

Preparing your organisation for the *Expanding post-discharge support initiative*

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the *Expanding post discharge
support initiative*

Acknowledgement of Traditional Owners

The Department of health and Human Services acknowledges the Traditional Owners of the land, pays its respect to the Elders of Victoria's Aboriginal communities both past and present and acknowledges the ongoing contribution made by Victoria's Aboriginal people today.

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Introduction

This resource has been developed to inform and support organisations that are implementing the *Expanding Post Discharge Support* initiative, it is not a comprehensive guide, rather, it provides a basis from which people involved in implementing the initiative can build on to attract, recruit, retain and support their organisation's peer support workers.

The content of this resource has been contributed to and reviewed by a number of people, and in particular the department would like to thank Vrinda Edan, and Krystyn Smale (Inner West Area Mental Health Service) for their significant content contribution.

Expanding Post Discharge Support initiative

The Victorian Government has provided funding to specialist mental health services for the *Expanding Post Discharge Support* initiative to provide additional post discharge supports to people with complex mental health needs, following an inpatient admission, using a peer support workforce model, thereby reducing the demand on inpatient services.

Drivers for the *Expanding Post Discharge Support* initiative include:

- The significant demand on adult inpatient mental health services;
- The need to improve outcomes of people as they transit from the adult acute inpatient mental health service to community, including improving continuity of care;
- The growing interest in utilising a peer workforce in the mental health clinical system; and
- Emerging evidence that a peer workforce can have a positive impact on consumer, family and carer outcomes.

Being able to transition safely and securely from an acute inpatient setting and become re-established and connected in a community environment is a major factor in enabling people to remain well and out of hospital settings. The *Expanding Post Discharge Support* initiative provides a new approach to the provision of post-discharge support. This approach utilises trained consumer and carer peer support workers to provide tailored support in the immediate post-discharge period, to reduce the likelihood of re-admission to an inpatient unit.

Objectives of the initiative

The objectives of the *Expanding Post Discharge Support* initiative are to:

- Minimise the risk of re-admission to an inpatient unit within 28 days.
- Achieve safe, coordinated and streamlined transition for consumers from an acute mental health inpatient setting to the community;
- Support people to establish/re-establish themselves in a community environment, including helping them access the range of community supports they need;
- Build understanding of the effectiveness of the role of the peer workforce in clinical mental health services;
- Maximise recovery and resilience.

What is lived experience work?

In general, lived experience is the expertise gained through life experience rather than formal learning. Everyone has lived experience, but in mental health contexts this term refers to the expertise that comes from:

1. The experience of being a consumer/service user or a family member/friend/carer, and
2. The experience that comes from having little power in something that has profound personal consequences.

A lived experience worker is someone employed on the basis of their personal lived experience of diagnosed mental illness and recovery (consumer worker), or their experience of supporting family or friends with mental health issues (carer worker). This lived experience is an essential qualification for their job, in addition to other skills and experience required for the particular role they undertake.

The specific skill requirements of different positions depend on the sort of role that the consumer or carer identified worker is undertaking. There is a difference between having a lived experience and being equipped with the skills and the motivation to provide the services of a consumer or carer expert in a professional capacity. Those consumers and carers who are not employed specifically for their lived experience are not identified as part of the consumer and carer workforce². (NMHCCF, 2010 p.16)

The lived-experience workforce in Victoria comprises many consumer and carer consultant positions, and other consumer and family/carer roles involving research, education, training, peer support mentoring, advocacy (systemic and individual), supervision and participation in consumer and family and carer advisory groups and committees¹.

What is peer support?

The employment of peer support workers has increased rapidly over the last decade in the USA, Australia, New Zealand and the UK³. Peer support can be provided in a variety of mental health service settings including acute inpatient and community settings and is most suited to settings with recovery-orientated practices⁴.

Peer support services work on the principle that people with a lived experience of issues such as mental health, addiction or problem behaviour are uniquely placed to relate and provide support to others with similar issues⁵.

Peer support workers are employed specifically (but not only) because of their lived experience of recovery and their value to consumers or family and carers is in using this to support self-directed recovery. It is important for peer support workers and all involved (managers, service users and other staff) to understand how the lived experience of recovery is used within the relationship³.

Mead et al, 2001 defines peer support as “*offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations*”⁶. It occurs when people are able to draw on their own experiences to offer emotional and practical support to move forward.

“Peer support is not based on psychiatric models and diagnostic criteria. It is about understanding another situation empathically through the lived experience of emotional and psychological pain. When people find affiliation with others whom they feel are ‘like’ them, they feel a connection. This connection or affiliation, is a deep, holistic, understanding based on mutual experience where people are able to ‘be’

with each other without the constraints of the traditional (expert/patient) relationships”⁷. Mead (in Cheeseman 2011 p.3)

Many aspects of peer support work are similar for both consumer and carer peer workers, such as intentionally sharing personal experiences. However other aspects of peer support may differ between consumer and carer peer workers. Because peer support is an emerging discipline, not all of these differences are fully understood yet. One key set of differences relate to consumer experiences of compulsory treatment and of mental health problems themselves. This perspective is explained by Mead (2006):

“Peer support in mental health has a more political frame of reference, some support groups form around the experience of illness, peer support in mental health grew out of a civil/human rights movement in which people affiliated around the experience of negative mental health treatment (e.g. coercion, over-medication, rights violations). In other words, the shared experience has more to do with responses to treatment than shared experience of mental illness”⁸.

Why provide a peer support service?

There are positive effects of peer support programs for service users, peer support workers and for organisations. Research shows that when people with mental health issues access peer support, improvements can be made to the experience they have; emotional health; behaviour and health outcomes; and to service use⁸.

There is evidence to suggest that peers can complement traditional service providers work and may even be better placed to encourage people to take more control of their recovery supporting goal setting, increasing motivation, activation and teaching self-advocacy^{9,4}.

Intentional Peer Support

Intentional Peer Support (IPS) is a trauma-informed, peer-delivered training and co-supervision framework used in many peer support and human services settings across the globe. With a focus on creating mutuality in relationships, IPS aims to build community-oriented supports rather than replicate formal service relationships. IPS is a cutting edge practice increasingly adopted in a variety of community and mental health settings including peer respites, mental health programs, and innovative projects like the Parachute Project in New York City.

Being conscious to let go of medicalised language about illness and symptoms is a part of the Intentional Peer Support (IPS) task of supporting people to express their own worldview.

Research carried out using Intentional Peer Support in respite centres has shown a reduction in the use of emergency services use and increasing service satisfaction, quality of life, and empowerment outcomes. Recent research shows that guests who visited a program using IPS had a 70% reduction in inpatient and emergency services over two years.

For the past decade, IPS has been implemented in various settings across Australia.

IPS has trained over 5,000 peer support and traditional mental health workers around the world.

More information about IPS can be found at <http://www.intentionalpeersupport.org/>

Common myths about peer support

There are number of common myths about peer support work that are important to address¹⁰.

1. Peer support work is for people working on their own recovery:

Hiring someone because you like them and think the job will help them in their own recovery is one of the most common (and worst) mistakes an employer can make. This does not serve either the individual or the people receiving services.

2. Peer support is just a way of saving money:

Traditional mental health practitioners are primarily employed to provide specialist treatments - peer support workers complement professional skills with life experience' to ensure that both are provided to those that need them. It is not a case of saving money; rather ensuring services optimise value for money and the added value of all staff groups.

3. Peers will be too fragile, they are likely to 'break down' at work:

The evidence actually suggests that if provided with appropriate support, employees with mental health challenges may take less time off sick than those without (Perkins et al 2000)

4. Peers cannot be expected to conform to usual standards of confidentiality:

Because of their lived experience, peer workers are often particularly sensitive to issues relating to confidentiality. Evidence suggests that issues of confidentiality have been more frequently raised by peer workers about other staff breaching confidentiality by talking about the clients with whom they work outside of the workplace.

5. There is no difference between peer support workers and other staff that have personal experience of mental health problems:

Many people that provide services identify as having 'lived experience,' and some organisations even support people in regular roles to share their stories. Although sharing one's story is a core part of being a peer support worker, there are many other elements that make the role different. A psychologist, psychiatrist or a nurse with lived experience of mental health challenges remains a psychologist, psychiatrist or a nurse, employed primarily to use their professional expertise rather than life experience. The power imbalance, and professional boundaries (perceived and real), resulting from the formal status of their profession also remains a potential obstacle to establishing a relationship based on mutuality, reciprocity and a shared journey.

6. The presence of peer support workers will make staff worried about 'saying the wrong thing':

Everyone, peer or professional has, at some time, said or done something they regret. Without the capacity for humility – and the courage to accept and accommodate feedback to reflect on behaviour – any relationship, whether it be partners, friends or the providers of services, is likely to break down. Thus, the willingness to reflect and learn from our behaviour is a key process for improving the quality of interactions. Opportunities for supervision and reflection on practice are therefore an essential and necessary part of good practice.

7. Peers don't know the difference between friendships and working relationships:

There are many differences in the relationships between peer support workers and peers and those of friends, particularly in terms of self-disclosure, the degree of choice involved and the explicitness of 'rules'. What distinguishes peer relationships is not what is done, but the nature of the relationship: 'peer to peer' rather than 'expert to 'non-expert'. Peer support workers use their expertise to make decisions about what, when and how to disclose information.

8. Peers will be subversive, they will be ‘anti-psychiatry’ and ‘anti-medication’:

The essence of peer support is not to prescribe what others should think, feel or do. Peers should not be telling people whether or not to take medication, or instruct them to use conventional services, complementary therapies etc. rather, peers explore different ways of understanding, ways of coping and growing that make sense to the peer worker and that have value to the person they are working with.

9. Anyone who has received mental health services will make a good peer support worker:

A history of receiving mental health services is just a small part of the role. The ability and interest in connecting with people, sharing your story, facilitation skills and so much more go into being good at this work. Some people who’ve received mental health services would make a terrible peer worker, but they’d make a great teacher, scientist, nurse, etc.

10. Peer support workers uncover information about an individual receiving services to bring back to the rest of the team:

The trust that a peer worker forms with someone that they are supporting is priceless, and sharing information with others will break that trust in a second. If there are particular things that a peer support worker is required to share, they should be as upfront about that as possible. Otherwise, they should be given flexibility in what they do and don’t bring back to the team.

11. Peer support workers should never engage in conversation about tricky topics like suicide, medication, etc.:

Peer-to-peer conversations shouldn’t be limited to light or social topics. Actually, there are a growing number of trainings available to support peer workers to talk about issues like suicide. Sometimes, a peer support worker might be the only person that someone feels comfortable sharing these thoughts and feelings with, and so they should be supported to develop their skill level and confidence in having serious conversations as they arise.

12. There are no boundaries in peer work:

People in peer roles set limits that are different than people working in clinical roles. However, that doesn’t mean it’s a free-for-all. Accredited training programs in peer support work discuss the ethics of the work and covers discussions regarding the limitations and boundaries of the work. Peer reflection is a strong component of the work and access to this reflective space will support workers to continually check their working boundaries.

13. Peer support workers are likely to tell consumers to get off their medication or go against what their treatment providers want them to do:

People working in peer support roles have a variety of beliefs and experiences—often a mix of good and bad, where the mental health system is concerned. Whatever their experience, their role is to not push someone receiving services in any direction. Instead, the peer role is focused on supporting the process of self-determination and exploration as determined by the person receiving services.

14. An organisation needs to develop special policies for peer support workers:

All employees have the potential to be good or bad at their jobs, or have personal issues that arise and impact their work. Anyone who has served as a manager in any field will know that. People working in peer support roles should not be treated any differently. While an organisation may benefit from re-evaluating its policies to make sure they represent at least some degree of flexibility, fairness and compassion toward their workforce, the policies should be applied across the board.

15. As long as we’re all invested in integrating peer support roles, and take all the right steps, this should be easy, right?:

Any change will create tension, and especially one that asks an organisation to shift elements of its belief system. Lack of tension or bumps in this process should be a red flag that the roles might not be being implemented properly.

Preparing your organisation to provide a peer support service

When planning the structure of your program, there are many things that need to be considered:

- How many consumer and carer peer support workers will your organisation employ?
- Will they be employed full-time or part-time?
- Will your program have a senior peer support worker?
- How they will be integrated into teams?
- Where will they be physically located?
- Who will supervise the peer support workers?
- What other supports will be required and who will provide them? E.g. peer supervision.
- How will they be oriented to the service and the work?
- What clinical meetings/processes will they/won't they engage in and why? Are adaptations to these required to accommodate them?
- How will you allow flexibility in the role to accommodate the appointed peer workers specific interests and skills.
- How will you involve them in development of the role/work?
- How will you diversify the role to avoid burn out of repetitive tasks?
- What is the recruitment process?

Developing a peer support program will require engagement and commitment from different areas of your organisation. Repper et al (2013 p.3) highlight the importance of involving human resource departments when establishing peer support programs, and recommend establishing a project steering group to develop a clear plan with actions, accountabilities and timescales¹¹. The steering group should involve people from the different parts of the organisation e.g. from HR, professional groups, communications and consumers, families and carers. Services could also explore the potential benefits of having independent expertise involved, particularly if this is their first employment of peer support workers.

The National Mental Health Consumer and Carer Forum (2010, p.p. 21-22) summarised the challenges to effective peer working in Australia as being firstly, stigma within the workplace, and secondly, workplace culture and the need for structural change. There is a consistent theme in the literature that proactive and comprehensive support from non-peer staff and management is essential for integrated peer work to succeed and flourish².

Position descriptions

It is essential that organisations are clear about what they would like the peer support positions to do and what capabilities are required of people in the role. These expectations need to be clearly articulated in a position description.

It is important to place the emphasis on the core values and attributes that a peer worker needs to align with authentic peer support rather than emphasising learnable practical skills that could be developed by someone with the appropriate values and attributes if they are provided with the right training/support.

Examples of position descriptions for both consumer and carer peer support workers in a clinical setting can be found at Appendices A & B.

Attributes of lived experience workers

The key features or attributes of someone working in a lived experience role include:

- As a consumer, a lived experience of mental ill-health and use of mental health services, as a carer, a lived experience of supporting someone with a mental health issues and use of mental health services.
- Able to disclose and work openly (within self-determined boundaries) from their lived experience
- Belief that everyone can progress, heal and move forward in life.
- Valuing self-determination and recognising the role's function in supporting a consumer choice and empowerment.
- Ability to describe the lived experience role in relation to both people using services and those providing services.
- Valuing the lived experience role as a new discrete position to augment and not duplicate traditional services.
- Recognising the importance of “hope” in healing.
- Ability to describe a healing process, strategies for recovery and/or provide consumer or family and carer perspective through the use of personal story.
- Ability to describe elements of a recovery-oriented mental health approach and things within the mental health system that hinder the recovery process.

Advertising

Both the position description and job advertisement should reflect the competencies and qualities that you want the successful applicant to possess.

Keep the advertisement short and simple – you want potential applicants to call and find out more.

Many people now job search via their smartphone or tablet so think how the advertisement will look on a small screen and conversely, consider that some consumers and carers may have limited access or use of such technology.

Many organisations have existing processes when it comes to advertising for employees. Organisations might like to consider additional channels of communication when it comes to advertising lived-experience roles such as peer support worker vacancies. Some people will look on Seek but there are established networks that may reach those that don't, for example:

[Victorian Mental Illness Awareness Council \(VMIAC\)](#)

[Tandem Inc.](#)

[The Centre of Excellence in Peer Support](#)

[Ethical jobs](#)

Vacant positions will be seen and communicated amongst networks by word of mouth. Organisations might also consider advertising through their own networks such as via consumer and carer consultants, advisory groups and consumers and family and carer newsletters. Mental health community support services may have newsletters that can also be used to advertise positions.

It may be beneficial to hold an information session for potential applicants about the role expectations, which enables self-selection of potential candidates. It also provides an opportunity for those wanting to enter the field to find out more about the roles. It can inform them of how to work towards being a competitive candidate for future positions and is a way for services to begin cultivating a strong lived experience workforce for the future.

Timelines for submitting applications should be considered, for example closing on a Monday rather than a Friday afternoon so people have the weekend to work on their application.

Mind Australia have developed guidelines for their Peer Specialist positions which may be useful – these can be found at Appendix C.

Shortlisting

It is expected that organisations include someone with a lived experience and an understanding of lived experience work be involved in shortlisting.

Applications may come in from peer support workers that have been practicing for a long time – they may not have qualifications or IPS training but they may have experience in providing peer support that makes them a good candidate for the position.

A cover letter can provide helpful information as to whether someone will be a good candidate - how they describe their lived experience and reasons for applying for the role can give key information to employees. For example, if a person can only speak of their medical interactions or treatment rather than broader relational, social and emotional impacts on their wellbeing and recovery they may not be well suited or ready to work in a consumer or carer peer support role. They may not be ready yet but health services could consider having a conversation about future opportunities with that person.

Interviewing

The structure of the interview should be consistent with the HR process that your organisation uses - with the addition of a couple of questions around lived expertise. Asking about someone's lived experience is sensitive and can be confronting or challenging. Do not directly ask what a person's lived experience is - in a peer support role peer support workers choose when and how they disclose this, and in an interview situation there is a considerable power difference between people on the interview panel and interviewees. Instead, ask how the person would draw on their lived experience in a particular situation or scenario.

Explore boundaries through questions such as "give me an example of when you have disagreed with a work direction and how you managed that" rather than "how do you manage conflict"?

Include a consumer or carer consultant on the interview panel, or consider having someone from outside the service sit on the interview panel – for example from a Mental Health Community Support Service, one of the consumer or carer peak bodies, or a Community Advisory Committee. Don't have too many people on the panel, but consider the mix.

Consider the range of experience applicants may have with formal interview process. There may be some people that are very inexperienced at interviews, or it may have been a very long time since they've been in the workforce. Other may be coming from full-time role and lengthy experience in lived

experience roles or another field of work. It may be appropriate to consider offering additional support or extra time beforehand to meet informally one-on-one as an introduction or to review questions with candidates.

Appointment

The same appointment process should apply for all workers in your organisation – including those in lived-experience roles. Organizations can support all their new workers with the transition to a new workplace and into new roles in a number of ways, for example:

Meeting or having a telephone conversation with new appointees ahead of their start date to begin conversations about the work space and any reasonable adjustments that may be necessary can be helpful.

If people are starting in full time positions, consider starting them half way through the week. A full time start can be challenging for anyone, particularly in a clinical setting. Speak to the appointee about what will work best for them – they may even like to start of part time for a few weeks.

Consider providing the new worker with resources and information relevant to the role - such as the contact details for their local Peer Hub, any other relevant communities of practice and websites such as The Centre of Excellence in Peer Support.

Reasonable adjustments

Individuals in lived experience workforce may need reasonable adjustment provision as outlined in legislation under the Equal Opportunity Act 2010 or to offer flexible work arrangements to account for care responsibilities as described in the Carer Recognition Act 2012.

Making allowances for disabilities and other factors is law under the Equal Opportunity Act 2010. Any adjustment needs to be reasonable for the service/organisation to make (for example, the expense and time associated with the adjustment needs to be relative to the size of the organisation and what it can reasonably be expected to accommodate).

There may be specific requirements to support the person to enter the role. For example:

- Information about effects of income on the Disability Support Pension or Carer Payment (if applicable)
- Flexible work days or start and finish hours
- A quiet workspace if a person is sensitive to noise
- Flexible personal and professional development opportunities
- Access to peer/external supervision
- Additional supervision during times the worker identifies as difficult
- Consideration that the physical location is not necessarily just a workplace for the person. Locations such as inpatient units hold the potential to be triggering or uncomfortable. It is important to be transparent in discussing this and to consider support people might need, or adjustments to tasks, responsibilities or the physical environment itself that may need to be made.
- Other adaptations/adjustments may be required to optimize people's ability to do their work – this does not mean lowering the standard expected for peer work which requires talent and commitment.

Boundaries

Organisational policies and procedures apply to every employee. While an organisation may benefit from reviewing policies to make sure they represent at least some degree of flexibility, fairness and compassion toward their workforce, the policies should be applied across the board.

An organisation may employ a person that has accessed or uses their mental health service. A policy that addresses potential issues around this may need to be put in place if one does not already exist to

try and avoid a situation where a peer worker has both a client/clinician relationship and a colleague relationship with a worker, however this may be difficult to eliminate in rural areas. Approaches to manage these issues need to be done in consultation with the peer support worker to account for their personal preference ahead of time is helpful.

Organisations may consider adopting an out of area policy if they do not have one. An out of area policy allows workers to access services in another area if they become unwell. Plan these arrangements ahead of time in the event this situation occurs. A lived experience worker can opt to have an advance statement, however organisations cannot mandate a lived experience worker to have a wellness and recovery action plan as part of their employment (unless this is a requirement for all organisation employees).

Line management

When lived experience roles work well in services they often work well because of successful relationships between lived experience workers and their managers.

The *Expanding post-discharge support initiative* may bring challenges for organisations to employ to roles from an emerging mental health workforce discipline. Some organisations will have enough staff to have team leader with a lived experience (and management skills) to manage the team. If unable to fill a team leader role with someone with a lived experience, organisations could consider recruiting a short-term 6-12-month contract for a non-lived-experience position at the outset of the program with a view to build the capacity of their existing lived-experience workers to enable them to step into the role in the future.

In some organisations, lived-experience workers sit within community or clinical teams rather than having lived-experience line management. Where lived-experience roles best fit within the existing structure of the organisation needs to be considered, along with frameworks and mechanisms to connect with other lived-experience workers in the organisation as with other workforce disciplines.

Peer roles and the team

It is useful for organisations to see how their implementation plans for the Expanding Post-discharge Support Initiative integrates with their existing model of care or service delivery. Integrating consumer and carer peer support work into the organisational model of care will strengthen the work rather than simply seeing this work as an 'add on' to support the outcomes of the initiative.

Briefing, educating and preparing existing medical, allied health and administrative staff about the role and function of consumer and carer peer work is essential. As part of initiative establishment ensure your organisation schedules formal time to inform, discuss and clarify the intent of the initiative, about what peer support is and isn't and help other staff to understand that it is an emerging complementary discipline.

Consumer and carer peer support knowledge and skills can bring benefits to the organisation as well as consumers and carers who use the services.

Supervision

Lived-experience workers may get line supervision from a worker from another discipline, but in addition they need access and opportunity to regular supervision from a consumer or carer peer. As with other established disciplines, lived-experience workers benefit from the opportunity to reflect with and discuss issues with others from their discipline. Other disciplines have KPI's related to the amount of professional supervision hours they are required to have. The lived experience workforce should have access to the same safeguard, particularly an emerging workforce where guidance and validation are essential. Co-reflection refers to mutuality within the space of supervision. Access to supervision and co-reflection is a choice and while it must be available, people don't have to access it.

There are some existing networks and services that may be able to offer peer based supervision and mentoring, for example, Well Ways (formerly Mi Fellowship) have established consumer and carer Peer Hubs; PeerZone provide a consumer peer supervision service, and the Carer Consultant Network of Victoria (CCNV) offer professional networking and supervision for all carer lived experience workers. However, more mechanisms for access to peer supervision are needed, therefore the department is currently exploring additional options for lived experience workforce supervision, and the Community of Practice will consider these needs.

Peer drift¹

It is important that peer support workers and their organisations emphasise, retain, and value the distinctiveness of the peer support role as opposed to non-peer support roles that exist within health services.

The consumer and carer peer support role is unique to any other role within your organisations. Peers are not employed as counsellors, therapists, clinicians or case managers. The boundaries they set, approaches they adopt, and relationships they cultivate are grounded in shared life experiences. One of the challenges for organisations is honouring the distinctly different perspective that peers work from. Over time, peer support workers may feel a pull toward providing a more clinical perspective, beginning to provide professional advice and avoiding sharing stories of their recovery. This can happen due to pressure to fit in with the team they are working alongside, or it could happen because colleagues do not understand the unique role of the peer support worker and pressure them to conform to boundaries and standards upheld by other professions.

This is referred to as 'peer drift', which includes feeling discomfort with utilising one's recovery story and drifting toward a more systemic approach to providing support. This could include focusing more on symptoms, medications, prognosis and diagnoses instead of relational connections, personal needs, interests, strengths and skills, and encouraging consumers or carers to comply with advice over making their own decisions. Peer drift should be something that is discussed within peer supervision.

Closer consideration may need to be given around the potential for peer drift when an employee has professional qualifications (for example, as a social worker) as well as lived experience. The peer worker and organisation will need to consider how to manage the overlap between professional knowledge in one area and lived expertise as a peer worker.

¹ Adapted from: *Dimensions: Peer support program toolkit*, University of Colorado Anschutz Campus, School of Medicine, Behavioural and Wellness Program, <https://www.bhwellness.org/toolkits/Peer-Support-Program-Toolkit.pdf>

Contacts

What for	Who	email	Phone
Queries in relation to the Expanding post-discharge support program, submission process etc.	Petrina O'Connor	Petrina.O'Connor@dhhs.vic.gov.au	03 9096 8051
Queries in relation to the proposed workforce development plan & coordinated statewide training	Emma Cadogan	Emma.cadogan@dhhs.vic.gov.au	03 9096 7316
Queries specific to Intentional Peer Support		info@intentionalpeersupport.org http://www.intentionalpeersupport.org/	
Carer peer support specific queries	Rachael Lovelock	rlovelock@mifellowship.org	03 8486 4245
Lived experience workforce related queries	Vrinda Edan	vrinda.edan@monash.edu.au	0433 054 346

Useful resources

What	Organisation	Website
Peer Work Hub – employers guides and resources for growing the lived experience workforce	NSW Mental Health Commission	http://peerworkhub.com.au/
Peer support information and library of resources	Centre of Excellence in Peer Support	www.peersupportvic.org/
Mental Health Professional Online Development (MHPD)	State of Victoria on behalf of the Mental Health and Drugs Principle Committee	http://www.mhpod.gov.au/assets/sample_topics/combined/MH_peer_workforce_within_the_broader_MH_system/objective1/overview.html
Information and resources to support organisations to become more recovery orientated & how to implement peer support	Implementing Recovery Through Organisational Change (IMROC)	www.imroc.org
International consultancy for peer workforce and service development Individual and group peer supervision services Peer-led workshops facilitated by peer workers for service users Online recovery tool kit for one-to-one work	PeerZone	www.peerzone.info/
Framework for recovery oriented practice and associated resources	Melbourne University	http://recoverylibrary.unimelb.edu.au/about
Service user involvement directorate – resources relating to service user involvement, leadership and peer support	Together for mental wellbeing (UK)	www.together-uk.org/about-us/service-user-involvement-directorate
Recovery related resources – empowerment based model	National Empowerment Centre	www.power2u.org
Carer peer professional network	Carer Consultant Network of Victoria (CCNV)	www.tandemcarers.org.au
A national combined voice for mental health consumers and carers	National Mental Health Consumer and Carer Forum	https://nmhccf.org.au
Resources about consumer perspectives	Our Consumer Place	www.ourconsumerplace.com.au/consumer/index

Competencies and standards

Australia has yet to develop national standards for peer work, and is yet to see the emergence of a professional body, however work has been produced in other countries that may be useful (see the below links).

What	Organisation	Website
Intentional Peer Support Core Competencies	Intentional Peer Support	www.intentionalpeersupport.org/wp-content/uploads/2015/10/IPS-Core-Competencies.pdf
United States – National Practice Guidelines for Peer Supporters	International Association of Peer Supporters	https://inaops.org/national-standards/
Core Competencies for Peer Workers in Behavioural Services	Substance Abuse and Mental Health Services Administration (SAMHSA)	www.samhsa.gov/sites/default/files/programs_campaigns/brss_tacs/core-competencies.pdf
Canadian certification handbook for peer workers	Peer Support Certification and Accreditation (Canada)	https://psac-canada.com/certification-handbook/
Competencies for the mental health and addiction service user, consumer and peer workforce	Te Pou (New Zealand)	www.tepou.co.nz/resources/competencies-for-the-mental-health-and-addiction-service-user-consumer-and-peer-workforce/536

Further reading

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Family/carer workforce and support

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<www.mentalhealth.wa.gov.au/Libraries/pdf_docs/Best_Models_for_Carer_Peer_Workers_-_ARAFEMI_Nov_2011.sflb.ashx>

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Appendix A – Example position description

Example Position Description

Consumer peer support worker, clinical setting

Position Title:	Consumer Peer Support Worker
Classification:	YD9
Reports to:	
Department:	Mental Health Program

Job Summary (Purpose /Key Result areas/Scope)

Purpose

The Consumer Peer Support Worker, in collaboration with other staff and management, will work with in the mental health program to:

- Provide peer support services to consumers prior to and post discharge from the inpatient unit
- Support consumers to be involved in decision making about their care and treatment.
- Facilitate the improvement of the mental health service's responsiveness to consumer's needs.

Key result areas

- Undertake a consumer directed needs and wellbeing assessment for all consumers referred to the post discharge program
- Provide peer support to consumers prior to and post discharge
- Attend clinical reviews to support the consumer's involvement in decision making.
- Attend consumer groups on wards as necessary to build relationships with consumers
- Support consumers to access community services as appropriate.
- Contribute to quality improvement, policy and program development in the Mental Health Program from a consumer perspective.
- Facilitate consumer access to complaint resolution processes.

Scope

Key relationships	Internal	External
	<ul style="list-style-type: none"> • Operational manager, Insert program title • Staff of ... inpatient unit • Senior consumer consultant • Family/carer peer support worker 	<ul style="list-style-type: none"> • External consumer peer support workers • Community Service organisations • Victorian Mental Illness Awareness Council

Responsibilities/Accountabilities

<i>Operational / Clinical</i>
<ul style="list-style-type: none"> • Provide peer support service to consumers of inpatient unit prior to and post discharge. • Participate in weekly team meetings • Monthly reporting to Insert manager title including overview of services provided. • Undertaking consumer directed needs and wellbeing assessments • Attend clinical reviews

- Facilitate consumer support and education groups.
- Report on and present quality improvement activities as appropriate.
- Participate in collaborative structures and activities with other Consumer workers.

Financial Management

- Ensure that there is financial responsibility and accountability across the functions under the position's control and develop and implement financial strategies that will ensure budgetary targets and key performance indicators are met.
- Initiate and implement actions to improve the financial effectiveness of all functions, under the positions control.

Human Resources

- Participate and co-operate in consultative processes to improve health and safety.
- Observe safe working practices and as far as you are able, protect your own and others' health and safety.
- Monitor the operations and continuous improvement of the [Insert organisation](#) Occupational Health and Safety Management System within area of responsibility and provide a safe and positive workplace
- Provide leadership and support for direct reports, appraise their performance, and ensure that staff receive appropriate performance management, professional training, and development opportunities.

Qualifications/ Registrations/ Licenses (*italics indicated desirable*)

Tertiary qualification in health, education or welfare studies.

Completion of Intentional Peer Support training.

Technical Skills/ Knowledge / Experience

- Significant experience as a consumer of mental health services.
- 2 years' experience as a consumer peer support worker or consultant, *preferably with experience in a clinical setting*
- Understanding of Victorian public mental health services.
- Commitment to working with service providers and Consumers to improve mental health services for consumers and their families
- Good organisational, prioritising and completion skills
- An understanding of the diversity of the cultural and linguistic backgrounds of our community, and the impact this has on consumers and their family's experiences of mental illness.

Capabilities

- Well-developed communication and interpersonal skills, including the ability to consult, liaise, work creatively and have excellent relationships with Consumers and professional staff
- Willingness to participate in personal education and training
- Demonstrated ability to work independently as well as the ability to work collaboratively as part of team of consumer and family/carer workers

Values

<Insert organisations values>

Appendix B – Example position description

Example position description

Carer Peer Support worker, Clinical setting

Position Title:	Carer Peer Support Worker
Classification:	YD15
Reports to:	
Department:	Mental Health Program

Job Summary (Purpose /Key Result areas/Scope)

Purpose

The carer peer support worker, in collaboration with other staff and management, will work with in the mental health program to:

- Provide peer support services to families and carers of consumers of <insert setting/program here>
- Support families and carers to be involved in decision making concerning the person they care for
- Conduct family and carer support groups
- Facilitate the improvement of the mental health service's responsiveness to family's needs

Key result Areas

- Undertake family and carer needs and wellbeing assessment for all families and carers within <insert setting here>
- Provide face to face peer support
- Attend clinical reviews to support the carer involvement in decision making.
- Co-facilitate an ongoing family/carer support group (monthly)
- Develop and deliver a family/carer psycho education and support group for families entering the <insert setting here>
- Support families and carers to access community services as appropriate.
- Contribute to quality improvement, policy and program development in the mental health program from a carer perspective.
- Facilitate family and carer access to compliments, feedback and complaint resolution processes.

Scope

Key relationships	Internal	External
	<ul style="list-style-type: none"> ▪ Families and carers of mental health program ▪ Operational manager ▪ Staff of <insert setting here>. ▪ Senior carer consultant ▪ Carer peer support work 	<ul style="list-style-type: none"> ▪ External carer peer support workers and carer consultants ▪ Community service organisations ▪ Tandem Inc ▪ Carer Consultants Network of Victoria

Responsibilities/Accountabilities

Operational / Clinical

- Provide peer support service to families and carers of consumers of <insert setting here>.
- Monthly reporting to senior family/carer consultant, including overview of services provided.
- Undertaking family and carer needs and wellbeing assessments
- Attend clinical reviews
- Facilitate family and carer support and education groups.
- Report on and present quality improvement activities as appropriate.
- Participate in collaborative structures and activities with family/carer consultants.

Financial Management

- Ensure that there is financial responsibility and accountability across the functions under the position's control and develop and implement financial strategies that will ensure budgetary targets and key performance indicators are met.
- Initiate and implement actions to improve the financial effectiveness of all functions, under the positions control.

Human Resources

- Participate and co-operate in consultative processes to improve health and safety.
- Observe safe working practices and as far as you are able, protect your own and others' health and safety.
- Manage staff through effective recruitment, retention recognition and development strategies, ensure there are effective consultation and communication processes in place.
- Monitor the operations and continuous improvement of the Occupational Health and Safety Management System within area of responsibility and provide a safe and positive workplace
- Provide leadership and support for direct reports, appraise their performance and ensure that staff receive appropriate performance management, professional training and development opportunities.

Person Specification

Qualifications/ Registrations/ Licenses (*italics indicated desirable*)

- *Tertiary qualification in health, education or welfare studies is desirable.*

Technical Skills/ Knowledge / Experience

- Significant experience as a family/carer of a mental health consumer, *preferably with experience in <insert setting here>*
- 2 years' experience as a family/carer peer support worker or consultant.
- Understanding of public mental health services.
- Commitment to working with service providers, families and carers to improve mental health services for consumers and their families and carers
- Good organisational, prioritising and completion skills
- An understanding of the diversity of the cultural and linguistic backgrounds of our community, and the impact this has on consumers and their family's experiences of mental illness.

Capabilities

- Well developed communication and interpersonal skills, including the ability to consult, liaise, work creatively and have excellent relationships with families, carers and professional staff
- Willingness to participate in personal education and training
- Demonstrated ability to work independently as well as the ability to work collaboratively as part of a small team of consumer and carer consultants and within a multidisciplinary team.

Values

<Insert organisations values>

Appendix C. Guidelines for language to be used in advertisements

Adapted from a guideline for advertising peer practitioner positions – Mind Australia

This is an example of the kind of language you should use for advertising– you will need to re-frame the language to suit the positions you have available (e.g. peer support workers), how they fit into the health service and the benefits your service can offer them.

Through past experiences the Consumer and Carer Engagement Unit at Mind has found that the language used in advertising for peer practitioner positions is crucial in attracting a wide range of suitable applicants. Highlighted below are some important aspects that should be used in the standard Mind Peer Practitioner advertisements

- We are looking for a peer practitioner (consumer/carer) for XXX service in XXX suburb at XXX.
- A peer practitioner is a consumer or carer who has a personal lived experience of mental ill-health and recovery in which they have experienced their own mental health challenges and utilised services from a mental health service or individual provider. You must be able to reflect on your experience and be willing to utilise your experience to mentor and coach others to inspire hope.
- As a peer practitioner at XXX you will be part of a rapidly growing peer workforce throughout the organisation. (We have XXX peer practitioners based in XXX area).
- We are very interested to hear from applicants within the mental health profession and also those who may currently, or have been, employed in fields outside this sector.
- As a peer practitioner at XXX you will receive the following additional benefits:
 - Participate in a five day Intentional Peer Support peer training; and
 - Regular peer supervision (individual and group)
 - Support from an existing team dedicated to promoting the voice of lived experience within XXX.