to carers and clinicians. Be fully present in conversations with carers – sound communication and active listening skills. Empathy and compassion'.*

Key themes included sharing lived experience, an understanding of the mental health system, individual support and organisational support as further detailed below.

Sharing lived experience

The ability to purposefully share personal experience in caring for someone with a mental illness was identified as an essential requirement of the Carer Peer Worker role.

There were comments reflecting the importance of 'purposeful' storytelling and the ability to reflect on lived experience to purposefully share stories, with both carers and fellow team members.

Understanding of mental health system

Respondents told us a core duty should be to introduce carers to services and programs, which requires a good understanding of the mental health system at all levels and knowledge of the programs, services and support mechanisms available.

Individual support

Respondents told us Carer Peer Workers should be able to '*support carers to walk through intimidating doors*', to '*encourage and inspire carers*'.

Providing one-on-one individualised support to carers was commonly identified as a core duty of a Carer Peer Worker role, with commonly suggested attributes including being a good listener, empathetic, respectful, caring, empowering and supportive. Mentoring and advocacy were also mentioned as important components of the role.

Organisational support

Respondents told us that supporting organisations to be more inclusive of carers was another core duty of Carer Peer Workers, by reviewing policies and practices through a carer lens, contributing the carer voice to team meetings, advocating for carers and case management as examples of providing organisational support.

Qualifications and training for Carer Peer Workers

We asked families, friends and carers what qualifications and training Carer Peer Workers should obtain and 62 per cent (n=53) respondents answered this question.

The most commonly identified training/qualifications include:

- Certificate IV in Peer Work (Carer)
- Mental Health First Aid training
- General counselling course
- Suicide awareness/prevention training
- Purposeful storytelling
- Self-awareness
- Intentional peer support
- Mental health/illness, diagnoses and treatment options
- Mental health system and services available

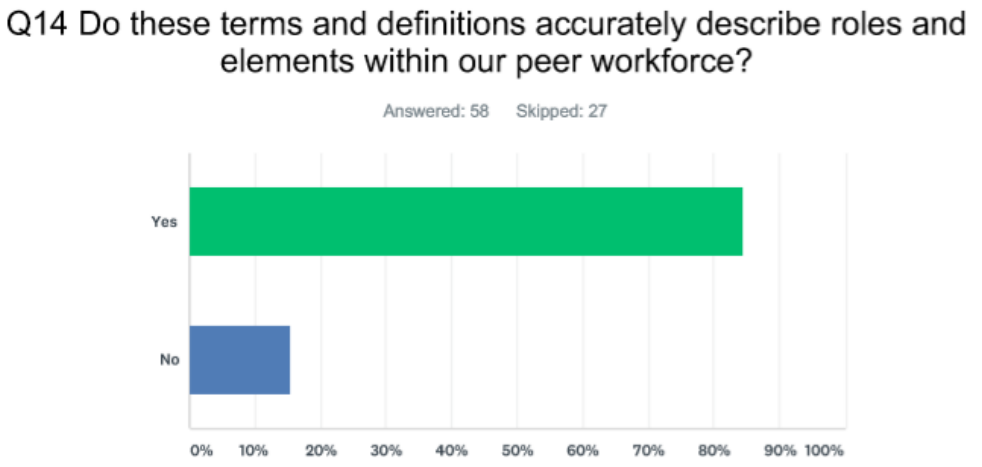
Other comments noted that whilst qualifications are good to have, the lived experience and ability to share that in a caring and supportive way is more important than having a qualification.

How should we talk about the peer workforce? (Definitions and terminology)

Respondents were asked whether the following proposed terms accurately describe roles and elements within our peer workforce:

- **Carer** – 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 ill-health and recovery and who has used mental health services.
- **Lived Experience** – the personal experience of a person's own mental ill-health and recovery or supporting someone with mental ill-health.
- **Peer support** – formal, voluntary or paid support of people with mental ill-health 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 ill-health 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** – support for people to recognise and determine their own recovery and well-being by setting their own goals, practices and aspirations.

As shown in the chart below, 68 per cent of respondents (n=58) answered this question, with 84 per cent agreeing that the proposed terms do accurately describe the roles and elements within our peer workforce.



ANSWER CHOICES	RESPONSES	
Yes	84.48%	49
No	15.52%	9
TOTAL		58

Suggested changes to terms or definitions

Although only nine respondents said the proposed terms and definition do not accurately describe roles and elements within our workforce, 20 respondents put forward suggested changes to the proposed terms or definitions, with suggestions outlined below.

Consumer

Eight respondents rejected the term 'consumer', with comments including:

> *'They are obviously a consumer if they are getting support and **someone** sounds nicer and is consistent with other definitions'.*
>
> *'Consumer denotes a choice. '**Client/patient/participant** is much better'.*
>
> *'Consumer = **Participant'**.*
>
> *'Consumer denotes only a one way contribution this is not so. **Participants** is a better word'.*
>
> *'Consumer is a poor choice for a term used to describe a person who lives with mental illness accessing assistance. **Participant or person who lives with mental illness** would be preferable'.*
>
> *'Consumer is a bit wonky – this is a role that's always hard to name!'*
>
> *'Consumer needs to go. Sick of hearing it. It should be changed to **Service User**. A consumer is someone who consumes a product and is related to retail services. A service user is someone who accesses a service and it destigmatises the person who is accessing said services'.*
>
> *'Consumer is a problematic term in that it implies passive consumption of a service or product or tablet. Not sure what other term you can use but change the definition please.'*

Carer

Three respondents rejected the term 'carer', with comments including:

> *'The word carer is in my view loaded and uncomfortable. I haven't yet found a more suitable word, partly because all stakeholders use it, including peak groups and funding bodies'.*
>
> *'Carers = **Supporters**: family, friends and carers with a lived experience of providing support'.*
>
> *'Carer' – many people do not relate themselves as a carer, they are **a friend or family member**. The term causes confusion and stops people in a supportive role accessing help as they don't perceive themselves as a carer. A more suitable term may be a **Mental Health family peer worker**'.*

Another comment related to the use of the term 'lived experience' denoting everything is in your past and suggested that '**living expertise**' is preferable.

One respondent summed up the proposed terminology and its contentious nature well, commenting that it is *'difficult to have "labels" that suit everyone. The ones above are as good as any and possibly reflect current usage in Australia'.*

Other comments

Families, friends and carers were invited to provide any other ideas or feedback on the development of the peer workforce, and 32 chose to take up this opportunity.

The additional ideas and feedback provided are diverse and many are comprehensive, therefore it would not do the respondents justice to try to summarise the feedback here. Rather, it can be viewed on pages 55-57 of Attachment 2.

In closing

Mental Health Families & Friends Tasmania is very grateful for the engagement of mental health families, friends and carers in this consultation process – thank you so much to each and every one of you who took the opportunity to provide your views.

This report will be provided to the Mental Health Council of Tasmania to help inform the development of our peer workforce in Tasmania's mental health sector, to improve the experience of consumers, families, friends and carers and staff and organisations within the sector.

We thank the Mental Health Council of Tasmania for the opportunity to provide input into the development of the Peer Workforce Strategy for Tasmania's Mental Health Sector.

mental health families & friends TASMANIA

Your trusted voice in mental health