



A Mental Health Peer Workforce for Tasmania

Overview

Purpose

This paper has been designed to provide guidance on the role, recruitment, integration and value of a paid peer workforce. Flourish Mental Health Action in Our Hands Inc. (Flourish), Mental Health Carers Tasmania (MHCTas) and the Mental Health Council of Tasmania (MHCT) acknowledge the significant contribution made by volunteer peer workers, however we would like to strongly suggest that mental health services should seriously consider employing peer workers in paid positions and that, as expressed by the National Mental Health Consumer and Carer Forum, 'the development of competencies, qualifications and an award structure for identified consumer and carer workers will do much to assist employers to clarify these arrangements' (NMHCCF, 2010).

This paper does not include discussion of volunteer peer worker positions, although many of the issues raised are relevant to their work situation as well.

Who are we?

Flourish is an independent Tasmanian not-for-profit organisation established to provide a strong voice for the state's mental health consumers. Flourish works with consumers, government, service providers and families to ensure that the delivery of mental health services is a quality process that meets the needs and expectations of all consumers.

Mental Health Carers Tasmania is a state-wide leader in the provision of mental health carer support. We aim to improve the quality of life for Tasmanian families, friends, carers and supporters of people living with mental health issues and mental illness.

Mental Health Council of Tasmania is the peak body representing the interests of the community mental health sector in Tasmania including service provider organisations, and consumers and carers. Our mission is to represent, support and facilitate collaboration in the community mental health sector for the benefit of all Tasmanians. Our vision is a Tasmanian community based on human rights principles where mental health and wellbeing are supported and promoted.

These three organisations are leaders in the community managed mental health sector, representing consumers and carers and community managed mental health service providers. As a group, we feel very strongly that the peer workforce must be an **essential component**, not an 'add on', to any mental health support team. Peer workers have faced, endured and overcome adversity; they offer an incomparable level

of experience, support, empowerment and hope to others in need. The National Standards for Mental Health Services 2010, Standard 3 Consumer and carer participation, clearly states that consumers and carers are included in planning, service delivery, evaluation and quality programs.

We recognise the unique and powerful contribution that peers bring to consumers' and carers' experiences in the community.

We urge the mental health sector to introduce peer workers into mental health support teams. Peer workers provide an innovative approach to mental health service delivery. We believe the insight of people with the lived experience and broad understanding of mental illness is a **powerful support tool that must be utilised**. Engaging consumers and carers in these roles will enable services to meet the needs of their clients more effectively. **Without the engagement of peer workers, mental health service provision in Tasmania is withholding a truly valuable service.**

Value of peer workers

Peer workers are visible role models that foster hope and inspiration for recovery. They provide a natural and empathetic support, which challenges existing attitudes by modelling *what is possible*. Peer workers can increase levels of community integration, and offer people a chance to practice social skills and social functioning (NHS 2013 & Biedrzycki 2008).

Mental health services and systems positively benefit from the employment of peer workers because they can be very effective at establishing connections, acting as a bridge between clients and other staff. The value of peer work is also demonstrated for peer workers themselves, as it provides workers with an opportunity to draw on a difficult experience and inspire others (HWA 2014).

The peer worker role

The varied roles undertaken by peer workers in the mental health sector are dependent on the setting and organisational context. In some settings, the role is specifically designed to utilise the expertise of lived experience, while in other roles the peer workers are in positions which are equally filled by non-peer workers, such as community mental health. The settings that peer workers are employed in include acute care facilities, supported residential facilities, step down hospital to community settings and roles in community support (Biedrzycki 2008).

Key functions relating to the mental health peer workforce can include:

- Individual advocacy
- Peer support
- Systemic advocacy and representation
- Health promotion
- Education and training
- Quality and research
- Coordination and management
- Policy development.

Challenges

Introducing peer workers can be a complex process especially as they are often employed with positive intentions, but with insufficient preparation.

- The roles and responsibilities of peer workers are often unclear. Role clarity is important not only for peer workers but also to ensure other staff are clear about the purpose and scope of peer roles.
- Negative attitudes from mental health practitioners to peer workers are consistently reported as a barrier to the employment of peer workers. Some mental health staff members do not value the role of consumer or carer peer worker, and may have concerns about the capacity of peer workers to contribute to service delivery.
- Boundaries and confidentiality may be a particular concern with regard to peer workers. Lack of clarity regarding disclosure of personal information by peers to others, and disclosure of confidential information to staff by peers about the consumers or carers that they work with, can be problematic.
- As the peer workforce is relatively new, there may be limited opportunities for peer workers to network and gain professional support (HWA 2014).

Preparation and integration

The following are some strategies we believe are integral to the introduction of peer workers into mental health settings:

- A clear job description and role clarification – endorsed by key stakeholders (including program administrators, supervisors and staff) and a clear policy for evaluating competencies and job performance.
- Engagement and commitment from many different parts of the organisation. Involving non-peer staff and organisational leaders, as well as people in recovery and their families throughout the process of creating peer positions.
- Where possible, starting with at least two peer staff within any program, team, or work unit to facilitate their transition to this new role and giving them the opportunity to share job experiences and provide mutual support to each other.
- Having a senior administrator take on the role of peer staff “champion” who can address issues that arise on a systemic level and who keeps the development of peer services a priority for the agency.
- Providing training for peer staff that covers the specific skills and tasks required by their roles.
- Providing supervision for peer staff that concentrates on job skills, performance, expectations and support, including debriefing.
- Providing training and education for non-peer staff that outlines expectations of peer staff, ethics, boundaries and adopting a respectful attitude toward all co-workers.
- Sharing resources to support peer workers and promote communication. The Centre of Excellence in Peer Support (www.peersupportvic.org) is an example of a centralised specialist clearinghouse and online resource centre for mental health peer support.
(HWA 2014, Repper 2013, Davidson et al. 2012 & Biedrzycki 2008)
- Peer workers must be remunerated at a level commensurate with their skills and be sustained in the role with high-quality, ongoing training and supervision, with the support of national competencies and standards.

Training and qualifications

All peer worker training should aim to build on individual strengths, offering constructive feedback, celebrating success; valuing difference and to provide opportunities for everyone to learn, regardless of their experience. Peer work courses generally cover communication skills (particularly active listening); mutual problem solving; wellness and personal recovery planning; managing challenging situations; valuing difference; code of conduct and ethical considerations; team working and managing personal information and telling your own story (Repper 2013).

Certificate IV in Mental Health Peer Work CHC42912 (RTO Connect – Tasmanian Health Organisation South) is one of the first mental health peer work VET qualifications implemented in Australia (2014-15). It covers consumer workers and carers who are employed within the mental health sector in government, public, private or community managed services. This qualification is specific to workers who have lived experience of mental health problems as either a consumer or carer.

The six core units of the Certificate IV in Mental Health Peer Work cover:

- Applying peer work practices in the mental health sector
- Contributing to continuous improvement of mental health services
- Applying lived experience in mental health peer work
- Working effectively in trauma informed care
- Promoting and facilitating self-advocacy
- Contributing to work health and safety processes.

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