



Mental Health Commission
of New South Wales

Peer Work Forum

Synthesis paper

June 2015

Adding value through a peer workforce

The expansion of the peer workforce is one of the key reforms to come out of *Living Well: A Strategic Plan for Mental Health in NSW 2014 – 2024*.

Over 100 people gathered to further explore the benefits of, and challenges to, this reform at the Peer Work Forum hosted at Australian Technology Park, Sydney, on Monday 23 March 2015 by the Mental Health Commission of NSW.

The forum, which was opened by Commissioner John Feneley, targeted decision-makers, recruiters and managers of organisations seeking to establish or grow their peer workforce.

Keynote speaker Larry Davidson, Professor of Psychiatry and Director, Yale Program for Recovery and Community Health, provided an international perspective.

Other speakers and panel members represented agencies and organisations including Mind Australia; Mental Health Coordinating Council; CAN Mental Health; NSW Consumer Workers Committee; RichmondPRA; Justice Health; and Family and Community Services.

They covered a diverse range topics, including common myths about employing peer workers; training and support; peer work in government and non-government services; and types of roles and opportunities for peer workers.

What is peer work?

Peer work recognises and respects the unique insights, knowledge and skills people with a lived experience of mental illness (and their carers) can bring to the work of government and community-managed mental health and other services and agencies.

Professor Davidson says peer workers “use personal experiences of difficulties and recovery — along with relevant training and supervision — to facilitate, guide, and mentor another person’s recovery journey by instilling hope, role modelling recovery, and supporting people

in their own efforts to reclaim meaningful and self-determined lives in the communities of their choice”.

Fay Jackson, Deputy Mental Health Commissioner, says they “can break down the barriers and the fear and even break down the trauma that’s gone before by engaging with the person in a compassionate and really understanding way”.

Peer work can be more than peer support. Peer worker roles can and do cut across levels of any agency and include peer support, consultancy, supervision, management, policy advice, research, education, and many more. They enhance the effectiveness of the work agencies do and they also help to transform workplace culture to promote a recovery orientation.

Families and carers experience their own significant distress when a loved one becomes unwell and needs to access services. Carer peer workers have been on this journey and are in a unique position to support carers through these challenges.

Research

There is good research showing that peer workers are effective and produce successful and measurable results.

For example, Professor Davidson pointed to a recent [review](#) of studies showing that overall peers were found to be as effective as non-peers in providing services. Some studies also found a range of positive benefits of using peer support including reduced hospital use, and better engagement with care, although further research would be useful.

Anthony Stratford, Mind Australia’s Community Advisor Recovery and Wellbeing, quoted unpublished data showing that by employing ‘peer bridges’, that is, peers who work with people in hospital and for six months after discharge, readmission rates were reduced.

Fay Jackson quoted [UK data](#) showing that around \$4 in savings in hospital bed use is associated with every \$1 spent on peer workers.

How do you develop a peer workforce?

As with any workforce, a professional peer workforce needs policy to support and promote it as well as appropriate and recognised training, such the Certificate IV in Mental Health Peer Work currently being piloted.

Experience as a consumer or carer is necessary but isn't sufficient to be a peer worker.

But employing peer workers should be no different to employing any other worker – agencies need organisational readiness, must hire the right person for the job, have clear position descriptions, have proper workplace practices and policies in place, and offer career paths and opportunities right up to senior levels.

Organisational readiness also means rising to the challenge of addressing stigma and discrimination and educating non-peer workers about the capabilities of peer workers to [debunk common myths](#). These myths may include that; peer workers are too fragile and won't be able to handle stress, won't be able to do their jobs professionally, will create more work for their non-peer worker colleagues and will take too much time off work.

Highlighting the benefits peer workers can bring doesn't diminish the value of clinical workers.

Dr Louise Byrne, from the University of Central Queensland, who prefers to describe peer workers as lived experience practitioners, says in her research she came across people for whom discrimination in the workplace was so pervasive, it had actually become invisible.

“It tells me stigma and discrimination is the greatest enemy of mental health in this country.”

Benefits

Peer work offers clear benefits to services, agencies, and service users. These benefits are summed up in a recent [literature scan](#) published by Health Workforce Australia.

For consumers they include fewer hospital admissions, improved social inclusion, remaining well and managing in the community, increased hope and reduced stigma and isolation.

For carers they include empowerment, increased knowledge, improved relationships, and increased social support.

For peer workers they include improved wellbeing through increased self-esteem, hope, meaning, identity and acceptance of their expertise, and increasing skills and opening up education and employment opportunities.

For mental health services and the service system they include increased engagement of consumers, positive change in organisational culture, and a reduction in coercive practice.

Because peer workers are a recovery-informed workforce, they can do their best work in an organisation that has good grounding in recovery orientation. Peer workers can be leaders in implementing recovery-oriented services.

Challenges

There are perceived and real challenges to a peer workforce for some agencies. While there does need to be critical mass in the peer workforce for wholesale change to take place, Jenni Campbell, Executive Director, Mental Health, Murrumbidgee Medicare Local, says “it’s ok to start building the mountain by putting down one stone”. She says that for organisations not yet in the space, a good way to get started can be to involve a consumer consultant in their evaluation of programs.

Eugene McGarrell, Northern Sydney District Director at Family and Community Services, says care needs to be taken not to institutionalise peer workers and that “we must look outwards”.

“People that come into our acute wards are really only the tip of the iceberg...We know that one in 200 people in NSW are homeless and if you’re Aboriginal that’s one in four. We also know that more and more money is going into health and social care...that extra money is not creating better results in the community...I think it’s only when we start to get peer-to-peer work out on the street that we can truly get some results in the system.”

What's happening now?

There continues to be a lot of work done to help agencies develop their peer workforce.

Currently, the Commission has contracted Leanne Craze from Craze Lateral Solutions to prepare resources that will support NSW organisations and agencies in growing and developing the peer workforce. The resulting guide will be informed by existing state, national and international work, a series of strategic consultations and a co-production process.

In adopting the Strategic Plan, the NSW government [made a commitment](#) to investing in workforce, including consumer and carer workers. Activities under this commitment include scholarships to undertake Certificate IV in Mental Health Peer Work and support through a non-government organisation established peer workforce coordinator and network.

Long history

Peer work and peer support are not new concepts, having been around in some form for about 200 years (even before the birth of psychiatry). The idea has refused to go away because it models recovery, offers real hope to people and because it works.

There has been a long history in Australia of organisations based on the notion of peer support, mostly voluntary especially early on, and of frameworks, plans and approaches to promote peer work.

But for people like Janet Meagher, a former National Mental Health Commissioner, the time to act is now.

She says “what we do best in Australia is iterate and...I’m too old to sit through another series of iterations of this very important topic”.

For more information about peer work visit

<http://nswmentalhealthcommission.com.au/events/peer-work-forum>



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