

The National Mental Health Commission's

Peer Workforce Development Guidelines

Leaders Roundtable 30 November 2018



Australian Government
National Mental Health Commission

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Introduction and background

The consumer workforce and carer workforce have both been present in Australia for a number of decades, although the two workforces are still considered emerging by some. Evolving language around designated positions in the mental health sector has led to the term 'peer workforce' being adopted in recent years. While the language and definition of the peer workforce is evolving, the importance of the work peer workers do is being recognised in many services and settings.

There have been calls to work towards professionalisation of the peer workforce over recent years. There have been calls for improved support structures, and discussions around the feasibility of state/territory and national based professional associations, unions and potential registration bodies. There have also been a number of regional and state-based guidelines and frameworks released in the public and community-managed sectors to support the workforce. Given the rapid pace of change, a coordinated approach is needed to ensure consistency in growing and embedding the peer workforce across mental health services and settings.

Overview of the project

The Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan) identifies peer work as a priority area for improving mental health system performance. Under Actions 20 and 29 of the Fifth Plan Implementation Plan, governments are to develop Peer Workforce Development Guidelines (the guidelines), consistent with the findings of the National Mental Health Commission's (the Commission) 2014 National Review of Mental Health Programmes and Services in relation to the peer workforce (see [Appendix A](#)).

The Commission has been tasked with the development of the guidelines, for completion in 2021. Noting the pace of developments in the peer workforce more broadly, the Commission is aiming to have a final product available for endorsement by the Mental Health Principal Committee (MHPC) by mid-2020.

This project will support the peer workforce through the development of formalised guidance for multiple audiences, including governments, employers and the peer workforce about support structures and other steps that are required to sustain and grow the workforce. In the development of the guidelines, the project is seeking to explore a range of topics, including role delineation, key roles and functions, guiding principles for peer workers, minimum training, career progression pathways, peer supervision and mentoring, and principles for employment (such as reasonable adjustment, remuneration and safe workplaces).

The Commission is aware of various local, regional, state and international peer workforce frameworks that already exist, or that are in development. The development of national guidelines to support the peer workforce will draw and build on these to ensure consistency across Australia, and move towards professionalisation of the peer workforce. Implementation of the guidelines will remain outside the scope of this project and will be the responsibility of the MHPC under the Fifth Plan.

Identified themes

The Commission has undertaken a brief environmental scan of existing publically available frameworks, guidelines and other documents related to the peer workforce in Australia. This was not intended to be an exhaustive investigation of all current materials, and the Commission also acknowledges there are other relevant documents currently in development.

The findings from the scan identified common themes across the documents reviewed, with material already in existence that can be drawn upon to inform the development of the guidelines. The common themes identified and other issues are outlined below.

Key definitions/terminology

How the workforce is defined and the terminology used to describe the workforce was an underpinning theme across all documents reviewed. This included commentary around the need for lived experience to be an essential criterion for peer worker positions and that recovery-oriented practice is core to peer work. However, terms used to describe the workforce differed across the documents. Terms used included peer workers, mental health consumer and carer identified workforce, peer support workers, consumer and carer advocates, mental health consumer workforce, and the lived experience workforce.¹

Key roles and functions

The importance of role clarity was a key theme, and many of the documents drew on the various roles and functions that peer workers can have. This ranged from individual and group peer support, delivery of educational programs, individual and systemic advocacy, recovery planning, health promotion, and continuous improvement, policy and research. The review also identified some good examples in relation to peer worker position descriptions.

Organisational readiness

The scan identified a number of issues related to organisational readiness for peer workers that could be explored through the project. These included clear understanding and recognition (including by employers, non-peer colleagues and managers) of the role and value of peer workers, workplace supports, career pathways within an organisation, and measures to reduce stigma and discrimination. It also identified challenges such as negative attitudes and discrimination from non-peer workers, limited numbers of paid positions, inconsistency in remuneration, high turnover and a lack of adequate and secure funding, as well as additional challenges for peer workers living in rural and remote areas.

¹ For the purposes of this document, the term 'peer workforce' will be used to denote people in designated positions as consumer or carer workers. The Commission is aware definitions vary in the sector and are evolving, and further exploration of language is required.

Guidance on recommended minimum training

The Certificate IV in Mental Health Peer Work was consistently recommended as a minimum entry requirement into the peer workforce. Several documents also touched on the importance of in-house/informal training on topics such as trauma informed practice, the social and historical context of peer support, recovery-oriented practice, purposeful storytelling etc. There has been discussion amongst the workforce of the Cert IV filling a gap in training, however qualifications at both a more entry-level and more advanced level have also been suggested.

Peer Supervision and mentoring

The need for peer supervision, mentoring, debriefing and coaching was noted in many of the reviewed documents. From the literature reviewed it appeared that peer supervision and mentoring was not routinely available.

The importance of career progression and leadership positions

Many of the documents reviewed stated that one of the biggest challenges in the peer workforce is a lack of career progression and leadership positions. There were few opportunities for experienced peer workers to progress beyond an 'entry-level' position. Lack of career progression can lead to high turnover and knowledge loss among the profession.

Other themes

Other themes, while not consistent across the documents reviewed but considered relevant for the project, included:

- guiding principles for peer workers (such as person-centred, recovery-focused, built on mutual and reciprocal relationships, strengths-based etc.)
- the need for organisational commitment to support a peer workforce that includes strong recruitment processes, policies around orientation and induction and access to reasonable adjustments
- ethical considerations (such as conflicts of interest, duty of care, dual roles, commitment to safe practice)
- demand and supply principles to inform investment and requirements of a peer workforce.

Across all documents reviewed there was limited information about wages/salaries, what is out of scope of practice for the peer workforce, the inclusion of peer workers who come from disadvantaged communities (e.g. culturally and linguistically diverse communities)², and the need for monitoring and evaluation as part of continuous quality improvement.

² There have been some improvements in these areas, such as the recent release of the *NGO Mental Health Lived Experience Workforce Standards and Guidelines* by the Mental Health Coalition of South Australia, which included separate guidelines for Aboriginal and Torres Strait Islander lived experience workforce, the Culturally and Linguistically Diverse (CALD) lived experience workforce and the inclusion of LGBTI voices in the mainstream document.

Areas for discussion

The above analysis was based on a high-level scan and did not delve into the content of documents in detail. The Commission is seeking guidance from Roundtable participants about these and other key themes and issues that could be covered in the guidelines, or alternatively progressed through other avenues.

The Commission is also interested in reflections on whether and how the above themes might have similar or different applications or implications between sectors, settings and jurisdictions, and how these differences and similarities might be taken into account.

Finally, the Commission is seeking reflections on the range of experience, expertise and perspectives that will be needed throughout the course of the project to ensure the guidelines are successful. The Commission also welcomes suggestions around where to source information and where there may be gaps in the available information/knowledge about critical aspects of the peer workforce that are relevant to the project.

Conclusion and next steps

The purpose of this Roundtable is to bring together peer leaders to canvas initial discussion points and themes for the Commission's work on the Peer Workforce Development Guidelines. The information obtained will be used to inform the ongoing work of the project.

The next step of the project will be the establishment, by the Commission, of an advisory committee to act as a key input of advice and information for the project. Broader consultations will also be undertaken at a national level, both face-to-face, and online, throughout the lifespan of the project.

Appendix A

Actions under the *Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan)* as it relates to the Peer Workforce:

- Action 20: Governments will ensure that the Peer Workforce Development Guidelines to be developed in Priority Area 8:
 - create role delineations for peer workers that provide opportunities for meaningful contact with consumers and carers and grassroots-based advocacy
 - identify effective anti-stigma interventions with the health workforce.
- Action 29: Governments will develop Peer Workforce Development Guidelines, consistent with the recommendation made by the National Mental Health Commission's 2014 National Review of Mental Health Programmes and Services and the commitment made at Action 20.
- Action 30: 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.

Information relevant to the Peer Workforce from *Contributing lives, thriving communities. Report of the National Review of Mental Health Programmes and Services, Volume 1*, National Mental Health Commission, 2014

- Recommendation 21: Improve supply, productivity and access for mental health nurses and the mental health peer workforce.
- Establish National Mental Health Peer Workforce Development Guidelines for use in a range of settings including: agreed definitions, key roles and functions, guiding principles and a code of ethics, national capabilities for peer workers and supervisors (including diversity), principles for employment and reasonable adjustment, training and support, practical resources, supervision, coaching and mentoring and a dissemination/ implementation approach.
- Develop a national mental health peer workforce data set, data collection and public reporting approach across employment sectors to measure progress and support evaluation.