

Peer Workforce Development Guidelines

Outcomes of workshops at the 2019 NSW Consumer Peer Workers' Forum

29 October 2019, Sydney

Workshop overview

The National Mental Health Commission (NMHC) facilitated two workshops on the development of the Peer Workforce Development Guidelines on the first day of the workshop. The workshops were led by Daya Henkel and Lucy Morgan from the NMHC project team. In each workshop approximately 20 people participated in small groups to discuss a range of topics relevant to the Guidelines project:

- considerations for peer workers employed in different settings (including the public sector vs. the private and community-managed sectors, and inpatient vs. community settings)
- specific issues and challenges faced by peer workers in highly restrictive environments, and in settings where restrictive practices are used
- policy recommendations and practical supports that would further the development of the peer workforce.

Considerations for peer workers in different settings

Participants identified a range of differences between the experiences of peer workers employed in the public sector and those employed in the private and community-managed sectors. In the words of one group, the different sectors have 'different culture, different goals, different reporting'.

Participants noted that public sector peer workers: work in an environment that may require compliance with public service guidelines and protocols; are more likely to have responsibility for handling sensitive information; and are more likely to encounter the use of restrictive practices in their work (and, consequently, may be at higher risk of experiencing vicarious trauma or re-traumatisation).

It was noted that public sector peer workers generally have greater job security than those working in the private or community-managed sectors. In addition, that peer workers employed in the community-managed sector may be more isolated than those working in other sectors.

Participants identified a range of differences between the experiences of peer workers employed in inpatient settings and community settings. It was noted that workers in each setting deal with different levels and types of risk, engage in different activities (acute care as opposed to early intervention or post-discharge support) and work with consumers at different stages of recovery.

Participants reported that peer workers in inpatient settings were more likely to encounter situations involving involuntary treatment, use of restrictive practices and substance use. Inpatient settings were also viewed as more hierarchical and risk-averse. Community settings were seen to

offer more autonomy for peer workers and allow for a more holistic approach to supporting recovery.

Participants also noted that peer workers in all settings face common challenges, such as access to appropriate supervision and training opportunities. Participants suggested that peer workers could benefit from having opportunities to work in a variety of settings, and to network with peer workers employed in different settings.



Restrictive settings and practices

More restrictive settings, such as mental health intensive care units and forensic settings, were seen as challenging environments for peer workers, in large part due to the use of involuntary treatment and restrictive practices having a higher prevalence in these settings. Peer workers employed in restrictive settings may therefore be at higher risk of experiencing re-traumatisation. They may also need to negotiate boundaries in relation to disclosures, confidentiality and restrictive practices.

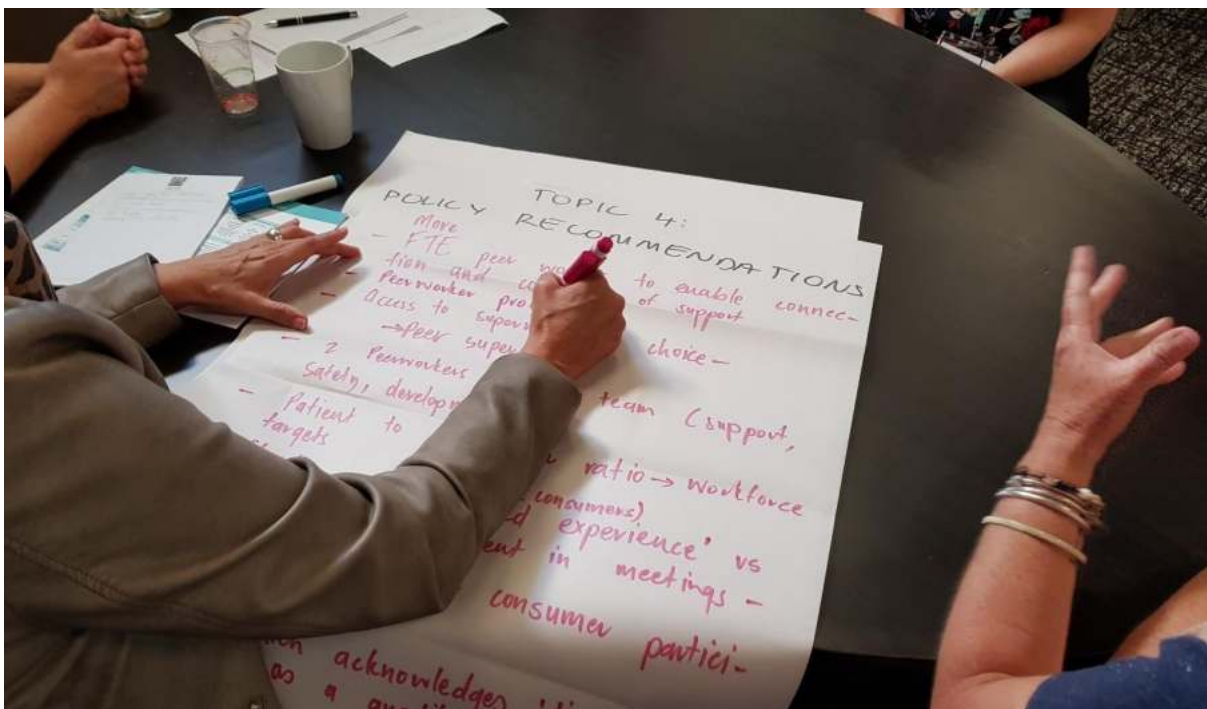
Participants delivered a clear message that peer workers should not be expected to become involved in the use of restrictive practices, and that it was not appropriate for clinicians to request the support of peer workers in implementing these practices.

At the same time, participants highlighted the important role played by peer workers in restrictive settings and in reducing the use of restrictive practices. The potential contributions of peer workers in these settings include de-escalating incidents, debriefing with consumers after incidents and providing trauma-informed support, education and advocacy to consumers.

Policy recommendations and practical supports

Participants put forward a range of suggestions for policy measures and practical supports that would further the development of the peer workforce. These included:

- increasing the overall number of peer workers (such as through workforce targets or standards) and ensuring that services employ more than one peer worker to reduce isolation
- ensuring that the peer workforce is adequately resourced and remunerated
- enhancing the range of roles available to peer workers, particularly senior peer work roles that would allow for career progression
- providing access to professional development and training opportunities
- fostering a supportive workplace culture (such as through providing orientation and education for non-peer colleagues on the role of peer workers; providing training to managers and supervisors to ensure that they can offer appropriate support to peer workers; and addressing stereotypes and stigma)
- encouraging a multidisciplinary, team-based approach to care that is inclusive of peer workers
- providing more opportunities for meetups and networking among peer workers
- ensuring that peer workers have access to adequate office space and resources.



Next steps

The workshops at the NSW Consumer Peer Workers' Forum were among a range of engagement activities being undertaken as part of the Peer Workforce Development Guidelines project.

Information gathered during these activities will be used to inform the development of a draft version of the Guidelines. The NMHC hopes to release the draft for public consultation in the second half of 2020, with a view to finalising the Guidelines in 2021.