



Peer workforce role in mental health and suicide prevention

This document provides guidance on the mental health and suicide prevention peer workforce and how Primary Health Networks (PHNs) can support better outcomes in mental health by promoting and supporting the employment of peer workers as part of multi-disciplinary teams providing person-centred support and recovery-oriented and trauma informed care.

This document complements PHN guidance provided for consumer and carer engagement and participation, stepped care and low intensity services, and the Peer Workforce Development Guidelines (Action 20), once developed¹, as part of the Fifth National Mental Health and Suicide Prevention Plan (Fifth Plan)².

In this document, any reference to the mental health peer workforce or peer workers refers to both consumer peer workers and carer peer workers. **Consumer peer workers** apply their personal lived experience of mental illness and recovery in supporting consumers. **Carer peer workers** apply their experience from caring and supporting family or friends with mental illness in supporting other carers and family members.

Each PHN is in a different stage of supporting the peer workforce and it is acknowledged that time is needed to implement the recommendations in this document. Therefore this guide is split into short and longer term expectations and each PHN will need to determine the timeframes for each stage dependent on their region.

In the short-term, PHNs will be expected to:

- Develop an understanding of peer work policies and programs, employment conditions (including salaries and wages), and models of practice and standards relevant to their respective state/territory government agency and/or community mental health organisation
- Provide input to the development of the peer workforce and the equitable employment of peer workers in the region.

In the longer term, PHNs will be expected to:

- Support models of practice that incorporate peer workers as specialised members of multi-disciplinary teams providing person-centred, recovery-oriented and trauma-informed stepped care in mental health and suicide prevention services
- Promote training, peer supervision and career development for peer workers in partnership with relevant community mental health organisations, state/territory government agencies, and local consumer and carer networks

¹ The development of the Peer Workforce Development Guidelines will commence in mid-2018 for completion in 2021.

² The Fifth Plan calls for governments to ensure that the Peer Workforce Development Guidelines create role delineations for peer workers, and identify effective anti-stigma interventions with the health workforce. The National Mental Health Commission has been tasked to lead the development of the Peer Workforce Development Guidelines and to ensure consultation with all governments, mental health commissions, consumers and carers, and the mental health sector (Action 29 of the Fifth Plan).

- Promote the development of standards of practice and a code of ethics for peer work in partnership with relevant community mental health organisations, state/territory government agencies and local consumer and carer networks
- Support the development and implementation of models of professional peer supervision by experienced peer workers to promote best practice in peer work in partnership with community mental health organisations and state/territory government agencies
- Support the development, promotion and equitable distribution of appropriate supports for peer workers with lived experience of disability and co-occurring mental health issues, or who come from vulnerable community groups, in partnership with culturally appropriate services for peoples who identify as culturally and linguistically diverse (CALD), Aboriginal and Torres Strait Islander, and Lesbian, Gay, Bisexual, Transgender, Intersex or Queer (LGBTIQ).

What is a mental health and suicide prevention peer worker?

Peer workers are most often employed in admitted settings, public community mental health services, community managed organisations (CMOs), and disability services to provide peer support and advocacy to people experiencing mental health issues (consumer peer workers) or their carers (carer peer workers). They are specifically employed for the expertise developed from their personal lived experience of mental illness and recovery or their experience as a mental health carer.^{3,4}

Peer work is a professional role that is distinguished from other forms of peer support by the intentionality, skills, knowledge and experience that peer workers bring to their role. They are employed as professional subject matter experts who can be a key conduit between a consumer, their carers and other support people, and the services they use.

Consumer peer workers apply their personal lived experience of mental illness and recovery in supporting consumers. Carer peer workers apply their experience from caring and supporting family or friends with mental health issues in supporting other carers and family members. It may be appropriate for consumer and carer peer workers to support families as a whole and this should be clearly defined in job descriptions.

Peer workers can also sometimes be called consumer workers, carer workers or lived experience workers. Peer workers are most often employed in either formal peer support roles as mental health peer workers, working directly with consumers or carers, or as peer advocates, advocating for consumers or carers on an individual level and/or for system improvement. Peer workers can work across the mental health sector as well as within suicide prevention, disability, housing and community services, and services provided by departments such as the Department of Veterans' Affairs. Peer workers can work in any environment where people with a lived experience might engage with a service.

³ Health Workforce Australia (2014). Mental Health Peer Workforce Literature Scan.

⁴ World Health Organization (2017). Providing individualized peer support in mental health and related areas - WHO QualityRights training to act, unite and empower for mental health (pilot version). Geneva.

Evidence of the benefits of mental health and suicide prevention peer workers

According to Suicide Prevention Australia's Position Statement on Supporting Suicide Attempt Survivors:

"People with common experiences have always benefited from sharing and supporting each other. Peer support in the area of mental health, for example, has recently gained significant attention; being shown to be an important factor in people's recovery.⁵ There is now substantial international evidence that the quality of life of those experiencing mental illness can be substantially enhanced when peer support is an integral part of their treatment and/or interventions."⁶

Peer workers draw on their lived experience to play unique roles in encouraging and supporting the recovery of people experiencing mental health issues by:

- Offering hope and supporting consumers and carers to develop a recovery-oriented perspective
- Supporting consumers and carers to develop important life skills
- Supporting consumers and carers to move beyond being a patient or carer to develop a personal sense of empowerment⁷
- Empathising with consumers and carers from a position of experience.⁸

Peer workers can improve a service or organisation's culture and enhance its recovery focus⁹. Working with peer workers helps other mental health staff understand that the people they care for can and do recover; improving empathy and understanding towards the consumers and carers they support.¹⁰ Peer workers accomplish this by role modelling hope and recovery, and the visibility of peer workers as designated lived experience staff helps to reduce stigma. Peer workers can also deliver training to staff and provide the consumer or carer perspective on committees, and policy and project teams.

While there is evidence available regarding the impacts and effectiveness of peer work for the general population, more research is needed to evaluate peer work in vulnerable populations, such as people from CALD, Aboriginal and Torres Strait Islander, or LGBTIQ communities.

State and territory government agencies

All state/territory government agencies recognise the importance of the mental health peer workforce, although they use different approaches to developing and promoting it. Some have strong policy frameworks to support the development of the mental health peer workforce. PHNs should liaise with relevant community mental health organisations and/or Local Hospital Networks (or their equivalent) to understand existing policy frameworks, and any relevant programs or projects that are already in place.

⁵ Macneil & Mead (2005); Mead (2003); Mead & Macneil (2004) cited in Suicide Prevention Australia (2009) Position Statement Supporting Suicide Attempt Survivors. Available from: <https://www.suicidepreventionaust.org/content/supporting-suicide-attempt-survivors>

⁶ Felton et. al (1995) cited in Suicide Prevention Australia (2009) Position Statement Supporting Suicide Attempt Survivors. Available from: <https://www.suicidepreventionaust.org/content/supporting-suicide-attempt-survivors>

⁷ Austin, E., Ramakrishnan, A. & Hopper, K. (2014). Embodying recovery: A qualitative study of peer work in a consumer-run service setting. *Community Mental Health Journal*, 50(8), 879-885

⁸ Davidson, L., Bellamy, C., Guy, K & Miller, R. (2012). Peer support among persons with severe mental illnesses: A review of evidence and experience. *World Psychiatry*, 11(2), 123-128

⁹ Bradstreet, S. & Pratt, R. (2010). Developing peer support worker roles: reflecting on experiences in Scotland. *Mental Health and Social Inclusion*, 14, 36-41

¹⁰ Walker, G. & Bryant W. (2013). Peer support in adult mental health services: A meta-synthesis of qualitative findings. *Psychiatric Rehabilitation Journal*, 36, 28-34

Community based organisations

PHNs should harness the knowledge base and expertise of peer work operating in their region through community mental health services, CMOs, and disability services. In regions where the peer workforce may still be steadily developing, lessons can be learned from other PHNs and their relationships with peer workers from community based organisations.

Peer workers and vulnerable groups

Peer workers can be especially helpful to vulnerable groups such as children and adolescents, older persons, and people from CALD, Aboriginal and Torres Strait Islander or LGBTIQ communities, particularly if they share a common culture. Peer workers with this shared experience and expertise can help people to better communicate their needs, feel more comfortable, and support their recovery efforts. They can work alongside liaison officers to advise on support or appropriate recovery approaches for people with mental health needs and their community, as well as provide systemic advocacy in order to improve the ability of mental health services to meet diverse needs.

Peer workers and suicide prevention

Peer workers can provide a unique form of support in suicide prevention. Peer support programs and networks have long been important for suicide prevention across the lifespan. As peer workers work closely with consumers and carers in the dual roles of a professional and a peer, they provide important early intervention support for people contemplating suicide. They can be particularly valuable in supporting consumers and carers in the vital month following discharge from hospital or an emergency department after a suicide/self-harm attempt when the risk of further suicide attempts is high.¹¹

Why is this a priority activity for PHNs?

A key recommendation from the National Mental Health Commission's national review of mental health programmes and services in 2014¹² was the development of the mental health peer workforce to work together with consumers, families, support people, and multi-disciplinary teams to provide proactive and person-centred services and support. The Fifth Plan recognises that strengthening the mental health peer workforce is an important element of the wider mental health workforce and of the multidisciplinary team environment.¹³ Increasing and developing the mental health peer workforce will support the staffing mix of broader clinical and community services, improve awareness of recovery-oriented service delivery, and lead to more positive outcomes and experience of service for consumers, their carers, family and friends.

What is expected of PHNs?

Short term expectations

PHNs should investigate the employment requisites and expectations for appointing consumer and carer peer workers in their region, including relevant policies and programs from state/territory government agencies and community mental health organisations, current models of practice and standards, the current and anticipated size of the peer workforce in the region, and employment conditions.

¹¹ Immanuel, M., & Wurr, C. (2001). *Practice guidelines for the assessment and treatment of patients with suicidal behaviours*. *American Journal of Psychiatry*, 160 (11), Supplement.

¹² National Mental Health Commission (2014). *The National Review of Mental Health Programmes and Services*. Sydney.

¹³ The Fifth National Mental Health and Suicide Prevention Plan. October 2017. Available from:

<https://www.coaghealthcouncil.gov.au/Portals/0/Fifth%20National%20Mental%20Health%20and%20Suicide%20Prevention%20Plan.pdf>
Accessed from on the 6th of August, 2018.

Where PHNs engage or commission services that employ peer workers, they should ensure that the services are guided by clearly defined roles, accurate position descriptions that reflect duties and expectations, and merit based recruitment. Peer workers should be offered the opportunity to discuss workplace wellness plans, family care plans or advanced directives, if so desired; these are voluntary initiatives that should be made available to all staff. As standard practice, and to ensure organisational duty of care obligations are met, reasonable adjustments should be implemented where required. Reasonable adjustments may include flexible work arrangements such as home-based work, flexible work hours including variable start and finish times, alternative work environments and leave considerations.¹⁴

Services should also ensure that peer workers are provided with appropriate peer supervision and mentoring by senior peer workers.

PHNs are encouraged to monitor and evaluate the growth of the peer workforce in their regions, and support services to employ peer workers. Services are encouraged to provide details of the number and scope of their peer workforce, review employment processes and evaluate peer work, and report the findings back to the PHN in their area. PHNs should consider initiatives to increase the peer workforce such as ensuring the employment of peer workers is built into commissioning processes.

The industrial Awards applicable to peer work differ from state to state. PHNs should ensure they understand the usual and expected employment conditions for peer workers in their state/territory and that services employ peer workers in line with these.

Given the employment of peer workers in mental health and suicide prevention, as well as across the health and disability sectors, PHNs may need to support services to ensure a consistent approach is undertaken in the employment of peer workers across all sectors.

Longer term expectations

PHNs should ensure peer workers have the opportunity for career development, ongoing relevant training, peer supervision and opportunities for promotion. PHNs should also work with services and experienced peer workers to understand and implement local standards of practice, develop career pathways, and work towards the development of a code of ethics for peer work based on existing peer work documents, values and procedures, if available.

The peer workforce has existed for decades and is steadily growing in size and influence. PHNs are encouraged to acknowledge the unique nature of the peer workforce and work with services to ensure they engage and support peer workers effectively. This includes, for example, employing peer workers to a role that has clear parameters and includes meaningful tasks related to the peer work role. Promoting awareness about the peer worker role also increases the understanding of other staff members, promoting positive ways to work with the diversity of peer workers, and reducing the likelihood of peer workers experiencing stigma or discrimination in the workplace. Peer workers should be engaged as respected members of staff and as equal partners in multi-disciplinary teams.

A mental health peer worker utilises learning from their own recovery experiences to support other people to navigate their recovery journeys. Peer workers need to find a balance between being a peer and being a staff member whilst supporting others' recovery and maintaining their own.¹⁵ Appropriate peer supervision and mentoring is an essential support for peer workers to manage this balance. As with any other employee, any reasonable adjustments should be agreed in advance for peer workers to support their wellbeing in the workplace.

¹⁴ Australian Human Rights Commission (2010). Workers with Mental Illness: a Practical Guide for Managers. Available from: https://www.humanrights.gov.au/sites/default/files/document/publication/workers_mental_illness_guide_0.pdf Accessed from on the 6th of August, 2018.

¹⁵ Hunter Institute of Mental Health (2013). How can we best support those who care? Research Paper Series: Summary Report

Peer workers who work specifically with vulnerable communities such as children and adolescents, older persons, CALD, Aboriginal and Torres Strait Islander or LGBTIQ peoples, and with whom they share a common background, may experience direct or indirect racism or discrimination in their roles. The groups they work with may have an alternate understanding of mental health issues, social and emotional wellbeing and healing, and of the concept and journey of recovery, linked in some cases to community, individual or intergenerational trauma. The peer workforce needs to receive appropriate structural supports if they identify as being from vulnerable communities. To support this, PHNs are encouraged to partner with specialist mental health services such as child and adolescent, youth, older persons, CALD, Aboriginal and Torres Strait Islander, or LGBTIQ health or mental health services. These services may be local, state or nationally based.

PHNs should work in partnership with state/territory government agencies and community mental health organisations to provide input to the employment of peer workers in their regions. PHNs should also support models of practice where peer workers are central to the success of mental health services. Models of practice should be focussed on creating a representative workforce relative to the population receiving services, for example where PHNs commission services for youth and older persons, and CALD, Aboriginal and Torres Strait Islander, and LGBTIQ peoples.

PHNs should promote appropriate formal training of peer workers. Peer work is best learned through a combination of on the job training and formal education. The standard training for peer work in Australia is the Certificate IV in Mental Health Peer Work (CHC43515). The Certificate IV is offered by Registered Training Organisations (RTOs) across Australia which should utilise peer workers as trainers. Each PHN should find out which RTOs in their area offer the Certificate IV, and if none do, work with a local RTO to support them in offering the Certificate IV in Mental Health Peer Work. Additional qualifications may include the Certificate IV in Mental Health (CHC43315), Diploma of Mental Health (CHC53315), and courses in counselling, disability, aged care or nursing. Peer workers may also hold a range of other qualifications which support their progression in the peer workforce; this may include qualifications in leadership and management, supervision and mentoring, and Bachelor degrees in social sciences, psychology or social work.

Additional resources

[Best Models for Carer Workforce Development: Carer Peer Support Workers, Carer Consultants, Carer Advocates and Carer Advisors. Paton, N., & Sanders, F. on behalf of ARAFMI Mental Health, Western Australia \(WA\), 2011.](#)

This resource was prepared for ARAFMI WA in November 2011 and outlines a project designed to investigate best practice models and the body of knowledge around carer needs, peer support, participation, advocacy and mentoring models.

[Orientation Manual and Toolkit Training for Carer Peer Workforce. Carer Consultants Network of Victoria, 2012.](#)

This resource developed by the Carer Consultant Network of Victoria in June 2012, provides a manual to orient and establish carer consultants to their area and the mental health system as a whole. This includes information on important policy and legislative information governing practice. The manual indicates an entry point for further investigation, networking with services, and support organisations available.

[Centre of Excellence in Peer Support Mental Health](#)

The Centre of Excellence in Peer Support provides a centralised specialist clearinghouse and online resource centre for mental health peer support. The site contains a resources directory and a research directory as well as an interactive discussion forum, designed to foster a community of practice for those using and providing peer support services.

[Mental Health Peer Workforce Literature Scan. Mental Health Peer Workforce Study. Health Workforce Australia, 2014.](#)

The Health Workforce Australia Literature Scan was conducted to inform the Peer Workforce Study which examined the status of the peer workforce across public, non-government and private mental health services. These activities provided a national picture of the mental health peer workforce and identified opportunities for more structured and strategic approaches to peer workforce development.

[National Mental Health Workforce Strategy, 2011.](#)

Endorsed by the Australian Health Ministers' Conference in September 2011, the National Mental Health Workforce Strategy details five key priority areas for national action focussed on social inclusion and recovery, with further expansion and development of a peer support workforce.

[Peer Work Hub](#)

The Peer Work Hub contains a variety of online resources for organisations with ambitions to develop and grow their peer workforce. Resources include peer worker profiles and video, current news and information on peer work initiatives and a toolkit of templates to assist employers to implement a peer workforce.

[PHN Primary Mental Health Care Flexible Funding Pool Implementation Guidance –STEPED CARE](#)

This guidance document provides overarching advice on a stepped care approach to mental health and outlines expectations of PHNs in its implementation. Stepped care is central to the Australian Government's mental health reform agenda and should be used by PHNs to guide mental health activity. PHN regional mental health planning and commissioning of services should be based on a stepped care approach.

[Policy Direction Paper: Embracing Inclusion – Employment of People with Lived Experience. RichmondPRA, 2013.](#)

RichmondPRA (now T/A Flourish Australia) provide background context, considerations and principles for implementing a workforce strategy for the employment of people with lived experience of mental health issues. The paper considers support for employment of staff with a lived experience, regardless of their job role, but also gives comprehensive coverage of peer work philosophies, principles and models.

[Victorian Mental Health Carer's Strategy: Proposed Objectives. Tandem Carers.](#)

This document was prepared as a basis for the Victorian Mental Health Carer's Strategy. The strategy poses four key objectives, including carer involvement, carer support, carer participation and carer peer workforce.