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# Peer Workforce Development Strategy

**Mental Health Council of Tasmania**

November 2019



Peer work can enable you to derive meaning and value from your adverse experiences and enable you to make a contribution to helping others. These are really significant, life-changing things.

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PEER WORKER

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# Preface

## MENTAL HEALTH COUNCIL OF TASMANIA

The Mental Health Council of Tasmania (MHCT) is the peak body for community managed mental health services in Tasmania. We represent and promote the interests of our members and work closely with Tasmanian Government agencies and Primary Health Tasmania (PHT) to ensure sectoral input into public policies and programs. Our work involves advocating for reform and providing a leading voice for improvement within the Tasmanian mental health system. We have a strong commitment to enabling better mental health care access and outcomes for every Tasmanian. Our purpose is to improve mental health for all Tasmanians and our vision is for all Tasmanians to have awareness of, and value, their mental health and wellbeing.

## ACKNOWLEDGEMENTS

MHCT received funding from the Tasmanian Government to develop Tasmania's first *Peer Workforce Development Strategy* to support and strengthen the peer workforce in Tasmania, a key action under its Rethink mental health plan.

We acknowledge and extend our thanks and gratitude to the peer workers, consumers, families, friends and carers, organisations and stakeholders, who generously gave their time to share their views and contribute their expertise to the development of this strategy. This engagement provided valuable information to guide and support the strategy.

We also thank the steering committee that was established to provide a formal governance structure and guidance of the *Peer Workforce Development Strategy* project, for their support, expertise and oversight. Membership of the steering committee consisted of the following key stakeholders with expertise in governance, peer work or the mental health sector in Tasmania:

- ▶ **Connie Digolis** (Chair) – CEO, Mental Health Council of Tasmania
- ▶ **Grant Akesson** – Health Stream Lead, Primary Health Tasmania
- ▶ **Klaus Baur** – CEO, Flourish Mental Health Action in Our Hands Inc
- ▶ **Maxine Griffiths AM** – CEO, Mental Health Families & Friends Tasmania
- ▶ **Jeremy Harbottle** – General Manager, Mental Health, Alcohol and Drug Directorate.

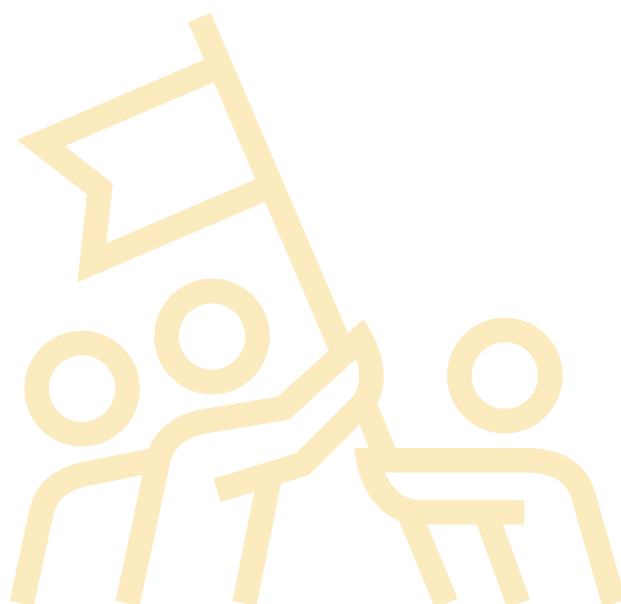
## ABBREVIATIONS

<b>CALD</b>	Culturally and linguistically diverse
<b>CEO</b>	Chief Executive Officer
<b>DoH</b>	Department of Health (Tasmania)
<b>Fifth Plan</b>	Fifth National Mental Health and Suicide Prevention Plan, 2019
<b>Flourish</b>	Flourish Mental Health Action in Our Hands Inc
<b>FTE</b>	Full-time-equivalent staff
<b>HR</b>	Human resources
<b>LGBTQI</b>	Lesbian, gay, bisexual, transgender, queer and intersex persons
<b>MHADD</b>	Mental Health, Alcohol and Drug Directorate, DoH
<b>MHCT</b>	Mental Health Council of Tasmania
<b>MHFF</b>	Mental Health Families & Friends Tasmania – formerly Mental Health Carers Tasmania (MHCTas)
<b>NMHC</b>	National Mental Health Commission
<b>OHS</b>	Occupational health and safety
<b>PHN</b>	Primary Health Network
<b>PHT</b>	Primary Health Tasmania
<b>Rethink</b>	Rethink Mental Health – <i>Better Mental Health and Wellbeing (A Long-Term Plan for Mental Health in Tasmania 2015–2025)</i>
<b>THS</b>	Tasmanian Health Service

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# Message From The Minister

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The Tasmanian Government is proud to partner with the Mental Health Council of Tasmania to deliver the State's first *Peer Workforce Development Strategy*. This Strategy has been developed to support the establishment and growth of the mental health peer workforce in Tasmania.

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**Hon Jeremy Rockliff MP**

*Minister for Mental Health  
and Wellbeing*

Strengthening the presence of peer workers is a key action under the Tasmanian Government's *Rethink* mental health plan. *The Peer Workforce Development Strategy* is part of our strong commitment to increase our capacity to support Tasmanians when they are mentally unwell, from prevention and early intervention through to treatment and support.

Peer workers play a crucial role in mental health services. Their unique insights – derived from their own lived experiences with mental ill-health and recovery – help to improve outcomes for people who access services, their families, friends and carers. Peer workers understand the challenges that consumers and carers can experience. They are living proof that the right care and support gives people the very best chance to lead happy, positive and productive lives.

With a range of workforce challenges being experienced nationally, peer workers are an increasingly important component of the mental health workforce, and the peer workforce provides further opportunities for people with a lived experience to join the mental health workforce.

*The Peer Workforce Development Strategy* provides an overview of the opportunities, priorities and actions to support the development of the mental health peer workforce in Tasmania and, importantly, sustain it into the future.

I look forward to working across Government and the Tasmanian community to increase awareness of mental health issues, reduce stigma, and ensure effective and responsive support and services for those living with mental illness and their loved ones.



# 1. Executive Summary

The growth and expansion of the peer workforce in Tasmania is a key priority. Both the Tasmanian and Commonwealth Governments consider that peer workers play a crucial role in mental health services and are committed to developing a peer workforce in Tasmania.

## The development of a peer workforce in Tasmania has the following aims:

- ▶ Promote the mental health recovery of individuals;
- ▶ Improve the health outcomes for consumers and supports for families and friends;
- ▶ Improve the design and delivery of mental health services;
- ▶ Deliver benefits to the wider mental health system;
- ▶ Raise awareness and understanding of peer work within organisations and across the community.

Peer workers are people with a lived experience of mental ill-health and recovery, as either a consumer or family, friend or carer of someone with mental ill-health. They are employed in designated work roles to use their skills and knowledge acquired from their personal experience of mental ill-health and their use of mental health services.

The peer workforce is the supply of people who have the unique qualification of lived experience and utilise their lived experience to provide support to people experiencing a similar situation. Lived experience is an essential criterion for peer work, but in addition, peer workers require other skills and experience to effectively undertake their roles.

Though job titles and related tasks vary widely, a peer work role generally involves developing relationships, sharing personal experiences and knowledge, offering support and modelling recovery. Peer work may be

provided across a range of settings including peer-run organisations, non-government agencies and public health services. It can include individual or group peer support and advocacy, social activities, research/evaluation, policy development, leadership/supervision, training and education, and corporate services.

Developing and integrating a peer workforce leads to benefits for consumers, families and friends, peer workers themselves, employers, employees and the broader mental health service system. There is increasing evidence of the benefits of embedding the lived experience in the mental health service system to improve the recovery-focus of services.

Nationally and internationally, the peer workforce is a growing component of the mental health workforce. Studies confirm the employment of peer workers contributes towards better outcomes for consumers, better supports for families, friends and carers, and improved recovery-oriented services.

In 2016-17, peer workers represented only half-of-one per cent (0.51%) of the national mental health care workforce. Tasmania was the jurisdiction with the lowest number of peer workers and our peer workforce is very small, both in actual number and as a percentage of health care professionals. The aims of this *Peer Workforce Development Strategy* are to encourage and increase the engagement of peer workers across the state and expand the roles of peer workers across the Tasmanian mental health sector.

MHCT undertook a consultation process to provide an opportunity for consumers, families, friends and carers, the mental health sector and interested stakeholders, to have input into the development of this strategy and the key issues to be addressed.

MHCT partnered with *Flourish Mental Health Action in Our Hands Inc* (Flourish) and *Mental Health Families & Friends Tasmania* (MHFF) to consult with their respective consumer and family, friend and carer networks. The aims of these consultations were to understand current practice, determine workforce gaps and needs, identify challenges and opportunities and consider potential solutions to address them.

A person-focussed vision statement, underpinned by guiding principles and values, was developed through these consultations. The strategy vision is to “*grow a professional peer workforce in Tasmania that promotes both recovery for consumers and appropriate supports for families and friends, resulting in better outcomes in their mental health journeys.*”

While there is significant value in integrating and expanding peer work roles, there are a range of factors and considerations that must be addressed in order to successfully grow and sustain a peer workforce. The *Peer Workforce Development Strategy* identifies six priority areas to support the development of the peer workforce in Tasmania:

- ▶ **Governance and Advocacy** – administrative arrangements and supports to implement the strategy and Action Plan.
- ▶ **Peer Connections** – developing effective and ongoing support through networking with other peer workers and supervision provided by experienced peer professionals.
- ▶ **Organisational Readiness and Culture** – improving systems, supports and workplace culture to better understand and value peer roles, helping to change attitudes towards mental ill-health and reduce stigma.
- ▶ **Training and Professional Development** – lived experience is an essential criterion for peer workers but they also require quality training and professional development opportunities to improve their skills and competency.
- ▶ **Workforce Development** – ensuring sound human resource management practices are in place with policies and procedures to manage and support peer workers and the wellbeing of all staff.
- ▶ **Career Progression** – building career pathways to support a recovery-focussed culture, reduce stigma and provide career opportunities for peer workers that will assist in attracting and retaining staff.

An Action Plan has been developed that includes 38 actions to address these priority areas and support the growth and expansion of the peer workforce in Tasmania. The plan assigns responsibility for undertaking the actions and timeframes for accomplishing them over the next five years.





## 2. Introduction



The Tasmanian and Commonwealth Governments consider that peer workers play a crucial role in mental health services all over Australia, and internationally, and bolstering their presence in Tasmanian services is a key priority.

*“Peer workers are people within services who have their own lived experiences with mental ill-health, and there is strong evidence that these workers help to improve mental health services and the care they provide.*

*This is because peer workers have unique insights into the perspectives of mental health consumers, and help to increase collaboration and integration among mental health services.”*

**– Tasmanian Government<sup>1</sup>**

The establishment of a peer workforce in Tasmania was identified as a priority action in the Tasmanian Government’s Rethink mental health plan:

*“The Tasmanian Government is committed to developing and strengthening the peer workforce in this State to complement the existing workforce.”*

**– Tasmanian Department of Health<sup>2</sup>**

This plan reflects the views of consumers, families and friends and stakeholders that interacting with other people who have similar experiences is valuable. Furthermore, it identifies that peer worker models have the potential to contribute to reducing stigma, developing an inclusive and respectful culture and recovery orientated services within the Tasmanian mental health service system.

Rethink acknowledges that the expansion of the peer workforce will make a key contribution towards systematically embedding the lived experience and recovery-oriented practice at all levels of the service system and has the capacity to improve experiences of mental health services and outcomes for consumers, families, friends and carers.

The need to develop a peer workforce and encourage support structures is also a key priority under the Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan). The Fifth Plan recognises the benefit of peer work and calls for an increased proportion of the total mental health workforce accounted for by the peer workforce:

*“The mental health workforce is in need of growth and development. There is a looming shortage of mental health nurses and limited capacity for effective care of low-prevalence mental disorders in the primary care sector. Peer workers, or workers with a lived experience of mental health, play an important role in building recovery-oriented approaches to care, providing meaningful support to people and modelling positive outcomes from service experiences. However, the peer workforce is sporadically utilised and poorly supported.”*

**– National Mental Health Commission<sup>3</sup>**

<sup>1</sup>Tasmanian Government (2018), *Delivering a Mental Health Peer Workforce Strategy*, media release, 10 October, Hon Michael Ferguson MP, Minister for Health.

<sup>2</sup>Department of Health and Human Services (2015) *Rethink Mental Health: Better Mental health and Wellbeing (A Long-Term Plan for Mental Health in Tasmania 2015–2025)*, State of Tasmania.

<sup>3</sup>National Mental Health Commission (2019), *Monitoring mental health and suicide prevention reform, Fifth National Mental Health and Suicide Prevention Plan, 2019: The consumer and carer perspective*, Sydney, Australian Government.



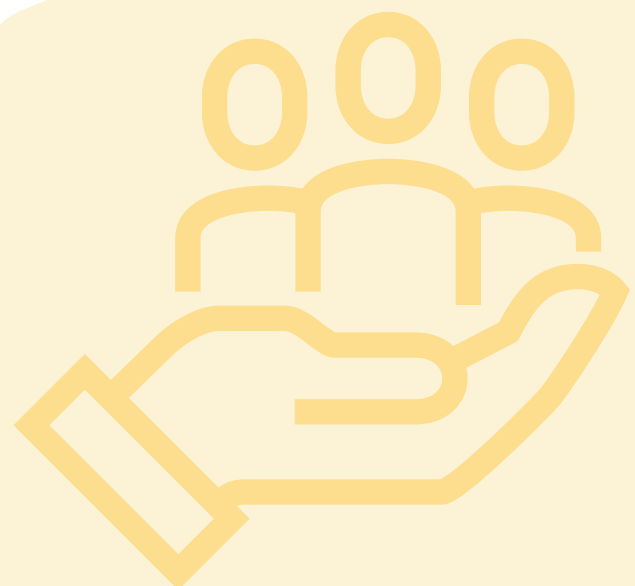
### 3. Background

Peer support and advocacy in mental health arose out of the international consumer movement which began in the early 1970's<sup>4</sup>. Peer work developed further with the proliferation of the recovery philosophy now central to mental health policy and service delivery in many jurisdictions across the world<sup>5</sup>. Peer workers are seen to embody the principles of recovery and are particularly well placed to deliver on a number of elements that have been identified as central to recovery-focused service delivery, including hope, empowerment, self-management and social inclusion<sup>6</sup>.

This strategy has been informed by contemporary research and current practice, the expertise of MHCT members, direct consultation with key stakeholders and the lived experience of consumers, families, friends and carers, peer workers and the organisations seeking to engage them.

The strategy consists of three main parts – an overview of the purpose and benefits of developing the peer workforce; the key priority areas for growing and expanding the peer workforce in Tasmania; and an Action Plan that outlines the goals, activities and timelines for developing and sustaining the peer workforce.

The *Peer Workforce Development Strategy* project is being delivered in two phases – the first phase is the release of this strategy and Action Plan. The second phase will focus on producing a suite of resources to support the implementation of this strategy and the development of the peer workforce in Tasmania. These resources will assist peer workers, individuals and organisations to make the most of their roles in establishing and growing peer workforces throughout the mental health and community services sectors.



<sup>4</sup>O'Hagan, M (2001) *Peer support in mental health and addictions: a background paper*.

<sup>5</sup>Compagni, A., Adams, N., & Daniels, A (2006). *International pathways to mental health system transformation: Strategies and challenges*. A project of the California Institute for Mental Health. California: California Institute for Mental Health.

<sup>6</sup>Scottish Recovery Network (2013), *Reviewing Peer Working: A New Way of Working in Mental Health*.



## 4. Peer Workforce Language

Language in the mental health sector is subject to commonly accepted terms and definitions.

We heard in our consultations there is a mood to change much of the system-focussed terminology and make language more person-centric.

Language influences public attitudes and we can use language to help shape and influence attitudes towards mental health issues and reduce stigma. Therefore, it is important that the discussion around improved language and the way we talk about mental ill-health continues to evolve.

The language used in this strategy has attempted to reflect the feedback from our consultations where possible, but also acknowledges there are generally understood and accepted terms that are consistent with the National Mental Health Commission (NMHC) glossary.

### THE FOLLOWING TERMS AND DEFINITIONS ARE IN USE FOR THIS STRATEGY:

- ▶ **Families & friends (of people with mental ill-health)** – see also ‘Carer’. Family members or friends with a personal lived experience of providing support to people with mental ill-health.
  - ▶ **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, families, friends and 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, or supporting someone with mental ill-health. The use of the term ‘peer worker’ will refer to both consumer peer workers and carer peer workers.
  - ▶ **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 wellbeing by setting their own goals, practices and aspirations.
- ▶ **Carer** – family and friends with a personal lived experience of providing support to someone with mental ill-health. See also ‘Families & friends’.
  - ▶ **Carer peer worker** – a person specifically employed based on their expertise developed from their own personal lived experience of supporting a family member or friend with mental ill-health. See also ‘Peer worker’.
  - ▶ **Consumer** – a person who has a personal lived experience of mental ill-health and recovery and who has used mental health services.
  - ▶ **Consumer peer worker** – a person specifically employed based on their expertise developed from their own personal lived experience of mental ill-health and recovery. See also ‘Peer worker’.

There will be a range of opinions about the language and terminology used in this document. The language that best reflects the most respectful and sensitive treatment of people with lived experience must continue to be challenged, discussed and evolve throughout the implementation of this strategy.

## 5. The Peer Workforce



### WHAT IS A PEER WORKER?

Peer workers are people with a lived experience of mental ill-health and recovery, as either a consumer or family, friend or carer of someone with mental ill-health. They are employed in designated work roles to use their skills and knowledge acquired from their personal experience of mental illness and their use of mental health services. This lived experience is used to support consumers, families, friends and carers through their mental health journey and recovery process.

*"I'm not there to fix, but rather to hear their story and share parts of my story to demonstrate hope and possibility."*

– Peer Worker

It is important to recognise that every lived experience is a unique, individual perspective. Also, a consumer's experience and perspective of mental ill-health and recovery will be different to the experience and perspective of families, friends and carers supporting someone with mental ill-health. While appreciating these differences, within this strategy the term 'peer worker' or 'peer workforce' will refer to both consumer peer workers and family, friend or carer peer workers.

Peer work may be stand-alone or part of an initiative, program, project or service that are run by peers or other service providers. Within this variety of roles, peer work may be formal, voluntary or paid. The roles of volunteers and unpaid workers are acknowledged as a valid, valuable, inherent component of the mental health workforce. The focus for this strategy, however, is on a professional, or paid, workforce.

Given the significant amount of unpaid peer work performed by passionate volunteers, it is envisaged that organisations that engage volunteers may also be able to utilise this strategy, both in helping to develop paid peer roles, but also, to better support their volunteers.

### WHAT IS A PEER WORKFORCE?

Peer workers are the people who make up the peer workforce. The peer workforce refers to the supply of people who have a unique qualification of lived experience of mental ill-health, service use and recovery and are employed to utilise their lived experience to provide support to people experiencing a similar situation. Lived experience is an essential criterion for peer work, but in addition, peer workers require other skills and experience to effectively undertake their roles.

In the context of this strategy, 'peer workforce' refers to a professional, dedicated, paid workforce employed specifically for their lived experience of mental ill-health, recovery and support, as either a consumer or family, friend and carer.

Though job titles and related tasks vary widely, a peer work role generally involves developing relationships, sharing personal experiences and knowledge, offering support and modelling recovery. The acknowledgment of lived experience helps to break down the traditional divides between consumers, families and carers and staff<sup>7</sup>.

<sup>7</sup>Department of Health and Human Services (2018), *Draft Framework for the Establishment of a Peer Workforce in Public Mental Health Services*, Hobart, Mental Health, Alcohol and Drug Directorate.

There is also increasing endorsement of peer work at the broader policy, program and services context where peer workers are consulted for their unique perspective to contribute to quality improvement processes<sup>8</sup>.

*“To navigate the system, even for someone who's quite clear headed and well, can be difficult. But if you're unwell, or if you are a carer of a consumer, the mental health system is confusing. It's very hard to work out. Sure, there are some great resources out there, but not everyone knows how to access them. That is where a peer worker can be a great benefit.”*

– Peer Worker

Peer work may be provided across a range of settings including peer-run organisations, non-government agencies and public health services and can include any of the following:

- **Peer Support** – individual/one-to-one or groups;
- **Advocacy** – individual, group, service or sectoral;
- **Social activities;**
- **Psychoeducation/health promotion;**
- **Social enterprises;**
- **Research/evaluation;**
- **Policy development;**
- **Consumer advisors/advocates;**
- **Leadership/supervision;**
- **Training and education;**
- **Human resources/corporate services.**

## EVIDENCE BASE FOR THE PEER WORKFORCE

Nationally and internationally, the peer workforce is a growing component of the mental health workforce. There is increasing evidence of the benefits of embedding lived experience in the mental health service system to improve the recovery-focus of services.

Peer work is an evidence-based practice that has been well researched and examined in Australia and globally. Studies confirm 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<sup>9</sup>. Reviews and further information on the evidence for mental health peer work can be found at [mhct.org/peerworkforce](http://mhct.org/peerworkforce)

## BENEFITS OF THE PEER WORKFORCE

As noted above, there is a range of well-documented evidence about the benefits of introducing people with lived experience into the workforce. The employment of peer workers contributes towards better outcomes for consumers, better supports for families, friends and carers, and improved recovery-oriented services.

*“I experienced a sense of loneliness or isolation. I know what it's like to be stripped of everything, to be sitting in a space of real fear and total loss of control. I can offer the insight from that experience. That's powerful stuff that will get someone through.”*

– Peer Worker

<sup>8</sup>Commonwealth of Australia (2011), *Evaluation of the FaHCSIA Targeted Community Care Mental Health Initiatives: Final Report*.

<sup>9</sup>Peer Work Hub (2016), *Employer's Guide to Implementing a Peer Workforce – a case for your organisation*, State of New South Wales.

The benefits of the peer workforce extend to consumers, families and friends, peer workers themselves, employers, employees and the broader mental health service system. Developing and growing a peer workforce may deliver the following benefits:

#### Benefits for consumers, families, friends and carers:

- Offering hope and role-modelling recovery;
- Assistance with identifying challenges and developing coping strategies;
- Effective peer support through advice and information, comfort and support, sharing vulnerabilities, empowerment, communicating sensitively and providing empathy;
- Conduit between consumers and other staff/ services/system, leading to increased consumer and family and friend satisfaction with services;
- Individual and system advocacy and the capacity for this to improve service quality;
- Better understanding of mental health services;
- Reduction in symptom distress and readmission;
- Increased sense of self-efficacy; and
- Help to re-engage with community and feel less isolated.

#### Benefits for peer workers:

- Increased self-esteem;
- Valued for their skills and experience;
- Increased knowledge, skills and competencies;
- Positive outcome from own mental illness;
- Employment opportunities;
- Enhancement of their own recovery experience.

#### Benefits for employers:

- A key knowledge resource on the issues of consumers' and families' and friends' experiences with services;
- Consumer, family and friend focus on service and system improvements;
- Assist in breaking down stigma and discrimination in workplaces;
- Workplace diversity and enhanced strength of multidisciplinary teams;
- Increased opportunities for consumer and family and friend perspectives that can be integrated

into planning and service delivery, such as policy development, implementation and evaluation;

- Increased staff satisfaction and retention as service and system improvements create more effective solutions and better health outcomes.

#### Benefits for non-peer workforce:

- Enhanced understanding of mental ill-health, lived experience and positive consumer/carer role models;
- More awareness of appropriate language and recovery-oriented practices;
- Enhanced understanding of the nature of stigma, its link to discrimination and its effect on professional and personal relationships;
- Improved attitudes, communication, negotiation and professional practice;
- A flexible and supportive work environment for all staff.

#### Benefits to the mental health system:

- Reduction in hospital admissions, reduced readmission rates, increased discharge rates and reduction in psychiatric inpatient bed use;
- Lessens load carried by other practitioners and improves consumer engagement in non-clinical services;
- Improved experience with the mental health system by consumers and families and friends leading to better health outcomes;
- A knowledge resource leading to system improvements;
- Role-modelling recovery that helps break down stigma;
- Increased workplace diversity;
- Positive culture change in organisations.

The introduction of peer workers into the mental health workforce is instrumental in bringing about organisational change towards more recovery-oriented services. Peer work initiatives have an emerging evidence base and are highly valued by the people who use them. Evidence suggests they can not only improve people's lives but can also reduce the use of mainstream mental health, medical and social services<sup>10</sup>.



*“The wider use of appropriately skilled peer workers can be of great assistance to the Tasmanian health system. Peer workers not only provide shared lived experiences, they are also providing education to consumers and carers to better handle their individual circumstances. This can have a major impact on reducing presentations to the Department of Emergency Medicine, potential admissions and lowering bed block. Peer workers need to be integrated across all areas of health.”*

– MHFF survey response

## WHY DO WE NEED A STRATEGY?

The aims of this *Peer Workforce Development Strategy* are to encourage and increase the engagement of peer workers across the state and expand the roles of peer workers across the Tasmanian mental health sector. Supporting the mental health sector to offer consumers and families, friends and carers access to professionals with lived experience will improve their experiences of the mental health system, assist with recovery and support their mental health journey.

*“I’d love for every consumer and carer to be assigned their own peer worker as soon as possible into their journey. I know it would make all the difference.”*

– MHFF survey response

According to data from the *Australian Institute of Health and Welfare*<sup>11</sup>, in 2016–17 there were around 167 peer workers employed nationally in mental health care facilities, out of a total workforce of more than 32,500 FTE (see Table 1 below).

**TABLE 1: FTE PEER WORKERS – SPECIALISED MENTAL HEALTH CARE, 2016–17.**

STAFFING CATEGORY	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	TOTAL
Consumer workers	30.6	18.2	51.4	5.2	16.0	0.6	2.0	1.0	125.0
Carer workers	8.7	17.7	9.8	0.8	4.4	0.5	0.4	0.0	42.2
Total Peer Workers	39.3	35.9	61.2	6.0	20.4	1.1	2.4	1.0	167.2
<b>Total FTE</b>	<b>10,728.4</b>	<b>7,547.3</b>	<b>6,363.1</b>	<b>3,837.9</b>	<b>2,447.1</b>	<b>743.9</b>	<b>528.3</b>	<b>377.1</b>	<b>32,573.1</b>

Of these 167 peer workers, 125 were consumer peer workers and 42 were carer peer workers. Combined, these peer workers represented only half-of-one per cent (0.51%) of the national mental health care workforce.

<sup>10</sup>Mental Health Commission of Canada (2016), *Making the Case for Peer Support*, Ottawa.

<sup>11</sup>Australian Institute of Health and Welfare (2019), *Mental Health Services in Australia – specialised mental health care facilities*, Australian Government.

Tasmania and the Northern Territory were the jurisdictions with the lowest number of peer workers (1 each) while Queensland recorded the most peer workers (61). Given the population differences in each state/territory, for a more meaningful comparison these peer worker totals have been averaged out per 1,000 FTE (Table 2 below).

**TABLE 2: FTE STAFF – SPECIALISED MENTAL HEALTH CARE, 2016–17.**

PER 1,000 FTE	NSW	VIC	QLD	WA	SA	TAS	ACT	NT	TOTAL
Total Peer Workers per 1,000 FTE	3.7	4.8	9.6	1.6	8.3	1.5	4.5	2.7	5.1
Total Staff per 100,000 population	137.6	120.9	130.3	149.7	142.5	143.1	129.7	153.2	133.6

This data reveals a far worse position for Tasmania relative to the other jurisdictions, with only 1.5 peer workers per 1,000 FTE, compared to Queensland with 9.6 peer workers per 1,000 FTE. This low number is contrasted by Tasmania's relatively high number of specialised mental health care staff, with 143 staff for every 100,000 of population.

This data clearly shows that Tasmania had a very small peer workforce, both in actual number and as a percentage of health care professionals. More revealing, is that Tasmania is way behind other mainland jurisdictions, especially Queensland, South Australia and Victoria, that have more than six times, five times and three times as many peer workers respectively.

The Tasmanian Government is committed to strengthening the peer workforce in public mental health services to complement the existing workforce and embed peer work roles into the future. There are currently consumer and carer peer workers employed in a number of public mental health services across the state as part of a trial project. This strategy is a further action designed to grow and expand the peer workforce in Tasmania.

A further impetus for the continued development of the peer workforce in Tasmania is the range of workforce challenges facing mental health services more broadly. Increasing opportunities for people with lived experience to join the mental health workforce is important for providing them with additional career opportunities and pathways, but also provides a complementary and valuable addition to the workforce that will contribute to overcoming workforce shortages.

*“Peer workers are an absolute asset to the mental health field. They are a wealth of knowledge and skills for people accessing services and workers within the service. It is important that managers know how to supervise the peer workforce and can provide the appropriate support, supervision and guidelines for the role.”*

– MHFF survey response

The NMHC has identified peer workers as a key component of recovery-oriented mental health services, as they illustrate to others the possibility of recovery and participation in social and employment activities.

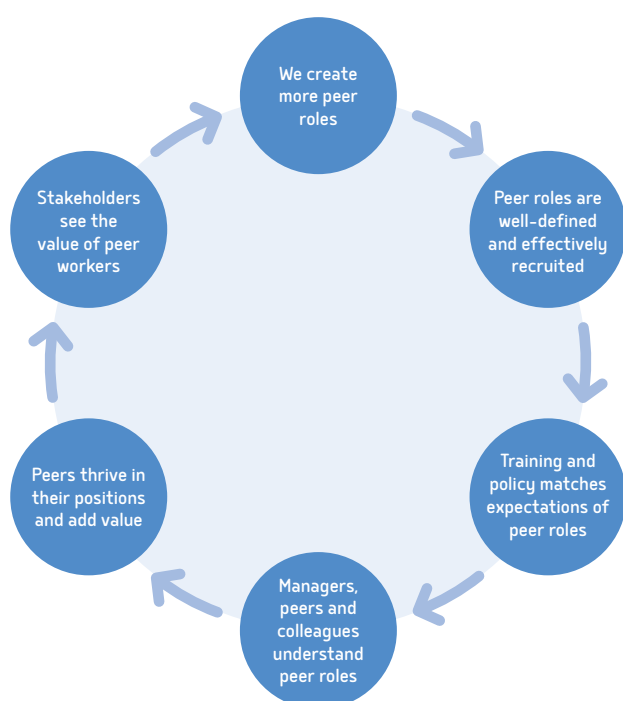
The need to develop a national professional peer workforce and encourage support structures and professional development for the peer workforce is a key priority for the NMHC. Under the Fifth Plan, the NMHC is leading the development of Peer Workforce Development Guidelines to help support the peer workforce, through providing formalised guidance for governments, employers and the peer workforce about support structures required to sustain and grow the workforce.

## THRIVING PEER WORKFORCE

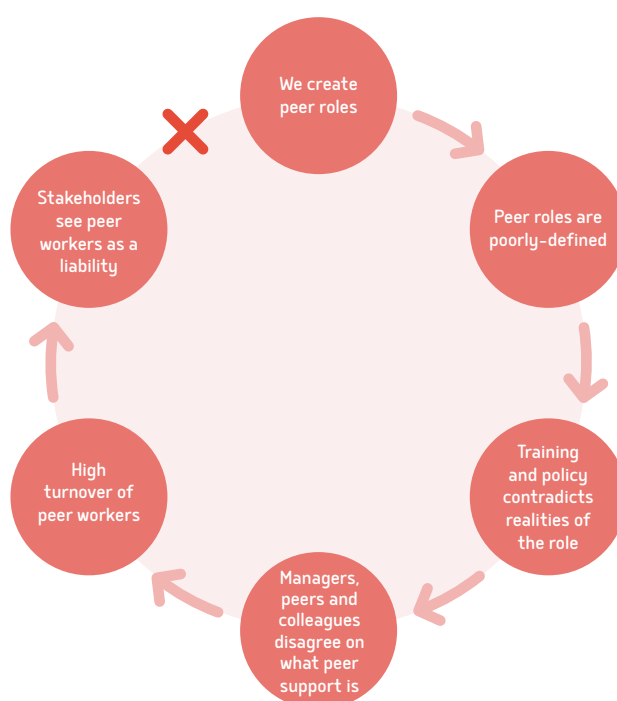
While there is significant value in integrating and expanding peer work roles throughout mental health services, there are a range of factors and considerations that must be addressed in order to successfully grow and sustain a peer workforce.

The *Thriving Peer Workforce* model<sup>12</sup> suggests the sustainability of the peer workforce depends on a range of factors working well, to create a self-perpetuating cycle of growth. As shown in *Figure 1*, the creation of more peer roles will be encouraged when peer roles are well defined; training and policies support peer roles; organisations embrace the peer workforce; peer workers thrive; the sector sees the benefits of peer workers; and this results in more peer roles being created.

**FIGURE 1: THRIVING PEER WORKFORCE:**



**FIGURE 2: FAILING PEER WORKFORCE:**



Conversely, when these factors are not well established or unsupported, a peer workforce will likely fail.

*Figure 2* illustrates if peer roles are poorly defined, training and policies contradict realities of the role and managers/organisations disagree on the value of peer work, this lack of clarity will result in high turnover of peer workers and their role and contribution will not be positively viewed by stakeholders.

*The Peer Workforce Development Strategy* draws on this *Thriving Peer Workforce* model by determining the key factors that need to work well to grow and sustain the peer workforce in Tasmania. Our research, literature reviews and engagement with stakeholders, have identified the priority areas that need addressing to ensure a 'thriving peer workforce' in Tasmania. These priority areas are discussed in *Section 8*.

<sup>12</sup>King J, Panther G. (2014). *Peer Support Themes*. Report prepared for AOD Collaborative Group. Auckland: Julian King & Associates Limited – a member of the Kinnect Group.

## 6. Tasmanian Peer Workforce Consultation



### PEER WORKFORCE MAPPING SURVEY

MHCT conducted a short survey to gather data and insights into the size and nature of the current mental health peer workforce in Tasmania. The survey targeted peer workers, managers or employers of peer workers and those in organisations interested in employing peer workers.

The survey provided a snapshot of the great peer work already being undertaken across our state. It reflected an increase in the number of peer workers reported in Table 1 and the contribution of a volunteer workforce. Feedback from this survey provided valuable information and input into the development of this strategy.

*"I welcome the expansion of the peer workforce. More work needs to be done on the education, support and supervision of peer workers."*

**- MHCT survey response**

The Mapping Survey report is available at [mhct.org/peerworkforce](http://mhct.org/peerworkforce) with key observations summarised below (noting these are the views of survey respondents and not necessarily the views of MHCT):

- 67 responses were received with two-thirds of respondents employed in the mental health sector and one-third in the community services sector.
- 32% of responses received were from Managers/Employers, 16% from peer workers and the remaining half of respondents were working in traditional workforce roles in the mental health or community services sectors.
- One quarter of the respondents were employed in the Tasmanian Health Service (THS) and two-thirds were employed in non-government/community sector organisations.
- 43% of the respondents identify in their workplace as having a mental illness, despite only 16% being employed as peer workers, suggesting more than a quarter of respondents are either open about their mental ill-health in their workplace, or perform informal/voluntary peer support roles.
- A draft vision statement for a Tasmanian peer workforce was proposed in the survey, receiving strong support with over a quarter of respondents providing feedback on different elements they would like to see incorporated. Suggestions included greater focus on people rather than organisations or systems and the inclusion of additional terms or concepts such as development, integration, training, hope, empowerment and organisational change.

- Managers/Employers demonstrated high levels of confidence in understanding peer work and the benefits that peer workers can bring to the organisation. However, they also identified role clarity and resourcing as the biggest challenges to establishing or expanding their peer workforce. The results indicated that almost half of the organisations were planning for or expecting growth in their peer workforce in the next one to five years.

- Managers/Employers that responded identified the following issues presented in the survey as the main challenges to implementing or expanding a peer workforce:

- Lack of clarity about peer worker roles, job titles and position descriptions.
- Insufficient resources to support a peer workforce, such as access to training, mentoring, workplace flexibility and management support for peer workers.
- Availability of clinical or relevant supervision.
- Lack of education and training for the traditional workforce about the nature and benefits of peer worker roles.
- Lack of organisational leadership to champion and support a peer workforce.

- Of the peer workers that responded, most are in relatively new positions having been in their roles for less than 12 months. They mostly provide one-on-one individual support to consumers and generally felt supported in their workplaces with access to supervision, training, mentoring and other peer workers. Half of them had not completed any formal peer work training and most had also experienced some degree of stigma (although it was not clear if this occurred in their current peer roles or previous employment).

Most peer workers agreed with the following statements:

- I am clear about my role and duties as a peer worker and the relevance of my lived experience within the workplace.
- My peer work role is accepted and respected by my colleagues in traditional work roles and I am assisted in my peer work duties.
- I have the flexibility I need to manage my work.
- I have adequate support from my manager to perform my peer role.
- I have access to ongoing training, supervision and other mechanisms to support me in my peer role.
- There are leaders/champions in my organisation who promote and support the benefits of a peer workforce.

- Most respondents that are working in traditional mental health or community service roles understand the different purposes of peer worker and traditional workplace roles and agreed there is value in peer worker roles and how they can complement their own work.

- All survey participants were asked about organisational culture and workplace attitudes and a majority agreed:

- In their organisation, peer workers and employees in traditional roles work well together and equal access is provided to relevant training.
- Their organisation has the right culture to establish or expand a peer workforce.
- Peer work roles help to encourage a more person-centred focus and support better outcomes for service users.

## KEY STAKEHOLDER CONSULTATIONS

MHCT undertook a consultation process to provide an opportunity for consumers, families, friends and carers, the mental health sector and interested stakeholders, to have input into a strategy to develop the peer workforce in Tasmania and the key issues to be addressed.

MHCT partnered with *Flourish Mental Health Action in Our Hands Inc* (Flourish) and *Mental Health Families & Friends Tasmania* (MHFF) – formerly Mental Health Carers Tasmania (MHCTas) – to consult with their respective consumer and family, friend and carer networks. The aims of these consultations were to understand current practice, determine workforce gaps and needs, identify challenges and opportunities and consider potential solutions to address them.

### Mental Health Council of Tasmania

MHCT consulted through two focus groups held in Hobart, for both peer workers and organisations that engage peer workers. Focus groups were also held in Launceston and Devonport and meetings arranged with individual stakeholders. A range of views were expressed and some key findings and responses are summarised as:

- ▶ Lived experience is an essential criterion for peer workers.
- ▶ Consider a tiered approach to peer worker training – induction, formal (e.g. Cert IV) and further professional development.
- ▶ The role of peer workers can assist in providing a continuity of care that consumers may not receive through accessing services.
- ▶ Need for clearly defined peer worker roles and job titles.
- ▶ Need for appropriate remuneration and recognition in an industry award.
- ▶ Need for access to peer supervision, mentoring and peer support networks.
- ▶ Need for peer leaders/champions to promote and advance the peer workforce.
- ▶ Need for organisational training or supports to raise awareness, reduce stigma and integrate the peer workforce.

- ▶ Peer workers have the same needs as other staff and supportive organisations will provide flexible work arrangements that consider the needs of all staff.
- ▶ Need pathways into peer work, career development opportunities within peer roles and career progression.
- ▶ Need for policy and funding commitments.

### Flourish Mental Health Action in Our Hands

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

**– Flourish survey response**

Flourish consulted through a survey to all members and two focus groups in Launceston and Hobart. Some key findings and views expressed through this engagement are summarised as:

- ▶ The key goal for the strategy should be to improve health outcomes for consumers.
- ▶ Peer workers have a lived experience they are willing to share for the betterment of consumers.



- ▶ There is a need to consider the perspective of consumers in everything that is done with peer work.
- ▶ There is considerable support in the Flourish membership for the concept of peer work.
- ▶ There is a need to ensure that staff in organisations that employ peer workers appreciate their value.
- ▶ It is essential that peer workers are adequately trained, supervised and supported and their roles are clearly defined.
- ▶ The Tasmanian peer workforce will benefit from the learnings in other jurisdictions.

The Flourish consultation report is available at [mhct.org/peerworkforce](http://mhct.org/peerworkforce)

### Mental Health Families & Friends

*“Peer workers not only share their lived experiences, they also provide education to consumers and carers to better handle their individual circumstances.”*

– MHFF survey response

MHFF consulted with families and friends throughout Tasmania through a survey, a discussion forum and individual appointments. Some key findings and views expressed through this engagement are summarised as:

- ▶ The vision statement should be people-focussed and reflect increased support and understanding.
- ▶ Soft skills are important for peer workers – understanding, compassion, kindness, inclusion, empathy etc, reinforcing the people-focus.
- ▶ Training for peer workers, raising awareness and understanding of the role and value of peer workers, reducing/managing stigma should be focus areas for developing the peer workforce.
- ▶ Organisational capacity (readiness), culture, resourcing and sufficient supports for peer workers are key challenges.

- ▶ Organisation training is required, in relation to the roles of peer workers, how to manage them, how they are integrated into the general workforce and the value they bring.
- ▶ Marketing and promotion of the peer workforce is required to understand what it is and is not. Awareness is also needed for families and friends so they understand how a peer worker can be helpful, how to access and engage them and what to expect from their services.
- ▶ Consider workforce development issues such as recruitment and retention, peer worker entry, required skills and awareness of peer worker roles.
- ▶ Supervision, working collaboratively with other peer workers and supporting peer workers through networking are important.
- ▶ Strategy needs to be framed with ‘people’ in mind – i.e. the audience is peer workers, consumers, families, friends and carers.

The MHFF consultation report is available at [mhct.org/peerworkforce](http://mhct.org/peerworkforce)



## 7. Strategy Vision



MHCT consulted with consumers, families, friends and carers, peer workers and the mental health sector on a vision and aims for a Tasmanian peer workforce. Overwhelmingly, respondents said they wanted the vision statement to be person-focussed, highlighting the role of peers in both recovery and support. Incorporating the views and feedback expressed through the consultations, the following has been developed as a vision for this strategy:

*To grow a professional peer workforce in Tasmania that promotes both recovery for consumers and appropriate supports for families and friends, resulting in better outcomes in their mental health journeys.*

**Underpinning this vision statement are the following values, guiding principles and priorities expressed through the consultations:**

**grow** – recognises a peer workforce in its infancy in Tasmania that can be developed and expanded through nurture and support. It also recognises the need for better understanding of peer work within organisations and across the community more broadly.

**professional** – is used to represent paid, well-trained, expert and dedicated employees and recognises there are a broad range of lived experience roles in public, private and community-managed organisations.

**promotes recovery / appropriate supports** – expresses the key strategy aims of recovery and support by offering hope and empowerment to individuals through the application of soft skills such as understanding, compassion, caring, kindness, inclusion, encouragement and empathy.

**consumers/families and friends** – identifies there are both consumer and carer peer workers and reinforces the person-centred focus of the vision statement.

**better outcomes** – is a commitment to wellbeing and improvements in care, service delivery and the mental health system.

**mental health journeys** – maintains the focus on people; recognises that an individual's recovery is self-determined; recognises the need for appropriate and timely support for families, friends and carers; and acknowledges there are various touch points for peer workers within the mental health system.

This vision is a point-in-time statement that has been developed for this strategy. It is not intended to represent every person's aspirations for the peer workforce or the only aims we should strive towards. It is intended as a high-level, broad statement to capture the key elements of a peer workforce on which to focus this strategy.

As the peer workforce develops and grows, so too the vision will change. The vision should be reviewed regularly to keep it contemporary and reflect what individuals, organisations and the mental health sector in Tasmania are striving for the peer workforce to become and achieve.

## 8. Peer Workforce Objectives & Priority Areas

**The development of a peer workforce in Tasmania has the following objectives:**

- Promote the mental health recovery of individuals;
- Improve the health outcomes for consumers and supports for families and friends;
- Improve the design and delivery of mental health services;
- Deliver benefits to the wider mental health system;
- Raise awareness and understanding of peer work within organisations and across the community.

While there are numerous benefits and significant value in developing a peer workforce and integrating peer work roles into services, there are a range of factors to be considered and addressed in developing a peer workforce.

*“Peer workers provide the valuable link for people between disconnection and discovery which can be life-saving and life-changing. It’s critical then that we build a peer workforce that’s supported and sustainable.”*

**Margaret Doherty, Deputy Co-Chair,  
National Peer Workforce Development  
Guidelines Steering Committee.**

Through our literature review, research of current practice, understanding of the experiences in other jurisdictions and feedback through our consultation processes, six priority areas have been identified to support the development of the peer workforce in Tasmania, as shown in Table 3 below.

**TABLE 3: PRIORITIES FOR DEVELOPING A TASMANIAN PEER WORKFORCE**

To grow a professional peer workforce in Tasmania that promotes both recovery for consumers and appropriate supports for families and friends, resulting in better outcomes in their mental health journeys.					
Governance and Advocacy	Peer Connections	Organisational Readiness and Culture	Training and Professional Development	Workforce Development	Career Progression
<ul style="list-style-type: none"> <li>➤ Peer advocacy</li> <li>➤ Policy commitments</li> <li>➤ Resources and guidelines</li> <li>➤ Regulation</li> </ul>	<ul style="list-style-type: none"> <li>➤ Peer networks</li> <li>➤ Peer supervision</li> <li>➤ Mentoring and leadership</li> </ul>	<ul style="list-style-type: none"> <li>➤ Reduce stigma</li> <li>➤ Culture</li> <li>➤ Flexibility</li> <li>➤ Role design and models</li> </ul>	<ul style="list-style-type: none"> <li>➤ Qualifications</li> <li>➤ Peer worker training</li> <li>➤ Professional development</li> </ul>	<ul style="list-style-type: none"> <li>➤ HR management</li> <li>➤ Peer worker roles</li> <li>➤ Position descriptions</li> </ul>	<ul style="list-style-type: none"> <li>➤ Remuneration and awards</li> <li>➤ Career development</li> <li>➤ Future opportunities</li> </ul>

## GOVERNANCE AND ADVOCACY

To support the implementation of this strategy, administrative arrangements and appropriate supports will be necessary to address the priority areas for developing the peer workforce in Tasmania.

Key stakeholders from the public, primary and community sectors will be required to work collaboratively to investigate and establish appropriate governance, administrative arrangements, implementation models and resources to support the Action Plan.

A potential implementation model is the creation of a 'peer workforce coordination role' that may be a person, advisory group or independent body. This role would act as an intermediary to lead and coordinate the shared responsibility of the public, primary and community sectors in implementing the Action Plan. This role has been referred to in the following Action Plan as the *Peer Workforce Coordinator*, but its final form and function will be determined through collaboration with key stakeholders. The *Peer Workforce Coordinator* role will not have sole responsibility for implementing strategy actions, but will lead the coordination of individuals and organisations to progress the Action Plan.

There are a range of functions the *Peer Workforce Coordinator* role (or alternative implementation models to drive the Action Plan) may undertake, including:

- ▶ Provide administrative support to drive the implementation of the strategy and progress related actions;
- ▶ Responsibility for the planning, development, monitoring, reporting and evaluation functions associated with the strategy;
- ▶ Work as a peer advocate, ambassador and peer champion;
- ▶ Provide leadership and raise awareness of the value and the role of the peer workforce that may include –
  - case studies of peer workers' experiences
  - case studies of consumers/families and friends, who have been supported by peer workers
  - workshops to present around the state on the peer workforce, how you access a peer worker and how to become a peer worker;

- ▶ Research current practice in Tasmania, best practice elsewhere and report on improvements needed;
- ▶ Advise on policies, procedures, regulations and legislation that discriminate against peer workers and are impediments to developing the peer workforce;
- ▶ Ensure the *Peer Workforce Development Strategy* is consistent with the national guidelines being developed;
- ▶ Investigate funding streams and consider policy responses that will support both financial and human capital – this includes advocating for certainty in current government funding, securing new funding sources for non-government organisations, funding to provide increased availability of services to consumers/families and friends, and funding for peer workers to reach into rural and regional areas of the state;
- ▶ Consider and develop responses to the Mental Health Integration Taskforce Report and Recommendations;
- ▶ Lead the development and evolution of peer workforce language in Tasmania;
- ▶ Consider long-term plans for peer workforce development;
- ▶ Have responsibility for the development of online resources, information and supports for peer workers, consumers, families, friends and carers, individuals, organisations and workplaces.

## PEER CONNECTIONS

Peer workers support families and friends of people with mental ill-health and consumers in their recovery journey. The range of roles and functions a peer worker may undertake is growing. However, as with all mental health workers, peer workers themselves require effective and ongoing support to be effective in their role and reflect on their own experiences.

In addition to clinical and managerial supervision, peer workers benefit from supervision provided by experienced peers<sup>13</sup>. It is considered best practice for organisations to offer formal supervision from peer work leaders to their peer workers, however this is not always an option<sup>14</sup>. It is common for peer workers to experience a sense of isolation in the workplace as

they are often the only peer in their team and may lack connections to other peer workers or peer-led spaces<sup>15</sup>. This can lead to increased role strain. Therefore, in addition to formal supervision, peer workers need the opportunity for ongoing support through networking opportunities amongst other peer workers across their organisation and the sector more broadly.

*“Supervision or access to some other peer workers to talk to is important. You need some support structure, whether it’s a mentor in the building, or a safe place in terms of checking in with someone about your experience, someone who understands what it is like to experience things in the workplace as a peer worker but also someone who can provide the right guidance when it’s required.”*

– Peer Worker

Peer workers also require support in their roles and workplaces with:

- ▶ Professional support structures;
- ▶ The ability to develop links across the state and interstate;
- ▶ Regular, formalised, professional supervision both inside and outside the organisation. Ideally this would come from an experienced peer worker who has supervision experience, or a social worker/psychologist who understands the role of a peer worker. Access to counselling and debriefing is important for self-care so that assisting others does not lead to a setback in recovery, however, generic Employee Assistance Programs were identified as insufficient for peer worker support;
- ▶ Flexible workplace arrangements that are supportive of all staff. In fact, different employment practices may reinforce stigma and perpetuate poor workplace culture.

## ORGANISATIONAL READINESS AND CULTURE

Workplaces with best-practice, trauma-informed, systems in place and operated along mental health recovery principles are well placed to engage peer workers. For other organisations, addressing systemic and cultural issues, stigma, language and beliefs that are damaging to everyone in the workplace, not just peer workers entering it, is long-overdue.

Preparing an organisation for peer workers generally involves improving systems and supports so that they are more supportive for all staff<sup>16</sup>. Peer workers are most effective when they are based in organisations that have a pre-existing commitment to the values and principles of recovery<sup>17</sup>. Developing an organisational culture with a recovery focus that understands and values peer work is considered a good starting point. Envisioning peer worker roles is a strategic process that should involve organisational leadership and often leads to a service re-design process<sup>18</sup>.

Understanding the role and value of both peers and non-peers is essential to the development of peer workforces within organisations. The importance of having a shared understanding and approach to peer work will be supported in organisations through training, internal policies, values, leadership and appropriate resources. Building into organisations values, policies, practices and processes that value peer work, peer workers and the principles of recovery, will help to address stigma and discrimination.

*“It’s incredibly reassuring to know that people with lived experience are beginning to be acknowledged and valued within our workplaces for what is often incredible strength and resilience. We (and our systems) have so much more to learn.”*

– MHCT survey response

<sup>13</sup>Debyser, B et al, (2018), *Mental health nurses and mental health peer workers: Self-perceptions of role-related clinical competences*, International Journal of Mental Health Nursing, vol 27, pp. 987–1001.

<sup>14</sup>Mental Health Commission of Canada (2016), *Making the Case for Peer Support*, Ottawa.

<sup>15</sup>Phillips, K (2018), *Supervising Peer Staff Roles: Literature Review and Focus Group Results*, Waterloo.

<sup>16</sup>Department of Health and Human Services (2018), *Draft Framework for the Establishment of a Peer Workforce in Public Mental Health Services*, Hobart, Mental Health, Alcohol and Drug Directorate.

<sup>17</sup>Ibid.

<sup>18</sup>Gordon J & Bradstreet S (2015), *So if we like the idea of peer workers, why aren’t we seeing more?*, World Journal of Psychiatry, Vol 5, pp 160–166.

Reducing stigma in the workplace is a top priority for the peer workforce and mental health sector. Broader acceptance of the peer workforce as it develops and grows will help to change perceptions of mental ill-health and recovery and in doing so, help to reduce stigma.

Community awareness and understanding of mental ill-health is progressing, particularly with high prevalence disorders such as anxiety and depression. However, stigmatising attitudes are still evident in the community and people with mental ill-health are still at risk of being discriminated against in workplaces. Being labelled as 'mentally ill' can lead to negative perceptions and feelings in work roles and social groups. Experiences of being discriminated against can further reinforce and entrench these perceptions and feelings, leading to self-stigma.

Peer workers role-model hope and recovery for consumers and provide appropriate supports for families, friends and carers. The visibility of peer workers as designated lived experience staff helps to reduce stigma. By demonstrating recovery and support, peer workers represent hope of acceptance and success, challenge perceptions and change attitudes about mental ill-health and break down the barriers caused by stigma.

Organisations can undertake a range of activities to positively impact cultural change, including:

- ▶ Integrating the roles of peer workers into mental health services and community settings;
- ▶ Developing an inclusive and respectful culture;
- ▶ Consistent and effective change management processes, including support for staff;
- ▶ Ensuring the culture of an organisation values peer workers (from top-down and bottom-up) and educate all levels of the organisation about the benefits of working with a peer workforce;
- ▶ Reduce stigma by eliminating inappropriate, inaccurate or stigmatising beliefs about peer workers through education that improves knowledge of peer work;
- ▶ Attract/recruit/retain people with appropriate skills;
- ▶ Undertaking capacity building activities (e.g. training, supervision, professional development) and outsource if necessary;
- ▶ Accepting and supporting peer workers as equal to other health workers, separate but important components of the one team;
- ▶ Supportive policies, frameworks, procedures and supervision for all staff, not just peer workers;
- ▶ Providing a supportive environment for peer workers to operate by ensuring staff are educated about the role and value of peer workers and the benefits and opportunities that having peer workers provides;
- ▶ Designing peer worker roles that are well considered, developed and defined;
- ▶ Understanding that peer workers shouldn't be expected to perform roles or work with people they are not experienced or qualified to do;
- ▶ Committing to peer work over the long-term and giving peer workers the opportunity to demonstrate their value and contributions to the organisation;
- ▶ Providing real-life stories by people who have a direct involvement in peer work roles, to help eliminate stigmatising and inaccurate attitudes and beliefs;
- ▶ Removing fears, anxieties and unhelpful assumptions associated with ill-informed views of peer workers.

## TRAINING AND PROFESSIONAL DEVELOPMENT

*"Just having lived experience doesn't make you a peer worker. Like any job, you have got to learn the skills you need, to know how to purposefully apply your lived experience."*

— Peer Worker

Peer workers, like workers in all roles and occupations, need quality training and professional development. Training may take many forms and can include teaching specific skills, developing capabilities, courses, formal study and professional qualifications. Peer workers require training that increases their skills, knowledge and confidence in:



- ▶ The core competencies of their work;
- ▶ Best practice and legislative requirements;
- ▶ Communication, purposeful storytelling and managing the impacts of disclosure;
- ▶ Advocacy.

An essential criterion for peer workers is their lived experience of mental ill-health, service use and recovery. However, peer workers also require other skills and expertise to enable them to be effective in their roles. While there is no strict requirement that a peer worker hold a formal qualification to commence employment as a peer worker, it is desirable that peer workers undertake training both before and following the commencement of their employment, as working effectively and sustainably in mental health does require adequate and appropriate education and training<sup>19</sup>.

Work in the mental health sector can be stressful, and can test the capabilities, resources and needs of workers. Having a formal educational framework to guide individuals through some of the complexities of peer work is a necessity.

The *Certificate IV in Mental Health Peer Work* was developed in 2012 and has become a nationally recognised qualification for peer workers<sup>20</sup>. The course offers participants the opportunity to learn the knowledge and skills to get the most out of their peer work role. This training needs to be available and accessible in Tasmania. Furthermore, outside this foundational course there are very limited peer work-specific training opportunities available for ongoing professional development in Tasmania.

It was clear from the consultations that training is a top priority for the workforce and the mental health sector. The feedback from the consultation process suggested:

- ▶ Quality, appropriate and contemporary education and training regarding mental health and mental illness and programs that support peer workers to undertake their roles is valuable;

- ▶ Need for established, well-recognised, training from reputable training providers that leads to skills and qualifications;
- ▶ An agreed, entry-level, training package for peer workers (i.e. induction-type training) be developed;
- ▶ Introducing a mandatory, minimum qualification for peer workers and appropriate access to training that supports this;
- ▶ Educating other (non-peer) staff members about the role, value, acceptance and integration of peer workers, and fostering an understanding of shared approaches to mental health care and service delivery;
- ▶ Access to an appropriate range of skills, knowledge and capabilities is required to undertake the role and opportunities for professional development;
- ▶ Availability of formal courses such as –
  - Certificate IV in Peer Work
  - Intentional Peer Support
  - Mental Health First Aid
  - Trauma Informed Care
  - suicide awareness/prevention training
  - general counselling courses;
- ▶ Training specific to peer workers, such as self-care, risk of reversal of recovery or re-traumatisation and bridging the gap between clinical and non-clinical practice in a multidisciplinary team;
- ▶ Mental health system and services/programs be available;
- ▶ Professional development opportunities, including supervision frameworks, working collaboratively with other professions (e.g. psychology, psychiatry, social work), peer worker networks and mentors.

## WORKFORCE DEVELOPMENT

If the peer workforce is to develop in Tasmania, strategic workforce development is required to support, strengthen and build the capacity of the existing peer workforce and attract suitable peer workers into the peer workforce.

Good human resource management practices are necessary for all employees, but having well-developed and clearly-defined peer worker roles, together with policies and processes in place specific to peer workers, will help to successfully attract, recruit and support peer workers.

<sup>19</sup>Health Workforce Australia (2014): *Mental Health Peer Workforce Study*.

<sup>20</sup>Ibid.

*"I asked for a job description and got an email with a couple of points on it. Nobody really sat down and took a look at what they want these roles to look like."*

– Peer Worker

All employees may, at times, require greater flexibility around work hours, work conditions, workspaces, meeting cycles and leave arrangements. Workplace adjustments are not about changing the roles and responsibilities of positions. Rather, they are about changing aspects of the work environment to help individuals perform their role more effectively.

It is important that organisations foster a culture that appreciates reasonable adjustments exist to support the wellbeing of all employees. Developing a peer workforce should also align with an organisation's overall workforce strategy and plans.

Peer work roles need to be well defined and integrated into the existing workforce. This will need to consider factors such as:

- ▶ Role clarity for peer workers;
- ▶ Clearly articulated responsibilities, expectations and specific tasks;
- ▶ Well-developed position descriptions and statements of duty;
- ▶ Reclassification of peer worker roles as they evolve and expand in relation to changing expectations, services and activities they perform and the additional skills and experience they acquire;
- ▶ Peer-led training for peer and non-peer staff and managers;
- ▶ Identifying and eliminating stigma and discrimination in the workplace.

## CAREER PROGRESSION

Building career pathways is essential to reinforcing and supporting a recovery-focused culture and reducing stigma by integrating lived experience perspectives throughout an organisation.

Like all employees in the workforce, peer workers will have career objectives beyond the job they are currently undertaking. Developing career pathways and supporting a peer worker's career progression is important for staff retention, however, currently there are limited peer work career pathways in Tasmania.

To encourage and attract peer workers, organisations need to consider their approach, plans and goals in relation to:

- ▶ Remuneration that attracts people to the role and appropriately compensates them for their experience, qualifications, skills and abilities;
- ▶ Recruiting the right people;
- ▶ Retaining peer workers by supporting their wellbeing and providing career pathways;
- ▶ Access to adequate and ongoing training that improves skills, knowledge and expertise to support career pathways;
- ▶ Identifying and developing career pathways so there are opportunities for progression and growing the peer workforce;
- ▶ Integrating lived experience more broadly into the mental health service system to increase the diversity and level of roles available for peer workers.

*"Peer workers are not a cheap form of labour and need to be paid at a commensurate rate for the expertise that they bring to their work. If you work as a peer worker, you still stay at the same [pay] level. There is no movement. That's different to a lot of jobs, and it shouldn't be. I would like to see that there's a couple of levels I could go up."*

– MHFF survey response

## 9. Action Plan



This Action Plan sets out 38 actions that have been developed to address the six priority areas outlined in *Table 3*. These actions have been identified through the feedback from our consultation processes, contemporary research, understanding current practice and the experiences in other jurisdictions.

The Action Plan sets out key priorities, goals and related actions. It assigns a responsibility for undertaking the actions and proposes the following timeframes for accomplishing them:

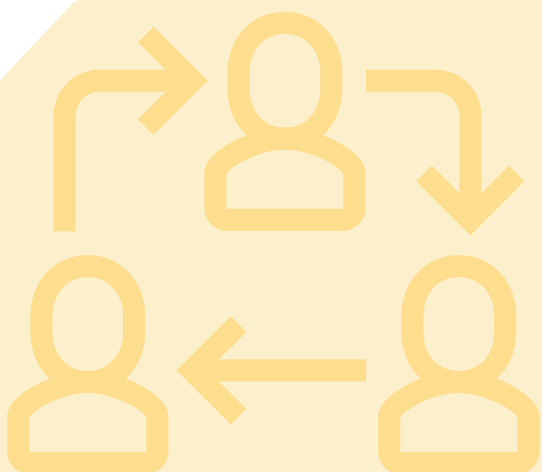
- **IMMEDIATE** – complete within the next 12 months.
- **MEDIUM** – complete within 1-3 years.
- **LONG-TERM** – complete over the next 5 years.

The peer workforce has the potential to, and should, operate across all sectors of the health system – government, primary health networks, community and private. This reflects the fact that a significant proportion of the population that experience mental ill-health also work and spend a large amount of time at work in health services, the mental health sector, government departments and community organisations.

The growth and expansion of the peer workforce will require careful monitoring and evaluation at the consumer, family and friend, service, organisational and strategic levels. Its ongoing development will need to take account of service delivery, service user satisfaction, the systems and processes in place within an organisation to support the peer workforce and ultimately, the outcomes for consumers, families and friends, and peer workers themselves.

Indicators for success and adequate systems for data collection will need to be established to ensure the development of the peer workforce can be reported against and inform resource allocation, determine future initiatives and measure success.

A future action in the evolution of this strategy should be to consider the different models of peer support that are most appropriate to specific cohorts, such as diverse communities including Aboriginal, CALD and LGBTIQI.



## PRIORITY AREA – GOVERNANCE AND ADVOCACY

The *Peer Workforce Development Strategy* requires administrative arrangements and appropriate supports to implement and progress the Action Plan.

GOAL: PEER ADVOCACY		
ACTION	LEAD	TIMEFRAME
1.1 Work collaboratively with key stakeholders from the public, primary and community sectors to: <ul style="list-style-type: none"> <li>- investigate and establish appropriate governance and administrative arrangements to support the implementation of the <i>Peer Workforce Development Strategy</i>.</li> <li>- create an intermediary role to lead and coordinate the shared responsibility for implementing the Action Plan. This intermediary role will be referred to as '<i>Peer Workforce Coordinator</i>'.</li> </ul>	<i>Tasmanian Government / PHT / MHCT</i>	<b>Immediate</b>
1.2 Review and update the <i>Peer Workforce Development Strategy</i> as a key input into Tasmania's next long-term plan for mental health.	<i>Peer Workforce Coordinator</i>	<b>Long-term</b>
GOAL: POLICY COMMITMENTS		
ACTION	LEAD	TIMEFRAME
1.3 Develop a peer workforce policy to be adopted across the mental health system, that will encourage the employment of peer workers through initiatives such as requirements built into funding agreements.	<i>Tasmanian Government / PHT / Peer Workforce Coordinator</i>	<b>Medium</b>
GOAL: RESOURCES AND GUIDELINES TO SUPPORT PEER WORK IN ORGANISATIONS		
ACTION	LEAD	TIMEFRAME
1.4 Develop resources and guidelines to support organisations through the peer workforce planning process. This may include an online portal with useful resources, fact sheets and tools dedicated to peer work and suitable for <ul style="list-style-type: none"> <li>- peer workers; people considering peer roles; and organisations that employ, or are looking to employ, peer workers.</li> </ul>	<i>MHCT / Peer Workforce Coordinator</i>	<b>Immediate</b>

**GOAL: RESOURCES AND GUIDELINES TO SUPPORT PEER WORK IN ORGANISATIONS**

ACTION	LEAD	TIMEFRAME
1.5 Develop and undertake an annual survey into the size, nature and attitudes towards the peer workforce in Tasmania.	<i>Peer Workforce Coordinator</i>	<b>Medium</b>
1.6 Continuous research and literature reviews into current best practice and its application to the Tasmanian peer workforce.	<i>Peer Workforce Coordinator</i>	<b>Ongoing</b>

**GOAL: REMOVE REGULATORY IMPEDIMENTS TO GROWING A PEER WORKFORCE**

ACTION	LEAD	TIMEFRAME
1.7 Review workers compensation, liability and other insurance regulations, to identify barriers for peer workers.	<i>Tasmanian Government / Peer Workforce Coordinator</i>	<b>Medium</b>
1.8 Review funding models, service agreements and contracts to consider opportunities that will encourage the employment of peer workers, such as ensuring that lived experience is embedded as a key principle of integrated mental health care.	<i>DoH / PHT</i>	<b>Medium</b>

**PRIORITY AREA - PEER CONNECTIONS**

Peer workers require effective and ongoing support through networking with other peer workers and supervision provided by experienced peer professionals.

**GOAL: PEER TO PEER SUPPORT NETWORKS**

ACTION	LEAD	TIMEFRAME
2.1 Establish and promote Tasmanian peer support networks.	<i>Flourish / Peer Workforce Coordinator</i>	<b>Immediate</b>
2.2 Investigate the establishment of separate peer support networks for both consumer peer workers and carer peer workers.	<i>Peer Workforce Coordinator</i>	<b>Medium</b>

**GOAL: PEER SUPERVISION**

ACTION	LEAD	TIMEFRAME
2.3 Develop access for peer workers to professional supervision from experienced peer workers.	<i>Peer Workforce Coordinator / Tasmanian Government / PHT</i>	<b>Medium</b>

GOAL: PEER MENTORING AND LEADERSHIP OPPORTUNITIES		
ACTION	LEAD	TIMEFRAME
2.4 Continue support for the <i>Community of Practice for Organisations Engaging Peer Workers</i> that is building and sharing best practice knowledge, experience and capability in the development of the peer workforce.	MHCT / MHADD	Immediate
2.5 Identify suitable peer leaders and develop peer ambassador and peer champion roles to promote the benefits of and raise awareness of the value of the peer workforce.	Peer Workforce Coordinator	Medium
2.6 Identify and engage with relevant peer work projects and initiatives that leverage peer support, supervision and mentoring opportunities.	Peer Workforce Coordinator	Medium

## PRIORITY AREA – ORGANISATIONAL READINESS AND CULTURE

Understanding the role and value of both peer and non-peer workers is essential to the development of peer workforces. Preparing organisations for peer workers involves improving systems, supports and workplace culture. Peer workers can help to change attitudes and perceptions of mental illness by modelling recovery. Broader acceptance of the peer workforce as it develops and grows will also help to reduce stigma.

GOAL: REDUCING STIGMA		
ACTION	LEAD	TIMEFRAME
3.1 Develop resources to promote the benefits of the peer workforce and improve workplace knowledge on peer work roles. [Relates to Priority Area Action 1.4]	Peer Workforce Coordinator / Public, Primary and Community Organisations	Immediate
3.2 Support and align with <i>Fifth Plan</i> and NMHC Peer Workforce Development Guidelines actions that are pursuing anti-stigma interventions with the workforce.	Peer Workforce Coordinator	Immediate
3.3 Develop education and awareness campaigns with a recovery and stigma reduction focus for supervisors and managers. Educate all levels of organisations about the benefits of working with peer workers.	Tasmanian Government / PHT / Peer Workforce Coordinator / MHCT	Medium



GOAL: ORGANISATIONAL CULTURE		
ACTION	LEAD	TIMEFRAME
3.4 Ensure organisational workforce strategies and plans align with and support the development and growth of peer workforces.	<i>Tasmanian Government / PHT</i>	<b>Immediate</b>
3.5 Develop resources to help foster a culture that supports the wellbeing of all employees. [Relates to Priority Area Action 1.4]	<i>Peer Workforce Coordinator</i>	<b>Medium</b>
3.6 Develop training targeted to managers and supervisors that supports and promotes the benefits of engaging peer workers within organisations.	<i>MHCT</i>	<b>Medium</b>
GOAL: WORKPLACE FLEXIBILITY		
ACTION	LEAD	TIMEFRAME
3.7 Develop materials that promote the benefits for all staff of 'flexible workplaces', with information such as work hours, work conditions, workspaces, breaks and leave arrangements. [Relates to Priority Area Action 1.4]	<i>Peer Workforce Coordinator</i>	<b>Medium</b>
3.8 Model flexible work arrangements for all staff members to support wellbeing.	<i>Public, Primary, Private and Community Organisations</i>	<b>Medium</b>
GOAL: ROLE DESIGN AND MODELS		
ACTION	LEAD	TIMEFRAME
3.9 Support organisations to plan a model of care that integrates meaningful peer work roles with clear expectations.	<i>Peer Workforce Coordinator</i>	<b>Medium</b>

## PRIORITY AREA – TRAINING AND PROFESSIONAL DEVELOPMENT

The essential criterion for peer workers is their lived experience of mental ill-health, service use and recovery. Like all staff, peer workers require quality training and professional development opportunities to improve their skills and competency. Training sought includes soft skills, induction, formal courses such as the Certificate IV in Mental Health Peer Work and advanced professional development.

### GOAL: LIVED EXPERIENCE AS A RECOGNISED QUALIFICATION

ACTION	LEAD	TIMEFRAME
4.1 Review the qualifications accreditation framework to assess the potential to align “lived experience” as a qualification.	<i>Peer Workforce Coordinator</i>	<b>Medium</b>

### GOAL: PEER WORKER TRAINING

ACTION	LEAD	TIMEFRAME
4.2 Develop a peer work-specific induction training package for new peer workers in Tasmania and most-appropriate model of delivery.	<i>MHCT</i>	<b>Immediate</b>
4.3 Review accredited training such as the <i>Certificate IV in Mental Health Peer Work</i> to ensure it is appropriate, fit-for-purpose, accessible and meets the needs of the Tasmanian workforce.	<i>Peer Workforce Coordinator</i>	<b>Immediate</b>
4.4 Consider the development of a short course that features practical training elements.	<i>Peer Workforce Coordinator / THS</i>	<b>Medium</b>

### GOAL: PROFESSIONAL DEVELOPMENT

ACTION	LEAD	TIMEFRAME
4.5 Develop peer work professional development pathways and access to advanced peer work training programs.	<i>Peer Workforce Coordinator</i>	<b>Medium</b>

## PRIORITY AREA – WORKFORCE DEVELOPMENT

Ensure sound human resource management practices are in place with policies and procedures to manage and support peer workers. Foster a workplace culture that supports the wellbeing of all staff and does not contribute to any stigmatisation of peer workers.

GOAL: HR MANAGEMENT		
ACTION	LEAD	TIMEFRAME
5.1 Develop HR policies and procedures that support a mentally healthy workplace and best-practice employment practices. This includes safeguarding mechanisms in relation to bullying and discrimination.	<i>Peer Workforce Coordinator / Public, Primary, Private and Community Organisations</i>	<b>Medium</b>
GOAL: PEER WORKER ROLES		
ACTION	LEAD	TIMEFRAME
5.2 Develop, define and promote peer worker roles that are person-centred, recovery-oriented and trauma-informed.	<i>Peer Workforce Coordinator</i>	<b>Medium</b>
5.3 Flexibility to reclassify peer worker roles as they evolve and expand as a result of revised expectations and workload, increased responsibility and additional skills and experience acquired.	<i>Public, Primary, Private and Community Organisations</i>	<b>Medium</b>
GOAL: POSITION DESCRIPTIONS		
ACTION	LEAD	TIMEFRAME
5.4 Well-developed position descriptions written by experienced peer workers, peer worker leaders or representative organisations, with clearly articulated responsibilities, tasks and expectations.	<i>Peer Workforce Coordinator</i>	<b>Immediate</b>
5.5 Develop an organisational guide for peer work position descriptions that includes templates for different peer worker roles and functions.	<i>Peer Workforce Coordinator / MHCT</i>	<b>Long-term</b>

## PRIORITY AREA – CAREER PROGRESSION

Build career pathways to support a recovery-focussed culture, reduce stigma and provide career opportunities for peer workers that will assist in attracting and retaining staff.

### GOAL: REMUNERATION AND AWARD STRUCTURE

ACTION	LEAD	TIMEFRAME
6.1 Develop guidelines and appropriate policies to address remuneration.	<i>Peer Workforce Coordinator</i>	<b>Immediate</b>
6.2 Review the pay structures and award rates applicable to peer work. Prepare advice on the translation of peer worker roles, responsibilities, skills, qualifications and experience into an enterprise award that recognises and values the unique and specialised profession of peer work.	<i>Peer Workforce Coordinator</i>	<b>Medium</b>

### GOAL: CAREER DEVELOPMENT AND PROGRESSION

ACTION	LEAD	TIMEFRAME
6.3 Manage peer worker performance, encourage career goals and develop career plans.	<i>Public, Primary, Private and Community Organisations</i>	<b>Medium</b>
6.4 Identify and engage with relevant peer work projects and initiatives to leverage employment and career development opportunities relevant for both consumer and carer peer workers.	<i>Peer Workforce Coordinator</i>	<b>Medium</b>

### GOAL: FUTURE OPPORTUNITIES

ACTION	LEAD	TIMEFRAME
6.5 Develop strategies to embed peer work as a core and consistent feature of mental health supports and services by exploring new roles and opportunities for peer work in: <ul style="list-style-type: none"> <li>➤ Post-Discharge Support</li> <li>➤ Continuity of Care</li> <li>➤ Emergency Departments</li> <li>➤ System Navigation</li> <li>➤ Specialist Peer Work</li> <li>➤ Peer-led Training and Employment Services</li> <li>➤ Youth/Older Peer Workers</li> <li>➤ Volunteer-to-peer worker pathways</li> <li>➤ Mental Health Helpline and CATT teams</li> <li>➤ Integration hubs.</li> </ul>	<i>DoH / Peer Workforce Coordinator / PHT / MHCT</i>	<b>Long-term</b>



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### RESOURCES

For links to useful peer workforce publications, resources and toolkits as they are developed, visit the Peer Workforce Development page at [mhct.org/peerworkforce](https://mhct.org/peerworkforce)

# Notes



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[www.mhct.org](http://www.mhct.org)





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