Private Mental Health Consumer Carer Network (Australia) Limited

engage, empower, enable choice in private mental health

Towards Professionalisation Summary Report

A Project to undertake a feasibility study into the establishment of a member based organisation for the peer workforce in Australia

Community of Peers Project

July 2019

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Executive Summary

In February 2017 the Private Mental Health Consumer Carer Network (Australia) (PMHCCN) submitted a Proposal to the National Mental Health Commission (NMHC) seeking funding to undertake a national 'Community of Peers Project' which was subsequently funded and undertaken in 2017/2018.

This report is a summary of the process and key findings detailed in the Final Report available from pmhccn.com.au/PeerProject.

The Project explored the feasibility of establishing a national member based organisation to support peer workers and attendees at the consultations were asked the critical question as to whether this is something they wanted. The resounding response was yes.

Through a consultative process, and with reference to national and international literature, the Project sought to examine where the sector is now and what it sees as the need for peer worker support, and a model for such an organisation. Our consultations and research have identified that the establishment of a peer workforce organisation in Australia would be a significant catalyst for change and a major contributor to the mental health reform agenda.

While there are currently professional bodies available for other mental health professions and disciplines, there is no such entity available for the mental health peer workforce in Australia.

The essence of peer work is in the unique and personal experiences that individuals bring to the role, specifically the experience of mental illness, treatment, hospitalisation and the recovery journey, or as a family member or carer supporting someone with mental illness.

Peer workers are required to advocate for the consumers and carers they walk alongside, which can lead to further discrimination and harm through re-traumatisation if the staff and management of the organisation they work for do not fully understand the purpose of their role. A peak entity would provide standards and guidelines to be implemented by services and organisations employing peer workers to eliminate further harm, increase understanding of this unique role and maximise the benefits that peer workers can provide by improving outcomes for consumers and carers.

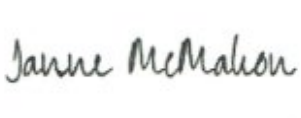
The following project tasks were undertaken:

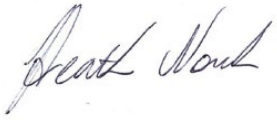
1. An Australian and international literature review
2. Understanding the peer workforce
3. National Workshops
4. Developing a model
5. Collaboration and communication with other organisations engaged in supporting peer workers
6. Supporting contributions
7. National online survey

Our results identify what peer workers want from a national organisation, governance, models, and we sought to identify financial or in-kind support available. Additionally, we detail information on resources targeting employers and workplaces and future work the National Mental Health Commission could undertake.

We hope this Summary Report is of interest to Governments both nationally and at the state and territory levels. We are recommending action be taken as promptly as possible to build upon the momentum of this Project and honouring the perspectives and hopes of peer workers expressed throughout our consultations. It has been a privilege to undertake this crucial work.

Project Team





Janne McMahon OAM
Project Manager

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Senior Peer Project Officer

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Recommendations

The Project Team made the following Recommendations for consideration and action as soon as possible to build on the momentum of the project.

Primary Recommendation:

Establish a national member based organisation in Australia for all peer workers including those in a volunteer or support capacity.

Recommendation 1: Data on the Peer Workforce

The National Mental Health Commission liaise with the Australian Institute of Health and Welfare and Mental Health Information Strategy Standing Committee to:

- Add data on peer workers as a requirement to all new data fields including the Mental Health Establishment National Minimum Data Set.
- Survey or stock-take current activities through:
  - Services and organisations;
  - various networks including those contacts obtained through this Project.

Additionally, the Project Team recommends:

- clearly define role descriptors and functions of peer workers;
- adopt annual collection of data on peer workers from community managed organisations and the private sector.

Recommendation 2: Literature Review

The National Mental Health Commission approves the public release of the Literature Review.

Recommendation 3: National Consultations

The National Mental Health Commission approves the public release of the responses to the online survey in full.

Recommendation 4: Governance

The establishment of a national member-based organisation for the peer workforce's legal structure as a Company Limited by Guarantee.

Recommendation 5: Model

Adoption of Model 3 to provide the ability and flexibility to move to the establishment of jurisdictional branches (Model 1 – gold standard) as the organisation expands in the future and as more funding becomes available.

Recommendation 6: Funding support

The National Mental Health Commission progress or commission the:

Development of a business case or formal funding proposal which details the funding sought and other critical requirements. This would be provided to the entities which have indicated an interest in receiving a formal request for potential funding contributions.

Or

Develop a business case or formal funding proposal for the Mental Health Principle Committee:

1) Seeking funding via the established formula for states and territories funding requirements for a three-year funding commitment.

2) Provide additional funding beyond the population-based funding formula or an adjustment to the formula to the smaller states of WA, TAS and NT where additional work is required to establish the peer workforce.

Once the funding has been secured, the National Mental Health Commission to progress or commission the:

3) Development of a formal proposal seeking in-kind support from the organisations who have indicated an interest.

4) Establishment of a Steering Committee of peer workers and other relevant experts including legal to oversee:
   - Legal documentation required including a Constitution to establish the Company Limited by Guarantee
   - Recruit the CEO, and Policy and Governance Officer to further the work required for the establishment of the organisation
   - Explore, approach and establish the Secretariat and Peer Liaison Specialists within appropriate entities.

Recommendation 7: Future work for the NMHC

The National Mental Health Commission advocates for or influences the uptake or introduction:

In relation to data collection:

1) Develop or engage an entity to determine a nationally consistent definition of a peer worker including their role.
2) Advocate for the implementation nationally through the AIHW & MHISSC of the Non-Government Organisation Establishment Data Set OR the Mental Health Non-Government Organisation National Best Endeavour Data Set

In relation to Peer Workforce Guidelines:

3) Finalise the development of the Peer Workforce Development Guidelines with due consideration to those already undertaken by other organisations.

In relation to the national qualification and other training:

4) Advocate for the greater role out and uptake of the **Certificate IV in Mental Health Peer Work CHC43515** national qualification.
5) Seek to influence the introduction within the training sector of this qualification into the Northern Territory.
6) Advocate for the uptake of other professional development or as an introduction to peer work through things such as Intentional Peer Support (IPS), introductory courses, traineeships, internships or scholarships across jurisdictions.

Section 1: Introduction

Peer work is a growing occupational group in the mental health workforce and has been reported to be growing at a faster rate than other disciplines in recent years.[1] Increasingly, peer workers are being employed within the public mental health system and community managed organisations (CMOs); however, the private sector lags behind in this regard.

Not unexpectedly, however, as a relatively new occupational group, there is still a lack of shared understanding across the mental health sector more broadly of the definitions, values, skills, practices and challenges in peer work. As a relatively new workforce, and with understanding of the role and potential contribution still limited, there is a need to consider how to best support individual workers, the peer workforce more broadly and to promote peer work, including embedding peer workers within mental health and CMO services.

The increase in the employment of peer workers has been supported by the articulation of peer workers as a legitimate workforce firstly within the 4th National Mental Health Plan - *Increase consumer and carer employment in clinical and community support settings*[2] and the National Mental Health Commission's 2014 National Review of Mental Health Program and Services. These actions were further expanded within the 5th National Mental Health and Suicide Prevention Plan (Action 20 and 29 detailed on page 12 of Final Report).

What is a peer worker?

Not everyone with a lived experience of mental illness will necessarily make a successful career as a peer worker. It is important when noting and describing the peer workforce that carer peers are also included within this framework. Carer peer workers are providing increasingly important and much needed support for families and carers, especially in acute mental health settings.

It is important to acknowledge that clear definitions and role clarity around the peer workforce are not consistent. For the purpose of this project we have referred to the following text which has been taken from the recently launched ***Peer Work in Australia,*** *(Meagher, J, Naughtin, G., September 2018).* More detailed definitions are provided on pages 13-14 of the Final Report.

Consumer Peer Worker *is an occupational title for a person in a paid role, who has had personal experience of living with a disabling, traumatic, health or living situation. Through their processing and learning from their own personal experience they are able to offer empathetic support, empowerment and validation to other people with comparable experience. Mental Health Peer Workers are employed to work solely within their focus area as people with personal experience of mental health recovery working alongside people living with mental health issues in order to enable those people to move toward recovery.*

Carer Peer Worker *is an occupational title for a person in a paid role, who has a lived experience of having been a primary carer for a person with enduring mental health issues. Carer Peer Workers bring a range of experiences to better assist families and carers in undertaking their role in supporting someone close to them with mental illness.*

Peer work, peer workers and peer workforce include all workers in mainstream or alternative mental health services or initiatives who are employed to openly identify and use their lived experience of mental distress or as a carer supporting someone with mental illness as part of their work. As this workforce develops, there is a greater need to create new roles and define the boundaries between them.

[1], *Peer Work in Mental Health*, IIMHL January 2013

[2], Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009-2014, Priority area 4: Quality improvement and innovation

Scope of the project

Project Team and Consortium

A Project Team was formed (Specialist Peer Consultant, Senior Peer Project Officer, Project Manager) and a Consortium with the National Mental Health Consumer & Carer Forum and the National Mental Health Commission.

Australian and international review

A literature review was undertaken to determine what constitutes current Australian and international best practice in relation to the peer workforce, including methods to best support the workforce.

Understanding the peer workforce

The Project Team sought to better understand what is required to support and sustain the peer workforce to deliver best practice. This included ascertaining the current number of peer workers employed in Australia, the number undertaking the recognised qualification, and the projected growth in workforce availability over the next decade.

Developing a model

The Project Team considered options for the development of a member-based organisation that focused on the potential functions of such an organisation, as well as legal and corporate considerations, and sustainable funding has been explored.

Collaborate and communicate with other organisations engaged in supporting peer workers

Successful implementation will require creating an entity which can collaborate, communicate, cooperate and support various activities being undertaken. Close liaison with Mental Health Commissions and other organisations at the local jurisdictional level that are engaged in supporting the peer workforce has been crucial.

National Workshops

The Project Team conducted a half-day workshop in each capital city for peer workers, services, organisations and employers. Teleconferences were also conducted to receive information regarding peer workers in major regional, rural and remote towns across all jurisdictions (except the ACT).

Booth at the TheMHS Conferences

Exposure of the Project was expanded by securing a dedicated booth at the 2017 TheMHS Learning Network and sharing the PMHCCN's booth at the TheMHS 2018 Learning Network.

Supporting contributions

The Project explored options for financial and/or in-kind support for a national peer organisation either in the short term or for the entity once established.

Section 2: Peer Workforce

At the time of providing the Final Report, there were limited or no accurate or routine data collection sources available to report on the participation of peer workers across all service delivery sectors or to capture the work they undertake. There lacks the ability to capture this information consistently across jurisdictions or within the CMO sector where the majority of peer workers are employed. The only national data set which currently collects data on consumer and carer participation is the National Mental Health Establishment Data Set, which is limited to state and territory specialised mental health services (i.e. inpatient, community and residential settings).

A full description of the peer workforce and data collected is detailed on pages 17-20 of the Final Report.

Two of the requirements for the Project were to:

1) Scope the current peer workforce; and
2) Scope the projected peer workforce to 2027-2028.

Scoping the current peer workforce

Data sources on the current peer workforce:

1) **Mental Health Services in Australia 2018**[3]
   This can be reviewed more closely on page 25-26 of the Final Report, but data for 2015-2016 showed an annual average increase of 10.8% for employed consumer workers with a slight decrease of 1% for employed carer workers.

2) **Report on Government Services 2018**[4]
   This data can be viewed on Page 17 of the Final Report.

3) **Mental Health Non-Government Organisation National Best Endeavour Data Set**
   This data can be viewed on page 23 of the Final Report indicating work being undertaken in collecting data from the CMO sector by the Western Australian Mental Health Commission using nationally agreed definitions from the Mental Health Non-Government Organisation National Best Endeavours Data Set (NGOE NBEDS). In terms of a projection of growth of the peer workforce in Western Australia, although data is limited, suggests that the trends seem to be around 4% pa. Other than this and possibly Queensland, there is currently no routine data source available within the CMO or the private sector.

4) **AIHW 2016 Report** 'quick review' commissioned by the National Mental Health Commission.

5) **Health Workforce Australia** study report commissioned by the National Mental Health Commission, detailed on page 18 of the Final Report.

Another publication of note is the Health Workforce Australia (2014) Mental Health Peer Workforce Literature Scan.

Gaps and current challenges

In discussions with the Australian Institute of Health and Welfare in the early part of the Project, we noted that the data that is available is fragmented and there are currently no nationally agreed definitions other than those for a consumer worker and a carer worker, so little appears to have changed since their 2016 brief report. This can be attributed in part to different models of care being developed, local circumstances, and the challenges both nationally and at the state and territory levels regarding consistent definitions, description of activities and collection of data which would be crucial in making decisions about the current and future mental health peer workforce. This data also has the potential to influence policy. It will be crucial to have processes which provide a better view of the activities undertaken by peer workers. A full description of gaps and challenges can be found on pages 20-23 of the Final Report.

Scoping the projected peer workforce for the next 10 years

The National Mental Health Reports published between 2003 and 2013 reported numbers of employed consumer workers and carer workers and associated salary expenditures. This showed numbers have fluctuated over time but the number of carer workers has risen steadily, however, the numbers are still low when comparing these figures to 1,000 FTE direct care staff for the same period; particularly given that that there was an increase over this period of 33% per 1,000 FTE in direct care staff.

Within the 5th National Mental Health and Suicide Prevention Plan: Implementation Plan there is a recommendation under Priority Area 8: Action item 30 which articulates that 'Governments will monitor the growth of the national peer workforce through the development of a national mental health peer workforce data including data collection and public reporting.' The Implementation Plan notes that

[3] Mental Health Services in Australia 2018; https://www.aihw.gov.au/reports/mental-health-services/mental-health-services-in-australia/report-contents/specialised-mental-health-cre-facilities

[4] Report on Government Services 2018; https://www.pc.gov.au/research/ongoing/report-on-government-services/2018/health/mental-health-management/rogs-2018-parte-chapter13.pdf

commencing in mid-2018 and ongoing, the Mental Health Information Strategy Standing Committee (MHISSC) will take carriage of this Action.

A comprehensive overview of the projected peer workforce for the next 10 years can be viewed on pages 23-27 of the Final Report.

Recommendations

The National Mental Health Commission liaise with the Australian Institute of Health and Welfare and Mental Health Information Strategy Standing Committee to:

- Add data on peer workers as a requirement to all new data fields including the Mental Health Establishment National Minimum Data Set.
- Survey or stocktake current activities through:
  - Services and organisations;
  - various networks including those contacts obtained through this Project.

Additionally, the Project Team recommends:

- clearly define role descriptors and functions of peer workers;
- adopt annual collection of data on peer workers from community managed organisations and the private sector.

Section 3 - Training

A requirement of the Project was to research the current training available for peer workers and gain an understanding of the number of trained peer workers in Australia. The Project Team focused on those Registered Training Organisations (RTOs) which provide the accredited Certificate IV in Mental Health Peer Work course. However, it is acknowledged that a number of organisations across jurisdictions also provide various short-term courses, for example the Intentional Peer Support (IPS), 'Wellways' one day introduction to peer work and Recovery Colleges' introductory training. Of interest is the 2-day course offered by the Mental Health Coordinating Council 'Management of Workers with Lived Experience' aimed at creating a supportive and safe workplace for lived experience workers.

The Project Team initially gained information in relation to the RTOs that had the qualification on scope, through the Australian Government Department of Education and Training National Register of Vocational Education and Training.

Gaining information regarding training delivery and participant numbers was problematic for various reasons. Firstly, there was difficulty accessing the specific contact person who held the information. Secondly, organisations would not share information due to the competitive nature of training providers and confidentiality and privacy. Thirdly, many RTO's had the course on scope initially but after the update to the qualification they had not updated resources and were therefore not able to continue delivering the course.

Currently the course is delivered in all states and territories by various providers except for the Northern Territory. A table showing training providers, delivery status, students accessing and completions is available on pages 30-31 of the Final Report.

Some of the reasons reported for not delivering the course were course fees, limited jobs available, lack of qualified trainers, and inability to gain placements for students. Some of the reasons reported for students not completing the course were students becoming unwell and struggling with assessments.

Other issues noted through discussions were courses being delivered by trainers without lived experience or by a carer with no trainer identifying as a consumer and vice versa, issues accessing people to write the course material, requirements for course updates, lived experience not necessarily acknowledged by management staff of RTO leading to "burn out" of peer trainers and lack of confidence in the RTO.

Recommendations

Information obtained through the consultations is reflective of how a national entity for peer workers may assist in resolving several of the issues identified:

- Setting standards for the peer workforce and peer trainers; and
- Providing support to Registered Training Organisations employing peer trainers.

Further roles may be:

- registration of peer workers will ultimately provide much more accurate data. This will allow better planning for supporting and training the peer workforce.
- Access to updated course materials.
- Identification of organisations willing to undertake student placement, mentoring by peer trainers or peer champions.

Section 4 - Literature Review

An Australian and international Literature Review was undertaken titled: 'Toward Professionalisation: Exploration of best practice models in mental health peer work to inform the establishment of a national professional organisation [Literature Review]'. Further information can be viewed on pages 33-35 of the Final Report.

Six common themes emerged from the literature review and are included below along with recommendations from the literature review for a national professional membership organisation:

Theme 1: The importance of recovery oriented practice within services offering peer support and exploration of organisational culture to support the successful integration of peer support services.

Recommendation 1: Provide access to resources to support recovery-oriented practice, trauma-informed care, organisational culture and best practice guidelines for peer work.

Theme 2: Issues of stigma and discrimination and the impact this can have on the peer workforce, effective integration and delivery of peer support services. There is an identified need for education of non-peer staff on the functions, values and role of peer workers.

Recommendation 2: Provide access to training for non-peer workers to reduce stigma, discrimination and increase understanding of the value of peer work.

Theme 3: The need for role clarity and a clear identity for peer workers and to support broader organisational and consumer and carer understanding of the peer worker role.

Recommendation 3: Provide role clarity and constructing identity for peer worker roles.

Theme 4: Exploring boundaries and self-disclosure in the peer worker role.

Recommendation 4: Provision of support, training and specialised supervision to navigate boundaries and self-disclosure.

Theme 5: Supporting the ongoing health and wellbeing of peer workers.

Recommendation 5: Support and promote the mental health and wellbeing of peer workers through policies, resources and access to communities of practice.

Theme 6: Training, development, certification and professionalisation of peer workers.

Recommendation 6: Provide access to training, supervision and certification to professionalise the peer workforce.

Recommendation

The National Mental Health Commission approves the public release of the Literature Review (which has now been actioned).

Section 5 - National Consultations

The Project team conducted consultations with a representative sample of interested peer workers and other key stakeholders via workshops in each capital city with **184** attending. Consultations were also conducted by email and telephone for those in major regional areas (**28** participants), Project Interest Register (**310** registered) mental health commissions, local level jurisdictional organisations supporting peer workers and an online survey (**165** participants) was distributed. During the consultations, the Project Team sought copies of policies and materials specific to the peer workforce.

The most frequent comment expressed during the national consultations was 'it's about time, we need something'. Peer workers and those working in mental health expressed a real need for the peer workforce to have formal and professional representation at a national level with a view to providing a formal and 'professional lead' for the peer workforce.

It was hoped that having a national entity would offer a contact point, a recognised educational resource and a source of factual, consistent and reliable information outlining what the mental health peer workforce is and is NOT. People who approached members of the Project Team during TheMHS offered encouragement to move ahead with the Project.

Other engagement included a booth was established at the 2017 and 2018 TheMHS Conferences, a Project Interest Register with 310 subscribers and an online survey distilling key information gained from the consultations with 165 people providing input.

Main themes

- An organisation should represent both consumer and carer peer workers as well as all lived experience workers (except for Victorian consultation)
- An organisation would have a national base that includes individual state/territory representation
- The CEO would have both the right skills, expertise and experience and lived experience
- Board members should have professional skill set and lived experience

An organisation would:

- Provide professional development opportunities
- Provide education and training
- Have a role to advocate, promote and provide factual, consistent information about the peer workforce
- Provide both individual and systemic advocacy
- Develop standards and promote the profession of peer work
- Should support opportunities to further career pathways for peer workers
- Development of both a code of ethics and a code of conduct
- Development of national guidelines for the peer workforce
- Numerous support services an organisation could provide were also identified including the provision of supervision

More detail can be viewed on page 41-42 of the Final Report.

Other Engagements

- Mental Health Commissions: NSW, WA, QLD and SA
- 19 Local jurisdictional organisations supporting peer workers
- The Community Mental Health Australia's member peak organisations
- Four State peak organisations representing consumers
- A representational sample of state peak organisations representing carers
- Engagement with a representative sample of Primary Health Networks (PHNs)

Summary

There was an overwhelming positive response to the concept of having a national entity to represent and to promote the mental health peer workforce and provide guidance, clarity on what the peer workforce is, what peer workers do, the unique expertise of the peer workforce and establishing standards and guidelines.

There were some concerns expressed on how one entity could most effectively represent both consumer and carer peer workers. The views expressed during the Victorian consultation were that any organisation should be exclusively for consumer peer workers and that carer peer workers may need their own organisation, however this was not a view expressed more broadly. The importance of the entity representing both consumer and carer peer workers was highlighted at other consultations.

A significant issue raised was the need to have representation from each state and territory to ensure an understanding of the local mental health settings, relevant legislative frameworks and Mental Health Acts, and the services available, as these vary markedly across jurisdictions. Participants felt strongly about the importance of staff having a lived experience at all levels. They also expressed the view that the entity must have a significant role in promoting, representing and providing education on behalf of the mental health peer workforce. To ensure this workforce is embedded in all mental health service sectors there is a need to provide a clear understanding and role for the peer workforce demonstrating care that is person centred and focused on the needs of the person more broadly, their social and emotional needs and wellbeing.

A national entity needs to engage with the state and territory governments, consumer and carer peaks and where work has been done to establish peer networks or organisations, the entity should be working with these established networks.

The importance of validation of the peer workforce being seen and recognised as a profession, rather than a cost-saving measure, and having an entity to represent and promote the peer workforce were consistent, strong messages.

In smaller regional areas, attendees spoke of the isolation that is often felt by peer workers and the importance of equity with funding, training opportunities, representation and provision of services to all peer workers including the smaller states, and also, WA which is distant from the eastern seaboard.

Recommendation

The National Mental Health Commission approves the public release of the responses to the online survey in full. This has subsequently been approved and is available from http://pmhccn.com.au/PeerProject.aspx.

Section 6 - Governance

The Project was asked to recommend a proposed governance model for a member based national organisation. Full details of governance options considered can be viewed on pages 67-68 of the Final Report.

In reviewing the two most common legal structures, the Project Team believe the best model to be adopted from the outset is one that is a Company Limited by Guarantee as it can be incorporated under the Commonwealth Corporations Act and can be established and carry out activities in relation to a member based national organisation anywhere in Australia; whereas an association would be incorporated under a jurisdictional Associations Incorporation Act which would not allow the flexibility to operate in other jurisdictions or have 'branches' in other jurisdictions. There is a potential for any peer organisation to apply for charitable status, but that can be undertaken once the legal entity is in place.

Recommendation

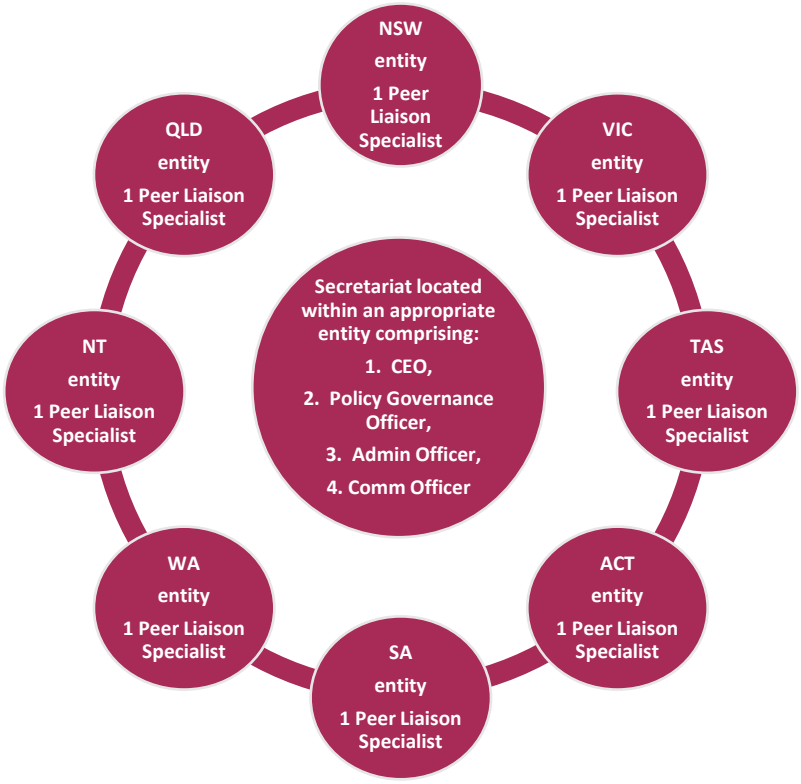
Establish a national member-based organisation for the peer workforce's legal structure as a Company Limited by Guarantee.

Section 7 – Potential Models

A requirement of the Project was to propose a potential model for the national organisation. The Project Team detailed four possible models on pages 69-78 of the Final Report.
In summary the models suggested include:

- Model 1 – a 'Gold Standard' model similar in structure to the Royal Australian and New Zealand College of Psychiatrists; the Australian Association of Social Workers; and the Australian Medical Association with staff located in a central office and individual branches located in each state and territory.
- Model 2 – a model similar in structure to the Australian Council on Healthcare Standards (ACHS) with one office and all staff based in one location with designated staff to link with states and territories.
- Model 3 – a model similar in structure to Community Mental Health Australia with a secretariat comprising of multiple staff who engage with an existing peak organisation in each state/territory.
- Model 4 – a hybrid of models 2 and 3.

We recommend Model 3 (see below) as strong links with the states and territories are critical. This model would have a central base with the establishment of a 'Secretariat' comprising the four positions - CEO, policy and governance officer, administration officer and communications officer with formal links in each state and territory via a peer liaison specialist.



Peer Liaison Specialists in each jurisdiction could be 'housed' by an existing state-based entity, such as community managed organisation (CMO) peaks, consumer and carer peaks, mental health commissions or other organisations. Understanding that the roles are different is crucial and the peak CMOs seek to understand and include both roles and all lived experience workers.

Recommendation

That Model 3 be adopted to provide the ability and flexibility to move to the establishment of jurisdictional branches (Model 1 – gold standard) as the organisation expands in the future and as more funding becomes available.

Section 8 - Support for a national organisation

The following organisations have shown their interest in providing support (responses vary between financial and/or in-kind).

- WA Mental Health Commission
- QLD Mental Health Commission
- NSW Mental Health Commission
- The SA Mental Health Commission
- NSW - Mental Health Branch, Strategy and Resources Division
- TAS - Department of Health and Human Services, Statewide Mental Health Services
- VIC - Engagement and Integration, Mental Health Branch, Health and Wellbeing Division, Department of Health and Human Services
- Catholic Health Care Australia
- Beyond Blue
- Mental Health Council of Tasmania
- Mental Health Community Coalition ACT
- Mental Health Coalition of SA
- Mental Health Coordinating Council
- NT Mental Health Coalition
- Mental Health Carers Tasmania
- HelpingMinds WA

Recommendations

The National Mental Health Commission progress or commission the:

Development of a business case/ funding proposal which details the funding and critical requirements.
Or
Develop a business case or formal funding proposal for the Mental Health Principle Committee:

1) Seeking funding via the established formula for states and territories funding requirements
2) Provide additional funding beyond the population-based funding formula or an adjustment to the formula to the smaller states of WA, TAS and NT where additional work is required to establish and expand the peer workforce.

Once funding is secured, the National Mental Health Commission to progress or commission:

3) A formal proposal seeking in-kind support from the organisations who expressed interest
4) Establishment of a Steering Committee of peer workers and other relevant experts including legal to oversee legal documentation including a Constitution, staff recruitment and establishing the Secretariat and Peer Liaison Specialists.

Section 9 - Focus on the Employer

An important part of this Project was to liaise with the NSW Mental Health Commission regarding the work that has been undertaken focusing on the employer. Details can be viewed on pages 85-86 of the Final Report.

Section 10 - Recommendations for future work for the NMHC

The NMHC has representation on the Mental Health Information Strategy Standing Committee. At the Project Reference Group meeting on 19 April 2018, the NMHC representatives agreed to seek an update on Action 30 of the 5th National Mental Health and Suicide Prevention Plan. Work is scheduled to begin in mid-2018 and will be ongoing:

Action description:
Governments will monitor the growth of the national peer workforce through the development of national mental health peer workforce data including data collection and public reporting.

Roles:
1) MHISSC will continue development of data sources to monitor the growth of the national peer workforce in public sector mental health services.
2) MHISSC will also identify opportunities for reporting of employment of peer workers in the non-government sector, including PHNs.

Data collection

1) Consistent definition

The NMHC could provide funding to an organisation to undertake work to determine and clarify a nationally consistent definition of a peer worker including their role.

2) Non-Government Organisation Establishment Data Set

The AIHW referred to the Non-Government Organisation Establishment Data Set Specification (NGOE DSS) which has been developed, but as at February 2016 there has not been agreement for this to be implemented nationally. According to AIHW the NGOE DSS is a lower stringency data set type compared with a National Minimum Data Set. The NGOE DSS does include data items relating to mental health peer workers, and so is a potential future data source (dependent on national implementation) for providing a more comprehensive view of the peer workforce.

The NMHC could advocate for the implementation of this data set nationally,

OR

Mental Health Non-Government Organisation National Best Endeavour Data Set

The Western Australia Mental Health Commission has decided to implement the *National Best Endeavour Set* and Queensland has expressed interest in implementing it also and the Project Team understands this has taken place. The NMHC could advocate for the implementation of this data set nationally especially given that two jurisdictions are collecting the data on the peer workforce for the community managed sector.

Guidelines for the Peer Workforce

The 5th National Mental Health and Suicide Prevention Plan requires the NMHC to develop Peer Workforce Development Guidelines. At the time of this Report a roundtable has been undertaken with key stakeholders by the NMHC on Friday 30th November 2018. More information is available on the NMHC's website.

Existing guidelines developed by other organisations can be viewed on page 93 of the Final Report.

National Qualification

The uptake by RTOs offering the nationally recognised qualification **Certificate IV in Mental Health Peer Work CHC43515** has been slow with no organisation offering this in the Northern Territory. The Project Team believes the NMHC has a role in advocating for a broader role-out through the training sector of this qualification.

Recommendations

The National Mental Health Commission advocates for or influences the uptake or introduction:

In relation to data collection

1) Develop/engage an entity to determine a nationally consistent definition of a peer worker and their role
2) Advocate for the implementation nationally through the AIHW & MHISSC of the Non-Government Organisation Establishment Data Set OR the Mental Health Non-Government Organisation National Best Endeavour Data Set

In relation to Peer Workforce Guidelines:

3) Finalise the development of the Peer Workforce Development Guidelines

In relation to the national qualification and other training:

4) Advocate for the greater role out and uptake of the **Certificate IV in Mental Health Peer Work CHC43515** national qualification.
5) Seek to influence the introduction of this qualification into the Northern Territory.
6) Advocate for the uptake of other professional development or as an introduction to peer work through things such as Intentional Peer Support (IPS), introductory courses, traineeships, internships or scholarships across jurisdictions.

Summary

Gaps

The Project Team identified numerous gaps in the policy landscape for progressing professionalisation of the peer workforce within the Final Report. These were primarily around data collection on the peer workforce, their roles and a nationally consistent definition. Additionally, the uptake of the peer workforce within the private sector is a significant gap. A number of priorities for the peer workforce have been identified within the 5th National Mental Health and Suicide Prevention Plan with details articulated within the Implementation Plan with work for the National Mental Health Commission and the Mental Health Information Strategy Standing Committee.

Barriers

The Project Team articulated the view from some consumers that any national organisation for the peer workforce should be for consumer peer workers exclusively. We have noted the drive from some to advocate for and promote this view. There has also been a view, though very limited, that even some other peer workers should be excluded, namely those working in the areas of alcohol and other drugs, the NDIS, volunteers, and carer peer workers. These views were not consistent with the broader consultation feedback or online survey findings.

The results once obtained and analysed, from a survey distributed by two of the state peak consumer organisations on the 21 December 2018 may provide content which is not consistent with the findings of this Project and could raise dissent with the recommendations. The Project Team has concerns that with a sense of division of this nature, it could jeopardise the strong argument for the establishment of the national organisation.

Opportunities

The opportunities for the peer workforce are boundless and are restricted only by full acceptance of the role, resources and innovation. Greater expansion of the peer workforce has been noted throughout the consultations with initiatives in TAS, NSW and SA in particular.

Much has been achieved in the United States where innovative services have been created. With the establishment of a national member based organisation for the peer workforce, Australia will lead internationally. This would be a first. We called this Project **'Community of Peers'** and we believe this is what is required to firmly embed the peer worker role in all facets of mental health in Australia.

Do we dare to dream?