

Employer's guide to implementing a peer workforce

- 1 A case
for your
organisation
- 2 Planning
Toolkit
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Guides



Peer Work Hub
growing the lived experience workforce

Vision Statement

People with lived experience have unique expertise that can be transformative for people who access services, their families, carers and for mental health services and systems.

To achieve a recovery-oriented system of mental health and social support, we need peer workers everywhere in that system. We need peer workers to provide peer support to consumers and carers. We need peer workers to participate in quality improvement, evaluation, and design of services. We need peer workers in policy and planning roles. We need peer workers in management positions and working as system leaders.

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Welcome

Welcome to Peer Workforce – a case for your organisation

Peer Workforce – a case for your organisation outlines why mental health and community service organisations in NSW would benefit by developing a peer workforce.

By exploring all three sections of this business case you will find:

- definitions of what a peer worker does
- why peer workers are important
- examples of effective experience to date in Australian and internationally

Alongside this proposal, you can access a practical Toolkit designed to equip you to develop a peer workforce or expand an existing one. The toolkit covers planning and recruiting, through to supervising and evaluation. It discusses common pitfalls and how to avoid them and also dispels common misconceptions about peer work.

A number of specialist terms describe how the language and values of peer workers can transform aspects of service delivery. While many of these may be familiar to you, others may not. If you are in doubt about specific words, you may find it useful to consult our companion Language Guides which include a glossary.

Introduction

As the landscape of mental health and community services in Australia changes to become more person centred, services and organisations must seek an understanding of mental health consumers' experiences in order to design and develop services that better meet their needs and preferences.

The emergence of the peer workforce addresses this need as more organisations look to the first-hand experience of consumers, and of families and carers, to help them deliver services that are fit for purpose and sustainable.

Strong evidence now suggests that employing peer workers, or experts by experience as they are commonly known, has a positive impact on the quality of services and client outcomes.

Peer work has been pioneered in the mental health sector, and most evidence and examples of practice therefore derive from mental health services and systems.

However, this evidence can be applied more generally. Any community, government or private organisation which provides support and services to people who experience mental illness stands to benefit from including peers as an integral part of their workforce.

Peer workers stand as a living testimony to the potential of everyone with mental health problems to recover and to contribute in a significant way to the services they receive. They demonstrate the role that services can play in this if they can make the right opportunities available. The employment of peer workers in itself therefore drives change towards more recovery-focused organisations.

JULIE REPPER, ASSOCIATE PROFESSOR OF RECOVERY,
UNIVERSITY OF NOTTINGHAM, UK

“A peer workforce is living proof that recovery can happen, is real and is sustainable.”

**Fay Jackson, General Manager
Inclusion, RichmondPRA**

1. Peer work 101



‘A peer workforce is living proof that recovery can happen, is real and is sustainable. If an episode of feeling mentally fragile does occur, peer workers are often able to keep working, sometimes with adjusted duties, pick up their recovery again and learn from the experience. Peer workers model this recovery and resilience to the people they support, other staff, partners, families, other services and the community at large. They also model pride in their recovery and are able to speak about their roles in purposeful ways that bring learning and understanding to all who hear.’

**FAY JACKSON (2014) DEPUTY COMMISSIONER MENTAL HEALTH COMMISSION
OF NSW AND GENERAL MANAGER OF INCLUSION, RICHMONDPRA**

What is a peer workforce?

The peer workforce is increasingly being looked to in Australia to help transform services and systems.

This is particularly prevalent in the mental health sector and is part of a worldwide movement to embed recovery-oriented practice and transform mental health services and service systems.

Mental health peer workers are key to building and developing this service and system orientation as they understand and support the philosophy of recovery.

The peer workforce in the mental health context refers collectively to a workforce that:

- uniquely requires the qualification of lived experience of mental illness and recovery, with its accompanying unique understanding of what people accessing mental health services and their families and carers are experiencing

- is evidence-based
- complements the skill and expertise of other mental health professionals with skills and expertise learned from the personal experience of mental illness and recovery
- is key to embedding person-first, recovery-oriented and trauma-informed models of recovery in mental health services.

What is a peer worker?

A peer worker is someone employed on the basis of their personal lived experience of mental illness and recovery (consumer peer worker), or their experience of supporting family or friends with mental illness (carer peer worker).

This lived experience is an essential qualification for their job, in addition to other qualifications, skills and experience required for the particular role they undertake.

When considering developing a peer workforce it is important to understand that the needs of consumers and carers are different and therefore the roles of consumer peer workers and carer peer workers are distinct. Consumers and carers should not be expected to provide expert advice or assistance on behalf of each other.¹

While many people in the workforce have personal lived experience or support family or friends with mental illness, they are distinguished from peer workers because they are not required to be open about, and purposefully use or share, this lived experience in the course of their job. Peer workers by definition draw on their lived experience of mental illness and subsequent recovery in conversations, documentation, decision-making and advocacy.

¹ National Mental Health Consumer and Carer Forum, The mental health consumer and carer identified workforce – a strategic approach to recovery, NMHCCF, Canberra, 2010, p. 19, retrieved 12 January 2016 from <nmhccf.org.au/sites/default/files/docs/mhca_carewf_layout_16-9_0.pdf>.



What roles do peer workers fill?

Peer workers are employed across a number of areas in public, community and private settings. Their most common role is peer support, directly supporting people experiencing mental illness, or their family and carers, by sharing their lived experience.

Peer workers also work in management, advocacy and representation; as consultants and advisers; to promote health; to educate and train; as supervisors; or to undertake quality, auditing and research. Specialist peer work positions may also be created for different population groups, including, for example young people, older people, Aboriginal and Torres Strait Islander

communities, culturally and linguistically diverse communities, and forensic patients. Peer workers support people in their recovery and caring journey as well as improving the capacity of services and systems to do the same. The range of roles and functions a peer worker may undertake is growing, but an indicative list is provided in Table 1.

Table 1: Peer work roles and functions

Function	What this might look like
Individual advocacy	Assisting with resolving issues at an individual level. For example, assisting someone to ask about medication issues, or to access social housing; or assisting a family member to obtain the benefits and other entitlements.
Peer support	Helping to restore hope and personal power and inspire people to move forward with their lives. For example, sharing stories of recovery with a person accessing mental health services, facilitating a peer support group.
Systemic advocacy and leadership	Attempting to resolve collective issues at an organisational, systemic, community and/or leadership level. For example, advocating for changes to policies and procedures within a service, or representing the interests of consumers or carers within legislative or other decision-making processes.
Health promotion	Assisting with improved mental health, social and emotional wellbeing, and physical health. For example, physical health coaching or supporting access to health and fitness services in the community.
Education and training	Providing education from a lived experience perspective for consumer and carers, people working in mental health services and/or general community members. For example producing and facilitating or co-producing and co-facilitating courses with other mental health professionals in education settings.
Research and innovation	Leading or co-producing research projects in areas that impact on lived experience. For example, researching the impact of peer support for family and friends; or effective models of support for different age groups or culturally and linguistically diverse communities.
Coordination and management	Coordinating service delivery, managing budgets and other resources, managing peer workers and other staff, and service and program evaluation. For example managing businesses or private services, or working in management and coordination positions in public, private or non-government organisations.
Practice supervision	Providing coaching, mentoring or supervision to other peer workers as well as to others working in mental health services. This might be provided internally or sourced from external agencies or private providers.



“Peer workers have had a positive impact on NSLHD. Our aim is to continue to grow our peer workforce both in numbers and the scope of roles.”

Andrea Taylor, Director, Mental Health Drugs and Alcohol, Northern Sydney Local Health District

Peer work in action – a snapshot

Peer workers have had a positive impact on Northern Sydney Local Health District (NSLHD) since it started its peer work program 23 years ago, particularly as it has shifted towards a recovery-oriented culture. Today NSLHD continues to grow its peer workforce both in number and the scope of roles. It aims to involve peer workers consistently in supporting people with their wellness plan, and to develop a casual workforce to fill in gaps when people are away. Peer workers participate in interviews for new staff, and in orientation programs for everyone from clinicians to the cleaners.

Peer workers have also helped NSLHD to meet its performance targets around social inclusion and activities within adult mental health services.

2. Why peer work is important for your organisation

Peer workers assist in the delivery of mental health services that are based on principles of recovery. The emphasis on recovery supports a person's unique and personal journey towards a fulfilling, hopeful and contributing life. This includes achieving his or her own aspirations, despite the difficulties or limitations that can result from the experience of mental illness.

Three main practices are at the heart of achieving these outcomes and they are:

- Recovery-oriented practice
- Person-centred approaches
- Trauma-informed care

Peer work is consistent with recovery-oriented practice

The importance of peer workers and peer support in promoting the principles of recovery is acknowledged both nationally and internationally.

In the *Mental Health Peer Workforce Study*, Health Workforce Australia (HWA) argues that one of the key reasons for the development of a peer workforce is the national requirement for mental health services to adopt recovery-oriented practice.²

For some time peer work has been embedded in national mental health policies and plans. The Fourth National Mental Health Plan 2009–2014 calls for an increase in consumer and carer employment in clinical and community support settings and for mental health services to adopt a recovery-oriented culture. An anticipated Fifth Mental Health Plan is expected to give priority to the adoption of a recovery-oriented practice within mental health

services, and the development of supportive infrastructure to enable the expansion of the peer workforce.

The release of the *National Framework for Recovery Oriented Mental Health Services* in August 2013 represents a landmark moment in the recovery reform agenda for the mental health system in Australia. The framework is designed to provide guidance for all mental health professionals to align their practice to recovery principles. It notes that peer workers will be an important element of a recovery-oriented workforce.

The framework will encourage a fundamental review of skill mix within the mental health workforce. As services heighten their value of lived experience, the balance in the workforce between experts by training and experts by experience will continue to shift, and there will be an expanded role for peer practitioners – people in recovery, their families and their carers. The framework will influence the design and development of innovative service models and systems of care such as trauma-informed approaches and services designed and operated by people with a lived experience.³

Peer work is person-centred

Person-centred approaches in mental health service delivery are key to recovery oriented practices. The *Report of the National Review of Mental Health Programmes and Services* outlines a vision of a person-centred system characterised by:

A team based approach where the person, their family and support people are at the centre of the team, and the various members work together in providing support and services, with an enhanced role for peer workers. No one works alone, or in isolation.⁴

Peer work is trauma-informed

There are many similarities between taking a recovery approach and ensuring that services are trauma informed. As defined by the NSW Mental Health Commission trauma informed care 'requires services to ensure staff have a basic understanding of how trauma affects the life of a person and accommodate the particular sensitivities and vulnerabilities of trauma survivors'.⁵ Peer workers work with other mental health professionals to ensure safety, including cultural safety, where there is past trauma. This may be

² Health Workforce Australia, *Mental Health Peer Workforce Study*, 2014, retrieved 12 January 2016 from <[www.hwa.gov.au/sites/default/files/HWA_Mental health Peer Workforce Study_LR.pdf](http://www.hwa.gov.au/sites/default/files/HWA_Mental%20health%20Peer%20Workforce%20Study_LR.pdf)>.

³ Commonwealth of Australia, *A national framework for recovery-oriented mental health services: Guide for practitioners and providers*, Australian Government, Canberra, 2013, retrieved 12 January 2016 from <[www.health.gov.au/internet/main/publishing.nsf/content/67D17065514CF8E8CA257C1D00017A90/\\$File/recovgde.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/67D17065514CF8E8CA257C1D00017A90/$File/recovgde.pdf)>.

⁴ National Mental Health Commission 2014, p.9

⁵ NSW Mental Health Commission, *Living Well: A Strategic Plan for Mental Health in NSW 2014–2024*, NSW Mental Health Commission, 2014, p. 10, retrieved 12 January 2016 from <nswmentalhealthcommission.com.au/our-work/strategic-plan/>.

at interpersonal and intrapersonal levels.

Services must also be aware of how the way services are delivered may traumatisate or re-traumatisate service consumers. The reduction of seclusion and restraint in mental health services has been a national priority. There is evidence that the employment of peer workers is a central strategy in reducing these practices.⁶

Peer work is consistent with a number of standards in the mental health system and may be used as evidence in achieving these standards. For example the National Standards for Mental Health Services includes a standard on carer and consumer participation; and the National Safety and Quality Health Service Standards expects demonstration of partnering with consumers. The National Standards for Mental Health Services also includes a focus on recovery; and the *Recovery Oriented Service Self-Assessment Toolkit* asks specifically about the peer workforce.

Peer work is evidence based

There is an extensive body of research exploring the benefits of peer support and peer work that resonates across the entire system.

Reviews of various types and criteria for inclusion, have been undertaken to capture this evidence. A literature scan by Health Workforce Australia⁷ found that peer workers complemented traditional teams delivering mental health services in a variety of ways.

Peer workers help deliver effective outcomes for people who access services

Peer workers can deliver better outcomes for service users through their ability to engage consumers and increase participation in treatment.⁷

A landmark Cochrane review identified that while *better* outcomes were not identified across a range of indicators for services involving peer workers, in delivering comparable functions, peer workers could be as *effective* as non-peer colleagues.⁹ A 2014 review found similar results concluding that peers were at least as effective as non-peers in providing services. A number of studies making up this review also found positive effects across a range of outcomes. For example one of the included studies tested the effectiveness of a WRAP program – a peer led illness self-management program – and found that compared to a control group, participants in WRAP reported greater reductions in psychiatric symptoms, and improvements in perceived recovery, hopefulness and self-advocacy, and quality of life.⁸

Peer workers help deliver better outcomes for families and carers

Health Workforce Australia articulated a number of benefits of peer work for carers and grouped these under the headings of ‘empowerment and knowledge’,

‘improved relationships’ and ‘social support’.

Specific benefits include increased knowledge about mental illness, increased confidence, reduced caregiver burden and distress, improved self-care, better family relationships, improved communication skills, and a reduced sense of being alone in the caring role.¹⁰

Peer workers are key to recovery-oriented services

Peer workers can be the key to cultural change within organisations to become more recovery oriented.

A review of the evidence suggests that employing peer workers increases teams’ commitment to recovery as demonstrated by being more aware of language and reflective of the practices of the service. Peer workers create change through role modelling working and contributing to society, informal conversation, and education. They can increase the empathy of non-peer staff toward service users and strengthen their belief in recovery.¹¹

“It’s great seeing people make positive changes in their lives...it makes a big difference to their mental health.”

Louise Walsh, Peer Leader,
New Moves, Chatswood



Emerging areas of peer work

Peer Health Coaches improve the physical health of people experiencing mental health illness and to support recovery. Participants identify a physical health goal to work on as part of their recovery. Experienced peer workers, trained to become Peer Health Coaches, provide sessions delivered on a one-on-one basis or as a group program.

6 Ascroft & Anthony 2008 cited in Health Workforce Australia, Mental Health Peer Workforce Literature Scan, 2014, p. 14, retrieved 12 January 2016 from <[https://www.hwa.gov.au/sites/default/files/HWA_Mental health Peer Workforce Literature scan_LR.pdf](https://www.hwa.gov.au/sites/default/files/HWA_Mental%20health%20Peer%20Workforce%20Literature%20scan_LR.pdf)>.

7 Health Workforce Australia, Literature Scan, p. 22.

8 Health Workforce Australia, Literature Scan, p. 12.

9 V. Pitt, et al., Consumer-providers of care for adult clients of statutory mental health services, Cochrane Database of systematic reviews, 2013, retrieved 20 January 2016 from <onlinelibrary.wiley.com/doi/10.1002/14651858.CD004807.pub2/abstract;jsessionid=512798ACBDBF61C94A397A25630E1AD.f03t01>.

10 Health Workforce Australia, Literature Scan.

11 Health Workforce Australia, Literature Scan.

(Chinman et al)



**Pam Rutledge, CEO,
RichmondPRA**

Peer work in action – a snapshot

Recently RichmondPRA started looking at the Social return on Investment for the Peer Operated Service (POS) in Hervey Bay. Preliminary results suggest that the POS is forecast to deliver an SROI ratio of 3.27:1 based on the investment across ten years between 2016-17 and 2025-26). That is, for every \$1 invested, approximately \$3.27 of social and economic value is expected to be created for stakeholders. The results of the SROI evaluation to date suggests excellent social value for the investment, providing evidence of the efficiency of the service.

“The POS is 100% peer-operated which often attracts people to the service initially. This makes it unique in Hervey Bay and through the consultations we discovered many thought being 100% peer-operated was one of the key drivers of success,” Pamela Rutledge said. “People accessing the service have told us that it is very compelling and motivating to see other peers on a pathway to transition to employment and doing well in employment. Additionally, the success demonstrated at the POS had an influence on the acceptance and appreciation of peer workers within Wide Bay Mental Health, the community and RichmondPRA.”

Professional credentials of a peer workforce

Peer workers, while having a range of professional skills, typically undertake professional competency training gained through vocational education.

The recent development of a national *Certificate IV in Mental Health Peer Work* (Cert4 MHPW) in Australia, and its associated learning resources, introduces a minimum qualification for a career in mental health peer work and contributes to a career pathway for peer workers.

Community Mental Health Australia (CMHA) was funded by the National Mental Health Commission (NMHC) to oversee the development of resources for the Cert4 MHPW – a project coordinated by the Mental Health Coordinating Council.

This qualification is part of the Community Services Training Package CHC – Community Services.

Cert4 MHPW covers consumer peer workers and carer peer workers employed in government, public, private or community-managed services. People with lived experience of mental illness who are currently unemployed could benefit from the opportunity to gain employment through this qualification.

This training will help government services and community organisations to deliver programs across a range of service types, as they increasingly look to the peer workforce as an effective adjunct to their existing workforce.

The current requirement for trainers of the National Training Package for the *Certificate IV in Mental Health Peer Work* is a lived experience of mental illness from the perspective of either a consumer or carer, a Certificate IV in Training and Assessment and the new Certificate IV in Mental Health Peer Work.

“We don’t compromise on the need for our peer workers to be skilled. It’s not a learning job, or a step up from being a volunteer, it is a serious job with high expectations.”

PAMELA RUTLEDGE, CEO, RICHMONDPRA

3. Peer work in Australia



**“As a peer worker
our employers take
us more seriously
because we have a
role, we are being
paid, and our voice
has to be heard.”**

**Sandra McDonald,
Carer Consultant,
Partners In Recovery,
South Western Sydney**

Profile of a peer worker

In 2013 Health Workforce Australia conducted the first national survey of peer workers. A total of 305 people responded to the online survey.

Here are some of the characteristics identified from this sample of peer workers:

Gender and Age

77% were female and the most common age group for all respondents was 50–54 years.

Lived experience

44% had lived experience of mental illness; 9% had supported a family member of friend; and the 46% had experience of both of these.

Years of experience in current job

35% had 3–5 years; 22% 1–2 years; 21% less than 1 year; 12% 6–10 years and 10% over 10 years.

Employment type

53% worked part-time; 29% full time; 18% were casually employed. A total of 81% held permanent positions.

Qualifications

The vast majority held post-secondary school qualifications with 22% having a Certificate IV in Mental Health, 3% having a Certificate IV in Peer Work, and 91% holding other qualifications including qualifications in community services, disability services, aged care, nursing, social science, business administration, accounting,

psychology, engineering and education.

Most rewarding thing

Approximately half the respondents indicated that the most rewarding thing about their job was sharing their lived experience to help others.



Across Australia the mental health peer workforce is becoming increasingly established and new employment opportunities are emerging across the public, non-government, not for profit and private sectors, and in peer-run organisations.

Increasingly peer workers provide private consultancy services including training and education for mental health professionals, organisational support to establish peer worker roles and to build a peer workforce. There are growing openings for the employment of peer workers as academics, educators and researchers within universities, TAFE and Registered Training Organisations (RTOs), as well as in recovery colleges within the non - government, community mental health and public mental health sectors.

The peer workforce and peer-run initiatives in Australia currently sit within a range of organisational structures including:

- informal grassroots networks run by volunteers with lived experience of mental illness, either personally or among their family and friends
- funded independent peer-run organisations, staffed and governed by people with lived experience
- independent peer-run consultancy businesses

- mainstream service agencies with peer support workers, teams or initiatives within public mental health services, non-government community mental health organisations and private mental health services.

Partnerships and overlap between these different organisational structures are common.

Additionally, policy and planning documents of state and territory governments have given an increasing priority to peer participation and employment in mental health services.

Key government policies that support the development and implementation of peer workforces across Australia include:

The Mental Health Commission of NSW included a focus on strengthening the peer workforce in *Living Well: A Strategic Plan for Mental Health in NSW 2014-2024*, which was adopted as policy by the NSW Government in December 2014 and advocates for peer worker numbers across the public mental health system, the community-managed sector and the broader government service sector, including housing, disability and justice.

BEING (formerly New South Wales Consumer Advisory Group), an advocacy body for people with lived experience, has played a key role in supporting the development of the peer workforce along with the **NSW**

Mental Health Consumer Workers' Committee (CWC). The CWC and BEING developed the *Framework for the NSW Public Mental Health Consumer Workforce*, with funding from the NSW Mental Health Drug and Alcohol Office. The framework provides guidance for the development of the peer workforce across the state's public mental health services.

The Western Australia Mental Health Commission funded the Western Australian Association for Mental Health to develop the *Peer Work Strategic Framework* for the Mental Health and Alcohol and Other Drug Sectors.¹² The framework defines peer work and provides guidance to support a consistent approach

for organisations that want to introduce peer workers into their service arrangements.

South Australian Mental Health Services developed *Pathways to Care: Participation by People with Mental Illness, their Families and Supporters* as a framework for the increased participation of consumers and carers in the mental health services and declares a commitment to growing the peer workforce (HWAb, p.37).

Queensland Health released guidelines for the remuneration of consumer and carer representatives in mental health, and in 2011 a *Mental Health Consumer and Carer Workforce Pathway*.¹³ The pathway provides

12 Western Australian Association for Mental Health, Peer Work Strategic Framework, WAAMH, Perth, 2014, retrieved 12 January 2016 from <waamh.org.au/assets/documents/projects/peer-work-strategic-framework-report-final-october-2014.pdf >.

13 Queensland Mental Health Directorate, Guidelines for the Involvement and Remuneration of Consumer and Carer Representatives in Mental Health, Queensland Government, 2010; Queensland Mental Health Alcohol and Other Drugs Directorate, The Mental Health Consumer and Carer Workforce Pathway, Queensland Government, 2011.

clear and consistent position descriptions, supervision requirements and professional development for lived experience workers within Queensland Health.

The Mental Health and Drugs Division of the Victorian Department of Health has provided ongoing funding for all public adult mental health services to employ consumer and carer peer consultants. These workers represent the interests of consumers and their family or carers, advocate for their needs, provide input into quality improvement processes, and provide peer support.¹⁴

The Australian Capital Territory has a formal career structure for peer recovery workers, which is included in *A Real Career – A Workforce Development Strategy for the Community Mental Health Sector*.¹⁵ Peer workers in the ACT have access to the Certificate IV Mental Health Peer Work and other relevant training. Web-based resources and a peer worker network are also being established.

The Department of Health and Human Services in Tasmania has engaged a Senior Consumer and Carer Liaison Consultant to give advice concerning the role for peer work.¹⁶

The Northern Territory Department of Health funds non-government organisations who employ people with lived experience. These NGOs and the Northern Territory Consumer and Carer Advisory Group provide strategic advice and committee representation.

Forensic and justice settings across Australia have employed peer workers notably in Victoria, Queensland and South Australia.

Non-government programs that support the development and implementation of peer workforces across Australia include:

Partners in Recovery national rollout has created new employment opportunities for peer workers as consultants, managers, team leaders, policy advisers, researchers, educators and trainers, and peer support facilitators.

Rivendell School, a joint NSW Ministry of Health and Department of Education facility, operates across three sites and offers discrete programs catering for high school students with a range of mental health issues. A peer advocate is employed to provide peer support to the students and to advocate for improvements.

Black Dog Institute runs the program *Navigating Teenage Depression* for schools where trained peer workers deliver a one-hour presentation on depression and bipolar disorder among young people, from a lived experience viewpoint, for parents, teachers and people who work with young people.

Flourish Mental Health Action In Our Hands Inc. an independent organisation established to provide a strong voice for mental health consumers, is also playing a key role in the development of the peer workforce. Since 2011, Flourish

has supported the consolidation of the Tasmanian Peer Support Network, a group of mental health consumers either working in paid peer work or wishing to do so. Collaboratively, Flourish and the peer support network, work to promote peer roles in mental health services and raise awareness of the benefits of peer work for service users, staff and the community.

14 Health Workforce Australia, Peer Workforce Study.

15 Mental Health Community Coalition of the ACT, A Real Career – A Workforce Development Strategy for the Community Mental Health Sector, Mental Health Community Coalition, Canberra, 2012, retrieved 12 January 2016 from <www.mhccact.org.au/wp-content/uploads/2014/04/A-Real-Career_-A-Workforce-Development-Strategy.pdf >.

16 Health Workforce Australia, Peer Workforce Study, p. 37

Examples of peer run initiatives that have been key to developing peer work are:

The Peer Initiatives Ignition Program offers the opportunity to develop ideas for a peer-run initiative to improve mental health and wellbeing. The development program supports ten peer leaders with seed funding of up to \$5000 each. Participants work with a certified and experienced leadership coach to explore their entrepreneurial ideas and talents. They are offered presentations on key topics – from legal and budgeting tips, to grant writing, marketing and public speaking – and support to prepare a Project or Business Plan, and a Project Funding Proposal. The lead agency is New Horizons and the Australian Government supports the program through the Inner West Sydney

Partners in Recovery Innovative Grant Program.

CAN (Mental Health) Inc., an independent consumer run organisation based in Sydney, uses peer workers for its national warm-line – a non-crisis peer support telephone line – and for its hospital to home program which provides practical assistance for six weeks to people discharged from psychiatric inpatient units at Liverpool and Campbelltown hospitals.

Recovery colleges recently established by South Eastern Sydney Local Health District and WentWest Western Sydney Partners in Recovery provide access to co-designed peer

educational tools and resources, a tailored learning environment that fosters personal growth and a network for people with a similar lived experience.

The Intentional Peer Support (IPS) Training program and the Consumer Operated Service have supported the development of the peer workforce in Queensland. The IPS Training program provides a practice base for peers wanting to work in mental health services and to use their experience to improve outcomes for people with mental illness. IPS was adopted as a framework of peer practice within Queensland’s Consumer Operated Services.

4. Peer work around the globe



The expansion of peer work roles and the peer workforce is proceeding apace in many other countries which employ peer workers in significant numbers.

In Australia we have the benefit of being able to learn from this experience by accessing a wealth of resources that can assist mental health organisations to ‘get it right’ when dealing with the issues and challenges of creating a peer workforce, avoiding the pitfalls and mistakes made elsewhere. Following are some examples of countries where peer work is gaining traction.

New Zealand

The expansion of peer roles and the development of the mental health and addictions peer workforce is given priority within the New Zealand Ministry of Health’s *Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012–2017*. District Health Boards are expected to strengthen the participation of service users including in workforce roles.

USA

Peer work has been recognised federally in America as an evidence-based mental health practice and profession for some time. The services of certified (accredited) Peer Specialists are Medicaid billable.

Canada

The Mental Health Commission of Canada, a key driver of the development of Canada’s mental health peer workforce, commissioned the important 2010 document *Making the Case for Peer Support* which made a number of recommendations to strengthen the peer workforce in Canada.

United Kingdom

The employment of peer workers and peer support is recognised and promoted in a range of policy documents in England, Scotland and Wales.¹⁷

Recovery Colleges, sometimes known as recovery education centres, are also growing steadily in Britain. Drawing on approaches from America, the colleges take an educational approach to recovery. Defining features include co-production at every level of the service, a physical base for the college, operation on college principles, and a recovery orientation in all aspects of its operation.¹⁸

The Scottish Recovery Network (SRN) supports development of peer roles across the mental health sectors. The network is working with the Scottish Qualifications Authority to develop an accredited award and training materials for peer support workers. Resources and guidelines produced by the network to support the development of peer work roles and the peer workforce include the following:

- *Reviewing Peer Working: A New Way of Working in Mental Health*
- *Experts by Experience: Values Framework for Peer Working*
- *Experts by Experience Implementation Guidelines*¹⁹

Hong Kong

Mental health services located in the two major hospitals in Hong Kong have begun to employ people with lived experience as paid peer support staff trained through internships. In 2012 four Hong Kong NGOs were successful in securing charitable funding to provide ongoing training of peer support workers, with an evaluation and research component to build the evidence base.

“We employ peer workers in our Personal Helpers and Mentors service (PHaMs) programs as they enable a better experience for clients, particularly at the initial intake stage. The mutual understanding between peer workers and clients builds rapport quicker and helps to establish trust.”

Syliva Grant, NSW Operations Manager, Aftercare

17 Health Workforce Australia 2014a, p. 20.
18 R. Perkins et al., Recovery Colleges, 2012, retrieved 24 January 2015 from <<http://www.centreformentalhealth.org.uk/recovery-colleges-paper>>.
19 Scottish Recovery Network, Reviewing Peer Working: A New Way of Working in Mental Health, SRN, Glasgow, 2013, retrieved 12 January 2016 from www.scottishrecovery.net/View-document-details/385-Reviewing-Peer-Working-A-New-Way-of-Working-in-Mental-Health.html; Scottish Recovery Network, Experts by experience: values framework for peer working, SRN, Glasgow, 2012, retrieved 12 January 2016 from www.scottishrecovery.net/images/stories/downloads/srn_peer_values_framework_publication.pdf; L Smith, & S Bradstreet, Experts by Experience: Guidelines to support the development of peer worker roles in the mental health sector, SRN, Glasgow, 2011, retrieved 12 January 2016 from <www.scottishrecovery.net/Peer-Support-Working/peer-support-working.html>.





“Peer workers are an integral part of the multidisciplinary team. They are able to draw upon their lived experience to support and promote personal recovery for mental health consumers. In working as part of the team they are able to educate staff in recovery principles and to instil hope in both consumers and clinicians.”

**Evelyn Chandler,
Director St George/
Sutherland Mental
Health Service**

5. The evidence base

Studies confirm that peer work is an evidence-based practice and that peer worker provided, recovery-oriented mental health services are highly valued by the people who use them and produce outcomes as good as and, in some cases, superior to, services from non-peer professionals.

Development of the evidence base – a historical view

To date we have a growing body of evidence that supports the value of peer workers in mental health services and systems. A historical overview of the evidence base describes peer support as developing in three waves.

The first wave of research and evaluation focused on peer support in mainstream mental health organisations and sought to explore whether there was any risk associated with peer support for those using the services. The research findings from four randomised controlled trials conducted during the 1990s established equivalent outcomes

for people receiving services from both peer workers and non-peer workers. Two of the studies showed slightly better outcomes for people who received support from peer workers in addition to usual care compared with those who only received usual care.

The second wave accepted that there was no risk of harm from using workers with lived experience and looked more closely at the benefits of peer work, comparing employees who had openly identified psychiatric histories with those who did not. Both groups functioned in conventional roles such as case

managers, rehabilitation staff and outreach workers. Again, most studies found that workers with lived experience functioned at least as well in their roles as other staff, and had comparable outcomes.

The third wave of research and evaluation now occurring focuses more specifically on the differences between peer and non-peer supports in relation to service system outcomes, people's experience of distress and subjective experiences of receiving peer support.²⁰

²⁰ Lyn Legere, A Providers' Handbook on Developing and Implementing Peer Roles, with contributions from the Western Mass Peer Network & Sera Davidow of the Western Mass Recovery Learning Community, Lyn Legere Consulting, 2015, pp. 14-16, retrieved 12 January 2016 from <http://www.psresources.info/images/stories/A_Providers_Handbook_on_Developing___Implementing_Peer_Roles.pdf>.



Australian literature

The evidence for mental health peer work has been rigorously and comprehensively examined and documented recently in Australia, including in the following:

- C Gallagher, & M Halpin, *The Lived Experience Workforce in South Australian Public Mental Health Services*, 2014.
- WAAMH, *Peer Work Strategic Framework*, 2014.
- Bell, Panther & Pollock, *Establishing an effective peer workforce: A literature review*, 2014.
- *Mental Health Professional Online Development, Australia's online professional development resource, Peer worker roles: rationale and evidence*, n.d.
- National Mental Health Commission and Community

Mental Health Australia, Resource Book 1: *Foundations of Peer Work* (Training Resources for Certificate IV Mental Health Peer Work), 2015.

- Health Workforce Australia, *Mental Health Peer Workforce Literature Scan*, 2014.
- The Centre of Excellence in Peer Support in Mental Health housed with Mind in Melbourne provides a centralised specialist clearinghouse and online resource centre for mental health peer support. Recent research articles can be both shared and accessed at this site.

Global literature

Helpful international reviews of the evidence base for mental health peer work and its benefits include the following:

- O'Hagan et al., for the Mental Health Commission of Canada, *Making the case for peer support*, 2013.
- Trachtenberg et al., *Peer Support in mental health care: is it good value for money?*, 2013.
- SAMHSA, *Consumer-Operated Services Evidence-Based Practices Kit*, 2011.
- Peer Specialist.Org, *Information for providers*.
- Davidson et al., *Peer Support among Persons with severe mental illnesses: a review of evidence and experience*, 2012.
- Peer support resources, *The Evidence*.
- Cox, *Peer delivered wellness recovery services: From evidence to widespread implementation*, 2011.

In conclusion

There is already a compelling business case for employing peer workers across all functions and at all levels of organisations which offer services to mental health consumers. That case continues to grow stronger every year as more organisations develop their peer work practices and more evidence is gathered. This evidence, when combined with proven human resources, business and change management approaches, offers the potential to expand peer employment into new sectors and contexts and bring lived experience values deeper into the heart of service provision.

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Notes

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