



**Mental  
Health  
Council**  
OF TASMANIA

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# Mental Health Lived Experience: Youth Peer Support

Scoping report

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## About Us

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 government and agencies to ensure sectoral input into public policies and programs. We advocate for reform and improvement within the Tasmanian mental health system.

Our purpose is to strengthen and advocate for our communities and service providers to support the mental health and wellbeing of all Tasmanians, and our vision is that every Tasmanian has access to the resources and support needed for good mental health and wellbeing.

## Introduction

The Tasmanian Government has recognised the value of peer support work and has committed to enhancing education, awareness, and support for young people through a Youth Peer Worker Model in its Child and Youth Wellbeing Strategy<sup>1</sup>.

This commitment came on the back of a Youth Mental Health Report published by the Mental Health Council of Tasmania in 2021. The report found that young people have identified the importance of having someone in their life that validates their concerns, and that across Tasmania, there are few safe spaces and opportunities for young people to talk about their mental health concerns.<sup>2</sup>

The COVID-19 pandemic has exacerbated this problem of service accessibility, with most mental health services forced to temporarily or permanently close. Further, according to Headspace national clinical advisor Simon Dodd, the pandemic has arguably been the most disruptive to young people, with the rapid changes and uncertainty resulting in young people struggling as they were “separated from their support networks at an important time in their development”.<sup>3</sup> It is well documented that finding secure and financially sufficient employment is increasingly challenging, this then impacts on a young person’s ability to rent or purchase property in an inflated market. Further, global events such as climate change, wars and humanitarian crises are disproportionately affecting young people as they face a future in a world in its own state of anxiety.

This scoping report brings together the statistics and commentary on the mental health of young Australians, the theoretical basis for youth peer support work and the existing youth peer support programs in Australia.

## The need for a youth-specific peer support program

The concept of training and employing lived experience peer workers is not a new concept, but certainly has hit its stride in recent years. This is traditionally seen in workplaces, where professional, dedicated, paid workforce employees use their lived experience of mental ill health and recovery to support other employees to navigate their mental health journey. According to data from the Australian Institute of Health and Welfare (AIHW), 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.<sup>4</sup> Whilst more recent data is not yet available, the public awareness of peer workers and the focus on mental health brought on by the COVID-19 pandemic suggests that this number has and will continue to increase.

The increased public awareness and discussion around peer workers is welcomed and is a conversation that must include young people and their mental health needs. Statistics released in July 2022 by the Australian Bureau of Statistics indicate that almost 40 per cent of people aged between 16 and 24 experienced symptoms of a mental health disorder in the year leading up to the survey.<sup>5</sup> This number grows to around 50% for young women and LGBTQIA+ youth.<sup>6</sup>

Suicide continues to be the leading cause of death for young Australians, and rates of self-harm are highest amongst youth with 12.4% of young men and 24.7% of young women having attempted self-harm in their lifetime.<sup>7</sup> These numbers are alarming, and yet with stigma preventing young people from disclosing their diagnosis (evidenced in only 31% of young women and 13% of young men seeking professional help), there is likely to be many more cases that go unreported.<sup>8</sup>

Further compounding the issue, when it comes to mental ill-health, Tasmanians draw the short straw. According to the 2021 census data, the national average figure of self-reported long-term mental health conditions came in at 8.8%, but when broken down by state, this jumps to 11.5% in Tasmania.<sup>9</sup>

With young people having the highest rate of mental illness in Australia and Tasmanians having a higher rate of self-reported long-term mental health conditions than any other state or territory, it is evident that every avenue to provide support to young Tasmanians must be explored. Young people are ready to have their say in these discussions. Their passion for mental health promotion is evident, and they have recognised the mental health of their age group as one of their top priorities. There are young people willing to provide support to their peers to aid in their understanding of their own mental health and the mental health system. They need a program that will provide them with the structure, training, and resources to provide this support in a consistent, safe, and effective manner.

## What Tasmania's Youth Mental Health services have to say

In July and August 2021, MHCT met with Youth Mental Health service providers at Youth Mental Health Services workshops hosted across the state. The providers in attendance were asked about the possibility of a youth peer support program in Tasmania and how it could benefit their service and region. Below is a summary of the key feedback from each region:

### South

- 'Upskill young people to train and share information with other young people'
- 'Tiered model – different levels from basic supports (e.g., catching a bus) to more complex supports'
- 'Co-design/consultation with young people'
- 'Mentoring – possibly from a lived experience practitioner'
- 'Desire to identify youth peer workers who have a 'richness of experience''
- 'A need for qualifications – suggestions of Mental Health First Aid, work experience with Headspace'

### North

- 'The need for a specific youth model – recognising the difference between the workforce model and a youth model'
- 'Information on career pathways for youth support workers across the age range'
- 'Consideration of pathways from voluntary youth support work into paid employment roles'
- 'Requires strong training and mentoring'
- 'Working alongside clinical care but recognising the different roles that the services play'
- 'Should work across multiple organisations'
- 'The need to manage the risk of stigma for young people'

### North West

- 'Requires a long-term funding commitment (needs more than a 12-month commitment)'
- 'Meet the young people where they are'
- 'Need to ensure organisational readiness in terms of:
  - Roles/Responsibility
  - Skills/Flexibilities
  - Training on how to best use your lived experience
  - Safeguards including regular debriefing'

- 'Needs a critical mass of people so it is not just one or two peer support workers carrying the load'

## Theories of youth peer support models

The purpose of this section is to demonstrate the theoretical basis on which youth peer support programs are formed. Each theory takes a different approach to understanding the way behaviours are influenced by peer support, and it is suggested that each theory is viewed not in isolation, rather that they complement one another to create a well-rounded understanding of why youth peer work can be beneficial.

### Social Comparison Theory (L. Festinger, 1954)

Festinger's Social Comparison Theory<sup>10</sup> proposes that:

- individuals perform their own evaluation of themselves based on their own beliefs and desires against those of another person's.
- Individuals seek 'self-enhancement' to improve their self-esteem, which involves either an upward or downward social comparison.
- Research has shown that upward social comparisons (looking up to someone) may increase one's motivation to improve oneself.
- By placing at-risk individuals with peers who have successfully changed their habits, they may model this and may aspire toward a positive behaviour change.

### Social Learning Theory (A. Bandura, 1977)

- A similar approach to Social Comparison Theory, Bandura's theory proposes that people learn through observing other people's behaviours and attitudes, as well as the outcomes of that behaviour.<sup>11</sup>
- In this way, peer support may act as an indirect learning experience that motivates an individual to replicate such behaviour.
- Individuals may seek support from others to change their situation if they believe;
  - That their current lifestyle poses threats to a personally valued outcome, such as their own health,
  - That particular behavioural changes will reduce the threats, and
  - That they are personally capable of adopting the new behaviours.

### Attachment theory (J. Bowlby, 1958)

- Bowlby's work on attachment theory focused on the relationship between infants and their caregivers and associated responses during brief periods of separation.<sup>12</sup>
- Bowlby's work was then translated into group scenarios, and it was found that a similar attachment theory may be present.<sup>13</sup>
- Social validation by a group can promote increased feelings of self-esteem, self-worth, and beliefs that support will be available if the person seeks it.<sup>14</sup>
- It is critical to account for the need to have measures that monitor the role of peer-based programs for both participants and peer workers to ensure that this attachment does not develop into dependency.

### Diffusions of Innovation Theory (E.M. Rogers, 1962)

- This theory recognises that young people that take on a leadership role within their group can possess great influence over the group members. Their attitudes and behaviours can 'diffuse' through the peer group.<sup>15</sup>
- The proposed hypothesis is that by showing a young person a range of perspectives and positive coping strategies demonstrated by a positive peer role model, they may seek to change their attitudes and beliefs.<sup>16</sup>
- Thus, participation in a peer-based program may influence innovative and acceptable behaviours such as:
  - Reduced stigma associated with help-seeking.
  - Improved help-seeking behaviour.
  - Acceptance and tolerance of diversity.
  - Pro-social behaviours or raised awareness that personal or group achievements can be achieved without engaging in anti-social or criminal behaviour.
  - Alternatives to risk behaviours where these are not acceptable to the peer group.<sup>17</sup>

### Hope Theory (Snyder et al., 1991)

- According to Snyder et al., there are three components associated with hope:
  - Having goal-oriented thoughts
  - Developing strategies to achieve goals
  - Being motivated to expend effort to achieve goals<sup>18</sup>
- Youth peer groups may offer a safe environment, exposure to positive role models and opportunities to receive positive and constructive feedback. These protective factors may aid in the young person in seeking support and achieving their goals.

## Empirical studies of youth peer support models

### Background

Whilst the number of studies that have specifically focused on youth mental health peer support work are few, they demonstrate promising results for the role of peer support workers, especially those who work alongside clinical supports in youth mental health services. These studies are, to some extent, also supported by the larger body of empirical studies undertaken with peer workers employed in workforces. Whilst there may be notable differences in how the peer workers operate in different contexts, the identified benefits of having a trusted person that can relate to and support a person through their mental health journey are likely to be similar across youth and non-youth studies. The three studies below have been selected for their contemporaneity and their Australian context.

### Study with Headspace Youth Early Psychosis Program, Alfred Health and Swinburne University Victoria

Alfred Health and the Swinburne University of Technology Melbourne undertook a study to explore the use of a novel digitally assisted peer support program at headspace Bentleigh and headspace Elsternwick in Victoria, centres that offer the Youth Early Psychosis Program (hYEPP).<sup>19</sup> hYEPP provides the opportunity for young people and their network to receive a holistic approach towards treatment that includes addressing concerns related to psychosis. Two peer support workers and ten hYEPP service users participated in the study.

The group was asked to consider a young person who experiences mental health challenges and is using a digital resource alongside a peer worker. The participants were asked the following questions to guide their responses:

- “What is important to know and understand about their mental health and wellbeing?”
- “What is important to have in their lives?”
- “What is important to do to stay well?” and
- “What is important to include in a digital resource for young people experiencing mental health challenges?”<sup>20</sup>

Participants advocated for content focussing on demystifying the mental health sector and navigating engagement with mental health services. A key theme that arose across each of the personal recovery areas was the importance of creating authentic and genuine lived experience



accounts that capture hopeful stories of people doing well. However, they also sought stories that acknowledged the reality of engaging with the mental health system.

### Orygen peer support study, 2022

A study undertaken by the Centre of Youth Mental Health and Orygen in 2021/2022 aimed to explore young people's experiences when engaged with the youth support groups operated at Orygen. In this study, thirteen young people had attended groups that were co-facilitated by youth peer workers (YPWs) and clinicians.<sup>21</sup>

Key findings from this study included:

- Clinicians, by virtue of their professional training, were perceived by young people to have a greater capacity to respond to distress or conflict, providing a sense of safety
- Participants described the unique benefit of peer co-facilitation as creating a safe space for mutual sharing of lived experience, which helped them feel less alone, more hopeful and empowered in their future recovery
- The unique but complementary roles of YPWs and clinicians in the co-facilitation model created a space for mutual support towards individual and shared goals
- YPWs who were working, studying, and moving out of the family home embodied, for participants, the possibility of "having a life."<sup>22</sup>

### Youth Mental Health Peer Support Work - headspace – Southport, Queensland, 2021

In a study at headspace Southport in 2021, seven current or former youth peer support workers were interviewed about their roles. At the time of data collection, headspace Southport in Queensland had run a peer support model for approximately two and a half years as part of the headspace Early Psychosis program.

The study had two specific aims; to explore the impact of the peer role on the mental health of those who provide youth mental health peer support and to identify the benefits and challenges experienced by those who provide youth mental health peer support.<sup>23</sup>

The researchers concluded that key supportive factors included financial reimbursement, training, support, and role-related flexibility and that lack of role acknowledgement, role-related stress, and boundaries were noted as potential challenges to youth mental health peer support work. Promisingly, the peer role was perceived to provide both personal and professional

development through facilitating self-acceptance, perspective and normalisation while also providing opportunities to develop professionally relevant skills.

## A Selection of Existing Youth Peer Support Programs

### Background

A number of youth mental health peer support programs have recently been implemented in Australia and they represent a wide variety of models. The programs provide their services across different platforms, for different age ranges and in different ways.

What they have in common is their focus on delivering supports to young people in the ways that are comfortable and accessible for them. These providers have recognised that what may work for adults may not work for young people and have taken innovative approaches to make their programs ones that appeal to young people.

Below are a collection of some of the programs offered in Australia that utilise youth mental health peer support with the aim of improving the lives of young Australians.

### **GROW – Community based program**

GROW has developed from a small support group in 1957 to a nation-wide mental wellbeing program, with a young adult's program being launched in the last 20 years.<sup>24</sup> The Young Adults program encourages and supports young people aged 18-35 to develop their personal resources, foster friendships and to overcome barriers. This is achieved through a 12-step program delivered in-person for those in Caulfield, Victoria or online for any young Australian. Whilst not a formal peer support program with trained lived experience workers, GROW offers young people the opportunity to hear from young people with lived experience in a positive, safe space.

The program is free, participants have the opportunity to remain anonymous and do not require a medical referral or diagnosis. This style of program could certainly be beneficial if implemented more broadly in Tasmania, with the online option accessible to young people who are geographically isolated and the option of anonymity providing comfort to those who may not yet have disclosed their concerns to people in their lives. An in-person program like that offered in their Caulfield centre would allow for more opportunities to socialise and form individual bonds, whilst noting the risk of identification and the limits on accessibility.

## The Hutchins School Mental Health Contact Officers – school-based program, Tasmania

The Hutchins School in Hobart, Tasmania has introduced Mental Health Contact Officers, who are students in their senior school (years 10 to 12) that can provide a first point of contact for students seeking support for their mental health.<sup>25</sup> This program was developed after students expressed their desire to be more proactive in supporting their friends.<sup>26</sup>

The students who take on the role as Mental Health Contact Officers are required to have completed a Mental Health First Aid course but are not required to have lived experience of mental ill-health.<sup>27</sup> Their role is to be a supportive listener and walk alongside their peer to seek appropriate further support.

The students receive support from the school counsellor and Head of Senior School by way of fortnightly check-ins and participating in learning and development sessions with guest speakers.<sup>28</sup> This program is operated by The Hutchins School and is offered during school hours, for no cost to the student.

The benefits of this program are numerous, such as the contact officers having the support of ‘adult allies’ which may deliver a flow-on effect for other students to have a trusted teacher to raise concerns with. The contact officers are accessible for other students, and the recognition of the program is likely to encourage other students to become a contact officer in the future. However, it must also be noted that this program does not offer any anonymity to the students seeking help due to being placed at school, which may put the student at risk of bullying should they be noticed seeking help.

This program clearly demonstrates the applicability of this style of support in Hobart schools, but it must be acknowledged that there may be resistance to the program in rural and remote schools where such concerns regarding mental health are not as openly discussed with stigma remaining pervasive in these communities.

### **Orygen – Hybrid model in inpatient facility, Victoria**

Orygen is a prominent youth mental health promotion and support service operating in Victoria, Australia. They have an extensive online library of resources for youth peer support work, including interactive online training modules, fact sheets and toolkit. They are free and available to anyone and can be used by individuals, groups and schools wishing to learn more or create peer support programs.

In addition, Orygen offers a peer support worker program as part of their inpatient support service in children's hospitals in Parkville and Footscray in Victoria.<sup>29</sup> Young people currently admitted to their services are able to access a peer support worker who has been a previous client at Orygen in addition to their clinical team. The value of someone who understands and can validate a young person's experience in the acute stage of mental health treatment is surely significant, however the feedback from young people is that they are seeking support in the earlier stages of their mental health journey to try and prevent hospitalisations.

As there is no specific children's hospital in Tasmania, if introduced here, the program would need to be established within the public hospitals in the south, north and north-west of Tasmania, which may be limited by funding issues.

### **Sonder emerge – Hybrid model in community setting, South Australia**

Sonder is a disability and health service provider based in South Australia that offers professional counselling and support for young people aged 16-25. They describe their service as a 'step-up' from headspace for young people who need extra support.<sup>30</sup> Their youth-specific program named 'emerge' is a free service that offers fortnightly appointments with clinicians who coordinate care in consultation with the young person. They also offer the option of a peer support worker with lived experience supporting the young person throughout their journey.

This one-on-one support with fortnightly frequency aids in developing trust and rapport between the peer worker and the young person. The service also offers a free family support worker for family and friends, emphasising a model of wrap-around care. Due to being a step-up from headspace supports, this program does not offer early intervention and prevention support. Additionally, in Tasmania, this program would not reach out to rural and remote communities without the implementation of an outreach service.

### **Open Up by OneEighty – Community based program, New South Wales**

OneEighty is a youth-run mental health training and support service based in Sydney that provides free, online, and in-person peer support groups. The online services are available to any young Australian aged between 18 and 29, regardless of where they live.<sup>31</sup> The peer support groups are open to anyone at any stage of their mental health journey and are facilitated by trained lived experience peer workers. The sessions are promoted as being a safe space for people who identify as from diverse backgrounds and/or are part of the LGBTQIA+ community, which is important in Tasmania for young people in rural and remote communities where stigma surrounding sexuality persists.

With several sessions offered each week, and by being offered nationally, it reduces the likelihood of someone being identified if they do not wish to be. The service is easy to opt in and out of, which improves its accessibility, but may limit its effectiveness as it does not offer ongoing support or the opportunity to build support.

### **CHECK IN – Community based program, Victoria**

CHECK-IN is a peer-based connection and support program run by the Victorian Mental Illness Awareness Council (VMIAC) for people with lived experience who are finding their current situation difficult.<sup>32</sup> The program is available to young people over eighteen and offers 8-to-10-week programs in a group setting where the focus is on practising self-care through art sessions, yoga, and reflective practices. This is offered over Zoom for young people in Victoria.

The service also offers one-on-one sessions every week for six weeks with a peer worker. This can be facilitated over the phone or via Zoom. The program supports ongoing care and support by offering warm referrals onto higher level care services.

This program could operate through existing bodies and organisations in Tasmania and would be effective in reaching a large number of young people, particularly if the age range were lowered to include 14–18-year-olds.

### **Youth Focus Western Australia – Hybrid model in community setting, Western Australia**

Youth Focus is a leading not-for-profit organisation that delivers innovative and accessible mental health services and programs across Western Australia to help at-risk young people aged 12 to 25 lead full and healthy lives.<sup>33</sup>

Youth Focus provides a mentoring program that offers a positive role model young people experiencing mental health concerns. The mentor and young person will meet fortnightly for a period of 12 months to develop trust and discuss topics or concerns that the young person might have.

This free service operates alongside in-person and online professional counselling and group-based therapy (in person) offered by Youth Focus Western Australia.<sup>34</sup> The variety of supports offered, and the 12-month mentor relationship provides an ongoing and comprehensive support network, which can only be accessed once the young person is engaged with the service's counselling program. This provides both clinical and peer support, which offer different benefits.

### **headspace Early Psychosis Peer Support Program – Hybrid model in community setting**

headspace is the National Youth Mental Health Foundation, that supports young people with mental health, physical health (including sexual health), alcohol and other drug services, as well as work and study support, with a focus on early intervention.<sup>35</sup>

This peer support program, offered around Australia (except ACT and Tasmania) provides free and confidential support for young people who are experiencing an early episode of psychosis or are at risk of developing psychosis. The specialty program offers access to trained mental health professionals alongside social support from other young people with lived experience. Available for 12- to 25-year-olds, the headspace peer support workers work alongside the clinical team to build hope, strength, and resilience in the young person as they navigate their mental health journey.

The benefits of this program include the use of social group activities that may aid in reinforcing positive modelled behaviour as well as the hybrid model of clinical and peer support, which aids in clearly defining boundaries and expectations. Headspace centres exist in the south, north and north-west of Tasmania and are well-known to the majority of Tasmanian youth, which could support the implementation and accessibility of a similar program.

## Concluding remarks

This report has brought together theoretical understandings, empirical studies, and successful existing programs to demonstrate the potential of a youth mental health peer support program in Tasmania. Most importantly, young Tasmanians are expressing their desire for such a program. Achieving this will require meaningful engagement with young people to modify and tailor existing models to ensure they are suited to Tasmania's unique terrain and diverse population.

What is clear from the programs discussed in this report is that for such a youth peer support program to thrive in Tasmania it needs to be free to use, accessible to as many young people as possible and safe for young people with diverse identities. This may look different across our broad state demographic, with young people from South Cape to Wickham, Bicheno to Strahan and everyone in between. This is a challenge, but one that will be tackled through meaningful co-design with young people. As highlighted at the beginning of this report, young people are ready to have their say, to help their peers and to make a difference. The Mental Health Council of Tasmania is ready to work with them to make this happen.

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