

Employer's guide to implementing a peer workforce

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for your
organisation
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Toolkit
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Guides

CONSUMER
PEER WORK



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 the Language and Concept Guide – Consumer Peer Work

This language and concept guide for consumer peer work addresses what a consumer peer worker is, the particular characteristics of a consumer peer worker and the unique contribution they make.

A number of specialist terms describe how the language and values of consumer peer workers can transform aspects of mental health services. While many of these may be familiar to you, others may not. This guide has been produced to define the concepts and ideas that may require further explanation.

The Mental Health Commission of NSW notes the statement of the National Consumer and Carer Forum that because consumer and carers often have different sets of experiences ‘it is not appropriate to expect carer workers to be able to provide expert advice or assistance for consumers or for consumer workers to be able to provide expert advice or assistance for carers’.¹ We see language in the same vein and, to this end, have produced a language guide for each consumer and carer as part of a broader suite of resources on peer work.

This Language Guide is part of the suite of resources, *Employer’s guide to implementing a peer workforce* that includes: *A case for your organisation* that outlines the compelling rationale for including peer workers in your service. The Business Case will enable you to champion a peer workforce in your organisation by introducing how a diverse range of organisations have included peer work in their workforce mix and how this has improved their service delivery.

A Toolkit has also been developed as a practical guide to establishing a new peer workforce in your organisation or to assist you in expanding your existing one. The Toolkit covers progress from planning and recruiting through to supervising and evaluation. It discusses common challenges and how to manage them and also dispels common misperceptions about peer work and its value to your organisation.

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>.



Consumer peer work and the language of recovery

A fundamental rationale for the introduction of a consumer peer workforce is the importance of their contribution to recovery-oriented services.

The *National Framework for Recovery-Oriented Mental Health Services* explains the connection between recovery and lived experience.²

The lived experience and insights of people with mental health issues and their families are at the heart of recovery-oriented culture. The concept of recovery was conceived by, and for, people living with mental health issues to describe their own experiences and journeys and to affirm personal identity beyond the constraints of their diagnoses.

Recovery-oriented approaches recognise the value of this lived experience and bring it together with the expertise, knowledge and skills of mental health practitioners, many of whom have experienced mental illness in their own lives or in their close relationships.

Recovery approaches challenge traditional notions of professional power and expertise by helping to break down the conventional demarcation between consumers and staff. Within recovery paradigms all people are respected for the experience, expertise and strengths they contribute.

The language of the mental health peer workforce is underpinned by these recovery values that have grown out of the mental health lived experience movement. This language focuses on strengths and abilities, using terms that convey hope, rather than the language of deficits and hopelessness. It frames mental illness as a variation on human wellbeing and human differences. Many of the terms commonly used in mental health practice, however, are at odds with this approach.

The *National Framework for Recovery-Oriented Mental Health Services* advocates that 'people-first' language descriptors, consistent with the language of recovery, should be used wherever possible when speaking about people with a lived experience of mental illness or their family and supporters.³

Language can be used to help recovery by acknowledging the limitations of using a single set of terms. Therefore throughout the *Employer's guide to implementing a peer workforce*, we use a number of terms interchangeably.

Following is a list of these most commonly used terms relating to mental health and peer work, and some alternative words with explanations for variations and preferences.

2 Commonwealth of Australia, A national framework for recovery-oriented mental health services: policy and theory, Australian Government, Canberra, 2013, p. 5, 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)>.

3 C of A, A national framework: policy and theory, p. 5.

“Peer workers can demonstrate that mental illness is not a life sentence. The sun will come out and there’s a lot to enjoy.”

Douglas Holmes, Consumer Participation Officer Inner City Health Program, St Vincent’s Hospital, Sydney





Definitions

Consumer

This refers to a person who has had a personal experience of mental illness and who has used mental health services. Consumers often advocate for mental health service reform based on their experiences. Official Australian legal and policy documents generally use the term 'consumer', but not all people choose to use this term in relation to themselves. There is a growing preference for the simple term of 'person' or 'person with lived experience of mental illness' instead of consumer.

There are reasons why this is increasingly being used:

One of the beauties of the term 'lived experience' is that it talks about a far wider array of experiences than the term 'consumer'. 'Consumer' implies that we must have consumed mental health services. 'Lived experience' is also inclusive of those people who share similar experiences of difference and distress but who have not been consumers/survivors/guests of the mental health system.¹

Other common alternatives to consumer include a person with lived expertise or experts by experience or lived experience practitioner.

Consumer peer worker

A person specifically employed to work from their personal lived experience of mental illness and recovery. Further a consumer peer worker is required to use their lived experience purposefully to provide support and model hope for recovery, in addition to using their professional experience, training and array of abilities.

Consumer peer worker roles

Consumer peer workers can work across a number of areas in the mental health system, in public, community and private settings. Their most common role is consumer peer support, directly supporting people experiencing mental illness or their family and carers by sharing their lived experience.

Consumer peer workers can specialise in a particular role, service area or with particular population groups, for example an Aboriginal and Torres Strait Islander consumer peer worker, a forensic mental health consumer peer worker, dual disability / dual diagnosis consumer peer worker and consumer peer workers who primarily work with families, young people, young mothers and older persons. Such workers are sometimes known as consumer peer worker specialists.

Consumer peer workers also work across the mental health system in management, advocacy and representation; in policy and planning; as consultants and advisers; to promote health, educate and train; as supervisors, or to undertake quality, auditing and research.

For these reasons consumer peer workers may be known by a variety of job titles. Some of these are listed in Mental Health Peer Work Literature Scan, including:²

- Consumer academic
- Consumer advisor
- Consumer advocate
- Consumer assessor
- Consumer companion
- Consumer consultant
- Community support worker
- Consumer coordinator

¹ MHCC, Foundations of Peer Work, p. 13.

² Health Workforce Australia, Mental Health Peer Workforce Literature Scan, 2014, p. 5, retrieved 12 January 2016 from <https://www.hwa.gov.au/sites/default/files/HWA_Mental health Peer Workforce Literature scan_LR.pdf>.

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- Community Rehabilitation support worker
 - Consumer liaison officer
 - Mental health outreach worker
 - Consumer policy officer
 - Mental health rehabilitation support worker
 - Consumer provider
 - Mental health support worker
 - Consumer representative
 - Peer advocate
 - Consumer support worker
 - Peer educator
 - Consumer survivor
 - Peer mentor
 - Consumer team leader
 - Peer respite worker
 - Consumer worker
 - Peer specialist
 - Consumer educator
 - Peer support worker
 - Recovery advisor.

Consumer peer work values

Consumer peer workers, like their carer peer worker counterparts, are guided by a set of value in undertaking their work. These values include:

- Mutuality and reciprocity
- Responsibility
- Self-determination
- Empowerment
- Participation
- Equity
- Recovery and hope.



Carer

In the mental health domain, 'carer' is commonly used to describe someone who provides unpaid care and support to a relative or friend who is experiencing a mental illness. However, some people don't like to be referred to as a 'carer'. As one mother explains:

My son is 26-years-old. To describe myself as his carer sounds inappropriate and patronising. It's not a term he or I like. I am, and always will be, his mum ... and, as all mums are, his supporter.³

In the same way, some people prefer the word 'family', however when using the term family it is important to note:

For many people, the term 'family' may not refer to their family of birth, the family that raised them or a blood relative. Family is often their 'family of choice' rather than 'family of origin' ... We need to consult with the person about who they see as part of their family. Similarly, they should define who constitutes a carer or a friend.⁴

Other preferred terms include 'family supporter', 'recovery supporter' and 'recovery companion'.⁵ Other people, perhaps in growing numbers, prefer the term 'natural support', because it doesn't disempower or stigmatise: 'We all have natural supports; it is a normal, expected and desired part of most people's lives'.⁶

The word 'carer' may not translate across communities and cultures. Some other way of asking about these natural supports may need to be found.

Carer peer worker

A person employed specifically to work from their experience of caring for or supporting a person with a lived experience of mental illness and recovery. Further a carer peer worker is required to use their lived experience purposefully to provide support and model hope for recovery, in addition to using their professional experience, training and array of abilities.

Many mental health workers have an experience of supporting a friend or family member who is experiencing mental illness, but this is not the same as being a carer peer worker. While both groups have an experience of supporting someone with mental illness, non-peer workers do not have to be open about, and purposefully use, this lived experience as a requirement of their role. In contrast, carer peer workers draw on their lived experience of supporting someone with a mental illness in the course of their work. Their job requires that their experience will be used in conversations, documentation, decision-making, and advocacy.

Health Workforce Australia (HWA) describes the importance of carer peer work:

Carer peer workers can provide support to families and carers, who may feel excluded when the person for whom they care is receiving mental health services. Again, the capacity to connect with someone who may have had a similar experience, and may offer understanding of the impact of the illness on significant others, is critical. Peer support can provide people with the chance to air their feelings – guilt, anger, worry and so on – in a safe environment, without fear of being regarded as disloyal or unsupportive. Often carer peer workers are involved in family education, which can increase the knowledge of families and carers about the illness or regarding coping strategies.⁷

3 Mental Health Coordinating Council, Foundations of Peer Work: Resource Book 1, Sydney, Australia: developed on behalf of Community Mental Health Australia for the National Mental Health Commission's Mental health peer work qualification development project, 2015, p. 14, retrieved 12 January 2016 from <www.mentalhealthcommission.gov.au/our-work/mental-health-peer-work-qualification-development-project.aspx>.

4 MHCC, Foundations of Peer Work, p. 14.

5 MHCC, Foundations of Peer Work, p. 14.

6 MHCC, Foundations of Peer Work, p. 14.

7 Health Workforce Australia, Mental Health Peer Workforce Study, 2014, p. 12, 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)>.

When people offer each other encouragement, empathy, hope, consideration, respect and empowerment from the vantage point of experiential understanding. The ‘been there, done that...’ connection creates a unique understanding and eliminates the power and authority typically associated with helper, support or clinical roles..

Lived experience

‘Lived Experience’ can refer to a variety of experiences including a personal lived experience of mental illness and/or an experience of supporting or caring for someone with a personal experience of mental illness. It may also have the added layer of gender, ethnicity or age that can determine how someone might interact with the mental health system.

Lived experience practitioner

See ‘Peer Worker’

Mental illness, mental health issues, mental ill health

The terms ‘mental health issues’, ‘challenges’, ‘mental ill-health’ and ‘emotional distress’ are sometimes used in place of, and at times alongside, the term ‘mental illness’.⁹ Often times these words will mean a person lives with an established diagnosis, but some people with lived experience don’t find diagnoses meaningful for them.

Peer support

People with a lived experience of mental illness support each other in their recovery journey. Support may be formal or informal, voluntary or paid. It may be stand-alone support or part of an initiative, program, project or service which is run either by peers themselves or by professional service providers.¹⁰

A peer support role is one of the major jobs for a professional peer worker. Peer support is:

When people offer each other encouragement, empathy, hope, consideration, respect and empowerment from the vantage point of experiential understanding. The ‘been there, done that...’ connection creates a unique understanding and eliminates the power and authority typically associated with helper roles.¹¹

Most of the experience and research in peer work to date is in relation to the peer support role. However organisations are still encouraged to think broadly about the types of roles that, by bringing in lived experience, could provide enhanced value to the delivery of services.

9 Commonwealth of Australia, A national framework: policy and theory, p. 5.

10 Commonwealth of Australia, A national framework: policy and theory, p. 34.

11 Legere, L 2015, 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, p. 6, retrieved 12 January 2016 from <www.psresources.info/images/stories/A_Providers_Handbook_on_Developing__Implementing_Peer_Roles.pdf>.



Peer worker

A person employed to work specifically from either their personal lived experience of mental illness and recovery, or their lived experience of supporting family or friends with mental illness. The term 'peer worker' is used interchangeably with the term 'lived experience practitioner' and a range of job titles may be used depending on the specific nature of the role. (See above, Consumer peer worker roles, for some examples.)

Lived experience not only refers to people with direct experience of personal mental illness, along with their professional experience, training and abilities, but also those who have supported them. This shared lived experience brings with it unique understanding of each other, an equality of status and a relationship of equals.

In line with this definition, for the purposes of this guide, 'peer worker' will refer to:

- people employed to work specifically from their personal lived experience of mental illness and recovery (consumer peer workers) along with their professional experience, training and abilities.
- people employed to work specifically from their lived experience of supporting family or friends with mental illness (carer peer workers), along with their professional experience, training and abilities.

Recovery

This is defined as being able to create and live a meaningful and contributing life in a community of choice with or without the presence of mental illness.¹² This period is also known as personal recovery.

Recovery-Oriented Practice

Refers to the application of sets of capabilities that support people to recognise and take responsibility for their own recovery and wellbeing and to define their goals, wishes and aspirations.¹³

Recovery-Oriented Service Delivery

The delivery of evidence-based treatment and support that centres on individual needs and aspirations. Evidence-informed treatment, therapy, rehabilitation and psychosocial support aim to achieve the best outcomes for people's mental health, physical health and wellbeing.¹⁴

The *National Framework for Recovery-Oriented Mental Health Services* is a detailed guide that outlines what recovery-oriented service delivery looks like. It defines five practice domains:

1. Promoting a culture and language of hope and optimism
2. Person first and holistic
3. Supporting personal recovery
4. Organisational commitment and workforce development
5. Action on social inclusion and the social determinants of health, mental health and wellbeing.

Domain 2 includes the capability of being responsive to consumers, families, carers and support people and viewing them as partners. This means that services must address the needs of these people for information, education, guidance and support. The capability asks that mental health practitioners and providers 'understand and empathise with the journeys of recovery, healing, wellbeing, growth and learning that families are undertaking'. One way to meet the requirements of this capability is by increasing the opportunities for consumer peer workers in your organisation.¹⁵

¹² Commonwealth of Australia, A national framework: policy and theory, p. 34.

¹³ Commonwealth of Australia, A national framework: policy and theory, p. 34.

¹⁴ Victorian Department of Health cited in C of A, A national framework: policy and theory, p. 35.

¹⁵ Commonwealth of Australia, A national framework for recovery-oriented mental health services: Guide for practitioners and providers, Australian Government, Canberra, 2013, pp. 57–58, 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)>.

Summary of Terms

Term	Definition
<i>Carer peer worker</i>	A person employed specifically to work from their experience of caring for or supporting a person with a lived experience of mental illness, as well as their professional experience, training and other abilities.
<i>Clinical recovery</i>	A reduction or cessation of symptoms and 'restoring social functioning' This term is primarily used by clinicians. See also personal recovery.
<i>Consumer peer worker</i>	A person employed to work from their personal lived experience of mental illness and recovery, as well as their professional experience, training and other abilities.
<i>Lived experience</i>	The experience people have of their own or others' mental illness, emotional distress or mental illness, and of living with, and recovering from, the impacts and consequences of their own or others' emotional distress or mental illness.
<i>Lived experience practitioner</i>	See peer worker.
<i>Peer worker</i>	A person employed to work specifically from their personal lived experience of mental illness and recovery, or from their lived experience of supporting family or friends with mental illness. The term 'peer worker' is used interchangeably with the term 'lived experience practitioner'.
<i>Recovery</i>	The ability to create and live a meaningful and contributing life in a community of choice with or without the presence of mental illness. See also clinical recovery.
<i>Recovery-oriented practice</i>	Sets of capabilities that support people to recognise and own their recovery and wellbeing and to define their goals, wishes and aspirations.
<i>Recovery-oriented service delivery</i>	Evidence-informed treatment, therapy, rehabilitation and psychosocial support that incorporates recovery-oriented practice.



Language alternatives

Common language	Consider alternatives
Consumer	Person Person with lived experience Experts by experience
Carer	Family and support people Mum Friend Natural support Recovery supporter Recovery companion
Mental illness	Mental health issues Mental ill-health Emotional distress

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COPMI - See Children of parents with a mental illness

CWC Framework - See NSW Mental Health Consumer Workers Committee

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MHCC – See Mental Health Coordinating Council.

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WA Australia Mental Health Commission – See Government of Western Australia Mental Health Commission.



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